

HEALTHWATCH ENGLAND COMMITTEE MEETING PAPERS

Wednesday 24 May 2017

Leicester

**Venue: Orange Rooms, Voluntary Action
Leicestershire, 9 Newarke Street, Leicester,
LE1 5SN**

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, action log and agenda review	Jane Mordue	To confirm the minutes and discuss the matters arising	5 - 19
1.3 Declarations of interests	Jane Mordue	Committee Members to declare any interests	N/A
1.4 Chair's Report	Jane Mordue	For discussion	21 - 23
1.5 National Director's Report	Imelda Redmond	For discussion	25 - 29
1.6 Committee Members Update	Committee Members	For discussion	31 - 34
GOVERNANCE AND ASSURANCE			
2.1 2016/17 Delivery Report	Neil Tester	For discussion	35 - 42
2.2 Governance review recommendations: Sub Committee arrangements	Imelda Redmond	For discussion	44 - 48
2.3 Audit and Risk Sub Committee Meeting Minutes and Risk tolerance statement	John Carvel	For discussion	50 - 55
2.4 Finance & General Purpose Sub Committee Meeting Minutes (Draft)	Deborah Fowler	For discussion	56 - 59
2.5 Financial update for 2016/17	Joanne Crossley	For discussion	60 - 61
2.6 People and Values Sub Committee Meeting Minutes	Jane Mordue	For discussion	62 - 65
FOR APPROVAL			
3.1 2017/18 Business plan, draft key performance indicators and budget <ul style="list-style-type: none"> • Appendix 1 - 2017/18 Business Plan • Appendix 2 - Key Performance Indicators • Appendix 3 - Example - Priority 1- Key Performance Indicators • Appendix 4 - Equality and Human Rights Plans 2017-18 • Appendix 5 - Budget for 2017/18 	Imelda Redmond	For decision	66 - 73
3.2 Healthwatch England Complaints process	Joanne Crossley	For decision	74 - 81

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 Wednesday 2 November 2016 were agreed as a true record of the meeting

EXECUTIVE SUMMARY: This report reflects the minutes and actions of the Committee meeting of Thursday 2 February 2017.

RECOMMENDATIONS: The Committee are asked to **APPROVE** the minutes and **NOTE** the action log of the Committee meeting of Thursday 2 February 2017.

Healthwatch England Committee Meeting
Minutes of meeting No. 18
Meeting Reference CM170202

Location: Park Plaza Leeds, Boar Lane, City Square, Leeds, LS1 5NS

Date: Thursday 2 February 2017

Attendees

- Jane Mordue (JM) - Chair
- Jenny Baker (JB) - Committee Member and Chair of Healthwatch Bucks
- Andrew Barnett (AB) - Committee Member
- Pam Bradbury (PB) - Committee Member and Chair of Healthwatch Dudley
- John Carvel (JC) - Committee Member
- Deborah Fowler (DF) - Committee Member and Chair of Healthwatch Enfield
- Helen Horne (HH) - Committee Member and Chair of Healthwatch Cumbria
- Liz Sayce (LS) - Committee Member

In attendance:

- Imelda Redmond (IR) - National Director
- Gerard Crofton-Martin (GC-M) - Director of Quality and Evidence
- Neil Tester (NT) - Director of Policy and Communications
- Andy Payne (AP) - Head of Network Development
- Jacob Lant (JL) - Head of Policy and Partnerships
- Joanne Crossley (JCr) - Acting Head of Operations
- Amie McWilliam-Reynolds (AM-R) - Head of Research and Intelligence
- Georgina Bream (GB) - Training and Co-production Manager
- Hollie Pope (HP) - Network Events Officer
- Esi Addae (EA) - Committee Secretary

1.0	Welcome and apologies	Action
1.1	<p><u>Opening and welcome</u></p> <p>The meeting was opened by JM at 11.00 and welcomed IR to her first meeting; she introduced IR to Committee Members.</p>	

1.2	<u>Apologies</u> There were no apologies.	
1.3	<u>Confirmation of agenda</u> The Committee confirmed the agenda.	
2.0	Declarations of interests	
2.1	The Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the agenda.	
3.0	Minutes of previous meeting	
3.1	<u>Review minutes of previous meeting</u> JM presented the minutes of Wednesday 2 November 2016 for approval. The Committee approved the minutes of the previous meeting as a complete and accurate record.	
3.2	<u>Actions arising from the previous meeting</u> The Committee noted the current status of the actions arising from the previous meeting, as presented in item 1.2 of the agenda.	
3.3	<u>Matters arising not covered elsewhere on the agenda</u> DF asked for an update on Healthwatch England representation on the Partnership Board of NHS Citizen. GC-M confirmed that he and JL have attended meetings and terms of reference are now under development. This will help provide clarity on the relationship between Healthwatch and NHS Citizen.	
4.0	Agenda Item 1.4 -Chair's Report (JM)	
4.1	JM presented the Chair's report, highlighting in the discussion the importance of public engagement especially noting that NHS England's engagement guidance for Sustainability Transformation Plans (STP) leaders describes the value that local Healthwatch can bring to this process. She stated that with permanent leadership of Healthwatch England confirmed, the intention to conduct a governance review, which was welcomed by Committee Members.	
4.2	JC asked that the review of the organisational tone of voice is covered in the governance review planned by JM. IR outlined that work has begun on this area of work and is part of the strategy development with further update expected at the next Committee workshop.	

