

Healthwatch Brighton and Hove Board approved meeting minutes 3.4.2023

Attendees:

Geoffrey Bowden	Chair
Chris Morey	Board Finance Lead
Alan Boyd	CEO
Khalid Ali	Board member
Gillian Connor	Board member
Karen Barford	Board member
Christine D'Cruz	Board member
Howard Lewis	Board member

In attendance

Lester Coleman	Head of Research
Will Anjos	Project Coordinator
Clary Collicutt	Project Coordinator

Apologies

Sophie Aunounou	Board member
Alistair Hignell	Board member
Angelika Wydra	Board member
Michelle Kay	Project Coordinator

No members of the public

Non-tabled agenda item

At the start of the meeting, Karen Barford advised that she will be stepping down from the Board. Karen agreed to step down after the next Board meeting in June. The Board agreed this and thanked Karen for her contribution to Healthwatch. It was also noted that as Karen had been attending the West Area health forum, we will need to find replacement to represent Healthwatch.

Action 1 –

Chair needs to advise Companies House of changes to the Board – **Chair to follow up** once recruitment of new Board members has concluded.

1. Welcomes and declarations of interest

There were no new Board members or attendees and no new declarations of interest.

2. Minutes and matters arising

Action 2 –

Chair to contact Neil McIntosh, former Board member, to arrange a donation to his favourite charity following the passing of his wife – **Chair to follow up.**

- a) Howard Lewis (HL) advised that the Speak up guardian for University Hospitals Sussex NHS Trust (UHSx) is still to be recruited and an interim person is in place. A reminder that the National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "[The Freedom to Speak Up](#)" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. A network of Freedom to Speak Up Guardians in England and conducts speaking up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector.
- b) **Care Quality Commission (CQC) reports on services at UHSx.** This item was discussed as part of Agenda item 5.

3. Project updates.

- a. **Maternity and mental health.** Michelle Kay (MK) conducted a project earlier in the year funded by Healthwatch England. The results have been fed into a Healthwatch England report to be published soon. This involved conducting five in-depth interviews with a diverse group of birthing mothers about their perinatal mental health experiences. The project is relevant to Brighton and Hove given the focus on maternity services and health inequalities.
- b. **Dementia pathways project.** Led by Lester Coleman (LC). This NHS Sussex funded project has involved gathering the experiences of 45 people (15 per Sussex region) about memory loss assessments, focusing on immediate and long-term support and transitions between services. The deadline is the end of May. To date, 36 participants have been interviewed including 11

carers. The ambition is to reach a diverse group of people for the remaining interviews. Key findings so far are reported to be:

- a lack of clarity and people are overloaded with information and feel overwhelmed
 - People don't have a named person to contact in an emergency
 - Not everyone had long term support, and people spoke about needing more support as the condition develops. Cultural differences need to be reflected in any support
 - Disparate services, and a need for a centralised service
 - Memory assessment providers dementia cafes were involved in participant recruitment
- CD'C asked what data was known on people with dementia in Brighton and it was explained that currently one in 67 have dementia. CD'C also asked about palliative care saying that palliative pathways need to start earlier when people are in a position to make decisions to support both patients and their family. GB suggested this should be said to the commissioners as a recommendation.
- c. GP report.** LC advised that the project had concluded and were in the process of disseminating the report
<https://www.healthwatchbrightonandhove.co.uk/report/2023-03-06/healthwatch-our-focussed-work-gp-services-brighton-and-hove>
- d. Direct payments review.** Led by LC, this project is commissioned by Brighton and Hove City Council. Results so far highlight people's lack of awareness of the support and what support is available locally alongside some criticism about recruitment and retention of carers. GC asked whether the dementia pathways project was secured via a competitive process and LC advised that the Council has approached us directly. This led to a brief discussion about how projects are won by Healthwatch which is a mix of direct approaches, proposals submitted by us and tendered work. LC commented that we offer good value for money for commissioners as we often deliver more than we are paid to.
- e. Outpatients project.** Led by MK and funded by NHS Sussex. Funding for this project was secured in January. This is a pan Sussex project which will support the outpatients' transformation work. It will involve Healthwatch recruiting 35 people from across Sussex, with diverse backgrounds, including carers and people from the LGBTQ+ community. As part of this work, it will examine why people do not attend appointments as there are around 50,000 missed appointments each year.

- f. **NHS small grants trusts.** LC advised that we are going to apply for grant funding to deliver place based projects with a focus on inequality. To date, we have held discussions about applying for a grant with Switchboard, a charity for the LGBTQ+ community, which is one of the target cohorts for this NHS Sussex piece of work. Will Anjos (WA) advised that he is going to reach out to local refugee/migrant communities to determine whether we might be able to deliver a project with them.
- g. **Healthwatch Hospital Enter & View** Clary Collicutt (CC) advised that she will be leading the next visit to maternity departments at the Royal Sussex County on Monday the 24th of April.

Action 3 –

As part of the discussion on projects, Lester was asked to present the 12 months performance report at the next Board meeting.

