

HEALTHWATCH ENGLAND COMMITTEE MEETING PAPERS

Wednesday 10 August 2016
London

Venue: Room T206/207, 2nd Floor, 151
Buckingham Palace Road, London, SW1W 9SZ

TABLE OF CONTENTS - PUBLIC MEETING

AGENDA ITEM	LED BY	ACTION	RELATED PAGES
INTRODUCTION			
1.1 Welcome and apologies	Jane Mordue	To open the meeting	N/A
1.2 Minutes of the last meeting, actions log and matters arising	Jane Mordue	To confirm the minutes and discuss the matters arising	5 - 11
1.3 Declarations of interests	Jane Mordue	Committee Members to declare any interests	N/A
1.4 Interim Chair's Report	Jane Mordue	For discussion	13 - 16
1.5 Acting National Director's Report and Report on delivery (Quarter 1 2016/17)	Susan Robinson	For discussion	17 - 47
1.6 Operational Report	Joanne Crossley	For discussion	49 -51
REVIEW AND DECISION			
2.1 Intelligence to influence: Local Healthwatch reports and future influencing options (slides)	Neil Tester	For decision	53
2.2 Healthwatch Intelligence (includes slides)	Gerard Crofton-Martin	For decision	55 - 61
3.0 Public Participation	Jane Mordue	N/A	N/A
REVIEW AND DECISION			
4.1 Healthwatch 2016 (includes slides)	Andy Payne	For discussion	63 - 68
4.2 Healthwatch England Governance	Susan Robinson	For decision	69 - 76
5. Public Participation	Jane Mordue	N/A	N/A
GOVERNANCE			
7.1 Audit and Risk Sub Committee Chair's Report	Michael Hughes	For decision	77 - 78
7.2 Finance and General Purpose Sub Committee Chair's Report	Deborah Fowler	For noting	79 - 80
7.3 People and Values Sub Committee Chair's Report	Pam Bradbury	For noting	81 - 82
7.4 Committee Members Update	Committee Members	For noting	83 - 86

A number of pages have been left deliberately blank for formatting purposes.

AGENDA ITEM: Minutes, action log and matters arising

PREVIOUS DECISION: The minutes of the Committee meeting of Friday 26 February was agreed as a true record.

EXECUTIVE SUMMARY: This report reflects the minutes and actions of the Committee meeting of Wednesday 25 May 2016.

RECOMMENDATIONS: The Committee are asked to approve the minutes and action log of the Committee meeting of Wednesday 25 May 2016.

Minutes of the Committee Meeting on Wednesday 25 May 2016:

Present (Committee Members): Jane Mordue (Interim Chair), Jenny Baker, Andrew Barnett, Pam Bradbury, John Carvel, Alun Davies, Deborah Fowler, Michael Hughes and Liz Sayce.

Apologies: Helen Horne and Christine Lenehan

In attendance: Susan Robinson, Gerard Crofton-Martin, Neil Tester, Andy Payne, Joanne Crossley, Jacob Lant and Esi Addae.

A full recording of this session is available at www.healthwatch.co.uk or http://www.healthwatch.public-i.tv/core/portal/webcast_interactive/220754.

AGENDA ITEM 1 - Welcome

- The Interim Chair opened the meeting and thanked local Healthwatch and others present for joining. An update on discussions from the previous day was shared, this included conversation with local Healthwatch Chairs and lead officers on service changes which are ongoing geographically.

AGENDA ITEM 1.2 - Previous Minutes

- The minutes of the Committee meeting of Friday 26 February were agreed as a true record.

AGENDA ITEM 1.2 - Matters arising

- Committee Members were updated that Andy Payne (Head of Network Development) and Phil Brough (Service Change Lead) presented at the NHS Five Year Forward View People and Communities Board in late April, highlighting activity within the network, particularly with service change. This has been across not just new models of care and vanguard sites, but also across the wide range of system transformation programmes. The next steps are to present a paper at a Five Year Forward View Chief Executives group meeting, the date of which is yet to be confirmed.
- That as the Department of Health goes through its own internal change programme; the

staff team are exploring some of the implications to the changes to the way policy structures are organised in the Department of Health. This was raised specifically in relation to how children's needs are likely to be considered in each policy area and do not have a separate section in the Department's Shared Delivery Plan.

- An update on the upcoming National Conference was given. 123 award applications have been received to date, which also includes a significant number from smaller local Healthwatch.

AGENDA ITEM 1.3 - Declarations of Interest

No declarations were made in relation to agenda items identified.

AGENDA ITEM 1.4 - Interim Chair's Report

Jane Mordue, Interim Chair, presented her report to the Committee.

Members welcomed the Interim Chair's report and the following comments were made:

- The recruitment of the permanent Healthwatch England Chair has been delayed until September 2016 and this has repercussions on the recruitment of the National Director of Healthwatch England. Susan Robinson has agreed to continue in her role as Acting National Director until December 2016, to enable a permanent National Director to be recruited.
- Additionally, as a number of Committee Members' appointments are due to conclude in September 2016, the process of recruitment has begun to ensure that new appointments can be confirmed in early October 2016.
- Committee Members discussed the vital role that Healthwatch can play within current and future system changes, recognising that there is a strong need for good public and patient engagement at local, regional and national levels.
- The Service Change conference in March 2016 was a great opportunity to discuss and support local Healthwatch to encourage active engagement. Highlighting that this is about good relationships locally, understanding roles and responsibilities, and sharing the effectiveness of good engagement. It was suggested that it would be helpful to have clear examples of where engagement has led to better outcomes or better decisions, which can be used as a powerful resource to drive change.
- It was identified that the role of Healthwatch is not just to identify current challenges, but to also identify good and next practice, aspiring to a health and social care system which is cost effective, of good quality and produces good outcomes which meets the aspirations of consumers.
- It was noted that whilst social care has long been seen as far less than a major issue nationally, Healthwatch England should continue to emphasise the need to use the voice of patients and the public to influence changes in health and social care services.

AGENDA ITEM 1.5 - Acting National Director's Report

Susan Robinson, Acting National Director, presented her report to the Committee.

Members welcomed the Acting National Director's Report and the following comments were made:

- An update on the membership and future meetings of the local Healthwatch Advisory Group was given, highlighting that the meetings are open to all local Healthwatch and that upcoming meetings will take a variety of formats (by phone, face to face etc.) to ensure that the meetings remain cost effective and are kept fluid.

- The importance of rolling out the Customer Relationship Management (CRM) programme to more of the network was highlighted. One of the key priorities of the CRM team this year will be to make sure that the system talks to other systems. This is because we do not expect all local Healthwatch to use the CRM, as some local Healthwatch have invested in their own alternative systems. An advisory group of local Healthwatch is working with the staff team to help ensure the CRM is developed to be even more user friendly and to develop a specification for future support and development. The staff team suggested that success measures will be if two thirds of local Healthwatch are using the CRM by the end of the 2016/17 financial year, if it can pull information from other systems and the quality of information on the system improves.

AGENDA ITEM 1.6 - Report on delivery

Susan Robinson, Acting National Director, presented the report on delivery to the Committee.

Committee Members welcomed the report on delivery and the following comments were made:

- That the sequencing of Committee Meetings needs to be reviewed to enable the Committee to have enough time to influence Healthwatch England's current quarter's activity.
- Committee Members requested for an update on how the learning from the meeting with the NHS Five Year Forward View People and Communities Board will be shared with the network as well as how the template that was used with the Service Change Conference 'The Value of engaging people through service change' can be shared and replicated amongst the network.

AGENDA ITEM 1.7 - Operating effectively as a statutory body

Joanne Crossley, Acting Head of Operations presented a report on how the organisation is operating effectively as a statutory body.

Committee Members welcomed the report and the following comments were made:

- That the historical title of the report no longer reflected the content and that it should state 'Operational Report'.
- An update on the finances and annual spend was given. Committee Members enquired how the staff team are preparing for the next financial year when the Healthwatch England budget will not be ring fenced. They were assured that the team are working on highlighting the value for money that the work of Healthwatch England brings to the health and social care sector.
- Committee Members discussed the staffing numbers and raised concerns about the proportion of staff on fixed term contracts. They were updated that as there has been a reduction in the staff costs budget from £2.8m to £1.8m and as a result there is likely to be a reduction in the headcount, whilst remaining fluid and flexible so that the new National Director can influence how the organisation is shaped.
- Healthwatch England will continue to be vigilant about protecting the information it receives from people. It was recognised that Healthwatch England and CQC have different purposes for the information they use. The purpose in using CQC's information governance policies is to avoid duplication and staff effort. The Director of Quality and Evidence as well as the Business Manager for Planning and Performance attend CQC's Information Governance Group meetings, which is an oversight group for information governance

across CQC and Healthwatch England highlighting the nuances of Healthwatch England's requirements.

AGENDA ITEM 2.1 - Healthwatch England Intelligence

Gerard Crofton-Martin, Director of Quality and Evidence, presented for discussion an update on Intelligence from local Healthwatch and the framework for the analysis of local Healthwatch reports.

Committee Members welcomed the report and the following comments were made:

- That since the autumn of 2015, the organisation has been investing in how it builds its information base, making sure that it is based on the information that local Healthwatch are capturing, information from the CRM system as well as local Healthwatch reports, to share this information systematically with stakeholders to enable informed decisions that bring about change.
- A comment was made that the impression gained is that the intelligence programme measures patient experience, however, Healthwatch England works with the public which should be made clearer.
- Committee Members requested an update on the costs of the proposals as well as the risk implications for Healthwatch England.
- On a related matter, a Committee Member suggested as a bridging point, providing local Healthwatch with governance and operational organisation support will enable local Healthwatch to focus more effort on information gathering.
- The challenge Healthwatch England faces is that in many organisations, public and patient experience is seen as a way of demonstrating good practice rather than as the basis of driving the commissioning and quality of services.
- Committee Members discussed the need to address the issues of health inequalities and equality in the taxonomy.
- It was felt that a balance has to be reached in developing the taxonomy so it is sufficiently detailed to give Healthwatch England the information we need, but not overly complex that it is unusable. It was suggested that it is by reviewing our user's requirements are, that Healthwatch England can determine the intelligence needed.

ACTION: To present the August Committee meeting with the new intelligence model along with associated cost and risk options.

AGENDA ITEM 3.0 - Public Participation Session

The Committee and the staff team responded to questions asked by members of the public and local Healthwatch.

AGENDA ITEM 4.1 - Regional Dashboard

Andy Payne, Head of Network Development presented the regional dashboard for approval.

Committee Members welcomed the report and the following comments were made:

- Commented that the purpose of the dashboard could be clearer in highlighting the context that local Healthwatch are working in, to enable Healthwatch England to understand the landscape that local Healthwatch are operating in to enable the organisation to support and facilitate an influencing strategy at local and regional level.
- Committee Members suggested that local Healthwatch should be involved in determining the process of this work and how useful it would be for both local Healthwatch and

Healthwatch England.

- Could see the usefulness of this work for Healthwatch England, but wanted the staff team to develop further how the dashboard could be used by multiple audiences such as commissioners to highlight the impact of local Healthwatch, individually and as part of a network.

ACTION: To re-present the regional dashboard with regional Committee Members for comment

AGENDA ITEM 4.2 - Healthwatch England Governance

Susan Robinson, Acting National Director presented the governance report for approval.

Committee Members welcomed the report and the following comments were made:

- Appreciated that the transition board have made considerable effort to embed the new governance arrangements to ensure a smooth transition, whilst maintaining Healthwatch England's independence and autonomy.
- Committee Members were assured that there is a strong level of support amongst DH and CQC colleagues to develop our own strategic independence and the role of this Committee alongside our accountability.
- It was clarified that the next stages of the governance arrangements will be to revisit some Memorandums of Understanding (MoU) due to the changed relationship with CQC. This will not be the case for all MoUs.

ACTION: To present the first stage of updated governance documents at the August public meeting.

AGENDA ITEM 4.3 - Healthwatch Index

Gerard Crofton-Martin presented the Healthwatch Index for decision on the status of the project.

Committee Members welcomed the report and the following comments were made:

- It was noted that there have been significant system changes since the Healthwatch Index project started. It was always known that there were gaps within national survey data, gaps in the coverage, and that some data was old and it was noted the information gaps would probably increase.
- It was recognised that the appetite for measures built around the patient experience will remain and a watching brief needs to be kept on this project.
- Committee Members clarified that the recommendation was that in order to be published all three of the specified criteria mentioned in the report need to be met:
 - Local Healthwatch want to use national data about people's experiences in their local area to help them decide on areas of work.
 - Local Healthwatch feel the consumer principles are the best framework to provide local context to national data.
 - Stakeholders can agree the best way to benchmark indicators so we can identify if people in one area are reporting a comparatively worse experience than in another area.
- It was discussed that it would be pertinent to share the methodology of the project with local Healthwatch.
- Further discussion between Committee Members highlighted that consensus lay in a combination of options 1 and 2. All Committee Members present agreed to merge the two options through a vote.

AMENDED MOTION: The Committee agreed to publish the methodology enabling local Healthwatch or other organisations to recreate it, if they wish, and agree to stop investing further resource into developing the Healthwatch Index.

AGENDA ITEM 4.4 - Our influencing strategy

Neil Tester, Director of Policy and Communications presented the report for discussion and approval.

Committee Members welcomed the report and the following comments were made:

- Recognised that the Committee were discussing and approving the strategic objectives of the work without the content. The aim is to use the intelligence the organisation receives to influence change on behalf of people across the health and social care system. Committee Members discussed the goal to have influencing communications activities, driven by plans which are measurable and governable.
- There was discussion on how and when the Committee makes decisions about the status of programme work.
- Encouraged using a variety of ‘ambassadors’ to convey the messages of Healthwatch England as a way of good use of limited resources, linking policy priorities, with key evidence from local Healthwatch that links to the agendas and priorities of system players.
- That there is a balance to be struck with a constructive approach to intelligence sharing with system players and sustaining and improving awareness of the brand.
- Healthwatch England will continue working with statutory partners in a way that enables our unique insight to improve the outcomes for people.
- That the Director of Policy and Communications and the Director of Quality and Evidence, continue to work closely together as intelligence flows through the developing process and that the Committee would review the effectiveness of the approach at the December workshop. Before this, Committee Members requested to discuss the development of the intelligence framework and how this will influence the influencing strategy.

APPROVED: Committee Members approved the strategic objectives of the organisation’s influencing strategy and the timeframe for review.

ACTION: To schedule a further discussion on the Intelligence programme at the August public meeting and to schedule a review of the effectiveness of the influencing strategy at the December workshop

AGENDA ITEM 5 - Any Other Business and close of session

There being no further business, the meeting was ended. The Chair thanked everyone for their time and contributions.

Date of next meeting - Wednesday 10 August 2016, London.

ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
25.05.2016	Gerard Crofton-Martin	2.1 Healthwatch Intelligence And 4.4 Our influencing strategy	To present the August Committee meeting with the new intelligence model along with associated cost and risk options. To schedule a further discussion on the Intelligence programme at the August public meeting and to schedule a review of the effectiveness of the influencing strategy at the December workshop	August 2016	Completed - A paper for discussion on Healthwatch Intelligence is tabled for the August 2016 Committee meeting
25.05.2016	Andy Payne	4.1 Regional Dashboard	To re-present the regional dashboard with regional Committee Members for comment	August 2016	Completed - A paper and presentation for discussion on the Regional Dashboard is tabled for the August Regional Committee Members Meeting (04.08.2016)
25.05.2016	Susan Robinson	4.2 Healthwatch England Governance	To present the first stage of updated governance documents at the August public meeting.	August 2016	Completed - An update paper of revised Healthwatch England governance documents is tabled for the August 2016 Committee meeting
25.05.2016	Esi Addae	4.4 Our influencing strategy	To schedule a review of the effectiveness of the influencing strategy at the December workshop	December 2016	Ongoing - An item on 'Our influencing strategy' has been added to the December workshop agenda

AGENDA ITEM: Interim Chair's Report

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report describes the strategic context for our work and how we have made a difference in Quarter 1 2016/17.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

The world around us

The rollercoaster of events in the UK will have its effect on Healthwatch. Already, people are turning to us locally with queries over Brexit. The Department of Health has set up its own Brexit department. New Permanent Secretary, Chris Wormald, noted though that, as well as answering the inevitable question, 'What about our E111's?' many of the challenges facing the health and care system remain the same as before the referendum. The main one is how to fit services to meet demand but within the envelope of the money and manpower available. Healthwatch is well placed to give evidence on how to help 'get it right first time', thus helping users and cutting waste. There is also talk of a new emphasis on social vulnerability which is very much in the space we occupy. We continue to play our part in service change. Locally and nationally, Healthwatch is brokering engagement to help deliver Sustainability and Transformation Plans (STPs). Our engagement is the best route to ensure that these are locally owned, locally appropriate and thus will work.

Engagement

Our main business is engagement. People's voices, telling their stories of health and social care, drive our work. Until now we have faced two challenges. First, local Healthwatch needed to get up and running. Four years on, our national conference in June showed their growing impact. Our support continues to help them develop. This gives us a second challenge, how to cope at the centre with the influx of data from across England, so this became our top priority. Quarter 1 has seen us turning round the oil tanker that is Healthwatch intelligence handling. It has required some nerve and I am grateful to the Committee for their patience. I hope the presentation today on an intelligence framework for engagement data thrills you as much as it did me. A measure of its potential is the interest it has ignited across the network and with NHS England, NHS Improvement and the Care Quality Commission.

People's Voices Heard and Acted on

We know what's needed and we have the information but how to ensure that we are listened to by those making decisions? The most successful local Healthwatch are those which have strong, open and honest relationships with system partners, with MPs, local councillors, commissioners and the local voluntary sector.

It's the same at national level, so we continue to meet and brief a wide range of potential partners. This quarter we had a focus on Pharmacy, Service Change and Mental Health.

First to report though was my final meeting with Jon Rouse, Director General, Social Care, Local Government and Care Partnerships at the Department of Health, and I would like to say a public thank you to him for his support of us and of local Healthwatch and wish him good luck for his new role of Chief Officer of the Greater Manchester Health and Social Care Partnership. At our year end meeting at the beginning of the quarter, he congratulated the team and me on all that had been done to keep up the momentum of Healthwatch through the winter and into the new business year.

Health Select Committee

During Quarter 1, I continued my meetings with members of the Health Select Committee to ensure they are aware of the work of Healthwatch and I asked how we can help them. Dr Sarah Wollaston, the chair, was very supportive and keen to continue to call on Healthwatch evidence. They are looking at suicide prevention services and winter pressures upon A&E facilities in the autumn but may well now be overwhelmed by Brexit type matters. I suggested a focus on discharge to follow up on our work last year. Other members that I have met in Q1 include:

- Dr James Davies MP
- Rt Hon Ben Bradshaw MP
- Dr Philippa Whitford, MP

Pharmacy

Earlier this year we were called on by the Minister, Rt Hon Alistair Burt, to discuss proposals for community pharmacy services. These included an investment in community pharmacy but a reduction in the overall number of pharmacists where there was over supply. Our evidence shows a public appetite for using the pharmacist but a natural worry about being left without access. Following this up, and keen to identify where the strategic leadership was coming from to deliver a flexible and accessible pharmacy service as people said they wanted, I have met with:

- Nigel Clarke, Chair, General Pharmaceutical Council (GPhC);
- Rt. Hon Sir Kevin Barron MP;
- Claire Ward, Pharmacy Voice; and
- Sarah Gidley, Royal Pharmaceutical Society.

Service Change/Health and Care Reform

We all know that good engagement requires time and needs to be in at the beginning of the process as well as throughout. The STP process has moved so fast that this has been a challenge, one which local Healthwatch are doing their best to meet so that people's voices are heard in this big thinking about future services. So I was particularly interested to take up the offer when, Jeremy Taylor, chair of the NHSE People and Communities Board asked to meet. I also met Sir Andrew Dillon, CEO of NICE for similar discussions. Both welcomed the evidence that Healthwatch provides locally and nationally. We agreed it would be helpful to support local Healthwatch to be confident in how they should use

NICE guidelines. Sir Andrew noted that ultimately the values and preferences of the person would be paramount when it came to their care.

Mental Health

This year local Healthwatch identified mental health as their top issue, with 77 out of 148 local Healthwatch identifying it as a priority. A significant number of local Healthwatch are helping make positive changes to local mental health services and we strongly encourage health and social care commissioners and providers to speak to their local Healthwatch and/or their local population to find out local people's views on services and how they could be improved.

Key issues people have raised on mental health services include amongst others, a lack of flexible access to services, the poor availability of crisis support, GPs not understanding the mental health needs of patients and people having to enter another waiting period for Improving Access to Psychological Therapies (IAPT).

Mental health policy has at last gained momentum in national policy with both government and NHS England giving strong leadership. Policies and action plans include the Mental Health Five Year Forward View Implementation Plan, which was published earlier this month.

During Quarter 1 I met with:

- James Morris, MP, in his role as Chair, All-Party Parliamentary Group on Mental Health
- Paul Farmer, CEO, MIND and author of the Mental Health 5 Year Forward View
- The Baroness Tyler of Enfield

There was a concern expressed by James Morris, MP, Chair All-Party Parliamentary Group on Mental Health, when I met him that with the change of government leadership and Brexit, this progress might be lost. He welcomed input from Healthwatch and our eyes and ears to monitor progress. It was particularly encouraging therefore to see James Morris appointed as Parliamentary Private Secretary to Health Secretary Jeremy Hunt, with Mr Hunt also assuming primary responsibility for mental health policy matters as part of the recent reshuffle of ministerial responsibilities in the Department of Health. I also met Paul Farmer -author of the Mental Health Five Year Forward View, who welcomed continued and closer working with Healthwatch both locally and nationally. We discussed the potential for both Healthwatch and Mind local volunteers working together.

Baroness Tyler had a particular interest on children and young people's mental health.

Local Healthwatch

Towards the end of Quarter 1, I escaped from the Westminster bubble and visited Local Healthwatch, at their invitation. However, before setting off, I attended one meeting held at Healthwatch England, the new open group set up by Susan Robinson to bring local Healthwatch into the heart of Healthwatch England debates and action. Discussions

included how best to work with CQC colleagues and included a presentation from Chris Day, CQC's Director of Engagement on their priorities for engagement.

I have since been out to visit:

- Healthwatch Bexley Annual General Meeting (AGM)
 - I want to thank Healthwatch Bexley for inviting me to their Annual General Meeting, where I saw at first hand the enthusiasm of their volunteers and their real sense of grip under new manager, Lotta Hackett.
- Healthwatch Bucks AGM
 - I was very pleased to meet new Healthwatch Bucks manager, Thalia Jervis, and to hear of their excellent work in care homes.
- Healthwatch East Sussex
 - The Big Red Bus Tour which I joined on day 1 in Eastbourne. Julie Fitzgerald and her team had assembled a group of service providers and together gathered the voices of hundreds of people, with their bus strategically parked at the intersection of two busy shopping streets. A lot of interest but also much ignorance of new developments such as GP practice patient participation groups. The Mayor of Eastbourne and I had a photo opportunity which hopefully helped profile raising.

Public assurance

I attended a roundtable discussion at the Centre for Public Scrutiny roundtable where I was able to highlight the role and potential of Healthwatch to support governance and public voice in the health sector. I encouraged those present to 'sell' the benefits of engagement to all players in the health and care system in order to deliver service change that reflects the needs of patients and the public.

Committee Recruitment

At the end of September, a number of founding members of the Healthwatch England Committee will stand down at the end of their term of office. We wish farewell to Dame Christine Lenehan who has contributed so much on all issues to do with children and young people; to Michael Hughes, who has been our expert on research and statistics as well as to Alun Davies who has given generously of his expertise on access issues and on local government. We thank them and wish them well. There will be an opportunity to thank them more informally at the time of September meeting.

Plans to recruit new members were only just finalised in July. I decided therefore that we will wait until the Chairman and National Director of Healthwatch England are appointed in September/October before going out to recruitment. In view of this and to give some much needed continuity, I have appointed John Carvel for one further year. I am delighted that he has accepted.

AGENDA ITEM: Acting National Director's report and report on delivery - Quarter 1 (April - June 2016)

PRESENTING: Susan Robinson

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report provides an operational overview and delivery highlights, as well as reporting progress in delivering business plan activities in Quarter 1. It also updates the Committee on additional delivery during July, emerging thinking and future plans.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report

Acting National Director's report

For this quarter we have brought the National Director's report and delivery report together.

You will recall that we moved into Buckingham Palace Road in May and so have been working with CQC colleagues to see how we make the most of this closer working relationship. The Transition Board closed down with the agreement of the Healthwatch England Committee and support of the CQC Board. We have also been talking to our new sponsor team so that we can work constructively with them and assure them that we are making best use of money they have given us. Jane has already updated the Committee on the change in Minister and we look forward to working with Philip Dunne and his new ministerial colleagues across their portfolios and to help them understand and make use of the Healthwatch network.

The immediate opportunities arising from collaborative working with CQC lie in enabling services such as finance, IT and procurement, but we are also exploring other areas like policy, intelligence, communications and engagement. A conversation has started with the CQC academy to explore not only what they can do for us but also what training could be provided for local Healthwatch. We are also exploring the potential to be able to procure in bulk for the network - it is early days for this and quite complicated, however we also want to be able to commission local Healthwatch to undertake pieces of work so are trying to get that set up too. I look forward to going back to the CQC Board later in the year when I will be giving them an overview of the network and the great work that is happening.

We saw so many examples of just that at this year's conference. We did what we had been asked to do by local Healthwatch and it seems to have been a great success. As ever we are not resting on our laurels and have already scrutinised feedback so that next year can be just as good if not better, but more of that later - but from me a huge thank you to all who contributed, particularly local Healthwatch who ran so many of the sessions.

I attended the NHS Confederation conference the following week which was very useful, particularly to hear the clarity and strength of message around STPs for example. Clearly

money will be tighter in the future so we will all have to find ways of working differently and Place is the word I heard time and again. The place however is made up of lots of places so we need to help the network to work well with neighbours and across boundaries.

I heard of excellent practice at The Christie who have their patients truly at the heart of everything they do - all staff have communications skills training and the amount of complaints is minimal - I wonder how we can share this practice.

I have had a number of meetings to start looking at how we can strengthen our working relationships with NHS Improvement, particularly on leadership development, with NAPP to explore the relationship between local Healthwatch and patient participation groups, with the LGA to share the complaints toolkit and with NHS England to start discussions about how we can make our work more collaborative around issues like NHS Citizen. I have been party to a number of conversations around social care with Alistair Burt, until recently Minister of State at the Department of Health, so have taken those opportunities to share the work of the network, provide good examples of partnerships with CQC and highlight the issues around unregistered services. We will keep these conversations alive with ministers and officials.

I met with Tim Gunning of the Equality and Human Rights Commission to discuss Healthwatch England's approach to equality and diversity. Inclusion is one of our values, and as an organisation we are committed to ensuring that the work we do and the way we do it, promotes dignity and autonomy for people. We aim to continue to integrate equality and diversity in to our day to day activity and will improve how we report this activity so that this is clear to our audiences. We are working with Tim on guidance for the network and from the November Committee meeting will re-introduce an equality assessment to Committee papers.

Quarter 1 included two periods of 'purdah', during which neither we nor any national body could make new announcements, so it is encouraging that during this period we were still able to attract 20% more visitors to our website than in the same quarter last year, which included only one 'purdah' period. In large part we have achieved this by generating content that showcases the work of local Healthwatch in relation to key issues, and by promoting this content to increasing effect through social media activity and our email marketing.

We have developed a new format to report our delivery which is shared primarily here for you our Committee but we will also be sharing it with our sponsor team and David Behan our accounting officer. It is therefore more detailed than previous reports to help the new team and David really understand what we are doing. Before I go into highlights I would just like to thank the staff team for what they are doing and the way that they continue to demonstrate commitment and professionalism at what remains a challenging time of change while we await the arrival of new leadership.

Delivery highlights

Priority 1 - To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people

If we are to ensure that we can draw upon high-quality data and insight from local Healthwatch, based on effective engagement, it is essential that our support to local Healthwatch continues to improve the consistency of the network's delivery and reduce unwarranted variation. The Committee will be considering a report on the network conference and this was clearly the jewel in the crown of our work with the network in Quarter 1. However we also undertook important work to confirm local Healthwatch learning needs and begin to develop new tools. We provided Enter and View train the trainer sessions and updated materials to support the cascading of the training. We have worked with our Local Healthwatch Advisory Group and are grateful for their involvement and insight. This quarter also saw us begin to establish network task and finish groups, which will become an increasingly prominent feature of our work. We delivered a support package for local Healthwatch work in relation to Sustainability and Transformation Plans. Working with three local Healthwatch, we produced a toolkit and resource pack to support the network in its work scrutinising local improvements to complaints handling and learning from this feedback.

Priority 2 - Bringing the public's views to the heart of national decisions about the NHS and social care

The user requirement has helped us understand what our stakeholders require and when they will want to receive it. Information sharing will be undertaken to best inform their change and ongoing work programmes. We will link into their planning timetables and ensure we identify where our intelligence can be used to maximise response options.

In this quarter we shared network insight and good practice by a number of means including briefings for stakeholders, digital content and evidence to a range of select committee inquiries. This work is described in more detail in the quarterly status report on progress with the influencing strategy.