4.3	JB asked what plans the organisation has for engaging with parliamentary stakeholders and was updated by IR that JM and IR have written to a wide range of stakeholders. A full engagement programme with members of the House of Commons and the House of Lords, stakeholders in the statutory and voluntary sector has begun. Committee Members will be updated on progress.	
4.4	JB requested clarification on the discussion between JM, GC-M and NHS Digital on developing apps for people. GC-M updated that NHS Digital would like people to use the most appropriate channel, including digital channels to meet their health and care needs. Healthwatch England has an interest in people being engaged appropriately so that digital channels meet people's needs.	
4.5	PB asked for an update on Committee Member recruitment given departures in 2016. JM shared that the governance review will identify skills required in the Committee and help inform the recruitment plan.	
5.0	Agenda item 1.5 -National Director's Report (IR)	
5.1	IR presented the National Director's Report, reflecting on her first weeks in role and thanked the Chair, Committee Members and staff for their warm welcome which has enabled her to begin to understand more about the organisation, what is important and what the key focus is.	
5.2	PB encouraged IR to visit local Healthwatch. IR asked local Healthwatch organisations keep in touch with her with news, invitations etc. to help develop her understanding of the work.	
6.0	Agenda item 1.6 -Quarter 3 Delivery Report (NT)	
6.1	NT introduced the Quarter 3 Delivery report, noting that this has been the quarter where there have been the first outputs from the new intelligence process.	
6.2	<p>JM noted that whilst the report gave clarity of operational activity, the staff team was encouraged to develop more strategic reporting for future Committee Meetings.</p> <p>JB found the report reassuring during a period of transition and interim leadership, and expressed a request for management reports with reports by exception, enabling the Committee to discuss risks. JB suggested that the format may be useful in summarising how Healthwatch England has supported local Healthwatch and sharing with them.</p>	<i>Addressed in Agenda item 2.1</i>

6.3	JC noted the delays in procurement and asked whether this was a CQC wide problem and when it would be resolved. JCr updated that there have been resourcing issues at CQC and this has affected some Healthwatch England activity which will now be carried out in the next financial year. JCr reported that the plan is to begin the procurement process at an earlier stage, to ensure that the work can happen in a timely way.	
6.4	LS noted the scheduled activity in the next financial year and asked if there were any risks of programmes being halted. JCr responded that only one programme of work will not be completed in 2016/17. LS enquired about how Committee Members will get reports against Key Performance Indicator (KPIs). IR responded that new reporting methods will be explored through the governance review.	<i>Addressed in Agenda item 3.1</i>
6.5	JB asked whether the Quality Statements have been embedded across local Healthwatch. AP stated that they are being actively used by over half of the network and are highly valued. The Business Analysis programme of work will further explore governance support for local Healthwatch.	
6.6	HH noted the work being undertaken to develop leaders within the network which would be of benefit to both local Healthwatch and Healthwatch England. AP mentioned that this is being explored in a number of ways such as task and finish groups for specific topics such as the Customer Relationship Management system (CRM) and the Annual Conference. JM agreed and added that regional leadership is also required. IR responded that leadership development across the network will be explored as part of the strategy development.	IR (To include local Healthwatch leadership development as part of the strategy consultation)
6.7	AB noted that as there have been a number of years of underspend, suggested a 'hot-budget' which may result in delivery on budget.	IR (To consider undertaking a 'hot-budget' during 2017/18)
6.8	AB reflected that recent briefings such as the evidence review on access to NHS Dental Services are the core business of Healthwatch, investigating how services have changed for consumers.	
6.9	AB encouraged the staff team to include in future reports, items to be celebrated; lessons learnt which have encouraged changes in approach. He questioned the strategic choices being made and welcomed an explanation for how those decisions are made. IR stated that future reports would include the aims and objectives of projects, status update and impact report as well as providing accountability to the Committee and public.	IR (To include project, status and impact update in future operational reports)

7.0	Agenda item 1.7 - Operational Report (JCr)	
7.1	JCr introduced the operational report, stating that spend to date was £2.07m against a year to date budget of £2.38m. JCr explained that part of the underspend has resulted from procurement delays.	<i>Addressed in Agenda item 2.5</i>
7.2	IR clarified that the Healthwatch England Committee approves the strategy, budget, and business plan for the organisation. CQC colleagues do not approve Healthwatch England activity but support the procurement process.	
7.3	PB stated that for accuracy in relation to HR, that there has been a minor amendment to the organisational restructure which is following the due diligence process.	IR (To update Committee Members with the confirmed structure)
7.4	JC questioned the costs of domain name renewal where there may be cost savings for procuring for a longer contract. NT shared that there may be a historical reason and will be investigated. GC-M added that the staff team is working to bring digital systems together at Healthwatch England (e.g. Hub, Yammer) and the domain name renewal will be reviewed as well.	
8.0	Agenda item 3.1 - Business Plan and Budget 2017/18 (IR)	
8.1	IR introduced the draft budget and business plan for 2017/18, highlighting that at the end of quarter 1, it is reviewed by Committee Members following a number of refinements to key measurements and reporting mechanisms.	<i>Addressed in Agenda item 3.1</i>
8.2	JCr confirmed that the budget for 2017/18 will be £2.8m. The business plan was presented in draft and IR requested that an updated version is reviewed at the end of quarter 1.	IR (To present the updated Business Plan and Budget at the May Committee meeting)
8.3	LS asked for headline Key Performance Indicators (KPIs) to be included in the updated Business Plan.	IR (To include KPIs in the updated Business Plan) <i>Addressed in Agenda item 3.1</i>

8.4	LS asked that the word patient is replaced with people in the Business Plan as we all across all Healthwatch England documents.	IR (To update the Business Plan with 'people' rather than 'patients' and to work with staff to ensure that this is reflected in future documents)
8.5	LS asked for the process and timeline for developing the Healthwatch England strategic plan and how local Healthwatch will be involved. IR responded that they would be consulted along with the public and key stakeholders.	IR (To develop of plan for the next Healthwatch England Strategy)
8.6	HH requested that the targets for activities are reviewed, with IR responding that these will be reviewed and tested to ensure that the targets are achievable.	IR (To update activity targets within the Business Plan with stretch targets)
8.7	HH queried the drop in target in relation to brand awareness of Healthwatch and encouraged support to local Healthwatch via media training. JL updated that the procurement route for media training has been approved by CQC and this will take place in 2017/18.	
8.8	JC asked about the organisation's overall aim to improve services for people and reflected that whilst difficult to measure and claim; this should be reflected in the Business Plan. In addition PB reflected that the Business Plan should highlight the impact that Healthwatch England wants to make.	<i>Addressed in Agenda item 3.1</i>
8.9	DF encouraged the team to find a way to highlight the value that local Healthwatch and Healthwatch England bring which recognises the difficulty that local Healthwatch have with limited resources in identifying the public's priorities about health and social care.	
8.10	JB highlighted that the delivery of Healthwatch England activity often depends on interdependence with local Healthwatch and a column depicting this relationship with be helpful	

