Board Meeting

Date of Meeting: Tuesday 18th October, 2022

Healthwatch Birmingham Board Meeting
Time: 4 pm – 6.30 pm

Venue: Hybrid meeting

Attendees

Board Members in attendance		
Richard Burden (RB)	Andy Cave (AC)	John James (JJ)
Marcus Parsons (MP)	Ranjeet Bhupla (RBh)	Ruby Dillon (RD)
Peter Rookes (PR)	Jasbir Rai (JR)	Tim Phillips (TP) – HWB Volunteer Representative
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Jane Upton (JU)	James Doyle (JD)	

Public Session

1	**Welcome & Introductions - Noting any members of the public in attendance and Apologies**	For Noting
	RB welcomed everyone to the meeting and gave a warm welcome to RD and MP to their first meeting as Non-Executive Directors. Reported that Neelam Heera and Tony Green, have now officially stepped down as Non-Executive Directors of the Board and thanked them for their service. Everyone at the meeting introduced themselves to the two new NEDs. MP and RD introduced themselves and their appointment was approved by the board.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	**Minutes of previous meeting (15th June, 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 updates as follows: Action 1 - Circulating community events at which board members can attend - AC to attempt to include in CEO briefing, next one coming out at the end of November. Item closed as now a regular item on CEO briefing. Action 2 – to flag any significant changes to the Birmingham contract KPIs with the board – ongoing. Action 3 – Investors in Volunteers Award – closed as on agenda. Action 4 - Decision making around CRM – was approved and have notified HWE we want to step down from the CiviCRM system – closed. Action 5 – Look at alternatives to CRM – paper around options on agenda – closed. Action 6 - Calendar invites for UHB Digital Transformation update – rescheduled and now on 11th November – closed. Action 7 – Board to let AC know if any topics for informal board meetings that they are interested in – ongoing practice – closed. Action 8 - Dates of future meetings – ongoing practice – closed. Action 9 – Doodle poll to be sent again for next board meeting – to be sent after this meeting. Closed. **Action – DH to circulate Doodle poll to set December and March board meetings.** RB reported as follows: Really stepped up our community engagement and Community Engagement Officers would welcome board attendance at events. Policy meetings and focus seminars will come up later in agenda – please send into AC and will try to feed that into existing list. PR thanked RB for his attendance at the Faiths Promoting Health and Wellbeing Forum and for giving such a full report around the current situation with the Integrated Care System (ICS). Thanks also to Kca-Sey Terry (KT), Community Engagement Officer at Healthwatch Birmingham.	

Operational Performance		For Noting

4	• **Healthwatch Birmingham Update**
	  ○ **Quarterly Report - Contract Period Q4 (May 22 – July 22)**
	  ○ **Activity Update – September 22**
	• **Healthwatch Solihull Update**
	  ○ **Quarterly Report – Contract Period Q4 (April 22 – June 22)**	

	○ **Activity Update – September 22** • **Annual Reporting and Health and Social Care Scrutiny Committee** • **Future reporting templates**	
	AC reported as follows: Quarter four takes us to the end of contract years for both Birmingham and Solihull. **<u>Healthwatch Birmingham</u>** Finished the year fully on target across all KPIs except volunteer numbers which was previously agreed to be lower than our targeted amount due to the impact of the pandemic. **Feedback numbers / Reach & Engagement** Feedback numbers (which is under our performance by results element) are at 6881 against target of 6000 and therefore significantly over where need to be. This was as a result of a huge amount of work in quarter four. We have started the new contractual year with the momentum needed to achieve our increase as all of our targets are increased by 30% year on year. We are part way through quarter one which started on the 1st August, against a quarterly target of just under 2000 and we are on 1740 pieces of feedback so well on track. Reach & Engagement remains on track and ahead of target due to the huge numbers we get online. Engagement figures are individuals who have interacted with us at events or online and we are 50% towards our target for the year and are only part way through the first quarter. There is a huge amount of activity when it comes to reach and engagement and it is showing our ability to get out there and do face-to-face engagement as we balance that out with online engagement. Our Community Engagement is going from strength to strength and one third of the feedback we hear is from face-to-face engagement which is increasing all the time. The Birmingham team are going out on average four times per week. **Information and Signposting** Numbers fully achieved last year and finished on target although we have seen a drop in the first quarter and have been investigating why. There seems to be an increased frustration about the level of quality and access within health and social care. When we are speaking to people there is an element of giving up, which means that people need more information and signposting and we are looking at ways we can increase this. The target has increased this year and we are just under the level of where we were at last year. We are anticipating an increase due to the cost-of-living crisis and are developing ways to give information and signposting whilst at community engagement events. Every time we hear a piece of feedback there is an opportunity to provide information and signposting and therefore making every contact count is a quick way to increase numbers and support. MP asked how it's decided which Community events we attend. Activity falls into three groups and are prioritised based on the gaps identified in our demographics report; (i) we attend health and social care settings and speak to people direct ie. Women's and Children's Hospital, Royal Orthopaedic Hospital and we are now working with UHB to get into their sites, (ii) General	