Priority 3 - To build and develop an effective learning and values based Healthwatch England

In addition to completing our move and transition process, we began to build a constructive relationship with our new sponsor team. We focused significant attention in Quarter 1 on working with CQC colleagues to maximise value for money through effective collaboration and by taking advantage of the systems and facilities now open to us. We are grateful to colleagues in the National Customer Service Centre for helping to make the transition of our enquiries service such a smooth one. We have also had productive discussions about new approaches to procurement that have the potential to offer savings to local Healthwatch through bulk-purchasing and to make it easier for us to commission local Healthwatch to undertake work on the network's behalf.

New format for the delivery report

The tables below highlight activity in Quarter 1, as well as an update on work undertaken between June and the public Committee meeting. We are working on developing a Committee timeline of meetings for 2017, which gives the Committee an opportunity to influence current and future work activity at quarterly meetings.

There are separate tables for each priority area, highlighting the outcomes for each priority. In each priority, there are comments on the delivery supporting the planned activity as well as any further Committee updates following the end of the quarter and planned future activity. The boxes shaded grey indicate where delivery falls due in another quarter. Where planning or activity have already begun in Quarter 1, comments appear in the grey boxes.

Column 1 - Activity as stated in 2016/17 Business Plan

Column 2 - Delivery in Quarter 1

Column 3 - Subsequent delivery in Quarter 2 to date, together with notes on how thinking and planning is developing for particular activities and whether any changes need to be made to delivery timeframes

Column 4 - Tracks delivery status and highlights future activity, indicating the quarters in which agreed business plan deliverables fall due

Where documents are available on the Healthwatch England website or on other websites, links have been provided in the report.

Delivery report

Priority 1: To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people

Activity

- Develop local Healthwatch learning
- Strengthen relationships between local Healthwatch and decision makers
- Improve quality across the local Healthwatch network
- Support effective governance structures
- Support effective information and signposting
- Awareness of Healthwatch network insight and impact

Outcomes

- Develop local Healthwatch learning
- We will baseline the learning needs of local Healthwatch staff and volunteers and see an increase in positive perceptions of our support
- We will see an increase in local Healthwatch collaboration and sharing of best practice

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Confirm local Healthwatch learning needs for 2016/17	<p>We have evaluated 2015/16 support, focusing on the following key areas:</p> <ul style="list-style-type: none">• Governance and leadership;• Income generation;• Call handling/signposting;• Volunteering;• Enter and View training. <p>We have Identified with local Healthwatch a number of areas where the network requires</p>	<p>We have discussed trends with Regional Committee Members via one to ones with their Development Officers and regular Regional Committee meetings.</p> <p>A new report format is being adopted to keep the Committee updated on the activity of the</p>	<p><u>Deliverable achieved - further activity on track</u></p> <p>We will continue to create the tools for which learning needs were identified in Quarter 1. We will also encourage the use of existing tools.</p>

	<p>learning. Initially these topics were covered at the Network Conference. This provided us with further insight, which we are currently using to produce a programme of learning opportunities.</p> <p>In addition we provided 5x Enter and View train the trainer sessions at local Healthwatch venues, which were attended by 42 people across 19 local Healthwatch. 98% rated the session very useful to highly useful.</p> <p>We updated the Enter and View training presentation to include learning from the training run across the last year, and this document is now available on the Hub.</p>	Network. This is being trialled with Regional Committee Members first and will be circulated amongst the wider Committee following feedback.	We will continue to assess LHW learning needs throughout the year, via dialogue with LHW and collating the enquiries received.
2. Establish a network advisory group to help shape our support for 2016/17	An advisory group has been established and although there is a core of interested members invitations remain open to network leaders so that anyone can contribute. A committee member and external guest are present at all meetings. The group met in May and considered information sharing between local Healthwatch and CQC as well as the developing intelligence work.	The group met again by teleconference in July to review conference and discussed LHW funding in the light of the intelligence return as well as how to maximise local publicity opportunities by working with CQC.	<p><u>Delivery on track</u></p> <p>Further meetings scheduled in Quarter 2, Quarter 3 and Quarter 4.</p>
3. Support a series of network advisory task and finish groups (e.g. joint working with	We established a Sustainability and Transformation Plans Healthwatch Group (20 members) to support us nationally. Two Champions will represent Healthwatch England at the National STP Oversight Group.	The first Healthwatch STP meeting took place on 26 July to comment upon NHS England's Public Participation Guidance.	<p><u>Delivery on track</u></p> <p>Activity scheduled for delivery in Quarters 2, 3 and 4</p> <p>Ongoing meetings for the</p>

CQC)	We gave a presentation to the London network meeting in May to inform LHW of orthotics patient experience findings and agreed to a task and finish group to support implementation of the NHSE guidance on orthotics.	<p>In Quarter 2 to date we have been working with NHS England to identify the lead commissioners, which will determine the most appropriate LHW to involve in the group.</p> <p>We have carried out a scoping exercise to identify LHW to approach about a group to test experience of changes resulting from the national maternity review.</p>	Sustainability and Transformation Plans Healthwatch Group.
4. Develop and deliver x4 training modules to support local Healthwatch statutory activities (e.g. community engagement)	<p>We provided further Enter and View training using the new training materials developed with LHW. These will continue as a module in Quarters 2, 3 and 4, alongside materials covering:</p> <ul style="list-style-type: none"> • Sustainability, which will include leadership, governance, relationship management and income generation; • Infrastructure, which will include volunteering and call handling/signposting; • Peer review (see Priority 1, activity 12). 	We are currently developing our delivery plan and our procurement processes. This will include discussions about procuring LHW to deliver training and the setup of an online 'Healthwatch Academy' with CQC. This portal would manage access to our training opportunities, including eLearning.	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2, 3 and 4</p>
5. Plan and deliver Healthwatch 2016 event	We delivered a conference to more than 400 people, from 120 LHW. 60 sessions ran over two days, with 16 external organisations exhibiting.	Conference presentations and handouts used in sessions across both days have been made available on the Hub and Yammer.	<p><u>Delivery on track</u></p> <p>Planning for 2017 has started - content and revision of</p>

	<p>The event was well received by the network:</p> <ul style="list-style-type: none"> • 86% stated that their attendance at the conference will help their organisation work more effectively; • 96% stated that the conference helped them develop their knowledge and skills. <p>Over 120 entries were received for the seven award categories and 39 LHW received recognition for their achievements at the awards ceremony.</p> <p>All post-conference activity has been aligned to the business plan.</p>	<p>An award winner's document was produced, made available to LHW and promoted externally to highlight achievements made across the 7 categories.</p> <p>Ongoing communications are highlighting the work contained in award submissions to ensure all submitting LHW receive recognition for their work.</p>	<p>procedures following feedback from 2016 event is in progress. Themes and the awards procedure will be co-produced with the network (via the LHW Advisory Group).</p> <p>Meetings are being planned with stakeholders/exhibitors from the 2016 conference - to help strengthen relationships with the network.</p>
6. Plan and deliver x8 policy and communications training events	<p>We identified the learning needs for member of the network communications group.</p> <p>We delivered x1 training in Leeds on creative communications techniques to 22 delegates from 21 LHW.</p> <p>We delivered x1 policy network session in Sheffield - attended by 18 delegates from 15 LHW.</p>	<p>Creative communications resources have been shared with delegates and are available to other LHW on the Hub.</p> <p>The policy network session informed work on STPs for Healthwatch England and NHS England.</p>	<p><u>Delivery on track</u></p> <p>x3 training sessions across Quarters 2-4 for LHW communications staff will cover:</p> <ul style="list-style-type: none"> • Communications evaluation; • PR skills; • Data visualisation. <p>X3 policy network sessions across Quarters 2-4 will cover topics agreed with delegates each time in line with emerging policy issues.</p>

<p>7. Support x48 local Healthwatch regional networking events</p>	<p>The Development Team facilitated and supported 12 network meetings. There was a focus on local Healthwatch involvement in STPs within their 'footprints', including in the South West, South West Peninsula and London. We facilitated the attendance of regional stakeholders, for example GMC and NICE at a South West Network meeting which led to the GMC attending the Healthwatch England Committee meeting in Exeter.</p> <p>We represented local Healthwatch and Healthwatch England at Regional Quality Surveillance Groups.</p>	<p>We will be working with the 12 regional networks to look at how we link these to the STP footprints and build their capacity to support shared learning.</p> <p>We will also be focusing on stakeholder management to develop regional relationships - for example, building third sector relationships to promote engagement with local Healthwatch across the South East.</p> <p>We are also trialling a regional representation approach to building relationships with NHS CHC through the regional leads.</p> <p>We facilitated the Patient Experience team at Frimley Health NHS Foundation Trust working with local Healthwatch in the Frimley Health STP footprint. We also helped to plan meetings between local Healthwatch and regional CQC PMS leads.</p>	<p><u>Delivery on track</u></p>
<p>8. Evolve and support our on-line platform for local</p>	<p>We rolled out technology to make signing on to Yammer and the Hub easier.</p> <p>We began the review of the current Hub</p>	<p>The development plan will be finalised and work will begin in Q2. This means completion is now planned for Q3 rather</p>	<p><u>Delivery under way - final target date moved from Quarter 2 to Quarter 3</u></p>

Healthwatch to learn and share best practice	structure.	than Q2.	We will survey Local Healthwatch staff and volunteers about their information needs in Quarter 2. We will implement changes to the structure in Quarter 3.
9. Work with local Healthwatch to identify and share effective ways of engaging in FYFV service change programmes	<p>We shared the Final Report and Summary Report on the Greater Manchester deliberative primary care work undertaken with LHW with the GM Network.</p> <p>STPs formed the subject of a keynote session at conference.</p>	<p>We published the deliberative work on the Healthwatch England website and via the network newsletter.</p> <p>In July we launched a new care models vanguard survey of all local Healthwatch within vanguard sites. This information will be used to support Healthwatch locally, to see how their situation compares to other areas, as well as help us to share best practice. Strategic Stakeholders, including NHS England's New Care Models Team, are already aware of this survey and we will share the findings in August.</p> <p>In Quarter 2 we will be publishing New Care Models case studies from HW Bradford and HW Kirklees.</p>	<p><u>Delivery on track</u></p> <p>We will be hosting two health and care transformation events in London (October) and Leeds (February 2017). The London event will also provide an opportunity to formally launch Healthwatch England's Annual Report for 2015-16.</p>
10. Develop and disseminate	We have targeted individual support to local Healthwatch and have provided initial	We have started to use the map of Healthwatch networks within	<u>Delivery on track for Quarter</u>

service change tools for local Healthwatch	<p>support materials to the network on STPs, including;</p> <ul style="list-style-type: none"> • overview briefing; • template letter; • case studies; • mapping of Healthwatch networks within STP areas. 	<p>STP areas at regional network meetings.</p> <p>The mapping helped facilitate a discussion about joint working at the London network and we will expand these to the other networks during Quarters 2, 3 and 4.</p> <p>We are drafting content for the refreshed service change guidance (renamed Health and Care Transformation), which will be published in Quarter 3 and include new case studies from local Healthwatch, with further information on the various transformation programmes including STPs, devolution, New Care Model vanguards, success regimes and Better Care Fund.</p>	<u>3 and Quarter 4</u>
11. Deliver x4 regional service change events for local Healthwatch and health and care stakeholders	We have planned two health and care transformation events in London (October) and Leeds (February 2017).	We have updated the plan to deliver 2 larger events in place of the 4 smaller events first planned. Both events will bring together Healthwatch and key system players to discuss effective collaboration and how best to engage the public through health and care transformation. Attendees will	<p><u>Delivery plan amended</u></p> <p>Two larger events will be delivered in Quarter 3 and Quarter 4.</p>

		include system leaders from NHS providers, commissioners, and local authorities, locally elected members, VCS, NHS England and regulators.	
12. Embedding the use of Quality Statements (alongside other monitoring tools) through training and supported reviews	70 local Healthwatch have signalled their interest in being involved in the peer review process. The support requirements have been agreed prior to initiating the procurement of the peer review training and support package. The peer review approach is being adapted so it is applicable to other areas of training and support such as Enter and View (see activity 4).	We have started the procurement process to create peer review materials (e.g. self-assessment for local Healthwatch being reviewed, key lines of enquiry for local Healthwatch reviewing) which allow local Healthwatch to organise and run peer review. The contractor will run a workshop with commissioners, LHW and Healthwatch England to co-create materials and will sense-check with LHW who have undergone a review. There will be up to 4 training days across the country for both staff/volunteers for 120 people from 60 local Healthwatch. Development officers will be trained in peer review to enable the ongoing embedding of the Quality Statements within the network and Healthwatch England.	<u>Delivery on track</u> For delivery from Quarter 2
13. Plan and deliver best practice x2 events for local	We have sent out a further commissioner newsletter and we continue to invite them to sign up for our Healthwatch England	We are currently discussing event themes with LHW commissioners and the LGA.	

