

Healthwatch Brighton and Hove Board APPROVED meeting minutes 5.6.2023

Attendees:

Geoffrey Bowden (Chair)	Chair
Alan Boyd (CEO)	CEO
Khalid Ali (KA)	Board member
Gillian Connor (GC)	Board member
Christine D'Cruz (CDC)	Board member
Howard Lewis (HL)	Board member
Angelika Wydra (AW)	Board member
Alistair Hignell (AH)	Board member

In attendance

Lester Coleman (LC)	Head of Research
Clary Collicutt (CC)	Project Coordinator
Clare Funnel (CF)	Comms and Engagement Officer

Apologies

Sophie Aunounou (SA)	Board member
Chris Morey (CM)	Board Finance Lead
Michelle Kay (MK)	Project Coordinator
Will Anjos (WA)	Project Coordinator
Katy Francis (KF)	Project Support Officer
Karen Barford (KB)	Board member

No members of the public were in attendance

Item 1 - Welcomes and declarations of interest

- a) There were no new Board members or attendees and no new declarations of interest.
- b) The Board recognised that this would have been Karen Barford's final Board meeting but due to ill health, she was unable to attend. The Board expressed their thanks to KB for her extensive contribution to Healthwatch Brighton and Hove during her tenure. The Board asked the Chair pass on their thanks to KB and for an appropriate gift to be sent

Action 1 –

1.For an appropriate gift to be sent to KB (card and flowers).

Items 2- Minutes and matters arising

- a) **Speak up Guardian** for University Hospitals Sussex NHS Trust (UHSx) – HL provided an update confirming that the Trust has been unable to appoint anyone. Questions were asked about what the Trust management and Board were doing about this role and whether appointing one person was sufficient, but the Board did not have this information. It was highlighted that the latest CQC on UHSx Trust had highlighted how staff were reluctant to speak up.
- b) **Board member recruitment** – CEO advised he had attended training delivered by Healthwatch England on Board recruitment and that recruitment packs had been prepared as a result covering both a Vice Chair and generalist Board member. Discussion focussed on what skills gaps the Board needed to fill and it was flagged that a Board skills matrix had been conducted last year and that this should be shared with the Chair. The discussion also focused on how best to attract suitable candidates and that Board members should promote the roles amongst their contacts. The Staff team would be asked to assist with advertising and promotion.
- c) The Chair flagged that he was giving a number of media interviews and that Staff team members had also received relevant training. The Board were asked to flag their interest in supporting the organisation in giving media interviews.
- d) The Board agreed to push back the date of the next board meeting from August to September to account for anticipated annual leave among Board members
- e) The Chair confirmed that a finance report would be discussed at the next meeting.

Actions 2-7 –

- 2. Companies house – will need to be notified that KB has stepped down from the Board. This will be done once the planned recruitment of additional Board members has been successfully delivered – Chair.**
- 3. Donation to former Board member, Neil McIntosh’s charity of choice to be made (£50) – Chair.**
- 4. Correct action 5 of the last board meetings minutes to say ‘NHS England’ – CEO (*update: change was made to the final minutes*).**

5. **Send volunteer matrix to Chair – CC (update: this was sent by CC).**
6. **Recruiting new board members and a Vice-Chair – draft advertisement/recruitment pack to be reviewed and signed off prior to these being advertised and promoted – All Board of Directors.**
7. **Could Board members with media experience let Chair know if and when they can do interviews on behalf of Healthwatch – All Board of Directors.**

Item 3 – Introductions to new staff members

- a) CEO introduced new members of staff:
 - Clare Funnel, Comms and Engagement Officer, part time, 0.5FTE, Mon to Weds.
 - Katy Francis, Project Support Officer, part time 0.5 FTE, Mon afternoon, Tuesday and Thursday.
 - Katrina Broadhill, Healthwatch /ICs Liaison Lead, part time, 0.8 FTE, Monday to Friday.
- b) The CEO advised that CF's and KFs roles had been created with minimal additional impact on staffing costs achieved through internal promotion of existing staff, reduced working hours for other roles and staff being employed on minimum starting salaries. Both roles were fixed one-year contracts with the hope to extend these, subject to funding capability.
- c) KF had backfilled the role previously held by CC.
- d) CF's role was new. The Comms & Engagement role had been agreed unanimously by the Staff team as one which was needed to help raise awareness of our work and impacts and to increase the amount of public intelligence we received. It was also recognised that improving our profile would support our future contract retender.
- e) The CEO explained that KB's Liaison role was funded by NHS Sussex, and Healthwatch was hosting this and sharing line management with NHS Sussex. The next agenda item included a presentation by KB.
- f) The Chair asked what level of management fee was attached to KB's role? The CEO advised that a fee had been factored into the pricing structure but that the final amount was subject to any costs associated with this new role, which were TBC but it was hoped that this would work out at around 15% of the total (£60K).

Item 4 – Introduction to the new Healthwatch strategic Liaison Lead role

- a) In her new Liaison role, KB introduced herself and outlined her role:
- Promoting Healthwatch voices across the ICS (for all three Healthwatch teams).
 - Avoiding system duplication.
 - Producing a monthly monitoring report for the 3 Healthwatch teams in Sussex.
 - Liaising and influencing e.g. on Primary Care and Health inequality boards.
 - KB flagged that her role was to support Healthwatch to bring critical challenge.
- b) The CEO advised that KB's role is funded by NHS Sussex for only one year but the hope is that further funding will be secured. Healthwatch is working closely with NHS Sussex on this.