community events that take place all the time ie. fetes and events where we can go into local populations. (iii) We work very closely with the voluntary sector, as they have a trusted relationship with certain population groups, and target people who wouldn't normally leave their feedback and who are most likely to experience inequality

PR asked about engaging through faith based organisations as the Salvation Army are the only faith related organisation and there are large numbers of the seldom heard that can be accessed through faith organisations.

AC agreed with PR around the value of our relationships with the faith sector. We have previously done quite a bit of work attending mosques in the past and we want to increase that. We identify where we are going by looking at gaps in the demographic data. In particular we look at faith and the team are currently looking at access to the Jewish Community and how we can improve connections. We look at on a quarterly basis and have an underlying community engagement plan which makes sure we are everywhere in the city across the year and then the targeted engagement happens on a quarterly basis based on who we have heard from (AC).

Very impressed with the list, so well done (PR).

Big thanks to the team for that and especially to KT as numbers have increased since her arrival. (RB).

So much depends on the individuals concerned and when you have someone who is easy to engage with it makes a huge difference (PR).

Twenty percent of signposts go to Birmingham Advocacy Hub who do some really good work and we are conscious that once we have signposted we then lose track of what happens to them. It is brilliant if people get a good service and get their case taken up and resolved. However we do not know for certain if people that we signpost receive the service they need. If that happens it doesn't just reflect on the body that's meant to be taking up the case but it reflects back on us as the body that signposted to them in the first place. There is no evidence to say that this is happening and for reassurance we are going to make some approaches to develop this relationship (RB).

Healthwatch Solihull

Contractual year starts 1st July and we are coming to the end of quarter one. We fully achieved targets for last year, did well with reach, citizen engagement and hit our feedback target by end of the year. There is no performance by results in contract.

Feedback

We have had 616 pieces of feedback in quarter one, against a quarter target of 845, over 200 needed by end of October, but it is growing all the time and we are on target as much as we possibly can be.

Information and Signposting

The same issues are felt in Solihull as in Birmingham, but the numbers have increased due to increased activity in community engagement and we are on track to hit target.

Community Engagement

Feedback we get from men is lower than from women in Birmingham and Solihull. Healthwatch Solihull are now engaged with Solihull Moors football

team and have been invited to match days and we will be in the programme every time there is a home match, so hopefully see more men coming through. They are also fully supporting our social media through that. We have tried previously to engage with Aston Villa Football Club and Birmingham City Football club and that is an option for us in the future.

Demographics

We have only been doing demographics reporting in Solihull for the last two quarters and it shows how we have been able to identify gaps.

Volunteers

We have ten active volunteers, need 17 but should achieve that as we are now going through a recruitment phase.

Investigations and reports

Current investigation is around the urgent care pathway in Solihull. At the start of the pandemic Solihull hospital became a covid free setting and closed the Minor Injuries Unit at Solihull Hospital. This is of high importance to the local people of Solihull. Since we started to scope this project there has been an announcement that Solihull hospital will be getting their minor injuries unit back and UHB are fully committed for that to happen. This has changed our outcomes of this project a little bit but what it means is that it is a well-timed investigation. Within that we will be able to influence where there are gaps within the winter plan for local people and where we can influence the longer-term Urgent Care development.