8.11	JB noted that volunteering is important to the sustainability of local Healthwatch and should be part of the development of the strategy and requires corresponding targets. JB also encouraged more involvement with the voluntary sector which was supported by JM. IR highlighted that consultation with the voluntary sector will be part of strategy development.	
8.12	JB asked if there would be Parliamentary reception in 2017. NT responded that this was still under consideration, but noted that it was expensive and time consuming to organise. AB recommended that the content for the parliamentary reception if it takes place should be prioritised. He suggested that this may be on what good engagement looks like and the value it brings.	
8.13	AB stated that the strategy should be future facing, on what intelligence tells us about current and historical problems, and Healthwatch England should interpret data from local Healthwatch alongside other information to determine what will be impactful; influencing next practice.	
8.14	PB clarified that the target for having Confidential Personal Information (CPI) should be 0%. GC-M reflected that some people may give informed consent for their information to be shared with Healthwatch England. It was clarified that there should not be a target for data sharing from people who have given their consent, while a target of 0% should apply to CPI being shared without consent.	GC-M (To update the target for CPI without consent to 0%)
8.15	JL highlighted that impact can take time to be recognised and should be reflected in the KPIs.	
8.16	JC noted that only 5 out of 35 activities are delegated to the Policy and Communications team and IR highlighted that there will be an amendment to the organisational structure which will result in a better distribution of activities.	
8.17	<p>APPROVED:</p> <ul style="list-style-type: none"> • The draft Business Plan • That the sign off of amendments and National Director's Introduction is delegated to the Chair • That we plan a review at the end of quarter 1 with a particular emphasis on reviewing the revised Performance Indicators and Targets 	<i>Addressed in Agenda item 3.1</i>
9.0	Agenda item 3.2 - Risk tolerance and reporting	

9.1	GC-M presented the Risk tolerance report, giving the background that the team over the last year has been seeking to minimise the risks that the organisation is exposed to, which conversely presents the risk of missing opportunities. The aim of the risk tolerance statement is to set out the risk appetite of the organisation, enabling the staff to apply and manage risks.	
9.2	PB with unanimous Committee agreement asked for the removal of the word delivery in the risk tolerance statement as it also applies to those who commission health and social care services.	GC-M (To update the risk tolerance statement)
9.3	JC reflected that the risk tolerance statement appeared to state that Healthwatch England is risk averse on public confidence. JC and LS encouraged separating the public confidence risk.	GC-M (To separate the 'public confidence risk')
9.4	LS encouraged more inclusion of external facing risks such as public perception, influencing stakeholders and reputational risk with a request for granularity in the risk statements.	
9.5	LS and AB were encouraged that the aim of this work is to provide a framework that supports staff to take appropriate risks and not be averse to risks. AB suggested that risks are integrated into the three organisational priorities and that overall the aim should be ambitious whilst mitigating risks.	<i>Addressed in Agenda item 2.3</i>
9.6	JC suggested that the sign-off of amendments are delegated to JM with a further update to return to the Committee.	G-CM (To share the updated risk related documents with JM for approval)
9.7	The Committee subject to amendments approved: <ul style="list-style-type: none"> • The Risk Tolerance Statement • Strategic and Operational risks 	
10.0	Agenda item 3.3 - Healthwatch Intelligence (AM-R)	
10.1	Following a presentation from AM-R on the first 1000 reports on the Customer Relationship Management (CRM) system, LS asked the reason why only 46 local Healthwatch are using the CRM system and what the organisation can do to encourage more to use the system. GC-M updated that there are different uses of CRM by local Healthwatch. Some use it as a contact management system and some have low-usage, there is ongoing work to understand this to address the issue.	

10.2	LS queried what the process is for deciding the thematic issues Healthwatch England focusses on. AM-R updated that a criteria including geographical reach, severity, harm, opportunity, threats as well as anomalies enable operational decision making with bi-annual reports to be presented at future Committee Meetings.	
10.3	LS noted the importance of triangulation of information with other quantitative data as more and more is known about what people want, coupled with existing research and what current best practice is. AM-R replied that Healthwatch England will use external information to contextualise the information coming through and to make reports more robust.	
10.4	JL advised that Healthwatch England continues to factor timescales when requesting local Healthwatch help in collating information into local Healthwatch workloads and welcomed feedback from them.	
10.5	PB welcomed the potential of the intelligence programme, and stated that it would be of particular use when focussing on whether service changes have resulted in what people want. She recognised the importance of live data and noted that with limited resources, the benefits of how information shared is beneficial at national and local level is helpful to local Healthwatch.	
10.6	DF asked how Healthwatch England helped support CQC in its review of social care assessments, AM-R updated that Healthwatch England reviewed local Healthwatch enter and view reports and provided a synopsis to CQC which was similar to the dementia briefing.	
10.7	JC asked what assurance can be given to local Healthwatch who are not using the CRM that their information is wanted by Healthwatch England. GC-M updated that for local Healthwatch who are outside the CRM and LHM systems, the aim is to agree ways of working. This will be developed in 2017/18.	
10.8	NT updated that there are weekly internal meetings where there information is discussed by a cross-section of staff to discuss underlying causes of issues and anomalies. DF queried whether there was a possibility of including local Healthwatch in discussions.	NT (To consider how local Healthwatch can be included in intelligence discussions)
11.0	Agenda item 5.1 - Healthwatch 2017 Conference update (GB)	