Healthwatch commissioners	updates.	<p>There will be 4 regional events, 2 in the autumn and 2 in February/March. Dates for these events will be confirmed shortly. We have opted for 4 smaller regional events to encourage increased participation by LA commissioners.</p> <p>The key topic for discussion will be collaboration, for example collaboration between commissioners; LHW collaboration on joint pieces of work; LHW sharing resources.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3 and Quarter 4</p>
14. Support local Healthwatch to identify effective approaches to achieve short and long term sustainability	<p>We delivered 2 sessions at the annual conference looking the opportunities and challenges for local Healthwatch sustainability. These sessions were supported by Social Enterprise UK.</p> <p>We have informed LHW about the opportunity to become CQC Tell Us About Your Care partners (the tender process closed on 26 July).</p>	<p>Further engagement has been planned with Social Enterprise UK, which will lead into a sustainability training module.</p> <p>We will monitor to see how many LHW bid and will continue to work with CQC colleagues to identify opportunities for the network.</p> <p>We have started conversations with Tender UK regarding future support for the network.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3 and Quarter 4</p>
15. Identify effective local Healthwatch		We continue to collect case studies and examples of effective influencing. These	

approaches to influencing, develop and deliver, training and resources		<p>will support our work on sustainability and in particular leadership.</p> <p>We are engaging with LHW, NHSE Leadership Academy, System leadership and CQC.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3 and 4</p>
16. Identify effective local Healthwatch governance approaches, develop new governance tool and deliver training for local Healthwatch	This work stated at the annual conference with a governance session led by the Good Governance Institute (GGI), which has been followed up by a leadership discussion with GGI.	<p>This work has identified a number of products to support effective governance, which include:</p> <ul style="list-style-type: none"> • A governance matrix based on the quality statements; • A governance matrix for NHS organisations, identifying where LHW can support effective governance; • A collaboration governance pack to support collaborative working between LHW. 	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3</p>
17. Baseline the current information and signposting services and share best practice	We delivered 2 sessions at the annual conference looking at local Healthwatch experience of delivering signposting service and call handling. A need for further support and training was identified.	<p>Through support from committee member Pam Bradbury, we have identified the following areas of work:</p> <ul style="list-style-type: none"> • An advisory group of local Healthwatch, which could also be used as a peer support group to discuss calls and 	<p><u>Delivery on track</u></p> <p>Further work in this area for delivery in Quarter 2, Quarter 3 and Quarter 4</p>

		<p>contacts that local Healthwatch have found challenging;</p> <ul style="list-style-type: none"> • Call triaging resource (developed from existing resources); • Potential training on call handling skills. <p>In addition, we have begun engaging with the Helplines Partnership, to understand how membership could benefit local Healthwatch.</p>	
18. Publish and promote toolkit on complaints handling	We have shared the toolkit and resource pack with LHW. We published the toolkit on our website along with a supporting blog to explain how our national policy work has moved into providing support for local scrutiny by LHW and to illustrate the nature of this support.	We have also shared the toolkit with all NHS and local authority complaints managers and advocacy providers through their professional networks. Further opportunities to use the toolkit will be kept under review.	<u>Delivered</u>
19. Review current local approaches to sharing complaints advocacy information sharing and promote best practice		Preliminary meetings have been held with advocacy providers.	<u>Delivery on track</u> For delivery in Quarter 3

20. Establish a complaints advocacy community of interest and support the development of guidance		The community of interest is being developed via Yammer.	<u>Delivery on track</u> For delivery in Quarter 3
21. Deliver Healthwatch England annual report to Parliament and support delivery of x148 local Healthwatch annual reports	Draft synopsis for annual report to Parliament agreed with Interim Chair and Acting National Director	We have shared the synopsis for the annual report with the Healthwatch England Committee. During Q2 we will review the effectiveness of the support provided for 2015-16 LHW annual reports to shape support for 2016-17 reports.	<u>Delivery on track</u> Annual report for delivery in Quarter 3 - design and copy will be finalised for October publication. Support for LHW annual reports to be delivered in Quarter 4.
22. Publish a series of themed reports on Healthwatch insight findings		We expect the first insight using the new intelligence approach to be delivered towards the end of Quarter 2. This will enable the production of themed reports to begin.	<u>Delivery on track</u> Delivery schedule from Quarter 3 to be determined by nature of intelligence.
23. Provide training to local Healthwatch to improve media coverage and establish regional spokespeople		Planning is being undertaken during Quarter 2.	<u>Delivery on track</u> For delivery in Quarter 3

<p>24. Resources to support the development of the Healthwatch brand and network communications</p>	<p>We have developed a photo and infographic bank and shared with local Healthwatch.</p> <p>We have undertaken polling on public attitudes to involvement with organisations such as Healthwatch. Results were shared with local Healthwatch communications leads as well as forming the basis for a blog on volunteering.</p>	<p>During Quarter 2 we are forming a group to explore the potential for a joint awareness raising event for Healthwatch.</p>	<p><u>Delivery on track</u></p> <p>We will further develop the communications centre - Quarter 3.</p> <p>We will also develop more brand assets for local Healthwatch to support volunteering and public engagement - Quarter 4.</p>
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Priority 2: Bringing the public's views to the heart of national decisions about the NHS and social care

Activity

- Support local Healthwatch to capture and share service user experience information
- Drive up the quality of information captured by local Healthwatch
- Maximise use of Healthwatch intelligence by national decision makers
- Work with statutory and other partners to ensure that key national policies and plans take into account the views of consumers

Outcomes

- We identify policies and programmes where Healthwatch evidence and insight can add value
- We see more partners using our insight and evidence to drive improvements in health and care
- We see an increase in public involvement in major health and social care reforms

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Host, develop and continue to roll out a CRM for local Healthwatch	There are currently 76 LHW on the CRM. In Quarter 1 those LHW recorded 16,547 actions following contacts and 2,731 pieces of feedback they had received.	11 LHW have requested the CRM and we will roll out to these organisations next.	<p><u>Delivery on track</u></p> <p>The CRM will be made available to local Healthwatch that require it, with the expectation that 2/3 of the network are using by the end of this financial year.</p>
2. Deliver CRM training and support to local Healthwatch	Training videos and guidance for LHW are available.	<p>The new CRM officer started in June and has been delivering refresher training from mid-July.</p> <p>We are procuring training for LHW that are new to the system. We are working with CQC colleagues to resolve some issues</p>	<p><u>Delivery on track</u></p> <p>We expect to begin the next stage of roll-out, including external training, in Quarter 3. There is a risk that if the procurement issues take longer</p>

		concerning this procurement before we can begin to deliver external training to LHW adopting the system.	than expected to be resolved, this could affect the roll-out timetable and we are therefore keeping this situation under close review.
3. Review future CRM requirements and resourcing 2017-2020		<p>We have been working closely with CQC colleagues to minimise risk by ensuring that robust contractual arrangements are in place both for the current year and for the longer term.</p> <p>The LHW CRM Stakeholder Group is in place and held its first meeting on 13 July. We currently have 16 members from 14 Healthwatch.</p>	<p><u>Delivery on track</u></p> <p>We will finalise the CRM user requirements which the ARSC will review prior to procuring this for 2017 onwards.</p>
4. Scope and baseline current quality and consistency	<p>Work is underway to understand the training needs of the network - it has thus far been linked into the engagement phase of the intelligence project in which over 60 LHW have been involved.</p> <p>The APEx system has also been amended to consider quality standards; this is being worked through and is being developed.</p>	Activity will continue to the end of Quarter 2 when the intelligence project development work enters its testing phase.	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3</p>

5. Develop and pilot a research skills support package for local Healthwatch	The Intelligence and Informatics Reference Group have met twice and are advising on what is required from the support package.	<p>Further activity will continue to the end of Quarter 2, to be developed in the light of our better understanding of the network training needs.</p> <p>4 LHW are working with us on the development of key data management and security policies. A briefing on the National Data Guardian's review of consent, which includes data security, has been prepared for LHW.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 4.</p>
6. Baseline intelligence requirements of major Healthwatch England stakeholders	Meetings have taken place with over 60 LHW and over 20 other stakeholders including all major stakeholders. A comprehensive user requirement of the stakeholder intelligence needs has been drafted for consideration at the August Committee Meeting.	2 regional meetings have been used to gather feedback on the user requirement and consolidate findings.	<p><u>Delivered</u></p> <p>The user requirement will continue to be refined and developed as the intelligence framework rolls out and feedback is collected.</p>
7. Establish best practice approaches and develop and test an intelligence framework for collaborating and sharing information with stakeholders	Learning has been garnered from other federated organisations and integrated into the development phase of the project. These include Citizens Advice, Age UK, and Homeless Link.	<p>The Operating Model for intelligence has been drafted and options for implementation brought to the August Committee Meeting for consideration.</p> <p>Consideration is being given to how we can learn from other consumer organisations and regulators, as well as others such</p>	<p><u>Delivery on track</u></p> <p>Once a model for intelligence has been agreed consideration will need to be given to ensuring we have appropriate staff resources in place to begin testing the process.</p>

		<p>as the LGA.</p> <p>We will be focusing on developing a collaborative intelligence approach in partnership with CQC and NHSE - NHS Citizen.</p>	
<p>8. Systematically gather and analyse information on health and social care issues from local Healthwatch</p>	<p>380 of approximately 600 reports received in 2016 were processed in Quarter 1.</p> <p>The first intelligence meetings have been held by the intelligence team to consider the findings of the collation process - undertaken through APEX.</p>	<p>We are expecting to be up to date with all 2016 reports received by the end of August when we will also be expecting the live push of CRM data to begin. Weekly meetings have been implemented to review the information.</p> <p>The Healthwatch coding system is still undergoing development but we have been able to start processing the published Healthwatch reports for 2016. Coding is an essential part of the intelligence project and work will continue to develop it in particular with respect to ensuring it reflects local needs. Consultation is ongoing. The codes will be continuously developed over time and increase in sophistication.</p> <p>We are talking to LHM to pilot the approach to pulling information into CRM from LHW</p>	<p><u>Delivery behind schedule</u></p> <p>Delivery of this activity has been challenging, due primarily to capacity issues in the team, and failure to recruit an analyst this summer and the significant delay to the live data feed that has previously been reported to Sub Committees. Progress has therefore been slower than planned.</p> <p>Once the CRM data has begun to be pulled through we will make an assessment of its use and improve the collection process.</p>

		<p>using other systems.</p> <p>Project engagement has resulted in raised interest in the use of the CRM system by local Healthwatch who are choosing systems or who have adopted the CRM but have not been using it routinely. This will have positive impact on our ability to gather data for analysis.</p>	
9. Commission further research to support local Healthwatch insight		<p>Research needs will only be identified as intelligence flows through the new system.</p>	<p><u>Delivery on track</u></p> <p>Polling to track public awareness of Healthwatch brand in Q3.</p>
10. Produce and disseminate intelligence outputs including reports, briefings, good practice to stakeholders	<p>We published briefings and network insight on pharmacy, patient data, and how the network is supporting inspections.</p> <p>We disseminated key findings on CYP mental health services, dentistry, maternity, and primary care.</p> <p>We shared good practice on complaints and hospital discharge through toolkits and our stakeholder engagement programme.</p>	<p>We published and disseminated 'Making your voice count', a summary of award winning Healthwatch case studies.</p> <p>We published the findings of our DevoGM deliberative events.</p> <p>Local Healthwatch intelligence on dentistry will now be drip fed over a period of months rather than as a single report.</p>	<p><u>Delivery on track</u></p>

11. Evaluate with partners the effectiveness of sharing Healthwatch insight to date	We have used our intelligence stakeholder meetings to understand their experience of previous insight-sharing and their views on what would make future sharing most effective.	Based upon feedback we have developed a new user requirement for HWE intelligence. We are developing a proposal for a 360-degree stakeholder review of Healthwatch England which will also reflect on our information sharing and influence.	<u>Delivery currently on track</u> This will be incorporated into the ongoing learning and development as we fine tune our information sharing processes and the 360-degree review will be used to support our work on future strategy.
12. Develop a shared understanding with key partners of when and how Healthwatch insight can be most valuable and influential	We have developed this understanding from the stakeholder meetings informing our intelligence proposals. Based on this, a comprehensive user requirement has been drafted for consideration at the August Committee Meeting.		<u>Delivered</u>
13. Scope emerging policy issues and priorities to enable effective prioritisation of Healthwatch network activity	We have fed the overall policy background into our development of the new intelligence processes.	While the Secretary of State for Health has been confirmed in post and the overall direction of policy is clear, there remains a possibility that the other substantial ministerial changes may prompt additional or amended policy approaches. We continue to keep this situation under close review and are ensuring that this policy horizon-scanning is being brought into intelligence meetings.	<u>Delivery on track</u> As live data from the CRM comes on-stream in Quarter 2, supplementing information from LHW reports, from Quarter 3 we will map this intelligence against what we know about policy initiatives and opportunities across health and care to enable effective prioritisation decisions.

<p>14. Monitor effectiveness of public engagement in the FYFV reforms and provide feedback to partners</p>	<p>We presented to the FYFV People and Communities Board in May, explaining our service change work.</p> <p>We have contributed regular updates at the National STP Oversight Group, including insight from the network.</p> <p>We developed relevant case studies to share with key stakeholders as part of our meeting programme.</p>	<p>We are continuing to develop our relationship with other stakeholders in the third sector, including National Voices and the Richmond Group.</p>	<p><u>Delivery on track</u></p>
<p>15. Share the views and experiences of consumers at key events and decision making bodies</p>	<p>We shared network intelligence on maternity, primary care and hospital discharge with multiple select committees.</p> <p>We secured a seat on the National Oversight Board for the implementation of the STPS.</p> <p>We fed back experiences of consumers of CYP mental health services to the national board and key stakeholders on progress of the Local Transformation Plans.</p>	<p>We attended the first meeting of the GP Regulation Review Board. This is a key part of the GP Forward View programme and builds on the positive relationship developed with CQC colleagues during our work on the Dental Regulation Review Board.</p> <p>We are shortly to take up a seat on the external reference group for the implementation of the National Maternity Review.</p> <p>We have been commissioned by the National Information Board to work with the People and Communities Board, NHS England and others to develop a patient,</p>	<p><u>Delivery on track</u></p>

		carer and service user vision as part of the programme governance of the NIB's strategic delivery.	
16. Implement legacy work with stakeholders and national programmes from the hospital discharge special inquiry and other projects	<p>We met with DH to discuss use of discharge statistics as an indicator of integration across health and social care.</p> <p>We promoted the NHS Quick Guide on discharge to care homes, which in turn promotes, LHW, including through a blog on the NHS England website.</p> <p>We supported the development of both the PHSO report and NAO report on discharge.</p> <p>We submitted evidence to the Public Accounts Committee on discharge.</p> <p>We published a blog on the origins and development of our complaints programme and the transition into supporting local Healthwatch to provide greater scrutiny at a local level.</p>	<p>We are reviewing and updating the LHW hospital discharge toolkit.</p> <p>We submitted evidence including positive progress by local Healthwatch to PACAC select committee.</p> <p>We have decided to put the proposed sector round table sessions on hold until we have reviewed the toolkit and DH have published their sector-wide discharge plans.</p> <p>We have identified possible future work with RCN to explore the data recording issue behind the 'midnight discharge' problem.</p> <p>We will be publishing a blog to mark the close down of our successful national work on gender identity issues and explain how we are linking NHSE with local Healthwatch working on this issue.</p>	<p><u>Decision to place deliverable activity (sector round tables) on hold</u></p> <p>Toolkit to be updated and disseminated to network and stakeholders by end of Quarter 2.</p>

<p>17. Support national partners to strengthen patient communications on priority issues</p>	<p>We supported NHSE's announcement of the GP forward view through media and social media activity.</p> <p>We supported publication of CQC strategy through media and social media activity.</p> <p>We promoted the work of the DH programme board on discharge through successful influencing of the PHSO report and through our blog for NHSE.</p> <p>We successfully refocused relevant elements of the DH and ALB shared communications plan.</p>	<p>In July we supported the publication and dissemination of the National Data Guardian's review on use of patient data with our media and social media activity. We will continue to support the consultation over the summer.</p> <p>We have scoped out the National Dental Regulation Review Board's public communications activity, for implementation in Quarter 3 and Quarter 4.</p> <p>We are currently working on a joint toolkit with local Healthwatch to support the roll out and implementation of the Accessible Information Standard.</p> <p>We have begun work with DH on the annual process of informing the NHS Mandate refresh.</p> <p>We have started working with DH and NHSE communications teams to share patient insight on innovation work.</p>	<p><u>Delivery on track</u></p> <p>We will work with CQC colleagues to increase the effectiveness of the LHW/CQC relationship especially with 19 LHW who said they had a very poor relationship with acute and social care teams.</p> <p>Our work during Quarter 2 and Quarter 3 on the National Information Board patient, carer and service user vision will ensure there is a clear articulation of what people should expect the NIB's work streams to deliver by 2020 in relation to a number of issues raised by the Healthwatch network.</p>
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Priority 3: To build and develop an effective learning and values based Healthwatch England