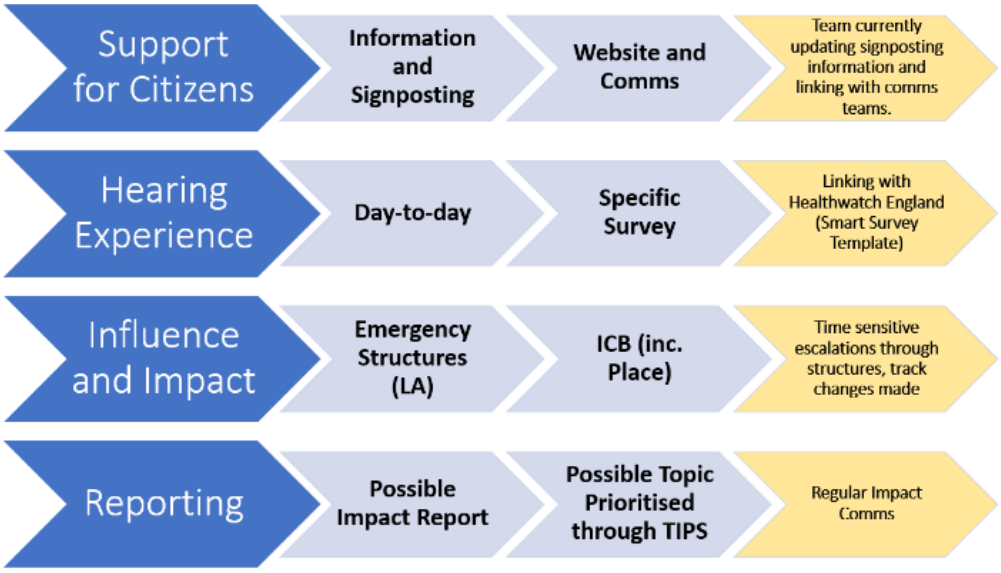
Raw data is shared with the Care Quality Commission (CQC) and the Local Authority around care and used to be shared with the Clinical Commissioning Group (CCG). We are now working with the Integrated Care Board (ICB) to make sure it is going to the right people, and we sit on the Quality Partnership Group, which consists of ourselves, the CQC, Local Authority, the ICB and NHS England and we have a regular agenda item to talk about what we are hearing from patients and a clear route in to cause change which shows that our value as a system partner is embedded in the new arrangements..

Numbers for social media and feedback numbers vary month to month. Is it a predictable or random rollercoaster, wondering if there is an opportunity to look at the peaks and put more effort there to drive the peaks higher. (JJ).

We know from face-to-face engagement that we attend more community activities during the summer months and therefore there are more opportunities. We tend to see summer months activity increasing and then over Xmas and winter months going down, the layer on top of that online engagement has blurred that a little bit with what we have been seeing. With social media there's a particular focus if there's an investigation or survey going on, which we saw last year with the dentistry report, and we saw an increase in communications and marketing and a huge spike in social media and then we can start to marry the findings up. In quarter one, particularly in Birmingham, we had a huge month as we posted a poll and a question about the Health Secretary and what should be her priorities, which had a huge amount of traction and one thousand people left their feedback. We are learning all the time what grabs people's attention and where that has a positive result. It's about marrying up those big win numbers with that more targeted work and the more detailed experiences (AC).

