

## Board Meeting

Date of Meeting: Tuesday 18<sup>th</sup> June, 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)	Marcus Parsons (MP)
Peter Rookes (PR)	Janet Bailey (JB)	Rosi Sexton (RS)
Jane Upton (JU)	Jasbir Rai (JR)	Tim Phillips (TP) - 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

John James (JJ)	Ruby Dillon (RD)	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
	<p>RB welcomed everyone to the meeting, including Sonia who is attending as a member of the public and has recently joined Healthwatch as a volunteer.</p> <p>RB reported that DW has sadly stood down from the board.</p> <p>RB reminded everyone that due to elections we are now in Purdah and therefore we need to be mindful about what we discuss in the public section of the meeting.</p>	
	<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 (19<sup>th</sup> March, 2024)</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 meeting on the 20<sup>th</sup> June, 2023</u></p> <p>Action 1 - Annual Accounts and Audit report - made necessary changes leading up to the audit. It is proposed that we close this action as the audit report is on the agenda in the confidential section. Any new actions to be picked up by Finance and Audit committee post audit.</p> <p><b>This action was Closed.</b></p> <p><u>Actions from meeting on the 12<sup>th</sup> December, 2023</u></p> <p><u>Action 1 - New Style Demographic report</u> - This is an ongoing conversation with the Board with regular reports outlining our performance in this area.</p> <p><b>Action to be closed and kept as a regular agenda item at full Board.</b></p> <p><u>Actions from meeting on the 19<sup>th</sup> March, 2024</u></p> <p><b>Actions from last meeting are all complete and are therefore closed.</b></p> <p><u>Action 3 - RB</u> encouraged Board members to attend engagement events when able to do so.</p> <p><b>Action - DH to circulate upcoming community engagement events to the board.</b></p>	
<b>Operational Performance</b>		
4	<b>Impact Stories - Demographics</b>	For info
	<p>AC reported as follows:</p> <p>At the staff and board away day there were a number of conversations around inequalities and making sure that who we hear from are representative of the city and of Solihull. Our performance in this area is included in our quarterly performance report highlighting gaps in our data and where our engagement is targeted in the following Quarter.</p> <p>We will also give a full demographic report at the Board meeting for focused discussion.</p> <p>AC presented a slide and reported as follows:</p> <p><u>Healthwatch Solihull</u></p> <p>Ethnicity - We have heard from eighty one percent White British compared to seventy eight percent on the census. Whilst we are almost representative for ethnicity, we have identified a gap in us hearing from the British Indian population.</p> <p>Religion - we are good on Christian, no religion, Muslim, Buddhist and Jewish. The two areas that we need to focus on are Sikh and Hindu.</p> <p>Age - need to hear from younger people under twenty-five and older people over the age of eighty.</p>	

	<p>Sexual orientation - Compared to census we are about right.</p> <p><u>Healthwatch Birmingham</u></p> <p>Ethnicity - We have heard from thirty nine percent White British compared to the census at just under forty three percent. This is a positive news story as we are a global majority city. We have done a lot of work around this which is demonstrated by our numbers.</p> <p>When we identify gaps in who we hear from that forms our targeted approach in the next quarter. In this instance the lowest area is White British, which means that would become the target area for the quarter afterwards, but what we need to do is make sure that we are targeting those that are likely to experience inequality within that. Within our target population groups we need to be specific and, in this example, target White British people in areas of deprivation as they experience higher levels of inequality compared to White British people in more affluent areas.</p> <p>Religion - we are higher in all areas apart from Christian and no-religion which is lower than the census data. Muslim, Hindu, Sikh and Buddhist is about right and Jewish is slightly under the census data. For the Muslim population the feedback that we hear is at nearly forty per cent compared to thirty-one per cent in the census, so we are over proportionately. If we put our inequality lens on our target groups Black African and Black Caribbean Christians for example.</p> <p>Are these people that we have made a point of going out and engaging with or is it people who have voluntarily, on their part, engaged with us (PR).</p> <p>It is our entire data set, so it is both. Generally, most interactions that we have as an organisation is as a result of our proactive targeting. This is both through face-to-face and targeted online engagement (AC).</p> <p>RB passed on thanks to the staff team.</p> <p>The quarterly performance reports will always show what those target groups are.</p> <p><b>Action - Our full Annual demographics report (contractual years) will be shared at the October meeting.</b></p>	
	<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 reported as follows:</p> <p><u>Feedback Heard</u></p> <p>Healthwatch Birmingham - we hit our quarterly target at 2,535 but when we look at our nine month target we are slightly under but on track. Sixty-one per cent of the feedback heard is from Community Engagement.</p> <p>Healthwatch Solihull - we had a slower start to the year due to a vacancy in the team, which has really ramped up now to get us back on target. We did</p>	