Activity

- Gain efficiencies by more closely integrating our work with CQC
- Develop a new five year strategy for Healthwatch England
- Support Committee to discharge their statutory functions
- Develop effective and flexible ways of working that deliver value for money
- Make our information more accessible

Outcomes

- We will successfully integrate with CQC, using their relevant processes, resources and procedures, whilst maintaining our independence
- We will have a more effective and collaborative Committee that delivers statutory obligations
- We measure, evaluate and implement learning in our people and across our projects and programmes
- We will have robust planning mechanisms leading to clarity about our programme of events and delivery
- We will be an organisation that uses resources effectively, efficiently and economically
- We will be a caring and trusting organisation that promotes a healthy work/life balance

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Move office accommodation to new CQC premises	We completed our move to the Buckingham Palace Road office on 9 May.		<u>Delivered</u>
2. Recruit and induct a new Chair and National Director of Healthwatch England		Department of Health has now advertised the Chair post, with interviews due in September. National Director role to be advertised shortly, with interviews in October. Induction programmes are being	<u>Delivery behind schedule but will be achieved in-year</u> This work had been planned for delivery in Quarter 1 and Quarter 2 but changes to the DH's timetable have meant this is now

		put together for both roles.	being undertaken in Quarter 2 and Quarter 3.
3. Implement new governance framework for Healthwatch England Committee	The Healthwatch England elements of the DH/CQC Framework agreement have been updated to reflect Committee comments following the May Committee meeting.	A report on Healthwatch England's Corporate Governance Framework is presented for approval at the August public meeting.	<u>Delivered (subject to Committee decision)</u>
4. Put in place a rolling programme to identify opportunities with CQC for efficiencies and closer collaboration	<p>We have adopted the CQC travel and accommodation booking process. This has enabled staff to input their individual travel and accommodation requirements directly to the centralised booking team at the NCSC.</p> <p>We have had a number of useful discussions with CQC procurement, engagement, communications, intelligence, policy and strategy colleagues to identify scope for closer collaboration and potential future shared resource.</p>	<p>Following the appointment of the National Guardian for Freedom to Speak Up, we will also continue to explore opportunities for efficient collaboration with her team.</p> <p>We will continue to keep the delivery schedule for this activity under close review as organisational change continues through the year.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2.</p>
5. Develop, consult upon and launch our strategic priorities for 2016 - 2021		We are developing a proposal for a 360-degree stakeholder review of Healthwatch England.	<p><u>Delivery currently on track</u></p> <p>Development of the strategy is scheduled for Quarter 3 but will be subject to the appointment of the Chair.</p>

6. Plan and deliver x4 public Committee meetings along with supporting activity	The public Committee Meeting was held on Wednesday 25 May in Exeter. Committee Members were joined by representatives from 8 local Healthwatch in the South West.	During the August Committee meeting in public, local Healthwatch will be encouraged to share their successes and challenges during part of the public participation session.	<u>Delivery on track</u> There is a plan to better sequence public Committee meetings so that they take place sooner after the end of each Quarter. This will be the case for all meetings from January 2017.
7. Support Committee to develop their knowledge and skills via x2 workshops and other activities			<u>Delivery on track</u> For delivery in Quarter 2 and Quarter 4. A strategic workshop with external stakeholders is being organised for September.
8. Put in place a procurement pipeline to support the delivery of our business plan	Procurement pipeline for the financial year is in place with the CQC Commercial and Contracts Team.	We keep the pipeline under regular review with the CQC Commercial and Contracts Team.	<u>Delivered</u>
9. Identify staff learning needs for 2016/17 and put in place a learning programme	Staff training and development needs for 2016-17 have been identified as scheduled. We are in contact with CQC HR to ascertain what learning programmes are available to Healthwatch England staff on the ED system.	Line managers will ensure that their teams have undertaken training and development as agreed in their PDR set at the start of the 2016-17 year.	<u>Delivery on track</u>

10. Review organisational developments needs and put in place a rolling improvement plan	The training needs analysis was undertaken.	The People and Values Sub Committee discussed the training needs analysis on 20 July. The improvement plan is underway. Negotiations have started with the CQC academy to see what support is available to staff in Healthwatch England and in the network.	<u>Delivered</u>
11. Monitor use of resources and report progress towards achieving the business plan		A financial update was provided to the FGPSC in July and is subject to a further report in the Operational Update.	<u>Delivery on track</u> For delivery in Quarter 2, 3 and 4
12. Support work of staff through support of CQC central service (e.g. National Customer Service Centre - NCSC)	NCSC took on the delivery of the HWE Enquiries Service. Over the quarter the service handled 1,437 contacts, of which 862 were by email and 572 were calls. 96% of calls were answered within 30 seconds, compliant with the Service Level Agreement.	We are looking to make the CQC Safeguarding tool available for the network through the CRM. We are considering aligning with CQC security processes in areas such as the CRM.	<u>Delivery on track</u> We will keep under review the NCSC handling of enquiries to Healthwatch England.
13. Maintain and develop our digital channels for communicating the work of the Healthwatch network and supporting engagement with local Healthwatch		We are finalising the plan for development of our website content in Quarter 2.	<u>Delivery on track</u> For delivery in Quarter 4.
14. Support the further improvement of local Healthwatch digital		During Quarter 2 we will start discussions with local Healthwatch on our future digital	<u>Delivery on track</u>

channels		offer.	<p>Preferred option to be selected in Quarter 3.</p> <p>This work will now be linking in with the CQC's five-year systems review. It is therefore possible that a change in plan and/or timetable might at some stage become necessary to mesh with and take advantages of new technical and financial opportunities.</p>
15. Support the printing of Healthwatch information		This is ongoing background activity concerning general office printing.	<u>Delivery on track</u>

AGENDA ITEM: Operational Report (Quarter 1 2016/17)**PRESENTING:** Joanne Crossley**PREVIOUS DECISION:** N/A**EXECUTIVE SUMMARY:** This report details the operational functions which ensure that we are an effective and efficient organisation.**RECOMMENDATIONS:** Committee Members are asked to **NOTE** the content of the report.

Financial Position

At the end of Quarter 1, we recorded spend to date of £708.2k, against a year to date budget of £842,295, reporting underspend of 15.9%. This does not include expenditure for the Healthwatch 2016 event and this will be reflected in Quarter 2 expenditure.

	2016/17 Annual Budget total	Spend as at Quarter 1	Projected Spend by end of year
PAY	£1,948,938	£578,705	£1,886,540
NON PAY	£1,051,062	£129,568	£1,051,062
TOTAL	£3,000,000	£708,273	£2,938,142

We have completed transition and now embedded into the CQC. Our transition costs have been absorbed by the CQC.

In Pay there is a miscoding of subscriptions and accrued CRM expenditure totalling £21,147 which will be moved to the correct cost centres in July. Total Q1 Pay actual £507,510. We anticipate that our projected salary costs will reduce as staff leave roles and are not being replaced; therefore we expect to be within our original budget plan for staff Pay.

We continue to review our expenditure to date and planned spend to ensure we have enough resource to successfully deliver the Business Plan. It is probable that some costs in programmes of work may be reduced during Q2 and Q3 as we find more efficient ways of working.

Procurement activity

During Q1 our key procurement items in the pipeline include CRM, for which we have had approval to procure suppliers to the end of the financial year. We are working on the paper for procurement to be taken to CQCs Investment Committee for a longer term

contract and will be discussing the specifications and requirements of the CRM project at the September Committee workshop.

We have submitted a number of STA forms to C&C for approval. However, C&C have since included an additional step in the process, whereby they have now asked for the supplier's Terms and Conditions in advance as part of the competitive quotes. This has created a slight delay in the approval process but going forward this additional request is not expected to create any further impact but is of benefit to us in that we will be in a better position to negotiate with suppliers in advance of agreeing a formal contract where necessary.

Summary of Purchase Orders Raised during Q1

Cost (£)	Number of POs raised	Total spend (£)
0 - 499	11	1,906
500 - 999	7	4,217
1000 - 1999	3	4,048
2000 - 2999	2	5,793
3000 - 3999	0	0
4000 - 4999	0	0
5k+	5	96,314
Grand Total		112,278

Payments above £5k				
Supplier	Description	Amount	Sent for approval	Procurement covers
IM Group	Repository for local Healthwatch	£33,480	30/03/2016	Q1-Q4 inclusive
Public-i	Committee meeting webcast	£7,000	02/03/2016	Q1 only
Trustmarque -	licences for the Hub and Yammer	£31,500	03/03/2016	Q1-Q4 inclusive
Department of Health	Final rent payment due from Skipton House	£18,000	n/a - cross charge from DH	Q1 only
Northbridge	Expenditure for CRM training which was completed during at the end of 2015/16. Retrospective PO raised and paid during Quarter 1	£6,334	03/03/2016	Q4 2015/16

HR

We are in the process of recruiting for an Intelligence Analyst and Intelligence Co-ordinator. These roles are expected to be filled during Quarter 2.

The Healthwatch Chair and National Director roles are also being recruited into during Q2 and we hope that both roles will be filled by the end of Q3.

At the end of Quarter 1 we had:

- 19 staff members permanently employed;
- 17 staff members employed on a fixed term contract;
- 2 vacancies in the quarter

TOTAL - 38 roles

Internal Audit

We are currently awaiting confirmation of the number of internal audit days allocated to Healthwatch England and if there are any by cross CQC reviews on things like projects, IT and Finance etc. that Healthwatch England may be involved in.

The management team will update the Sub Committee on actions taken against the Information Governance audit recommendations and any remaining areas where action has not been taken for the next meeting in September.

We are waiting for the final report of the financial audit and this and the management response will be shared with Audit and Risk Sub Committee Members for comment by email ahead of the September meeting.

The strategic and risk register was updated and shared with Audit and Risk Sub Committee Members highlighting 2 additional risks identified in the quarter which remain red post mitigation. A number of suggestions of changes to risks were suggested as well as a number of formatting suggestions.

AGENDA ITEM: Intelligence to influence local Healthwatch reports and future influencing options

PRESENTING: Neil Tester

PREVIOUS DECISION: Committee Members approved the strategic objectives of the organisation's influencing strategy and the timeframe for review at the May 2016 meeting.

EXECUTIVE SUMMARY: This update summarises our analysis of more than 400 local Healthwatch reports and of network priorities for 2016-17; describes the range of approaches available to the Committee as it seeks to secure influence for people's experiences and insight and raises strategic questions for the Committee to consider as we develop our operating model and approach the next phase of business planning.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the slides and to **COMMENT** on the 6 influencing approaches for consideration.

AGENDA ITEM: Healthwatch Intelligence**PRESENTING:** Gerard Crofton-Martin

PREVIOUS DECISION: In February 2016 the Committee requested that further work be conducted on the Healthwatch coding taxonomy which underpins the intelligence and information management development project. This included enabling it to record where information was relevant to system wide developments and coding more detail about health and care issues. In May 2016 the Committee noted the progress that has been made on the Intelligence and Information Management project and the next phase of the project, and expected deliverables. The committee asked that the new intelligence model requirement, with associated cost and risk options is presented at the August Committee meeting.

EXECUTIVE SUMMARY: This report provides an update on the progress, the engagement that has been undertaken and the user requirement for Healthwatch England intelligence. It outlines 2 different approaches, along with risks and costs.

RECOMMENDATIONS:

The content of this report are to be **NOTED** and the Committee are asked to **AGREE** that as an intelligence led organisation, Healthwatch England move towards the second approach.

Background:

The Intelligence and Information Management project was initiated in February 2016 and focuses on the development and implementation of a strategic framework for intelligence that will provide Healthwatch England, the local Healthwatch network and their partners across the health and care systems with:

- Actionable intelligence
- Insight into the information that has been collated from the local Healthwatch networks and beyond.

The intention is that useful information gathered from the network and our strategic partners will be developed and turned into intelligence that highlights emerging, developing and long term persistent issues and trends experienced by patients and users. The intelligence process will enable the prioritisation of these issues for action and/or escalation and generate a reviewing framework. It is expected that this project will also provide a means by which positive feedback and good practice can be shared and utilised across the network to encourage cross service improvements.

Engagement:

Healthwatch England has engaged with over 60 local Healthwatch to ascertain their intelligence requirements, establishing an Intelligence and Informatics Reference Group from local Healthwatch staff and volunteers. The members of this group have an incredible enthusiasm for helping the network and Healthwatch England improve the quality of our intelligence.

Healthwatch England has engaged with over 20 stakeholders to understand their intelligence needs. These have included NHS England, National Audit Office, Health & Social Care Information Centre, Local Government Authority, NHS Clinical Commissioners, NHS England Patient and Public Voice Assurance Group, Department of Health and the

Care Quality Commission, National Institute for Health and Care Excellence, Health Education England, Public Health England and NHS Improvement.

An Advisory Group of Committee members has been established to steer the development of the project and has advised on developments like the operational model and coding of information.

Healthwatch England Intelligence User Requirement

1. A national view and analysis of public/personal experience drawn from the network

This is the key requirement drawn from both stakeholder and network engagement. The expectation is that Healthwatch England would collate, evaluate, analyse and contextualise patient and consumer insight data. This would serve to further define existing national themes, and identify emerging national themes in the data. In turn this would enable strategic prioritisation and decision making providing much needed focus for Healthwatch activity and further research. This is a primary way by which the power of the network will be effectively visualised, and the impact it can have, realised.

This analysis and intelligence can be used to inform service change nationally, highlight areas for improvement and help local Healthwatch to:

- 1) Add context to their work thereby assisting with local influencing
- 2) Identify similar Healthwatch through problem identification
- 3) Share good practice and results
- 4) Most importantly show how patient insight is being processed and used to influence nationally thereby nurturing the intelligence flow by making the best use of data.

It will also help our stakeholders to understand service delivery across health and social care by providing patient feedback focused intelligence led approach, rather than a system led approach.

2. National and regional contextualisation of data and strategic policy

Horizon scanning and contextual awareness are key to understanding and pre-empting future areas of strategic interest. This would enable the network to get upstream of change and identify where they can make an impact. A good intelligence process would lead to confident predictions around the future landscape for policy, political, environmental and organisational change enabling intelligence to be actioned appropriately and evidence supplied at the right time in the right format.

3. Literary reviews for contextualisation

This is supplementary to point 2 above but could potentially be delivered through different outputs. This would also enable the network to get upstream of change and identify where they can make an impact.