11.1	GB assured Committee Members that the planning for the Annual Conference is on track. The purpose of the presentation was to present the proposed awards categories and topic submissions from local Healthwatch so far.	
11.2	Introducing the ideas behind the awards AP stated that awards are currently for showing good practice in local Healthwatch with an aim to bring in external coverage and support for the awards. JM agreed as this is part of Healthwatch England's role in encouraging better public engagement.	
11.3	DF asked about how different the categories are from last year's awards. AP updated that there is more of a focus on key activity such as engagement and service improvement.	
11.4	JB encouraged the use of new technology for raising awareness and engagement.	
11.5	JC asked about the awards process for small local Healthwatch. GB updated that in 2016 support was given to local Healthwatch to apply which resulted in more applications from a wider range of local Healthwatch and this will be replicated for the 2017 awards. GB anticipated that the Business Analysis work will help define what a 'small local Healthwatch' is.	
11.6	AB stated that a media partner would enable more coverage to highlight the work of the network. AP stated that this would be powerful if there was an award for an individual person with AB noting that whilst difficult to have free coverage, it may be worth approaching paid-for trade newspapers/magazines if there is a cost benefit.	AP (To explore opportunities for working with a media partner at the Annual Conference)
11.7	JC encouraged the use of sessions for a debate on key thematic issues such as the extent to which people are undertaking engagement for a fee on behalf of other organisations	
11.8	LS reflected that the list of session topics was operational and encouraged steering attendees to discuss what worked well, what they learnt, so that it is clear that local Healthwatch are making a difference to users of health and care services. AB suggested creating an open space for people to discuss problems or a surgery like system for peer to peer support.	
11.9	PB encouraged clarity on the purpose of sessions. GB updated that the audience for each session will also be clear. JB supported this stating that there should be a clear purpose and outcomes, especially for developing briefings and guidance which can be quickly disseminated to enable legacy.	
11.10	GB stated that each session will be linked to the business plan.	

11.11	PB reflected that income generation is an ongoing key discussion which should be discussed and should be separated from sustainability.	
11.12	PB stated that if the results of the CQC consultation are available around the time of the conference, it would be helpful for Healthwatch England and local Healthwatch to discuss the implications on how the network operates.	
12.0	Agenda item 6.1 - Audit and Risk Sub Committee Meeting minutes	
12.1	JC presented the minutes from the Audit and Risk Sub Committee meeting of Tuesday 10 January 2017 noting that there had been previous discussion about risk. JC reminded Committee Members that at the November 2016 Committee meeting, 8 'red' risks were presented to the Committee. The number of 'red' risks has been reduced as they are being reviewed in a different way (are the risks within Healthwatch England's control) and also partly because of the confirmed permanent leadership.	
12.2	The report was noted and no comments were made.	
13.0	Agenda item 6.2 - Finance and General Purpose Sub Committee Meeting minutes	
13.1	DF reiterated that at the last meeting of the Finance and General Purpose Sub Committee meeting of Tuesday 24 January 2017, procurement delays, underspend and budget for 2017/18 were discussed.	
13.2	The report was noted and no comments were made.	
14.0	Agenda item 6.3 - People and Values Sub Committee Meeting minutes	
14.1	PB updated that the Sub Committee had sought assurance that due diligence is being followed in regards to the organizational restructure and continue to support IR.	
14.2	The report was noted and no comments were made.	
15.0	Agenda item 6.4 - Regional Committee Members Meeting minutes	

15.1	JM updated that at the Regional Committee Members meeting of Thursday 5 January, the role of Regional Committee Members, succession planning within the network, the relationship between engagement and intelligence and how to strengthen the brand at regional level were discussed.	
15.2	The report was noted and no comments were made.	
16.0	Agenda item 6.5 -Committee Members update	
16.1	The report was noted and no comments were made.	
17.0	Agenda item 7.0 - Any Other Business and close of session	
17.1	There being no further business, the meeting was ended. JM thanked everyone for their time and contribution.	
18.0	Next meeting	
18.1	Meeting 18 is scheduled for Wednesday 24 May in Leicester.	

19.0 - ACTION LOG

NUM	REFERENCE	LEAD	ITEM	ACTION	DEADLINE	STATUS
1.	CM170202	Imelda Redmond	<u>6.6</u> To include local Healthwatch leadership development as part of the strategy consultation	Local Healthwatch leadership support will be explored as part of the strategy consultation. In addition, this was discussed at the People and Values Sub Committee meeting (SCM170405), AP (Head of Engagement) continues to lead the work on business analysis as well as leading on the leadership of the network as part of the strategy review.	December 2017	Ongoing
2.	CM170202	Imelda Redmond	<u>6.7</u> To consider undertaking a 'hot-budget' during 2017/18	The total budget exceeds income by £250k (which includes £150k rollover) to allow for any possible delays in procurement approvals and to enable us to spend up to our full budget allocation.	May 2017	Complete
3.	CM170202	Imelda Redmond	<u>6.9</u> To include project, status and impact update in future operational reports	The 2016/17 Delivery Report (agenda item 2.1) details the final outputs for the previous financial year 2016/17. Future delivery reports will take into account the status and impact update for projects.	May 2017	Complete
4.	CM170202	Imelda Redmond	<u>7.3</u> To update Committee Members with the confirmed structure	Committee Members were updated with the confirmed structure following the February Committee meeting date. In addition, a number of changes reflecting changes to the line management structure rather than changes to roles/titles have been made and this information has been shared with the People and Values Sub Committee for information.	April 2017	Complete
5.	CM170202	Imelda Redmond	<u>8.2</u> To present the updated Business Plan and Budget at the May	The updated Business Plan and supporting budget are presented as part of the supporting papers for this meeting (agenda item 3.1).	May 2017	Complete

			Committee meeting			
6.	CM170202	Imelda Redmond	<u>8.3</u> To include KPIs in the updated Business Plan	The updated Business Plan and supporting budget are presented as part of the supporting papers for this meeting (agenda item 3.1).	May 2017	Complete
7.	CM170202	Imelda Redmond	<u>8.4</u> To update the Business Plan with 'people' rather than 'patients' and to work with the staff to ensure that this is reflected in future documents	The updated Business Plan and supporting budget are presented as part of the supporting papers for this meeting (agenda item 3.1).	May 2017	Complete
8.	CM170202	Imelda Redmond	<u>8.5</u> To develop of plan for the next Healthwatch England Strategy	A plan for the development of the strategy (approach, methodology and timeline) was shared with Committee Members at the March workshop. A series of workshops in June, September and November 2017 are planned for further Committee discussion. The formal strategy consultation period is due to begin in June 2017.	May 2017	Complete
9.	CM170202	Imelda Redmond	<u>8.6</u> To update activity targets within the Business Plan with stretch targets	The updated Business Plan and supporting budget are presented as part of the supporting papers for this meeting (agenda item 3.1).	May 2017	Complete
10.	CM170202	Gerard Crofton-Martin	<u>8.14</u> To update the target for CPI without consent to 0%	The updated Business Plan and supporting budget are presented as part of the supporting papers for this meeting (agenda item 3.1).	May 2017	Complete
11.	CM170202	Gerard Crofton-	<u>9.2</u> To update the risk tolerance	The risk tolerance statement has been updated and approved by the Chair. The updated document is included as part of the Chair of the Audit and Risk Sub	May 2017	Complete