	With regard to feedback and engagement with men, has Healthwatch been to sites of employment, as employees like to be seen to be supportive of their employees' health and wellbeing especially with JLR being in Solihull (JJ). It's a really good idea and something that we have floated around previously and there are some good examples from Covid. It's something I will take back to the team for consideration. (AC). <u>Annual Reporting to the Health and Social Care Scrutiny Committee in Solihull and Birmingham</u> In Birmingham and Solihull we have an annual attendance to report our performance to elected members of the Scrutiny Committee. In Birmingham we have a strong relationship with the committee and joint working arrangements in place. In particular they are interested in linking our work together around young people's mental health. The committee thanked our staff and volunteers for their hard work and dedication. In Solihull members welcomed us and congratulated us on our great work and are pleased with our performance level and the changes that we have introduced. They are fully on board with our way of working and the impact it has for local people. <u>Future reporting templates</u> We are working towards and recommending changing to the format of what reports comes to board. AC introduced the Four Block reporting system and reported as follows: The changes are designed to give increased clarity over our performance and the format will enable members to see quickly what activity is like, performance and where risk exists for each service area. We will also factor in a dashboard against our KPIs so NEDs can see at a glance where we are achieving and where needs their attention. Is the reporting in place of a full report? It's a question of context and really do appreciate the full report which I pick a lot up from which I wouldn't pick up necessarily from a summary report. (PR). There is room to add appendices where required and happy to take guidance from Board members where that would be useful. (AC). PR declared some anxiety because think reports are very high quality and very beneficial and help fulfil his role as a NED and concerned that the content might not be sufficient in the future. What's the reason for the move? I feel need detail to be assured as a trustee (JJ). You will have a number of full block reports which will make up an overall report, the contents will be the same, it's just a change in format. (AC). As well as the issue of our performance statistics, there is the issue of board members picking up issues from the quarterly report what's going on in health and social care. Propose to try for December, see how it goes and then review in future. AC to bear in mind comments and feedback from NEDs and the anxieties around the new style report. NEDs to feedback in December if this is providing the level of detail needed to fulfil our roles on the Board (RB).	

	DH Agreed to record concerns in minutes.	
5	• Investors in Volunteers Award • Volunteer Update	For Noting
	Investors in Volunteers (IIV) Award AC reported as follows: A self-assessment has been done against the IIV criteria which is included in the pack. Volunteers have been central in doing the self-assessment and the staff team have been working very closely with the volunteers. We have held workshops with them, got their feedback, wrote up the self-assessment and held interviews to get clarity around their points around it and that has formulated the self-assessment. There are a number of points that we have met against the criteria, a few partially met, and some can improve, if board happy with the contents of the self-assessment it will go to IIV, and then they will come back to develop an action plan, which we will then have time to implement and then go through the assessment process later in the year. I was involved in this the last time around and wondering if we have had feedback and any form of evaluation of what we did before and how the volunteers and the service over the last three years in terms of IIV (PR). Since getting the reward, three years ago, we've had an annual review, we had a glowing report back from IIV about our achievements. The previous award looked at policy and procedures and documentation we had to support our volunteers, not necessarily what volunteers experienced of those policy and procedures. The big changes are that it is very much based on volunteer experience and the benefit they get from us as an organisation. The past two years have been very difficult for us working with our volunteers and for our volunteers to be engaged with us because of the pandemic and changes in staff. This has been a valuable experience to review where we are at and how to move forward (AC). Agree how difficult it has been, not knowing how long it was going to take for volunteers to be re-engaged. From my experience one of the best moves we've made recently is the appointment of the Volunteer Coordinator across the two sites. In discussion with Georgina, we agree that it focuses the operation more as giving one person an eye across the two sites in a more coherent way and encouraging volunteers to be involved as a result of this (TP). This is very good feedback and Georgina's appointment makes a clear statement about how dedicated we are to supporting our volunteers and the value we have for them in the organisation. Volunteer update There were no further updates from the Volunteer Reps.	
6	**Demographic Reporting**	For Noting
	AC reported as follows: Within the pack there are three demographic reports (i) quarter four for Healthwatch Birmingham, (ii) quarter four for Healthwatch Solihull, (iii) twelve month report for Birmingham.	

	As far as Birmingham is concerned, the good news that comes out is that we are hearing feedback from is the most deprived areas of the city. In Solihull, it's the other way around and we hear far more from the South than the North of the borough which is probably something that Solihull need to do a bit of work on (RB). In the future, it may be interesting to relate the route of the feedback was obtained with the demographics (JJ). We have developed our community engagement model which now looks at population groups as communities of geography (where people live), communities of identity (protected characteristics) and communities of experience (where particular populations have a shared experience). This is then overlayed with ways to engage to ensure we are using the most effective method (AC). **Action - AC to forward Community Engagement Model to board members**	
7	**Cost-Of-Living-Crisis**	
	AC presented slide and reported as follows:  The intention is that we are able to effectively signpost and support individuals to get the help and support they need whilst also hearing their experience of health and social care and their changing need. Our intention is to regularly understand what the public is telling us and feed this into the leadership mechanisms to make the changes needed to meet local needs. Any Impact as a result of our work will then be written up. We did a similar theme during covid where it was an opportunity for us to identify vulnerable people and to support them to get the help and support that they needed. We are clear that there are routes in for us to get influence and impact on this through the cost-of-living leadership structures through the Local Authorities. JJ asked how have we created a directory of signposting. We have taken steer from the local authority and looked at other Healthwatch across the network who had developed some very good	