4. Research Help Desk

The value of this requirement is shared by all stakeholders including our committee advisory group. This has also been taken as essential learning from other organisations as a way of supporting their networks, creating an established interface and assisting with investment into central process. It would provide the local network with:

- Information on good practice
- Signposting for good data and stakeholder access
- Information on research ethics
- Information on data protection, information security and sharing protocols
- Signposting intelligence requirements and how to fill information gaps
- Some data provision according to a set of agreed parameters
- Signposting training and intelligence sources
- Conduit to quality assurance services provided by Intelligence and Informatics Reference Group
- Escalation of issues to be considered by Intelligence and Informatics Reference Group

5. Central intelligence and information website as a single source.

The network is looking for a single source of information that they can access directly which would be updated regularly. This would act as a portal for other data sets as well as being the primary way by which Healthwatch England intelligence products are published and disseminated. This could include:

- Healthwatch England Intelligence Products and Briefings
- Access to relevant data with an evaluation of usability
- Access to literature, guidance and reviews that have relevance to the network
- Reviews on intelligence systems and training
- Guidance on intelligence and information sources
- Useful bibliographies and intelligence collection plans to increase the knowledge network
- Contextual information such as stakeholder strategies and change programmes
- Promoting collaboration and the sharing and highlighting good practice
- Identifying most similar Healthwatch and increasing network knowledge of priorities and national foci
- Advertising potential work streams and research opportunities

6. Intelligence and Informatics Reference Group

This Reference Group is an essential mainstay to the successful implementation, development and improvement of the Healthwatch intelligence network and the promotion of learning. It would act in an advisory capacity as well as providing a professional support framework for the successful processing and dissemination of patient and consumer experiences of the health and social care sector. The group would work to ensure that a cohesive and efficient process for sharing qualitative insight data is embedded within the network and conducted in collaboration with other stakeholders and information providers. It would:

- Inform the continued development of intelligence practice and process.
- Inform the continued development of information management systems including the receipt, recording and sharing of intelligence.
- Act in an advisory capacity regarding all matters pertaining to intelligence and informatics that impact upon Healthwatch England and the Healthwatch network.
- Assist in identifying network issues with information sharing protocols and help resolve them.

- Quality assures intelligence analysis and research practices according to a set of prerequisites.
- Identify good practice and cascade to the network and to Healthwatch England.
- Provide innovative solutions to research issues in support of the network staying abreast of any developments or change in practices.
- Identify training needs for intelligence and information management professionals.
- Review current training programmes and build a programme of continue professional development on behalf of the network.
- Organise and deliver a programme of developmental working groups to provide advice on intelligence and information management to the network
- Assist in the procurement of IT products were applicable and provide a review service for existing systems.

7. Creation of a common language

This is an ongoing work stream which predates the project. The network members that have so far engaged with the project understand the need for a common language to enable the effective collection and sharing of Healthwatch data as well as the ability to mine their data effectively for local dissemination. This builds on the developing basic taxonomy which has been used to undertake some of the initial categorisation of Healthwatch evidence.

8. Development of a single intelligence repository

The CRM, used by over ½ the network, is the first and most up to date iteration of an intelligence repository for the network and would be continually developed as the project refines user requirements and outputs. The work undertaken by the project in modelling outputs would be done in collaboration with the CRM project team who would use the learning to inform future developments.

Approaches:

Approach	Proposal	Benefits	Risk	Resource Implications	Cost
1. Remain 'as is'	<ol style="list-style-type: none"> 1. Intelligence and Informatics Reference Group 2. Basic level of understanding regarding network themes with no resilience 3. Creation of a common language 	<ul style="list-style-type: none"> • Drawing on expertise from the network to support the network • Low cost • Data will be coded consistently to enable mining and quantification of network insight. 	<ul style="list-style-type: none"> • No resilience • Poor quality evidence base • Limited national consumer oversight • Limited ability to support the HW network • Limited professional leadership • Limited ability to use consumer insight to influence strategic stakeholders • No national and regional contextualisation of consumer insight • Limited visibility as a professionally robust source of intelligence and information. • Limited external use. • Lack of an intelligence interface that enables users to have ready access to information and intelligence products. • Limited competitive edge, impact and influence. • Reduced sustainability 	<p>1 Intelligence Analyst</p> <p>1 Intelligence Coordinator</p> <p>Reference Group support</p>	£120k

Approach	Proposal	Benefits	Risk	Resource Implications	Cost
2. Meet user requirements.	<ol style="list-style-type: none"> 1. A national view and analysis of public/personal experience drawn from the network 2. National and regional contextualisation of data and strategic policy 3. Literary reviews and localisation 4. Research Help Desk 5. Central intelligence and information website as a single source. 6. Intelligence and Informatics Reference Group 7. Creation of a common language 	<ul style="list-style-type: none"> • Data will be coded consistently to enable mining and quantification of network insight. • Analysis of consumer insight will be undertaken against an agreed set of strategic themes. • National and regional focus • Contextualisation will be undertaken as part of an intelligence analysis process • Sound professional leadership • Drawing on expertise from the network to support the network • Practical day to day network support. • Usable evidence base in support of the network • Enhanced ability to use consumer insight to influence strategic stakeholders. • Enhanced external user base. • Enhanced competitive edge, impact and influence. • Enhanced sustainability. • Providing evidence in support of HWE strategic partners. • Well informed intelligence led decision making process. • Well informed strategic prioritisation process. • Increasing the integrity, quality and credibility of HWE data. 	<ul style="list-style-type: none"> • Increased ongoing financial exposure. • Increasing inter-dependencies and demand 	<p>Intelligence team</p> <p>Reference Group support</p> <p>Website Development and Maintenance</p>	£250k

		<ul style="list-style-type: none"> • Increased visibility as a professionally robust source of intelligence and information. • Robust intelligence interface that enables users to have ready access to information and intelligence products. • Decrease in demand on time for information sharing with stakeholders and communications. 			
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Recommendation

The Committee AGREE that Healthwatch England move towards the second approach as Healthwatch England moves towards being an intelligence led organisation.

AGENDA ITEM: Healthwatch 2016

PRESENTING: Andy Payne

PREVIOUS DECISION: Committee Members agreed the approach to Healthwatch 2016 at the August and February 2016 meeting

RECOMMENDATIONS: Committee Members are asked to **COMMENT** on the evaluation provided and **APPROVE** the approach and timeline for the next event in 2017

Title: Healthwatch Annual Conference - 'The value we bring'

Venue: East Midlands Conference Centre (EMCC) Nottingham

Dates: Thursday 9th & Friday 10th June 2016

Annual conference 2016 Evaluation

Development of Healthwatch 2016

The 2016 conference was developed taking into consideration feedback received from 2015 conference evaluations, the data return, Yammer surveys and network meetings which highlighted that for 2016, the network wanted for the conference:

- To be more focused on and led by local Healthwatch in accordance with their priorities, rather than ours.
- To be delivered in a more co-produced format, with more input from the network.

Working with the Advisory Group and taking on board the group's feedback, this year, the aim of the conference was to deliver an event which would appeal to colleagues from across the network and support them in providing the best possible service for people using local health and social care services, whilst providing opportunities to learn from each other.

The objectives of the 2016 annual conference were to:

- Build confidence across the network by providing local Healthwatch with the opportunity, tools and support to lead sessions focusing on best practice evidenced in their priority work over the past year.
- Provide greater opportunities to network, share and learn from each other, through an agenda focusing on delivering agenda sessions led by local Healthwatch.
- Provide keynote sessions that will focus on increasing leadership and influencing skills to help build a stronger network.

Key conference detail at a glance

- The event took a co-produced approach, enabling local Healthwatch to run half of the sessions on a range of topics that were important to them

- **360** local Healthwatch attendees, representing **120 local Healthwatch**
- Footfall over the two days was over **500 attendees**, including local Healthwatch, exhibitors, speakers and Healthwatch England staff
- Over 70 sessions ran over the two days of the conference

Social media and digital communications

Throughout the conference, we saw positive feedback and strong messages filtering through from social networks, along with positive feedback received from the digital communications that we produced. The final figures were as follows:

Twitter

The hashtag: **#Healthwatch2016** was actively promoted and used over the two conference days, receiving the following results:

- Healthwatch England tweeted **40** times, giving **60,089** opportunities for people to see our posts. Collectively, these tweets were retweeted **243** times.
- @HealthwatchE was mentioned **190** times
- We gained **60** new followers on Twitter and **8** on Facebook during this time
- **225** tweets using #Healthwatch (relating to the conference)
- **465** interactions by **138** unique users with a potential reach of **840.9K** (across both twitter and Facebook)
- **53** local Healthwatch tweeting about the conference

Most popular tweets

Most likes: 16 - We are in [#Nottingham](#) ready to celebrate the work of the network. Looking forward to seeing +400 people from local [#Healthwatch](#)

Most retweets: 26 - We are in [#Nottingham](#) ready to celebrate the work of the network. Looking forward to seeing +400 people from local [#Healthwatch](#)

Biggest reach: 93.4K - Our Interim Chair, Jane Mordue is kicking off [#Healthwatch](#) 2016 talking about the impact of the [#Healthwatch](#) network

Clicks: 90 - Take a look at our photos from the [#Healthwatch](#) network awards 2016. <http://bit.ly/1XdExTs> <http://pic.twitter.com/YnQOL5LDR2>

Storify

The Storify pages for the conference has had 457 views: <https://storify.com/HealthwatchE/healthwatch-2016-the-value-we-bring>

Exhibition

This year, the conference played host to 16 key organisations who exhibited over the two days. They were:

- British Deaf Association
- Care Quality Commission

- General Medical Council
- Health and Care Innovation Expo 2016
- LHM: Feedback Centre & Informatics
- Mind
- National Children's Bureau
- National Cyber Security Centre
- National Institute for Health and Care Excellence (NICE)
- New Care Models Programme - Five Year Forward View
- NHS Clinical Commissioners (NHSCC)
- NHS England
- NHS Improvement
- Professional Standards Authority
- Social Care Institute of Excellence
- Think Local, Act Personal

Exhibition Recommendations for 2017 are:

- Provide more opportunities for the exhibitors to engage with the network through pop up sessions (alongside breakouts/lunch).
- Engage partner organisations to support agenda sessions as well as exhibiting
- Possibility of sponsorship of awards and a mainstage session by key stakeholders
- Collect exhibitor costs through the venue directly to allow for basic cost recovery.
- Include more voluntary sector organisations to be part of the exhibition and agenda for 2017.

Awards

This year, taking on board the feedback from the previous conferences, we reviewed the overall awards procedure to ensure that it was relevant and as inclusive as possible. This year we:

- Due to the revised awards process, we saw an increase in smaller local Healthwatch applying, as well as many local Healthwatch applying for the first time
- Received 123 entries from 76 different local Healthwatch teams covering the four regions.
- Collaborated with external organisations (British Deaf Association, NHS England, Think Local Act Personal, National Council for Voluntary Organisations, NHS Clinical Commissioners and the Care Quality Commission) to ensure that key external partners were involved in the judging procedure, giving an opportunity to promote the great work that local Healthwatch are undertaking
- We produced an awards brochure detailing local Healthwatch shortlisted submissions, which has been shared on our website and with key stakeholders and has been downloaded 121 times so far.

- Link to award winners: www.healthwatch.co.uk/news/healthwatch-network-award-winners-201

Awards recommendations for 2017 are:

- Start initial revision scoping of categories and criteria with Advisory Group in Summer/Autumn 2016.
- Release the categories and criteria to the network in January 2017 to allow a greater lead in time for entries to be submitted.

What did we change for 2016?

Format

In association with the Advisory Group, the conference format of previous years was reviewed and changed to meet the event objectives, with the sessions being planned using the following alternative formats:

- Local Healthwatch led sessions, building on the wealth of knowledge within the network, and opportunity for peer to peer learning as well as showcasing local Healthwatch work, the conference delivered over 70 sessions over the two days.
- Plenary sessions with key note speakers, providing an opportunity to learn about developments on key national issues, in areas identified through feedback from the network
- Seminar sessions with subject experts, an opportunity for broader discussion around issues that affect the network, in areas identified through feedback from the network
- Business Hub: building the capacity of the network through sessions which focus on suitability and future proofing
- This year, we opened registration so that all local Healthwatch representatives could attend their preferred day, rather than specific days for management, as has been done in previous years. This allowed a greater level of participation and shared learning from the network.

Did the conference meet its objective? Feedback & headline statistics

Feedback has been collated from both days of the conference and all attendees had the opportunity to provide comments via the online overall event evaluation as well as evaluation forms specific to each local Healthwatch session, which will form the basis of developing content and format for the 2017 conference.

The results we received were overall, very positive, and confirmed that we had achieved the objectives of the conference, but also gave valuable insight into areas of development for the 2017 event.

Results of evaluations

- 98% told us they would recommend the conference to a colleague.
- 96% agreed that the conference helped them developed their knowledge and skills

- The local Healthwatch led sessions were very positively received with the majority scoring highly, with many attendees reflecting on the value of share experiences and learn from each other
- 86% told us their attendance at the conference will help their organisation work more effectively
- 82% agreed that the conference provided enough opportunities for networking
- 96% told us they agreed that the conference made local Healthwatch feel part of a wider network
- 75% told us they would be happy for us to hold the conference at EMCC again

The feedback conveyed that this year's conference was helpful and engaging, more flexible than in previous years and had many more opportunities for shared learning, as well as giving local Healthwatch the opportunity to lead conference sessions. The respondents identified many positive aspects we can take forward to other conferences, and also some room for improvement.

Suggestions for additional workshops next year included a workshop specifically for researchers, more on engaging young people and more from Healthwatch England on key national issues to help support the network locally, such as recommissioning.

Sessions were run by Local Healthwatch and advertised by Healthwatch England, meaning local Healthwatch were able to choose their sessions in advance, which was also considered helpful with feedback showing that the conference made local Healthwatch feel part of a wider network.

The importance of being given an opportunity to meet other local Healthwatch to enable them to work as a network and seek advice and support from each other was highlighted consistently by local Healthwatch in their comments.

Overall, the message coming from the network is that the venue and co-production of this conference worked well, but that next year there are opportunities to refine the number of sessions and release session information as far in advance of the event as possible which will help local Healthwatch get the most out of the two days.

Learning, recommendations & approach for 2017

Although overall the messages received from the evaluations were resoundingly positive, we are determined to make the next conference even better.