		Martin	statement	Committee Chair's report to the Committee.		
12.	CM170202	Gerard Crofton-Martin	<u>9.3</u> To separate the 'public confidence risk' in the risk tolerance statement.	The risk tolerance statement has been updated and approved by the Chair. The updated document is included as part of the Chair of the Audit and Risk Sub Committee Chair's report to the Committee.	May 2017	Complete
13.	CM170202	Gerard Crofton-Martin	<u>9.6</u> To share the updated risk related documents with JM for approval	The risk tolerance statement has been updated and approved by the Chair. The updated document is included as part of the Chair of the Audit and Risk Sub Committee Chair's report to the Committee.	May 2017	Complete
14.	CM170202	Neil Tester	<u>10.8</u> To consider how local Healthwatch can be included in intelligence discussions	We have reviewed messaging to local Healthwatch about the intelligence and policy issues we are working on. As the intelligence operation develops, the intention is to hold webinars on particular issues where we have an evidence gap or would benefit from information and advice from local Healthwatch.	October 2017	Ongoing
15.	CM170202	Andy Payne	<u>11.6</u> To explore opportunities for working with a media partner at the Annual Conference	A number media partners were contacted in relation to the Annual Conference and there wasn't an opportunity that proved appropriate for Healthwatch England. The management decision has been that for this Annual Conference, Healthwatch England will not be working with a media partner.	July 2017	Complete

AGENDA ITEM: Chair's Report

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

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

EQUALITY AND DIVERSITY: My aim is to support the organisation in fulfilling its statutory obligations in respect of equality and diversity. My activity over the quarter has sought to ensure that we are drawing on the full range of experiences from the widest possible group of people.

1. The appointment of Healthwatch England Chair and National Director gave us a great opportunity during the first quarter of 2017 to fly the flag for Healthwatch nationally. Imelda and I have visited leading figures in government, opposition, the Department of Health (DH) and NHS England (NHSE). Our message has been, 'We're from Healthwatch and we're here to help!' and they have all responded positively and they are now asking for regular updates. What people tell us on the streets, in community halls and wherever across the country is genuinely valued - so Healthwatch colleagues, please note!
2. There is a clear challenge for local Healthwatch at a time when local authorities are strapped for cash. This year it looks as if a significant number of the members of the network will be managing with reduced budgets and increased expectations. And yet it is clear, listening to our stakeholders, most notably at recent meetings we have had with senior officials in NHS England, that they see the value of the work of Healthwatch.
3. Recognising the importance of pushing 'brand Healthwatch', we took people's views onto national media, making an appearance on the Radio 4 'Today' programme (me) and on BBC News (Imelda). Good opportunities both to voice genuine public opinion and to raise the profile of Healthwatch.
4. We have recently had positive meetings with health ministers (Philip Dunne, David Mowat). We also meet with Dr Sarah Wollaston, Chair of the Health Select Committee (HSC), and the Committee Secretary, who asked for regular updates. We met with Lord Harris of Haringey and Rt Hon Norman Lamb MP. I met Anne Marie Morris, MP, Chair of the All Party Parliamentary Group on Rural Health and Social Care to talk about giving evidence.
5. I attended the recent local Healthwatch Leadership group in London where the group worked on developing our submission as NHS England developed its Business Plan. We were delighted to see our Healthwatch Principles of Good Engagement feature in *NHSE's Next Steps on the Five Year Forward View* and a number of references to the work of local Healthwatch in *Patient and public participation in commissioning health and care: statutory guidance for Clinical Commissioning Groups (CCGs) and NHS England*.

The conference we ran in March for the local network on STPs was very interesting with great examples of local impact being show cased. What is clear though is that

out in the network, the level of engagement by STPs with their local Healthwatch is variable. Delegates came away with lots of ideas on what works.

6. Imelda and I visited NHS Improvement to see departing Chair Ed Smith and Regional Managing Director (North) Lyn Simpson to discuss how we can build on our work together. And in the same vein, I met Dr Henrietta Hughes, National Guardian, again positive.
7. A visit to Newcastle with the Care Quality Commission (CQC) board proved highly educational. I was very proud at the presentation to the board by Healthwatch Newcastle, which drew comments of 'Inspirational!'. The board's debates are focussing on the move to intelligence based inspections where Healthwatch has a vital role to play. Whilst there are increasingly good local Healthwatch/CQC contacts, we are working with CQC nationally to make that more systematic.
8. Attending the HCA Healthcare UK Question of Quality Conference, I heard Dame Julie Moore, CEO University Hospitals Birmingham NHS Trust, also acknowledging the necessity of having a quality system - from BMW. More of this and the NHS will be on 'Top Gear'! The DH Compassionate Leadership Seminar tackled the problem of bullying upfront.
9. I visited The Christie NHS Foundation Trust, rated 'outstanding' by CQC, to talk with their leadership team. Roger Spencer, CEO, Professor Chris Harrison, Medical Director and Jackie Bird, Director of Nursing and Quality emphasized the need to succeed in both quality and finance.
10. Breakout sessions at the HCA Healthcare UK Quality conference on patient power were focussed on digital offerings which reminded me of the importance of continuing to listen to people as the NHS develops its digital offer.
11. I have continued my programme of visits to local Healthwatch, vital if Healthwatch England is to continue to provide the right level of support. Visits to Healthwatch Sandwell, Derby and Blackburn with Darwen impressed me with the local commitment and impact. We can be proud of the principled leadership and practical outcomes being achieved. I came away certain that there is more than can be done to capitalise on the brains and intelligence gathering of local Healthwatch. As Healthwatch England starts work on its new strategy, this is sure to be a key part of the discussions.

