

Board Meeting

Date of Meeting: Monday 17th June 2019

Healthwatch Birmingham Board Meeting Time: 4.30 pm - 7.00 pm

Venue: Healthwatch Birmingham Board Room Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

<u>Attendees</u>

Andy Cave (AC)	Danielle Oum (DO) - Chair	Di Hickey (DH) - minutes			
Jane Upton (JU)	Catherine Weir (CW)	Dr Peter Rookes (PR)			
Graham Parker (GP)	Jasbir Rai (JR)	Neelam Heera (NH)			
Tim Phillips (TP)					
There were no members of the public in attendance to observe					

Apologies

Qadar Zada (QZ)	

Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting	
	DO welcomed everyone to the meeting.		
	Declarations of Conflict of Interest	For noting	
	There were no other conflicts of interest apart from those already declared on the register.		
2	Minutes of previous meeting (18 th March 2019)		
	The minutes of the previous meeting were agreed.		
3	Actions Arising - All Actions Progress - All	For Action	
	Ref: January 1 - Investors in Volunteers - to develop a full volunteering plan which will come out of the strategy development to present at the September Board meeting.		
	Ref: March 2 - Feedback Centre Widget - It has been agreed with the commissioners that we will carry out a review of the Feedback Centre Widget to understand its value in collecting quality feedback. This needs to be completed by 1.8.19. As part of the review, we will establish if we can distinguish between general feedback centre feedback and those generated through the widget.		

	PR extended congratulations and thanks to everyone involved in producing an excellent Annual Report which included lots of information that people are concerned about. He confirmed that he had circulated the report widely and it had been well received.	
4	Board Membership Changes	For Noting
	AC reported that since the last meeting Gareth has unfortunately stepped down due to capacity and work commitments.	
	Moving forward we will be looking at building the membership up again and will look at the skills gaps, with recruitment expected to take place during August/September.	
	DO expressed her thanks to Gareth for his hard work whilst on the board.	
5	CEO's Report - AC	For Noting
	AC presented his report.	. or rooting
	Key Contractual Obligations	
	Feedback target - achieved and confirmed with the commissioners.	
	The Early Intervention Workstream We have been asked to evaluate the barriers and opportunities for improved patient involvement as part of the Early Intervention Work Stream. We will work with the five pilot sites using elements of our Quality Standard along with site visits to understand the opportunities for improvement.	
	Feedback Centre Widget GP asked how crucial it is to do the Feedback Centre review. AC stated that it was a vital piece of work to look at how it is progressing. We did not achieve the targets last year with roughly 25 adopters of the widget. The project took a considerable amount of resource and we need to understand if this is a valuable use of our capacity moving forward. Adopters are provided with marketing toolkits but there is no capacity in the staff team to follow up and the return has not been as expected from the project.	
	Quality Accounts We have responded to 7 NHS quality accounts. Chipiliro Kalebe-Nyamongo supported by Jane has done a lot of work to respond to all the Quality Accounts. It had been a challenge due to short turn around periods but we have a good system in place to achieve what is needed. Our response will be published in the Quality Accounts for each trust.	
	PR asked if there was a general view of reflection of Quality Accounts.	
	AC stated that we benefit from responding annually as we are able to track changes made as a result of our previous responses however it is difficult to tell if we get impact.	
	PR stated that a tremendous amount goes into producing these reports. How worthwhile is it from our perspective? When we make comments, do we feel that Trusts are taking notice and taking action?	

AC reported that in previous years some Trusts engaged and came back with an action plan. Some of the challenge is to track changes throughout the year.

JU stated that we will be thinking through how we select our investigations and will look through Chippie's responses as one area of evidence to select topics.

PR asked if there is any benefit in involving volunteers in reviewing reports.

JU confirmed that this would be discussed and might be useful in the future.

DO stated that the Quality Accounts were intended to be for the public.

Reports

We have published three reports and communicated the findings from these reports. In particular we presented the findings of the Direct Payments Report to Scrutiny Committee (HOSC) and they want us to go back with our impact reports later in the year to track changes that have happened.

We have completed a project with Healthwatch England to support the development of a Research Training package for the Network. This demonstrates how we are considered as a leading quality local Healthwatch and happy to share our experience and expertise.

Volunteers

Due to Hanna leaving, it has been a challenge keeping the volunteers motivated. Tim P (Volunteer Representative) has been invaluable acting as a checkpoint for volunteers where we can check if everyone safe and well and keep relationships going until we fill the vacant post.

Community Engagement

DO stated that there seems to be a geographical gap, particularly in the North West of the city. Do asked for clarification that there is a monitoring system in place to ensure we reach everywhere in the city. AC confirmed that we do monitor where we carry out engagement activity. We monitor from both a geographic and demographic basis to ensure we hear from everywhere, and everyone we need to. AC confirmed that activity took place in every district last year and our demographic and diversity monitoring evidence us hearing from everyone we needed to.

Long term plan

We are on track to complete the Long Term Plan work on time with our report being considered high quality by Healthwatch England. We will be working with the Birmingham and Solihull STP to ensure the findings of the report are used in developing the local Long-term Plan.

We are also presenting the Birmingham Report to the Black Country and West Birmingham STP to ensure the findings are considered for West Birmingham.

	Healthwatch England developed two questionnaires and we were required to run 2 focus groups. Combined with Healthwatch Solihull we received feedback from 622 people and another 68 in focus groups.	
	CW asked if the audience is the STP? AC confirmed that it is. NHS England also communicated with STPs and have two weeks to respond to the report.	
	PR attend seminars and found it reassuring about the openness of the STP and of what was discussed. He stated that it was disappointing however that there weren't many members of the public there.	
	PR asked what our communications link with STP is and do we have a direct involvement? AC has a seat on the four working groups, and we are now a member of the communications leads group.	
	CW is there an opportunity to present at some key STP meeting? AC stated that hopefully there is an opportunity to present at the STP Board.	
6	Annual Report 2018-19	
	AC confirmed that due to the reduced capacity within the team we have been unable to bring the final draft of the Annual Report to the meeting for sign off. It was confirmed that the Board were happy to approve the Annual Report via email to complete for the end of June deadline.	
7	Annual Accounts	For Noting
	JR confirmed that the audit has been completed and first draft is due imminently. There have been a few queries from the auditors to work through around VAT and the income generated from the Long-Term Plan Project. This is likely to result in slight adjustments to the accounts, with the Audit Committee picking up the details.	
	DO confirmed that the Board is happy to approve with discussions taking place at Audit Committee.	
8	Any Other Business	
	PR enquired about the staff team and vacant positions. AC confirmed that a detailed discussion will take place in the Private section of the meeting.	