Working with Advisory Group, Healthwatch England leadership team and Committee, we intend to:

- Start advance agenda planning earlier to help shape conference themes for the 2017 event
- Take on board feedback from 2016, revise all conference procedures and systems
- Make available session content information well in advance, enabling attendees to personalise agendas sooner
- Incorporate more plenary sessions that everyone can attend, which tackle some of the bigger national issues, and ensure these sessions still enable a discussion
- Allow for more discussion time during all sessions
- Build in more networking time for those who would find this useful

- The inclusion of an Introduction session for staff and volunteers attending who have recently joined their local Healthwatch
- More voluntary sector representation as exhibitor, speakers and workshop facilitators
- Ensure that the 2017 conference does not fall during Ramadan
- More planning time so full information about sessions can be released alongside the agenda
- Formation of a Task & finish group with representatives from local Healthwatch to advise on content, planning and to ensure a fully co-produced conference in 2017
- Keep the two day approach with the conference open to all
- Revise the awards process - categories and criteria in collaboration with the task and finish group
- Secure keynote speakers to reflect national priorities identified through our network intelligence and partners
- To look at opportunities to hold the event at the same venue

Dateline for 2017 conference planning

- August: Establish a task & finish conference planning group with LHW representatives
- October: Identify theme (name) of 2017 conference
- October - November - Identify draft agenda/ theme highlights
- October - December: Plenary speakers approached secured
- December: Announce location, venue and date
- January 2017: Provisional agenda released to the network
- January 2017: Release awards categories, criteria and entry process
- February 2017: Registration for event opens

AGENDA ITEM: Healthwatch England Governance - Corporate Governance Framework

PRESENTING: Susan Robinson

PREVIOUS DECISION: Committee Members agreed the approach to updating Healthwatch England's governance documents.

RECOMMENDATIONS:

- Approve the changes made to the Terms of References
- Approve the suggested calendar of Committee Meetings

Background

Healthwatch England is expected to comply with the principles of good corporate governance, set out in the CQC Corporate Governance Framework. A key purpose of the Corporate Governance Framework is to provide assurances and evidence, when required, that the right things are being done in the right way at the right time. These include: arrangements for business planning; budgeting principles; risk management; internal audit; and performance reporting.

The purpose of the Healthwatch England Governance framework is to ensure that Healthwatch England adheres to public sector accountability ensuring that governance related documents, are updated on a regular basis and provide clarity about the organisation's objectives for effective strategic and business planning and demonstrating accountability.

At the May Committee Meeting, Committee Members agreed to update Healthwatch England's governance documents in line with any changes made within the DH/CQC Framework Agreement. The following documents were to be reviewed and updated:

- Healthwatch England Accountability Framework
- Healthwatch England Committee Standing Orders
- Healthwatch England Scheme of Delegation and Standing Financial Instructions (to reflect CQC principles)

Terms of reference

- Audit and Risk Sub Committee
- Finance and General Purpose Sub Committee
- People and Values Sub Committee

DH and CQC are currently finalising the framework agreement, due for publication in Quarter 2. Consequently, the following documents have been updated with changes highlighted in the text.

Terms of reference

- Audit and Risk Sub Committee

- Finance and General Purpose Sub Committee
- People and Values Sub Committee

The remaining documents, subject to the finalisation of the DH/CQC Framework agreement will be updated for approval at the November 2016 Committee Meeting.

Scheduling Committee Meetings

On a related note, Committee Members have asked at previous meetings that the sequencing of Committee Meetings be reviewed to enable the Committee to have enough time to influence Healthwatch England's current quarter's activity.

A suggested timetable of Sub Committee and Committee Meetings is suggested below.

The People and Values, Audit and Risk and Regional Committee Members will meet in the same week, so that the supporting Chair's report can provide assurance to the whole Committee at quarterly meetings.

Public holidays have been avoided, and consideration has been made for half-term breaks. Committee Members will be provided with date options following this meeting.

Committee Workshop	People and Values Sub Committee	Finance and General Purpose Sub Committee*	Audit and Risk Sub Committee	Regional Committee Members Group	Public Committee Meeting (2-day including workshop with local Healthwatch
Late February 2017	January 2017 (2 nd week)	April 2017 (3 rd /4 th week)	January 2017 (2 nd week)	January 2017 (2 nd week)	January 2017 (3 rd week)
Late May 2017	April 2017 (1 st week)	July 2017 (3 rd /4 th week)	April 2017 (1 st week)	April 2017 (1 st week)	April 2017 (3 rd week)
Late August 2017	July 2017 (1 st week)	October 2017 (3 rd /4 th week)	July 2017 (1 st week)	July 2017 (1 st week)	July 2017 (3 rd week)
Late November 2017	October 2017 (1 st week)	January 2018 (3 rd /4 th week)	October 2017 (1 st week)	October 2017 (1 st week)	October 2017 (3 rd week)

*The Finance and General Purpose Sub Committee timings are specific to this time period as Healthwatch England receives monthly financial information from the Care Quality Commission 10 working days after the end of each month. An additional week is needed for reconciliation and to query the information given.

Healthwatch England People and Values Sub Committee Terms of Reference

Purpose

To have oversight and to provide assurance for the wider Committee on:

- Recruitment, retention and succession of senior staff members;
- The organisational policy in relation to HR matters; and
- Oversight of how the organisational culture and values are embedded and implemented within the organisation.

Duties

- To review the recruitment and processes for the recruitment of senior staff members when a vacancy arises - this will be in line with the guidance provided by CQC at the time.
- To have oversight of broader HR policies across the organisation.
- Provide advice and guidance on using performance monitoring frameworks to assess performance of senior staff members.

Membership and Support

- Members are:
 - ~~Christine Lenehan (Chair);~~ Pam Bradbury (Chair)
 - Jenny Baker; and
 - ~~Pam Bradbury~~ Jane Mordue.
- Additional members may be co-opted on a time-limited basis to provide specialist skills, knowledge and support. Co-opted members should not form more than one-third of the Sub Committee.
- Support for meetings will be provided by the ~~Chief Executive, Director of Operations~~ National Director, HR Business Manager and the Committee Secretary.

Meetings

- The Sub Committee will meet ~~biannually~~ quarterly.
 - Other meetings will be arranged by the Committee Secretary at the request of the Chair of the ~~Healthwatch England Committee~~ People and Values Sub Committee.
 - At least two members must be present for a meeting to be quorate.
- The Healthwatch England Committee or Chair may seek specific advice, requesting the Sub Committee to convene further meetings.
- The Sub Committee will take steps to preserve the confidentiality of conversations and any related documents, in matters which involve the personal information of individual employees.

Reporting and accountability

- The Sub Committee is accountable to the Committee.

- The Chair will provide ~~biannual~~ quarterly written or verbal reports, or more frequent as appropriate, to the Healthwatch England Committee.
- Minutes of meetings held will be available to Healthwatch England Committee members

Annual Reviews of Terms of Reference and Effectiveness

- The Sub Committee will at least every two years review its own effectiveness, Terms of Reference for 'fitness for purpose', and report conclusions to the Healthwatch England Committee.

Healthwatch England Audit and Risk Sub Committee Terms of Reference

Purpose

The Healthwatch England Committee established its Audit and Risk Sub Committee to support them ~~(and the Healthwatch England Accountable Officer)~~ by in providing assurance of effective risk management, internal controls and governance by reviewing the comprehensiveness of assurances in meeting the Committee's ~~and the Accountable Officer's~~ assurance needs and reviewing the reliability and integrity of these assurances.

Membership and Support

The Members of the Audit and Risk Sub Committee are:

- ~~○ Jane Mordue (Chair);~~ Michael Hughes (Chair)
 - John Carvel;
 - ~~Michael Hughes;~~ and
 - Deborah Fowler (is the common member between the Audit and Risk Sub Committee and the Finance and General Purpose Sub Committee. There is annual joint planning between the Chairs of both Sub Committees).
- Additional members may be co-opted on a time-limited basis to provide specialist skills, knowledge and experience subject to budgets agreed by the Healthwatch England Committee. Co-opted members should not form more than one-third of the Sub-Committee; and
- Support for meetings will be provided by the ~~Chief Executive and Head of Operations~~ and secretariat support will be provided by the ~~Committee Secretary~~ National Director, Head of Operations and Committee Secretary.

Reporting and accountability

- The Sub Committee is accountable to the Healthwatch England Committee;
- The Chair of the Sub Committee will provide quarterly reports to the Healthwatch England Committee
 - These quarterly reports will also be shared with the CQC Board
- Minutes of meetings held will be available to Healthwatch England Committee members
- ~~• The Chair of the Audit and Risk Sub Committee will provide the Healthwatch England Committee (and Accountable Officer) with an annual report in time for finalising the accounts and the governance statement, summarising its conclusions from work completed during the year. This will inform the Care Quality Commission input to accounts; and~~
- The Sub Committee will have oversight of the production of the ~~Annual Governance statement~~ Annual Financial Statement to coincide with the Annual Report.

Responsibilities

The Audit and Risk Sub Committee will advise the Committee ~~and Accountable Officer~~ on:

- The strategic processes for risk, control and governance ~~and the Governance Statement;~~
- The ~~accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and the management response;~~
- The planned activity and results of the internal audit;
- The adequacy of management response to issues identified by audit activity;

- Assurances relating to the management of risk, risk appetite and corporate governance requirements for the organisation;
- Organisational compliance with mandatory training such as Information Governance training, Conflict of Interest- Code of Conduct and ~~Health & Safety at work Anti-fraud policies and conflict of interest policies (including political activity)~~; and
- The Audit and Risk Sub Committee will also periodically review its own effectiveness and report the results of that review to the Committee.

Meetings

- The Sub-Committee will meet at least four times a year, either in person or by teleconference, and otherwise as required;
- A minimum of 3 members of the Audit and Risk Sub Committee will need to be present for the meeting to be deemed quorate;
- ~~Audit and Risk Sub Committee meetings will normally be attended by the Accountable Officer and Head of Operations.~~ Colleagues from the CQC finance team and the Department of Health Sponsor Team may be invited;
- The Internal Auditor may be invited;
- The Healthwatch England Committee ~~(or Accountable Officer)~~ may seek specific advice, requesting the Sub Committee to convene further meetings; and
- The Audit and Risk Sub Committee may ask any or all of those who normally attend but are not members to withdraw to facilitate open and frank discussion of particular matters.

Access and Rights

- The Internal Auditor will have direct and confidential access to the Chair of the Sub Committee.

Annual Review of Terms of Reference and Effectiveness

- The Sub Committee will review its own effectiveness at least every two years, and the Terms of Reference annually for 'fitness for purpose', and report its conclusions to the Healthwatch England Committee.

Healthwatch England Finance and General Purpose Sub Committee - Terms of Reference

Purpose

To have oversight of financial management and business processes whilst providing assurance for the wider Committee.

Background

The purpose of the Sub Committee will be to have oversight and provide assurance to the Healthwatch England Committee in regards to the financial integrity of Healthwatch England. This will consist of but is not excluded to overseeing the process of:

- Budget preparation;
- Financial reporting and management;
- Procurement; and
- General administration.

****The Scheme of Delegation is being updated and will be shared when finalised.****

Duties

Budget and business planning

- To oversee the process of the development and management of the budget to ensure propriety, efficiency and value for money in resource usage, and to provide assurance to the Committee on all of those matters
- To oversee the development and publication of the Annual Financial Statement
- To review forecast outturns against budget and make recommendations to the Senior Management Team and the Committee

Financial reporting and management including Annual Financial Statement

- To ensure that internal financial systems are adequate, reviewing the Scheme of Delegation and making recommendations to the Committee as appropriate
- To review the financial statement of the year - including comparisons with the previous year and current year budget, and seek an explanation for any issues arising
- To ensure that organisational expenditure complies with the Healthwatch England Standing Financial instructions

Assurance on business process

- ~~To review the business continuity plan and crisis planning process – ensuring that business support services operate effectively. This will be presented to the Committee on an annual basis~~
- To provide assurance to the Committee about the organisation's procurement process
- To review other business processes as necessary for assurance purposes

Membership and Support

- Members are to be made up of Healthwatch England Committee Members
- Additional members may be co-opted on a time-limited basis to provide specialist skills, knowledge and support. Co-opted members should not form more than one-third of the Sub Committee
- Support for meetings will be provided by the ~~Chief Executive, Head of Operations~~ National Director, Head of Operations and the Committee Secretary

Meetings

- The Sub Committee will meet quarterly, either in person or by teleconference, and otherwise as required.
 - Other meetings will be arranged by the Committee Secretary at the request of the Chair of the Healthwatch England Committee
 - At least two members must be present (either in person or by teleconference) for a meeting to be quorate
- The Healthwatch England Committee or Chair may seek specific advice, requesting the Sub Committee to convene further meetings
- A forward programme of scheduled meetings will be established by the Committee Secretary

Reporting and accountability

- The Sub Committee is accountable to the Healthwatch England Committee
- The Chair of the Sub Committee will provide quarterly reports to the Healthwatch England Committee
 - These quarterly reports will also be shared with the CQC Board
- Minutes of meetings held will be available to Healthwatch England Committee members

Annual Review of Terms of Reference and Effectiveness

- The Sub Committee will review its own effectiveness at least every two years, and the Terms of Reference annually for 'fitness for purpose', and report its conclusions to the Healthwatch England Committee.

AGENDA ITEM: Audit and Risk Sub Committee Chair's Report

PRESENTING: Michael Hughes

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meeting of Thursday 21 July 2016.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report and **APPROVE** the recommendation for Committee Members to continue to receive information by email

Information Governance and internal audit

As a Sub Committee we agreed that internal audit good practice requires for a review of prior recommendations to ascertain progress to date. As a result it was agreed that that a review of Information Governance including the Customer Relationship Management (CRM) system would be useful to take place towards the latter part of the 2016/17 financial year detail. The number of internal audit days allocated to Healthwatch England is yet to be confirmed. Prior to this, we agreed with the management team to receive an update on actions taken against the Information Governance audit recommendations and any remaining areas where action has not been taken at the September meeting.

The recommendation to use SharePoint, which has been replaced by BoardPad, arose from the Internal Information Governance audit and it was one of the outstanding recommendations which needed addressing. Sub Committee Members commented on the reputational risks of the costs associated with BoardPad. It was identified that Healthwatch England Committee Members do not discuss or share Confidential Personal Information (CPI), confidential information about other organisations or sensitive information, nor had there been any security incidents to date. Consequently, the decision was made to go ahead with option 1 - 'do nothing', keeping a vigilant stance on ensuring that Committee information is shared with the correct tagging (Confidential, Sensitive etc.).

The options presented to the Sub Committee were:

1. Do nothing - Documents continue to be shared by email (no associated costs)
2. Join a pre-existing contract procured for the CQC Board and buy up to 13* licenses - Committee Members download the app on to personal tablets/iPads (Year 1 cost - £9,723 Inc VAT and £4,875 every year after).
3. Join a pre-existing contract procured for the CQC Board and buy up to 13* licenses and iPads (Year 1 cost - £4,875 Inc VAT and £4,875 every year after).

Committee Members are asked to **APPROVE** the recommendation for Committee Members to continue to receive information by email.