	examples. It's about tweaking our day-to-day activities rather than creating new services or structures (AC). Have we had a conversation with commissioners that this is going to be part of our day-to-day work, to keep them informed that this is going to be a pressure on us, and it may impact the KPIs (RD). We are lucky to have regular conversations with the commissioners, we have flagged the impact of cost-of-living and there is an expectation that we need to develop to meet the needs of local citizens as a result. The changes we have made will add towards our KPIs and within our contractual obligations. (AC).	
8	• **Civi-CRM Virtual Decision Paper September – For Ratification** • **Civi-CRM Retirement – Options Paper**	
	<u>Civi-CRM Virtual Decision Paper September – For Ratification</u> Civi-CRM has been our data base reporting system linked with Healthwatch England up until now. We have been notified by Healthwatch England that free access to this system will be withdrawn in March 2023. A decision paper was sent to Board members Via email outlining the reasons for and against sticking with the Civi-CRM system and the costs associated with this. The Board agreed with the recommendation to retire the Civi-CRM system and explore alternative arrangements for data processing and reporting (RB). This decision was ratified at the meeting. With an options appraisal of alternative systems presented at the meeting. <u>Civi-CRM Retirement – Options Paper</u> AC reported as follows: In our thinking around the replacement systems, we broke down the current system into its functions and looked at a solution for each one. We have engaged with Healthwatch England and influenced their response to the withdrawal of the system. There are a number of solutions that are coming from Healthwatch England and we are in the position of being able to influence what those solutions look like and make sure they are fit for purpose moving forward. **Data Processing** - The Information and Signposting wizard as part of the current system is being replaced with a new Healthwatch England system using Excel Forms. This is being developed by Healthwatch England and then will become our responsibility for the development of this system. There is no cost associated with this system and is supported by our move to Office 365. **Feedback Centre** – We will continue with the online feedback centre working together with the Excel Form outlined. **Reporting** - We have identified Power BI as a solution for the increased need to be able to analyse and report on a much quicker basis. The programme offers increased functionality to present our data in a more professional, accessible way. We have already set up a number of rolling month-by-moth licences for Power BI to train staff and set up reports. This is already used by	

	Healthwatch England, other Local Healthwatch and other parts of the Birmingham and Solihull System. **Data sharing with Healthwatch England** - the main benefit of the Civi-CRM is that it gave Healthwatch England access to our feedback heard locally. This however only gave Healthwatch England access to part of our data with the majority stored on the Feedback Centre. Healthwatch England have therefore developed a new upload system which our new way of working will be compatible with. **Online surveys** - were not included in the Civi-CRM but we included it in our needs assessment for future IT solutions. Currently use Survey Monkey and are now moving to Smart Survey through a free subscription from Healthwatch England. One of the benefits of using Smart Survey is that Healthwatch England are able to produce templates for different surveys. As we move from Survey Monkey there will be a saving of £650 per year across the two teams. **Volunteer management and coordination** - was identified as a need and we have already moved this to Better Impact, which is a volunteer centred system. It allows volunteers to have an app of their phones to see what events are available for them to go to. All of the documents and everything we need are on the system. **Client relationship management (CRM) system** - we never utilised this part of the system as much as we could and is a challenge due to the amount of changes across Health and Social Care. We do have our mailing list on Mailchimp and have other mechanisms to replace that. The cost of those alternative solutions would equate to £910 per annum, as previously mentioned away from Survey Monkey at £650 would only be a small addition to the annual budget. Are we happy with going in this direction, it will cost us around £300 more over current costs which includes some savings, and any other solutions will cost considerably more (RB). Staff are happy and have been part of the process all the way through, especially around PowerBI, and we can really see how that is going to fundamentally change what we do and reporting on a much more regular basis and will enable us to feed in on a more regular basis to the ICS. The next steps are to continue to work with Healthwatch England about the transfer of data to the new system. Further update papers will come to future meetings. (AC).	
9	**Office Update – Future Hybrid working arrangements**	
	AC reported as follows: We have been working with staff to understand what's working well and not so well in current working arrangements of remote and hybrid working. We carried out a survey amongst the staff team and the following came through strongly: • Staff valued coming to the office to see and work with others face-to-face, but this needed to be for a specific purpose that couldn't be done online or where there was an identified additional benefit to working face-to-face.	