incredibly well in quarter three and continue to make up ground in quarter 4 and have reached our annual target in June.

The aim is to fully hit the target with good quality data and this will be the focus of 2024-25.

Polls, whilst high numbers do not give us the quality feedback we need. Key to this is using Polls as an engagement tool which then results in higher quality feedback being left.

#### Community Engagement

We have fully met our targets for the year in both reach and engagement. Our reach is always really high, but we have over achieved on our engagement already at the end of quarter three. Our reach indicated the number of times someone has seen something about our organisation. In Solihull we are at the equivalent of seventy three percent of the Solihull population and in Birmingham we are on around forty percent of the population. It's a rough estimate because reach could be the same contact that has seen us a number of times. When we look at engagement nearly sixty percent happens face to face at community engagement in Birmingham and around forty percent in Solihull.

The biggest engagement activity was through our Community Pharmacy investigation and has been our most successful online engagement activity to date.

I wonder if younger people go on social media so that's why they are not showing up (JB).

When we look at younger people there are a number of different things that have led to a lower number recorded on the demographics. Some of it could be down to more online engagement with younger people where demographics aren't recorded. We have identified though that when gathering feedback from parents about their child's experience the demographics are recorded as parent rather than child. We are now recording both to increase the demographics for children and young people.

#### Information and Signposting

We have massively increased performance in both areas, current position for Birmingham eighty percent towards target, quarter three performance value was equivalent to quarter one and quarter two combined which really demonstrates how much we have picked up in that area. We are getting back on track and are confident that we are going to hit target by end of the quarter. Solihull were behind but have made it back in the last quarter to reach target.

The main reason why we have increased information and signposting is through community engagement, where we developed a FAQ crib sheet to use when out at engagement events, which incorporates the most regular organisations that we signpost to. They can just circle the information and give that out to individuals rather than looking up signposting details for each interaction. In Solihull we have had a very successful training event for our volunteers around how to use the crib sheet and improve how they do community engagement at events.

#### Investigations and Consultations

	<p>For both Birmingham and Solihull investigations are RAG rated as Amber Consultations are on track for Birmingham and completed for Solihull RAG rating them Green.</p> <p>Our investigations are Amber as we have a number of reports to be published in Quarter 4. As we are the pre-election period, we also need to be mindful about what we publish and when. As a minimum our reports will be published on our website to meet our contractual KPIs but the promotion and communications will take place after the election.</p> <p>For both Birmingham and Solihull, the next report to be published is our Community Pharmacy report which captures people experiences and willingness to access their community pharmacy as part of Pharmacy First. This report includes a response from NHS BSol and the local Pharmacy Council.</p> <p>To meet the investigations target for Birmingham, our third investigation is into the SEND pathway looking at autism and ADHD for primary and secondary school children. That survey is closed, we are now analysing the data and that will be published before the end of July.</p> <p>Our fourth investigation is a summary report looking at what we have heard from between April 2023 to March 2024 asking key questions within that data set and again that will be published before the end of July. The specific focus of that report is not yet decided and will be based on what the public have highlighted. That will mean that we are fully on track to hit our targets around both investigations and impact reports.</p> <p>With regard to the Prostate Cancer impact report, KT going to present at next Faith and Wellbeing meeting, also hoping that the three-year work been carried out by Orchid in a number of cities so interested to see what the results of those two reports say (PR).</p>	
6	<ul style="list-style-type: none"> <li>• <b>Healthwatch Solihull Annual Report 23-24</b></li> <li>• <b>Healthwatch Birmingham Annual Report 23-24</b></li> </ul>	
	<p><u>Healthwatch Solihull and Healthwatch Birmingham Annual Reports 23-24</u></p> <p>JU reported as follows:</p> <p>Both annual reports had been sent to the board and are asked for any comments about how it can be improved.</p> <p>Confirmed that send to HWE and widely publicise them. There is a statutory list that they need to be sent to which includes Healthwatch England, our commissioners, local ICB and the CQC. Due to the pre-election period we will fully publicise the reports in July after the election. (AC).</p> <p><b>Action - board to raise any comments with JU on annual reports by end of week</b></p> <p>Compliment everyone who has developed these reports as it's very nicely prepared and easy to read. I think they have got progressively better over the years but this one is distinctively more readable and is more interesting and engaging. Thank you to everyone who has prepared it (PR).</p> <p><b>Action - JU to pass on thanks to staff members involved in preparing the annual reports.</b></p> <p>The board passed on their thanks to the team.</p>	
7	<b>Volunteer Update - Volunteer Reps</b>	For Noting