Item 5 – Healthwatch performance report

- a) LC presented the Annual Performance Report. It is a contractual requirement to produce a six-month and annual report for the Healthwatch Commissioner. LC described the report as a compilation of evidence, including what we have done and our work plan as of April 2023. The format has been agreed upon between LC and the Commissioner, who has been complimentary of the report.
- b) LC described some highlights contained in the report
- Our recent GP report.
 - Our involvement in raising issues affecting NHS Dentistry.
 - Helping to reverse local toilet closures
 - Healthwatch received 214 enquiries to our info line last year and we are exploring ways to increase this vital intelligence.
 - 17 reports were produced last year, of which the majority were focussed on Brighton and Hove, but some span Sussex. They are all available on the website.
- c) Members of the Board praised the team for the work described in the report, highlighting how it showed the diversity of our work.
- d) The Board asked questions about plans to improve how we communicate our work and our impact and the CEO advised that this was a key function for CF in her new Comms and Engagement role and that a new Comms strategy would be produced.

Item 6 – Staff team projects update

- a) Dementia Pathways project – LC confirmed that a first draft of his report had been done and he was awaiting feedback from Commissioners.
- b) GP report – LC confirmed that this had been completed.
- c) Direct Pathways – LC advised the report was being proofread. A question was asked about whether we have a comms plan to promote this and LC advised that CF was leading this work
- d) Outpatients Deliberative Engagement project – LC advised that MK was leading this and that it had been an enormous success, adding new skills to the Staff team in an area that is of particular interest to the Sussex Health and Care Partnership. A final report should be completed by the end of July.
- e) CC provided a description of our recent Enter & View of maternity departments at the County hospital. Our volunteers provided positive feedback from the visit and the full report is on our website. The report would be discussed at the Trust’s Patient Experience and Engagement Group.
- f) CC also gave advance notice of our plans for the Emergency department. Healthwatch had invited Board members and partners along to a tour of the current ED and plans for its redevelopment. Representatives from Possibility People, Sussex Interpreting Services and the Carers Centre had been asked to join us. A final report will be published.

Item 7 – CQC report into University Hospitals Sussex

- a) George Findlay, CEO of University Hospitals Sussex Trust (UHSx) was invited to join online to discuss the recent CQC report which had downgraded the Trust to ‘Requires Improvement.’ The review investigated safety and whether the various hospitals are ‘well-led’. A slide presentation was shared.
- b) George’s reflections:**
 - Timing was tough – and reflected visits which took place seven months ago
 - The CQC findings echoed what Trust management already know
 - A huge amount of improvement work was already underway
 - Also, the CQC found many positives about care, frontline teams, and how the Trust are organised to meet challenges

- George was clear that the Trust mustn't underestimate these findings or dismiss them. Some people feel unheard, and their challenges are significant
- Delivering care is really tough, winter was immensely difficult – people are tired, and under pressure

c) Patients

- George highlighted that what is important to patients are waiting times. With industrial action, waits are currently between 65 – 78 weeks. It will be years before they get back to 18 months.
- The ED department has been very challenged.
- Cancer diagnosis is however ahead of the national average.

d) Staff

- They measure staff engagement score monthly. This shows that staff are beginning to feel more confident about speaking up – there has been a 10% increase.

e) What comes next?

- The Trust is continuing to work towards its 'True North' objectives: patients, sustainability, people, quality, systems and partnership, and research and innovation.

f) Other

- The Trust has changed its freedom-to-speak-up approach and commissioned a guardian service, which 20 other Trusts use.
- Staff engagement scores are very different across the different hospitals.
- Healthwatch was recognised as being a valuable partner, providing rich feedback.
- It was highlighted how negative feedback from the CQC report lowers public confidence and staff morale.

Item 8 - Council elections

- a) CEO and Chair shared details of the recent Council elections results which had resulted in a majority control for Labour. There are 54 councillors representing 23 wards in the city are made up of:
- 38 from the Labour Group
 - 7 from the Green Group
 - 6 from the Conservative Group
 - 3 Independents (not belonging to any political group)

- b) Bella Sankey, Labour, has been elected as the new leader by her Labour colleagues. She takes over from the former Green leader Phélim Mac Cafferty who lost his Brunswick and Adelaide seat
- c) After the Council elections, new Chairs of the Health & Wellbeing Board (HWB) and Health Overview and Scrutiny Committee (HOSC) would be appointed.
- d) The HWB Chair is Cllr Bruno De Oliveria who represents Hollingdean and Fiveways. Some of his interests are poverty, cost of living, inequalities. Mental Health and homelessness. He is a researcher by profession
- e) The CEO advised he was attending a 'teach in' session delivered by the Council, to meet the new Chair.
- f) The Healthwatch Chair would meet with the new Chair of the Health Overview and Scrutiny Committee once this was formally announced.
- g) CEO advised that we also need to keep an eye out for the Chair and members of the Adult Social Care & Public Health Sub-Committee who decide the future of the Healthwatch contract.

Item 9 - AOB

- a) The CEO advised the Board that the team were exploring projects to be delivered in partnership with other voluntary and community partners which would build new, strengthen existing relationships, and help us to gather more intelligence. These projects would also support the Sussex Health and Care Partnership's strategic focus on reducing health inequalities. The CEO advised that the team were in talks with Switchboard, East Brighton Food Co-op, Cascade recovery and RuOK (a drugs and alcohol service).

End of minutes