List of meetings and events (February - May 2017)

- Anne Marie Morris MP, Chair, All Party Parliamentary Group on Rural Health and Social Care
- CHKS Top Hospitals Awards 2017
- David Mowat MP, Parliamentary Under Secretary (Department of Health)
- Department of Health Arm's length bodies Chairs and Non-Exec Directors Compassionate Leadership Seminar
- Dr Sarah Wollaston MP, Chair, Health Committee
- Ed Smith, Chairman and Lyn Simpson, Executive Regional Managing Director (North) of NHS Improvement
- HCA Healthcare UK - Question of Quality Conference
- Health and care transformation conference

- Healthwatch Blackburn with Darwen
- Healthwatch Derby
- Healthwatch Sandwell
- Henrietta Hughes, National Guardian
- Lee McDonough, Department of Health, Director General, Acute Care and Workforce
- Local Healthwatch Leaders Group meeting
- Lord Harris of Haringey
- Philip Dunne MP, Minister of State (Department of Health)
- Professor Chris Harrison CEO, The Christie NHS Foundation Trust
- Rt Hon Norman Lamb MP
- Simon Stevens, Chief Executive of NHS England

List of upcoming meetings and events

- Cavell Nurses' Trust Awards Ceremony
- Healthwatch Sefton
- Healthwatch Stockport
- Healthwatch Warrington

AGENDA ITEM: National Director's report and report on delivery - Quarter 4 (January - March 2017)

PRESENTING: Imelda Redmond

PREVIOUS DECISION: N/A

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

1. Update on Activities

I have been with the organisation for almost five months and feel very well settled in and am enjoying it a great deal.

2. Stakeholder Relationships

During this time I have spent a lot of time investing in building relationships. I have met with many key external stakeholders; internal staff, Committee members and key people from CQC. A list of the external stakeholders is at the end of this report for your information. People have been very welcoming and open and they are presenting many opportunities for us to work together. Jane and I have done a double act on a number of significant meetings including meetings with Ministers, key politicians, CEO's and senior teams from NHS England (NHSE), NHS Improvement (NHSI). I have also met with key people from Department of Health, the Cabinet Office, and Public Health England. I have had very productive meetings with relevant CEO's in the voluntary sector such as Age UK, Alzheimers Society, National Voices, MIND, the Centre for Ageing Better, NHS Confederation, and NHS Clinical Commissioners (NHSCC).

I was invited to speak to a meeting of National Clinical Directors and the meeting of The National Data Guardian. I have also attended two Kings Fund dinners, two breakfast events and have been on a panel at their conference. The team have worked hard to develop an analysis of our stakeholders, 6.1b; on this agenda. This analysis will help us to be strategic in building our stakeholder engagement for the future. I have met with all the senior managers within CQC including all the Chief Inspectors; they have been very welcoming and helpful.

3. Internal facing work

3.1 Staffing

As you are aware the restructure of the team is now complete. An organisational chart has been circulated to all Committee members. My observation is that teams are working well together; they are being very receptive to new ideas and developing new ways of working. We have now established methods for working including weekly Executive Meetings, monthly Leadership Team meetings, quarterly face to face all staff meetings and a monthly catch-up. The Staff Engagement Group that was established last year during the early days of the

restructure will continue to meet and has been a very useful source of feedback. We are looking at tapping into CQC organisational development resources to do some team building in the near future.

3.2 Reporting

You will see from these papers that I have been doing some work with the team and Jane to ensure that the Committee gets the right type of papers that give you assurance that we are focusing on the right issues but also allows you to remain at a strategic level. I have separated out the reporting on detailed activities against the Business Plan from the National Directors report. These papers now include a template for reporting on deliverables, KPI's and we will move to impact reporting from the next quarter. It is a work in progress so your views are welcome.

3.3 Strategy Development

The work on developing the consultation for the new strategy is going well. Following the Committee workshop in March we have done more work on the key messages and methods for engaging key stakeholders over the coming months. Some of our external consultation has been delayed until after the general election but plans are being put in place to move as soon as we can after this date. We have dates in the diary to have a workshop with the Committee in June; we are developing the big strategic themes for discussion. We also have an all staff meeting planned for June too. A detailed stakeholder plan has been developed to ensure that we engage with the right people.

3.4 Network

I have had the opportunity to attend network meetings, including South East, London & West Midlands; I attended events or visited Redbridge, Hackney, Camden Healthwatch. I am planning a series of visits over the coming months and am due to visit Durham on 1st June.

We held a meeting with the leadership from the network where we focused on our response to consultation on NHS England (NHSE) Business Plan. Our submission was well received by NHSE and the final document drew heavily on insight we fed in from the network, highlighting the developing priorities identified by local Healthwatch and urging local NHS leaders including those leading STPs to use our 5 steps to good engagement.

Stakeholder relationships - We have engaged with commissioners of local Healthwatch, and run four regional workshops. These have helped change the nature of our relationship, which is now constructive, open and honest. This has allowed us to influence their approach to commissioning local Healthwatch on contractual decisions.

The planning for the conference is going well including the awards

4. Policy influence, communications and Intelligence gathering

As well as the impact we had on the NHSE Five Year Forward View Next Steps document we were also pleased to see that our submission on the NHS Mandate led

to the inclusion of important commitments on improving discharge, involving communities in change, and improving the use of feedback including complaints.

NHSE's subsequent guidance on how it and clinical commissioning groups should develop involvement and participation, which we and a number of local Healthwatch informed, highlights Healthwatch as key partners.

We published well-received briefings on dementia, which contributed to the DH consultation on this issue, and on children and young people with autism, as well as feeding network insight into NHSE's review of implementation of the Accessible Information Standard

We gathered and shared views from the network on how to make sure Healthwatch intelligence is shared with, used effectively by, and the impact reported by the CQC, which will announce the outcome of its consultation once pre-election restrictions are lifted.