	<p>TP reported as follows:</p> <p>The last Volunteer meeting was on the 3<sup>rd</sup> June with AC in attendance.</p> <p>An ongoing area of focus for volunteers is to receive updates about the Birmingham City Council cuts. A good discussion was had about the Healthwatch role and the part volunteers can play to hear peoples experiences of social care and the impact of the cuts.</p> <p>Volunteer information and signposting training took place at end of May with ten attendees. We have received very positive feedback about the training and that it was very well run and interactive.</p> <p>Volunteer week events went very well with very good feedback from volunteers who were involved, good positivity around volunteers, particularly from new volunteers, saying that they are finding Healthwatch a very inclusive place to volunteer. Volunteers who have been with us for up to ten years in some cases, enjoy that we take time to talk to them about their experiences. It was great to have staff and board members in attendance to say thank you and celebrate the work of our volunteers.</p> <p>Volunteers do speak very highly of their time with Healthwatch and we hope that we continue to provide a good and positive environment.</p> <p>We have ongoing interest from potential volunteers through online and face-to-face engagement and GB is doing a great job engaging people and signing up as many people as possible.</p> <p>We put a lot of emphasise on both encouraging, valuing and supporting our volunteers, and we do really hope that your volunteer journey with us is something you will get a lot out of and we will get a lot out of and hope it is enjoyable and rewarding as you move through. We did have a successful Volunteer event, where we encourage volunteers to come into the Healthwatch Birmingham office so that members of the board can get to know volunteers, as we can't do what we do without active involvement (RB).</p> <p>I appreciated the volunteer day that we had, I thought it was a very good opportunity to engage and I very much appreciated the increase in diversity amongst the volunteer community. It is so important as we are not really succeeding until our volunteer group mirrors the population that we are serving and we are much closer to it now than we ever have been in the past. I was very pleased to see that and really impressed with the conversations we had on that day (PR).</p>	
Sharing Information		
8	<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>RB reported as follows:</p> <p><u>University Hospitals Birmingham NHS Foundation Trust (UHB)</u></p> <p>We continue to develop and grow our relationship with UHB staying on top of changes being made on behalf of patients. RB and AC are scheduling a tour of the UHB hospital sites to see in practice how the site-based model is working.</p> <p>The first of those visits was to Solihull hospital which was a useful visit. They are developing as an elective hub, which is quite a new model of care. We were also able to visit the minor injuries and illness department connected</p>	