4. Finance Report – Chris Morey

- a) The Budget (£273,737.19) versus flex budget (£227,863.00), meant there was a variance £45,874. The £46K more than what was expected is due to the additional income brought in from projects.
- b) Staff bonuses. These were £6k last year (21/22) and approximately £13K this year (22/23). This is more than indicated in the last budget update given at the February Board meeting which had estimated the bonus pool would be £8-9K.
- c) Operating profits for 22/23 were £23,755.74
- d) The Board congratulated the team on the extra income generated and agreed to make the bonus payment to staff in April 2023.
- e) LC asked how much work we should be delivering out of our core contract and are we focusing too much on chasing the money? Alan Boyd (AB) advised that he has been looking at what additional income (outside of the core grant) we need in order to continue operating as we currently do, which was roughly £100-120K. AB reminded the Board that core functions include operating a Healthwatch, providing help and guidance and running a helpline, not just the delivery of projects. AB advised that the core budget has decreased over the years.
- f) The Board thanks CC and Ruth for their patience and hard work on the budget.
- g) GC asked whether Healthwatch could apply for an exemption because we are doing research but acknowledged this may be too complicated and asked whether Healthwatch England could offer any advice.

- h) On VAT, it was confirmed that we are regularly monitoring income and the effect this may have on exceeding the VAT threshold. AB advised that grants do not count towards the VAT threshold.
- i) The Board agreed that we should reduce the value at which items are treated as capital spend from £500 to £200.
- j) CC advised that for 23/24 we expect to bring in £92K expected income currently, largely brought in by the funding to deliver the new ICS strategic liaison role, although. AB advised that the Sussex ICS had awarded each Healthwatch £10K for 22/23 and 23/24 to support the work of the ICS. We are getting 1/3 less than the average being awarded to other Healthwatch teams across England. Consequently, the three Sussex HW teams had agreed to pool the £60K to create a new role – a strategic HW/ICS Liaison Lead. The aim of the role is to remove some of the burden of meetings and also to streamline how local HW share feedback and intelligence with the ICS and to improve how we receive communications from the ICS. We have £60,000 to fund a £36K salary and all costs. Healthwatch BH is estimated to receive around £13–15K in management costs for hosting the role.

5. CEO update

- a) AB advised that the team had appointed a part-time Communications Officer – Clare Funnell – and were actively recruiting for a Project Support Officer.
- b) AB had a conversation with the HW commissioner, John Redding about contract renewal which will probably be a competitive tender next year. We currently have a three-year contract. John will provide more insight after the May local elections. It was asked whether we could see the bids submitted by non-Healthwatch organisations who had been successful in tendering to run Healthwatch contracts and it was noted that a Freedom of Info act request could be made.
- c) AB advised that it has been 10 years since Healthwatch was created and that he was writing a retrospective report to celebrate our impact over this time.
- d) AB wrote to the Chief Executive of University Sussex Hospitals Trust (UHSx) requesting to be more involved with CQC action planning and a positive response had been received.
- e) AB provided an overview of the recent CQC report on the Royal Alex Children's Hospital. In December, the hospital's demand increased by 50% due to Strep A, flu and winter pressures but that 50% of patients had been triaged within the target time of 15 mins. Of concern was that 19% of

patients had simply walked out whilst waiting to be seen by a doctor/consultant after triage.

- f) AB advised that the Louisa Martingale building won't open until May, reasons are unknown.
- g) Remove AB also updated the Board with the announcement that £48 million had been secured to expand the ED department, to be spent over three years. AB advised that he was arranging for a group of patients to tour plans for the new ED department in May.
- h) AB advised that the ICS must submit its shared delivery plan to NHS England in June.

6. Board recruitment - Chair

- a) The Chair advised that he wants to appoint a vice Chair and it was agreed that we needed to try to attract a younger demographic to the Board to be better reflective of our city's demography. Chair asked when existing Directors' tenures are scheduled to end and this this needs to be clarified.
- b) Chair also asked whether we have an induction pack or process. CD'C advised that Michelle Kay (MK) provided her with an induction but there was no formal induction process in place. AB advised that he had developed a Board recruitment pack following his training provided by Healthwatch England.
- c) There was a discussion about the timings of board meetings and moving these to support Directors to be able to attend. As part of this discussion, the need to address non-attendance by Board members was raised. It was also noted that any change to the timing of future meetings needs to have minimal impact on staff and those with young families. It was mooted whether meetings could move to quarterly and possibly later in the day 4:00 to 6:00 PM.
- d) Chair asked the Board for their views on creating subcommittees to focus on certain areas such as monitoring the risk register, which raised the question of whether we had one.
- e) The Healthwatch England Board offer of support was discussed and whether the Board needs to have a separate talk about this to ensure we are governed as well as we could be.
- f) It was suggested that we need an action log, but the impacts of maintaining this were raised as possible issues.

Action 4 –

Geoffrey to speak to Michelle to understand what introduction she gave to Christine.

Action 5 –

Howard to get details from Healthwatch England on Board support

End of minutes