We continue with our increasing focus on social care by undertaking joint work with 18 local Healthwatch on delays to social care assessments, generating substantial coverage from BBC Radio 5 Live and BBC news bulletins. We have also been working with the Local Government Ombudsman to extend our support for local Healthwatch work on complaints to social care. I was glad to take part in some of the focused discussion with 17 local Healthwatch at our dedicated social care policy day, which helped us to shape our plans to lead concerted work on this across the network this year.

We continued to help drive improvement on the issues identified in our Safely Home discharge report by partnering with the King's Fund and NHSI to deliver a conference on improving discharge for older people. I took part in the closing plenary discussion and the day also included a joint presentation from Neil Tester and Healthwatch Oxfordshire.

To finish on an even more positive note:- The gathering of data and intelligence from the network continues to develop. By August we are expecting to be receiving information from all local Healthwatch leading to our first annual perspective on what people are saying about health and social care services. We have also begun to focus more on the wealth of intelligence that exists within our Enter and View portfolio of work which means we have more to say than ever on people's experiences of social care. Over the next few months we will be producing a suite of briefings that detail the personal experiences of people who live in different care settings which includes insight into domiciliary care linking into social care review. This is an exciting step forward testing the power of our Enter and View findings we will be looking at residential care, care homes with nursing, care homes for dementia, care homes for younger adults as well as for children and adolescents. Where possible we will also be commenting on the unique perspectives of people in care who have mental health conditions.

List of meetings and events (February - May 2017)

- All-Party Parliamentary Group on Pharmacy
- Care Quality Commission Colleagues
- CHKS Top Hospitals Awards 2017
- Commissioners Seminar
- East of England Healthwatch Regional Conference
- Ed Smith and Lyn Simpson, NHS Improvement
- Frances Newell, Head of Engagement & Communications NHS England
- Glenys Thornton, CEO, The Young Foundation
- Graeme Brown, Interim CEO, Shelter
- Healthwatch Camden
- Healthwatch Dorset
- Healthwatch Hackney
- Healthwatch Redbridge
- Henrietta Hughes, National Guardian
- Henrietta Hughes, National Guardian
- Jenny Hargrave, Director of Innovation, Health & Wellbeing, Sally Hughes, Head of Health Services Engagement, John Maingay, Head of Policy and Public Affairs, British Heart Foundation
- Jeremy Hughes, CEO, Alzheimer's Society)
- Jeremy Taylor, Chief Executive, National Voices
- Julie Wood, Chief Executive, NHS Clinical Commissioners
- Kings Fund - Better transfers of care for older people
- London Network meeting
- Maternity Transformation, Stakeholder Council Meeting
- Meeting with NHS England - 5 Year Forward View Delivery Plan
- National Data Guardian Steering Group Meeting
- Nesta's 'The Future of People Powered Health' event
- NHS England's National Clinical Directors
- NHS Health Check National Advisory Committee
- Niall Dickson, Chief Executive, NHS Confederation
- Paul Farmer, Chief Executive, Mind
- Peter Walsh, Chief Executive, Action against Medical Accidents (AvMA)
- Philip Dunne MP, Minister of State (Department of Health)
- Professor Jane Cummings, Chief Nursing Officer England
- Quality Matters Commitment National and Representative Organisations Group meeting with David Mowat MP, Parliamentary Under-Secretary (Department of Health)
- Richard Ashcroft, Programme Director, Digital Medicine, NHS Digital
- Sharon Allen, CEO Skills for Care
- South East Network meeting
- The Chief Nursing Officer for England's Summit - 2017
- The King's Fund event - "How are financial pressures affecting patient care?"
- Tom Wright, CEO, Age UK
- West Midlands Network meeting

Upcoming meetings

- East of England Network meeting
- Healthwatch Bexley Annual Meeting
- Healthwatch County Durham
- Jane Dacre, President, Royal College of Physicians
- Louise Ansari, Director of Communications, Centre for Ageing Better
- NHS Confederation Conference
- NHS Providers
- North East Network meeting
- NHS Health Check collaboration
- Quality Matters: National and Representative Organisations Group meeting
- South East Healthwatch Network meeting

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 February 2017. The report is a summary of contributions from Committee Members. Individually, Committee Members 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.

Supporting Healthwatch England

1. Andrew Barnett has supported Imelda Redmond (National Director) and Andy Payne (Head of Engagement) with a proposal to showcase what good engagement looks like and substantiating its value. A brief on the engagement piece including a literature review, case studies and cost benefit analysis is the next step to be developed.
2. Pam Bradbury continues to support Georgina Bream (Training and Co-Production Manager) to develop a toolkit for call handling and signposting for local Healthwatch. This stemmed from a number of workshops with local Healthwatch to develop a shared resource for local Healthwatch on call handling including management and support for dealing with challenging and difficult calls.
3. Deborah Fowler led a discussion in a workshop for the Healthwatch England Committee about whether or not Healthwatch England should play any public role in debates about the adequacy of funding for health and social care. The Committee broadly concluded that many other organisations are better-placed to comment upon the sufficiency or otherwise of funding and are already doing so; Healthwatch England's unique role is to feed in the issues and concerns being raised by local people with local Healthwatch across the country. The Committee has no plans to change this approach.

Network events

4. Helen Horne attended the Healthwatch England Event in Leeds '*Putting People at the Heart of Sustainability Transformation Plans (STPs)*', where she reflected that there was a wide range of excellent speakers as well as the showcasing of some excellent work from local Healthwatch. This included some simple reminders regarding co-production - '*The public is not the enemy, it is their NHS.*'
5. Helen has also attended network meetings in the North West and Yorkshire and Humberside, highlighting that, these meetings give a flavour of the mood of local Healthwatch in that area. One of the wishes expressed was a desire for Healthwatch England to provide the network with a corporate message, in order to assist in raising the profile of the Healthwatch brand.