	<p>with the findings of our Urgent Care Report in Solihull. It was useful to see what the Trust is doing to overcome some of the challenges patients face when access. It was also useful to understand the relationship between Solihull Hospital and the other site when it comes to Emergency Department access.</p> <p>Other news on UHB is that their elective waits, cancer waits and other waits for operations are better than they were and they are now hitting their targets for the longer waits. We will be focused as part of our visits on A&amp;E waits and the work being done to improve patient flow through hospital sites.</p> <p>A discussion took place around the key issues for UHB and an opportunity for Board members to highlight areas of focus for the team and as part of our UHB visits.</p> <p><u>Key issues tracker</u></p> <p>AC reported as follows:</p> <p>The key issues tracker will be a standing item on the agenda. It has been sent around as an attachment for Board members to look through the detail and range of topics we are tracking as an organisation. The issues tracker enables us to keep focus on the range of issues across health and social care and what conversations we may be having with the system.</p> <p>As this is a new tool for us non-execs are asked to feed into the issue tracker and raise with AC any areas of concern, they are aware of. This standing item give Board members the opportunity to do this.</p> <p>This has been consistent feedback from board members over the last year about trying to keep abreast of and know more about what we are doing beyond the numerical stuff that is in the KPIs. It absolutely does underline just the scale of what we are involved with which is important and I hope that can inform the contracting process and the discussions that we have with commissioning staff. Aiming to move to an impact and outcome model of contracting. Thanks to AC and the team (RB).</p>	
Governance Updates		
9	<b>Board and Staff Away Day - Overview</b>	For approval
	<p>AC reported as follows:</p> <p>We had a very enjoyable and productive day when we all got together. I have heard feedback from the staff team on how much they valued getting together with board members. With agreement that we should do it on a regular basis. Annually as a minimum.</p> <p>We crammed a lot into the morning session and would have been valuable to have more time with the staff team.</p> <p>One of the key things that we talked about in the morning was around the new outcomes and impact statements that staff have developed. We will be using those 5 outcomes in talks with commissioners. We are also using these 5 areas in our performance reports so board members can see this connection in our impact statements.</p> <p>AC outlined the key next steps from the Board only session and how that will fit into our Board workplan.</p> <p>The informal feedback I've had is that people did find the day really useful, I do think that when we look into further ones that extending the time where</p>	

	<p>the staff and board come together would be positive. If people have got further ideas for future away days around format or things we can do better please feed those in (RB).</p> <p>I thought the resumes that were given by each of the members of staff were extremely helpful because there was a time when I knew every member of staff and knew more or less what they did. This reduced though covid and ongoing remote working. I agree that we need to do more, the risk always is that board members get involved in micromanagement and we don't want that so need to get the balance right, making sure we can use the skills, experience and expertise of board members in a positive way. (PR).</p> <p>I found the day good, putting all the pieces together, having a good view of how it all works and the energy from the staff team was brilliant. They were engaging, enthusiastic which is a good thing (MP).</p> <p>And a very impressive CEO (PR).</p> <p>I was very impressed with the skills and knowledge and enthusiasm of the staff group, it was a real joy to be there. It wasn't just us that got the benefit to know them. I think the hybrid working since covid means that the teams are sometimes are a little bit disconnected because they really enjoyed meeting each other and spending that time together (JB).</p> <p>RB thanked everyone for their input at the away day.</p> <p><b>Action - AC to pass on comments and thanks to the staff team.</b></p>	
10	<p><b>Vice Chair Role</b>  <b>Interim Chair - Finance and Audit Committee</b></p>	Discussion
	<p><u>Vice Chair role</u></p> <p>RB reported as follows:</p> <p>I am really pleased to say that JB has agreed to have her name go forward to become vice chair and feels she would be great at the role.</p> <p>RB proposed JB be Vice Chair of the board. Board agreed and RB welcomed JB to her new role.</p> <p><u>Interim Chair of Finance and Audit Committee</u></p> <p>RB reported as follows:</p> <p>MP has agreed to have his name put forward as interim chair for the Finance and Audit Sub committee.</p> <p>RB formally proposed MP as interim Chair of the Finance and Audit Sub Committee. The board agreed and RB welcomed MP to his new role.</p> <p>In terms of members of the sub-committee a couple of NEDs have indicated that they are prepared to join, suggest that we invite everyone to the first meeting to see what it's like. It is suggested that in addition to the core membership that there is an open invitation for all NEDs to attend the sub-group if there is a particular item of interest (RB).</p>	



	<p>The next board meeting is in October so will aim to have the first Finance and Audit Sub Committee in September ahead of the board meeting.</p> <p><b>Action - AC will work with JR and MP to set up the Finance and Audit Committee for September (AC).</b></p>	
11	<b>Board Action Plan</b>	For Noting
	<p>AC reported as follows:</p> <p>Work is ongoing to bring all the Board action plans into one document. This will be developed over time to refocus on key areas of need.</p>	
11	<b>Any Other Business</b>	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 5.50 pm</p> <p>RB thanked the member of public for attending.</p> <p>Date of next meeting: 4 pm on Tuesday 15<sup>th</sup> October, 2024</p>	