

# Healthwatch Coventry Steering Group Meeting

## Minutes

at 10:00am – 12:00 noon on 21 April 2026

**Venue:** The Wheelhouse, Council House, Earl Street, Coventry, CV1 5RR

**Attendees:** Stuart Linnell (Chair), Catherine Smith, Allen Margrett, Rose O'Malley, Ghulam Vohra, Jo Dickie, Last Mafuba

**Staff Present:** Leigh-Anne Howat, Ridhwana Sheikh, Lisa Nilsson

**Other Attendees:** Jessica Weeks (MNVP), Christina Lapsa (MNVP)

**Apologies:** Emma Denis (UHCW), Hayley Best (UHCW)

### 1. Welcome/Introductions

SL welcomed everyone to the meeting.

SL asked if any members had any declarations of interest, there were none.

### 2. Matters arising/Actions from previous meeting

There were none. Minutes were agreed as an accurate record by members present.

### 3. Guest Speaker – Jessica Weeks (MNVP)

Jessica Weeks from the Maternity Neonatal Voices Partnership, attended the Steering Group meeting to share her own personal story and experiences of Maternity Neonatal care. She also invited her colleague who is going to be covering the Coventry area, Christina Lapsa. As part of the MNVP, JW shared information of what they heard from other expectant mothers.

Maternity care can be profoundly difficult for many women because of racial discrimination that shapes how care is delivered, received, and experienced. Racial bias—both systemic and interpersonal—often means that women from minority ethnic backgrounds are less likely to be listened to, taken seriously, or treated with dignity during pregnancy, childbirth, and the postnatal period. Symptoms and concerns may be dismissed, pain may be underestimated, and important warning signs can be overlooked, all of which increase the risk of complications. Beyond clinical interactions, structural inequalities such as reduced access to high-quality healthcare facilities, language barriers, and a lack of culturally competent care further deepen these challenges. The emotional toll is equally significant: fear, mistrust, and stress caused by repeated experiences of discrimination can discourage women from seeking care early or engaging fully with maternity services. Together, these factors create an unequal system in which outcomes are shaped not only by medical need, but by race—making what should be a supportive and life-affirming experience far more difficult and, in some cases, dangerous.

JW shared how important communication is and how important compassion is. Women are at their most vulnerable state when expecting, they know their bodies and sometimes just need people to listen to them. The practitioner or midwife might have experience bringing life into this world but it's equally important to listen to the patient as care should be person centred. There was some further feedback given about why women were missing appointments. Women were being told they are not allowed to bring other children to the appointment. However, if the woman is unable to find alternative childcare, they end up missing the appointment as they didn't have any other choice.

SL commended JW for the hope and optimism her story has brought to the group. JW responded it was all due to the excellent support network she received from close family.

GV asked if JW had ever experienced health inequalities?

JW responded that she did and explained how she was treated differently when her partner was around to when she was alone. People from different communities have lost their trust in the NHS due to health inequalities, they would rather go to someone they know and trust than going to see their own GP or specialist.

Steering Group thanked Jessica for coming to the meeting and sharing her story as well as what she had been hearing from the public through the MNVP.

#### **4. Independent Health Complaints Advocacy Service – Lisa Nilsson**

LN delivered a presentation and described the complaints advocacy service as a vital source of support when navigating the healthcare system. LN explained that the service helped people understand their rights, put their concerns into clear words, and feel more confident about speaking up. People knowing she was there to listen and offer guidance made the complaints process feel less intimidating and ensured their voice was taken seriously. LN shared a couple of case studies of the people she had helped and the outcome from the support she provided.

#### **5. Healthwatch Activity**

##### **(a) Service update**

LAH provided an update on the work plan and where we are in the process in delivering different projects and highlighted the areas we are monitoring.

##### **(b) Latest update from Healthwatch England**

Updates and links have been shared with SG from Healthwatch England. The updates were more focused around mental health and the challenges around ADHD and Autism.

#### **6. Work Programme**

##### **(a) Torcross Dental Practice**

A BBC Coventry and Warwickshire article was shared about a patient who was left without a follow up appointment for several months.

##### **(b) NHS App Part 2 Survey Questionnaire**

After the success of our first NHS App Survey, we are looking to gain more of an understanding on how the app works from a GP service perspective. A draft survey has been presented to the SG Group to gain their feedback.

## **7. Local service changes and reports**

### **(a) CQC reports/findings**

SG members were given a paper which listed the published reports from recent CQC inspections.

### **(b) Pharmacy updates**

No new pharmacy updates since the last SG meeting.

## **8. Governance and Communication**

LAH suggested that it might be worth having a Deputy Healthwatch Chair as the demand of the Chair has risen.

SGH members have raised concerns around people already in employment and sometimes it can be difficult around commitments. DL suggested we would look into it further.

## **9. Any other business**

None.

## **10. Next meeting**

The next Steering group meeting will be on: Tuesday 30<sup>th</sup> June 2026, from 10.00am to 12.00pm, meeting will be held at The Wheelhouse (Council House).