Customer relationship Management (CRM) system progress report

An update on the CRM project was provided, including the success and challenges to date. We were encouraged by the significant developments in the project and the attitude of the staff team. We expressed a need to be made aware of risks so we can respond and appropriately support the staff team. In future we have asked staff when presenting updates on this project to identify the risk of failure and the resulting impact on local Healthwatch. It was suggested by a Sub Committee Member that the team should work towards the long term overarching success measure that the CRM system is fulfilling its purpose, working as expected and is expected of it by local Healthwatch and Healthwatch England. We highlighted that given the discussion; the CRM risks within the strategic and optional risk register should be re-considered.

Risk Review

We were updated that there are 2 additional risks identified in Quarter 1 which remain red post mitigation:

- The conduct of staff or Committee Members damages HWE reputation

We raised a concern as to the reason for the likelihood of this risk remaining high, post mitigation. Staff updated that the risk considered the current re-structure and potential challenges from departing staff to likelihood has increased. It was suggested that given the mitigations and scale of the organisations work this risk could be reduced.

- HWE fail to adequately prepare for a serious untoward incidents and cannot quickly resume the delivery of core business functions following an incident

It was noted that work was underway to ensure contingency plans were appropriate to Healthwatch England and the following the completion of this work, this risk would be reduced.

A number of risk items are being updated by the staff team.

AGENDA ITEM: Finance and General Purposes Sub-Committee Chair's Report**PRESENTING:** Deborah Fowler**PREVIOUS DECISION:** N/A**EXECUTIVE SUMMARY:** Despite some technical delays to procurement plans, spend for 2016/17 is expected to be on track. The quality and detail of information being provided by staff to F&GP continues to improve.**RECOMMENDATIONS:** Committee Members are asked to **NOTE** the content of the report.**Procurement and payments update - Quarter 1**

Procurements and payments were reviewed for Quarter 1 (2016/17). Things were now working more smoothly and staff were appreciative of additional support provided by the CQC. A change to the procurement process (involving closer scrutiny of contracts) had created some delays, but had introduced greater protection, so was a positive step overall. The Sub-Committee were assured that the staff team continued to follow due process.

Although procurement arrangements for external CRM support had been delayed by the recent change in procurement policy just mentioned, interim arrangements to facilitate continued service had successfully been made, with the support of CQC procurement staff, pending full contracts being put in place. In response to a previous request from the Sub-Committee, information on the pay and non-pay elements of the CRM project to date was reviewed.

Sub-Committee Members were updated that the CQC is undergoing a review of its digital requirements and Healthwatch England is providing input. F&GP Members suggested that, where possible, local Healthwatch involvement and knowledge should be incorporated into the CQC's plans, in case Healthwatch England and, by extension, local Healthwatch, may use any of those systems in the future. F&GP Members saw the attraction of working more closely with the CQC; for example, Healthwatch England could benefit from CQC in-house Drupal expertise in its work on the CRM system.

Procurement pipeline

F&GP Members reviewed the information on planned procurements. It was agreed that future reports would have more specific information on the stage that each procurement had reached, compared to its original timeline, so that it was clear what stages each procurement was at (on track, delayed etc.) as well as the potential impact on delivery of any delay. This would assist early identification of any performance or underspend issues. F&GP Members were informed of monthly Leadership Team meetings to monitor spend and were assured that there have already been improvements to the process, such as encouraging suppliers to invoice on time and monitoring the accruals and payments process.

Quarterly Accounts

F&GP Members welcomed the newly provided information showing staff pay allocated across Healthwatch England's three Strategic Priorities, which they found extremely helpful. The Sub-Committee was assured that spend was being closely monitored.

Annual Financial Statement

It was clarified that the 2015/16 financial year-end position was £3.720m against an original budget (including project spend) of £4.5m. Healthwatch England had adopted a deliberate policy spending constraint, in anticipation of the budget cuts being imposed in 2016/17. F&GP Members felt it was important to articulate the reasons for the underspend in the Annual Financial Statement before it is published.

AGENDA ITEM: People and Values Sub Committee Chair's Report

PRESENTING: Pam Bradbury

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous People and Values Sub Committee meeting of Wednesday 20 July 2016.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

The purpose of the People and Values Sub Committee is to have oversight and to provide assurance for the wider Committee on the recruitment, retention and succession of senior staff members; the organisational policy in relation to HR matters; as well as having oversight of how the organisational culture and values are embedded and implemented within the organisation.

Staff Personal Development Plans

Sub Committee Members were updated that all members of staff have agreed their Personal Development Plans with their line managers. Assurance was given that line managers were encouraged to have end of quarter reviews (Quarter 1, 2016/17) to evaluate how objectives are being met in accordance with the business plan and if they require updating. It was suggested that the HR resources and templates available to Healthwatch England would be helpful to share with local Healthwatch and this is being followed up by the staff team.

Organisational restructure

It was updated that as the informal stage of the engagement and consultation process begins, the CQC HR team are engaged and supporting the process as well as ensuring that the due process is followed. We were assured that not only are the staff team being engaged through regular staff meetings, invitations to leadership team minutes with open access to the minutes, also the staff engagement group who have membership from across all directorates within the organisation have also formed a strong source of information for staff. We challenged the leadership and the need to continue to engage the staff team throughout the process and accurately record outcome of all meetings with individuals.

Following the informal 1-1s with the Acting National Director, the next step will be to discuss the themes with the leadership team and also to respond to the staff team with general themes and possible actions. The formal consultation will begin with co-ordination and support from the CQC HR team. The aim is to consult with staff with input and support from Committee Members, local Healthwatch and CQC. We suggested that an extraordinary meeting in August would be helpful to discuss progress and this will be arranged as needed.

Staff training

Assurance was given on the fairness and consistency in the approach in allocating training opportunities for staff. All staff members were given the opportunity to apply for external/internal training courses in Quarter 4 2015/16 and this was discussed and verified by the leadership team.

Sub Committee Members were informed that the training needs analysis is being shared with the CQC Academy who have suggested that there is capacity for them to provide internal training to Healthwatch England. There is also the possibility of creating a landing page for coordinated training opportunities for local Healthwatch.

Committee Members' training for the year includes formal Information Governance compliance training and this will begin in September 2016. The Committee Secretary will seek free training/event opportunities both within and outside the health and social care sector for Committee Members.

Committee recruitment

Sub Committee Members discussed that there is an overall approach of ensuring diversity and inclusivity within the Committee and this should be maintained during the recruitment process when it happens.

AGENDA ITEM: Committee Members Update

PRESENTING: Committee Members

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report aims to highlight Committee Members' contributions since the last Committee Meeting in May 2016. The report is a summary of contributions from Committee Members. Individually, Committee Members provide a voice for key groups in communities and bring forward the challenges and concerns they have heard. They also engage with local Healthwatch through events and regional meetings.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

Over the quarter, Committee Members have helped ensure effective governance during a time of change. This has included supporting the acting National Director and Leadership Team, ensuring that the budget and financial reporting are effective and ensuring that the building blocks are being put in place for a robust intelligence framework.

National Conference 2016

All Committee members attended the National Conference and were engaged in seminars and sessions according to their interests and expertise. Committee Members warmly congratulated staff and local Healthwatch for their inspiration and collaboration which led to this year's widely acclaimed success, building further year by year on past years' successes.

Committee Members were involved in helping to facilitate some of the innumerable workshops and other sessions which took place and listened to as many local Healthwatch as they could during the course of the two-day event. They found the event extremely well-organised and well-delivered by Healthwatch England staff, and with many outstanding presentations, seminars and discussions contributed by local Healthwatch and external speakers. The growing maturity and achievements of local Healthwatch were evident for all to learn from and were often inspirational.

Committee Members regarded it as the best Annual Conference yet and hope that many local Healthwatch have taken away learning that will help them to increase the value they bring and the impact they achieve.

Committee Members attended and supported the 2016 conference through a variety of roles, including supporting sessions and supporting the review of awards.

- Alun Davies supported the session on 'Enter and View for the Accessible Information Standard' led by Healthwatch Surrey. Alun commented on the effective and effective organisation of the conference and the accessible nature of the venue.
- Michael Hughes co-hosted a workshop on presenting evidence business hub sessions and is discussing a follow-up presentation to local Healthwatch in the South East.
- Christine Lenehan was part of the Children and Young People session and presented the community award in the evening.

- Andrew Barnett worked with Julie Turner (Development Manager - North and Central England) as part of the sustainability session.
- Liz Sayce supported the social care session.
- John Carvel chaired the session at the conference at which service change and Sustainability Transformation Plans (STPs) were explored with Jo Lenaghan, Project Director for The Five Year Forward View.
- Helen Horne supported the session - 'Champion, Campaigner or Catalyst'
- Jenny Baker supported the volunteering session on both days.
- Deborah Fowler supported the 'What to do when there is a crisis' session.
- Pam Bradbury supported the signposting and safeguarding session.

NHS Confederation - John Carvel

John Carvel attended the NHS Confederation's annual conference in June to spread the message about the important role the Healthwatch network should play in the next stages of NHS and social care reform. John Carvel stated that the changes envisioned in The Five Year Forward View are unlikely to succeed without effective engagement with citizens, patients, service users and their carers. He gained much positive feedback from leaders of NHS organisations and other stakeholders about the potential contribution of local Healthwatch.

UK Statistics Authority conference on health and care statistics

John Carvel participated in the UK Statistics Authority conference on health and care statistics and attended the launch of the Information Commissioner's annual report.

Department of Health Arm's Length Bodies Non-Executive Directors and Chairs events

Jenny Baker, John Carvel and Helen Horne attended the Corporate Leadership Seminar 'Stories of Effective Governance' arranged by the Department of Health for Arm's Length Bodies (ALBs) Chairs and Non-Executive Directors. Helen commented on finding it comforting to hear that a great deal of the things Healthwatch England is doing fits with good governance. The Chair of the session outlined the different approaches of organisations to away days and how to conduct public meetings of ALBs where there is always an invisible presence in the room.

The Chair and Committee Members (Jenny Baker, Andrew Barnett, Pam Bradbury, John Carvel, Deborah Fowler, Helen Horne and Liz Sayce) took part in the ALB Conference on 'Transformation' hosted by the Department of Health at The King's Fund. Key speakers included Chris Wormald, new permanent secretary at the Department of Health. The agenda focused on the impact of the Department's 2020 change programme on ALBs in the post Brexit context, Financial Performance and Sustainability and Strategic Transformation Plans (STPs). This was an important forum for raising awareness of Healthwatch nationally and locally, and for promoting local Healthwatch engagement with STP processes to other ALBs and senior managers at the Department of Health.

Helen Horne and John Carvel attended the NEDs seminar 'Personalised Health and Care 2020, Using Data and technology to transform Outcomes for Patients and Citizens'. Helen highlighted that there was a great deal of optimism about the progress made since the failure of earlier attempts to co-ordinate technological advances. They highlighted the gap

between Health, provided by NHS, and Social Care provided by Local Authorities, a gap replicated throughout the country.

National Data Guardian

As a member of the National Data Guardian's Panel, John Carvel contributed to Dame Fiona Caldicott's review of data security standards in health and social care and her work on a new model for people to consent/opt-out on use of their data, published on July 6th. The review received valuable contributions from local Healthwatch about people's views and experiences.

Healthwatch Intelligence

Andrew Barnett, Pam Bradbury, Deborah Fowler, Liz Sayce and Michael Hughes are members of the Health Intelligence and Information advisory group which is supporting the staff team in their work to develop Healthwatch England's approach to the gathering, categorisation, analysis and organisational response to intelligence collected by local Healthwatch and Healthwatch England. Committee Members are very optimistic about the potential value of more systematic use of intelligence within Healthwatch England and across the wider Healthwatch network, which has the potential to transform our effectiveness at identifying issues and intervening appropriately to improve things for people using services. Equally, Committee Members are cautious about the amount of work and resources required to develop the systems, processes and integrated structures needed to deliver this.

Liz Sayce has advised the Director of Quality and Evidence on the diversity characteristics in the intelligence framework and believes that this has improved the framework, by including categories that are both common with those of other organisations (e.g. the Equality and Human Rights Commission) to help those completing the data through familiarity; and allowing flexibility to respond to the needs of particular groups and communities who may become a priority in local or national Healthwatch work. Liz identified that the intelligence framework is critical to HW's role in bringing evidence of public experience and views to stakeholders and ALBs. Now that we have helped put in place building blocks we will be able to move forward to draw on evidence powerfully to inform stakeholders and support their work in transforming services

Regional Meetings

Helen Horne attended the Healthwatch Advisory Group meeting and found it interesting to hear from the movers and shakers of the network and found that there is an appetite for direction from Healthwatch England and the sharing of information. Helen was also interested in hearing about the dilemmas relating to accepting commissions, especially in the Vanguard and Success regime areas. The feedback from those workshops was positive with people sharing their concerns. There seemed to be a general consensus that we must be involved and be a conduit for public engagement.

Helen had also just attended the Cumbria Health and Wellbeing Board Development day discussing the local Sustainability Transformation plans, where Cumbria will be split in two for this purpose, following the boundaries of the Success Regime in the North of the County and the Vanguard in the South. So it was interesting to attend two of the workshops at Conference that addressed these issues. These workshops very much encouraged the influencing role through participation. They also addressed the tensions inherent in taking commissioned work, but strongly recommended it.

Jenny Baker represented Healthwatch England at the well programmed, presented and promoted Healthwatch Gloucestershire Annual Report launch ,relocated at the last minute to a bigger venue following the large number of people registering to come.

During this period Liz Sayce has had a number of meetings in her Disability Rights UK role where it has been possible to raise Healthwatch issues - for instance, meeting with the CEOs of the major disability charities; meeting with the new Joint Work and Health Unit (set up by the Department of Health and the Department of Work and Pensions); speaking at events, e.g. NHS Employers, and Equality and Diversity Forum; and meetings with the Equality and Human Rights Commission. Through these meetings and events Liz continues to re-inforce the importance of the voice of people using services - and the role of people with lived experience working in the NHS, helping transform services through sharing their experience.

On the latter, in this quarter Liz has been part of round-tables, Ministerial meetings and other events on enabling people living with health conditions/disabilities to secure work and apprenticeships - including in health and social care (e.g. a round-table in Parliament, where people with learning difficulties talked about their aspirations, and where opportunities were identified to fill social care vacancies by making opportunities available for people living with health conditions/disabilities).

Liz Sayce has become a Trustee of the Equality and Diversity Forum a network of civil society organisations concerned with equalities issues (e.g. Stonewall, Race Equality Foundation etc.). The Equality and Diversity Forum (EDF) is a network of national organisations committed to equal opportunities, social justice, good community relations, respect for human rights and an end to discrimination based on age, disability, gender and gender identity, race, religion or belief, and sexual orientation.

Committee Members congratulated Christine Lenahan who was made a Dame in the Birthday Honours List 2016 for her contribution to disabled children's rights.