	• Staff identified the cost of petrol as a negative for coming to the office, along with additional costs associated with office working. • Office working added additional pressures to the working day, such as longer working days due to commuting, plus distractions in the office impacting on concentration. As a result of this we have removed the set number of days per week in the office required of staff, in favour of a more flexible approach around individual and organisational need. Staff are encouraged to utilise the office and work with managers to identify opportunities to work together face-to-face. A schedule of whole team get-togethers and development sessions will be developed to utilise the office space and connect as a team. We are currently in a five-year lease which we signed in 2020, we did build in a break clause of three years however that needs to be actioned immediately to give the notice needed. We are not in a position to make a decision about this and therefore we will not be activating the break clause in the lease. We will therefore develop the office space as a multifunctional space able to facilitate group activity and meetings (with virtual access). Assurance that I will need is that staff are delivering what you expect from them (JJ). We've done a lot of work with the staff team to move away from the usual you're working 9-5 to an objective and outcome-based model of working which suits people. We have developed KPI reporting mechanisms so that we can keep on top of work that is being done and hold individuals to account with clear objectives. We are changing the culture slowly of how we manage staff in line with remote working (AC). Fully in support of working from home where that's possible but there are a couple of consequences (i) the issue of people have to turn heating on is that there is an additional cost so is that an issue for us, (ii) ensuring that members of staff are fully accessible to stakeholders and the public where required. (PR). We are set up to be accessible as a whole staff team with telephone, email and other virtual methods of communication. In terms of cost-of-living we are working with staff to understand this further. The office is open to anyone who would rather come to the office to save heating and electricity at home. (AC). Board confirmed they were happy with that.	
Governance Updates		
10	• **Board Work Plan Updates –** o **NED Recruitment** o **Strategy Update** o **ICS Development** • **Board Work Plan – Formal and Informal Meeting Schedule – Engagement between Board Meetings**	For Noting For discussion
	<u>NED Recruitment</u> AC reported as follows:	

	Brilliant that we recruited two new Non-Executive Directors, although we need to continue the recruitment process. A continuation of the previous recruitment campaign will be started. We have capacity for an additional 4 – 6 Non-Executives. **Action - AC to speak to RD and MP about the recruitment process and how they found it to find it to learn what worked well as part of that and what didn't.** We may need to come to the board within the next three to four weeks to create an interview panel (RB). <u>Strategy update</u> There were a number of things that I reported previously around the five-year strategy which looks more at the additionality that we can do as an organisation outside our local Healthwatch contract. These projects are still a possibility and working with commissioners around funding. Further updates will come to future meetings. <u>ICS Development</u> The two items to draw the Boards attention to in terms of the Integrated care system are i) The new Inequalities Strategy looking at how the system will tackle health inequalities and ii) The wider 10-year integrated Care Partnership Strategy. We have been working with the Integrated Care Board around the engagement and involvement of this strategy to ensure citizens have a voice. This will be the start of the engagement process and we continue to work in partnership and hold the system to account for this. **Action – AC to send details of any useful developments to the Board between meetings.** <u>Board Workplan</u> Ac gave an overview of the Board workplan which includes a schedule of informal Board meetings for presentations from external stakeholders around system changes. On the work plan we have identified the following topics: • University Hospitals Birmingham – Digital Transformation • Marmot – Health Inequalities • CQC – State of Care Report • Birmingham and Solihull Mental Health Trust – Metal Health Collaborative and Community Transformation. We will try to fit these in where we can however it is very difficult to find suitable dates and times Board members are available. Please try to make time for meeting where possible, there will be a number of Doodle Polls coming from Di to arrange meetings.	
11	**Any Other Business**	
	There was no other business to discuss. The meeting closed at 18:15 Date of next meeting: To Be Confirmed	