6. Pam Bradbury continues to attend regional local Healthwatch meetings in the Central region and regional Quality Surveillance Group meetings.
7. In this period Jenny Baker attended the Healthwatch Thames Valley Network meeting for managers and chief executives and in March, the South West Peninsula Network meeting for chairs and chief executives. Common themes emerging from both were shared concerns about contract retendering processes, increasingly resulting in grant- funding cuts but in the new expectations of engaging in the STP processes and resultant capacity issues for local Healthwatch. Jenny also observed encouraging examples of greater collaboration across local Healthwatch and shared representation at STP and other local NHS meetings, including new Terms of Reference for the Thames Valley Network to clarify its purpose and working methods. Main requests to Healthwatch England from these meetings were for regular communications briefings on CRM developments and for escalation to the highest national levels of the significant risk of funding reductions being experienced by increasing numbers of local Healthwatch.
8. Deborah Fowler attended the London Network meeting where local Healthwatch had the opportunity to meet Imelda Redmond, Healthwatch England's new National Director. The meeting also heard from and questioned the London Ambulance Service, one of the few health and care organisations serving the whole of the London area.

External events

9. Helen Horne attended a conference hosted by the University of Cumbria's Centre for Regional and Economic Development as the first in a series of three seminars supported by the Economic and Social Research Council '*UK in a Changing Europe*' initiative, involving collaboration between the Universities of Cumbria, Northumbria and Heriot-Watt in Edinburgh. The conference focussed on the effects of the UK vote to leave the European Union in the June 2016 EU referendum and the effects in the north in ways which reflects its unique location and environment.
10. Helen also attended a Public Health Alliance meeting attended for Cumbria where discussions centred round rural isolation. Transport and Access are the two big issues for the forthcoming Sustainability Transformation Plan arrangements where there is an even greater need to bring services into the community to mitigate concerns relating to long distance travel for existing services. There was also a presentation from Public Health England relating to the evolving crisis of childhood obesity.
11. Pam Bradbury in her role as a People Champion at the NHS Leadership Academy (Health Education England) has been involved in a number of work streams which has provided the opportunity to raise the profile of Healthwatch including, the interview panel for the role of National Director for Talent Management and, team member for validation and re-tender for both the Nye Bevan and Anderson leadership programmes. In addition Pam is now included in design of the Aspiring Director programme.
12. During this period Liz Sayce has had a number of meetings in her role as Chief Executive of Disability Rights UK role where it has been possible to raise Healthwatch related issues - for instance, attending a number of meetings on equalities (e.g. with Equality and Human Rights Commission) where future scanning has touched on health and social care issues.

13. At the Equality and Diversity Council, Liz, in her role as the Healthwatch England representative made the case for Healthwatch England's involvement on the Council - as the national organisation bringing the voice and experience of people using health and social care into national discussions. This was agreed; the Council membership has been reviewed, with a smaller membership now in place, and Healthwatch England is one of the core members. This will offer opportunities for Healthwatch England to profile good work of the network that reflects the experiences of people who face inequalities; and to promote to our network important developments on equality and diversity from other parts of the health system. The NHS Equality and Diversity Council works to bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts and the values of the NHS Constitution are brought to life. Liz hopes to continue to advise Healthwatch England on its own practices in the next quarter as well as promoting the work of the whole network through the health system via the Equality and Diversity Council.
14. In February, John Carvel took part in a Department of Health seminar for non-executives in the Arm's Length Bodies on the need for "compassionate leadership" to eradicate bullying and improve working conditions in organisations providing health and social care.
15. Committee Members have continued to communicate Healthwatch England messages. For Liz Sayce this has included confirmation about the permanent leadership now in place, to a range of stakeholders, via twitter and also in meetings, for instance with Norman Lamb MP and Channel 4, in relation to issues facing people placed in long-term institutional care (following a Channel 4 Dispatches programme into a hospital that a local Healthwatch had highlighted in terms of unexpected deaths), and the role of enter and view.
16. Jenny Baker attended the annual conference of the National Council for Voluntary Organisations (NCVO), as a Trustee of Community Impact Bucks (holding company for Healthwatch Bucks) where she was also able to promote Healthwatch interests. This was a good opportunity for networking and for explaining the role of Healthwatch to senior people in the voluntary and social enterprise sector. The conference included keynote addresses by NCVO's Chief Executive, Sir Stuart Etherington and Julia Unwin CBE, Chair of the newly launched Independent Inquiry into the Future of Civil Society. Jenny will be providing relevant feedback to Healthwatch England.
17. In January, John Carvel participated in a King's Fund event on "Future Proofing Health Care," which discussed how services could be improved by novel uses of data. Additionally, in April John attended a Wellcome Trust event to promote better public understanding of how patient data should be protected, but shared appropriately among teams providing care: the aim is to encourage professionals to use language that lay people can understand. The impact of this work will be maximised if providers and commissioners can unlock benefits for patients and service users without compromising their trust that confidentiality will be respected.
18. In her capacity as Chair of Healthwatch Enfield, Deborah Fowler attends local Health and Wellbeing Board (HWB) meetings, as well as the Joint Health Overview and Scrutiny Committee (JHOSC) meetings for her local STP 'footprint' covering 2.5 million people in North Central London. In North Central London, the local authorities are working with the NHS on developing and implementing the STP, but

none of the Councils has 'endorsed' the STP. They have agreed that the JHOSC for North Central London will take the lead in overseeing STP plans and arrangements. The JHOSC is seeking to develop a pan-London JHOSC where London-wide health and care issues could be addressed. This is particularly important given the prospect of some limited devolution for London. The five local Healthwatch across North Central London have also stepped up their coordination, and share representation on various STP work streams, consistently pressing for greater openness, public involvement and engagement, with a few limited successes so far. Experiences of how STPs are being handled differ greatly across the country and Deborah and other Healthwatch England Committee Members are always interested to learn about experiences of other areas.

19. The 'purdah' restrictions for the General Election have been having an impact both nationally and locally, Deborah Fowler has noted. NHS England has told STP areas that they may not publish their latest plans until after the election, when these plans were originally promised for publication in April. The North Central London STP has been told by NHS England that it may not even launch its long-awaited website until after the election. As a result of this, Healthwatch Enfield, where Deborah Fowler is Chair, has now decided that the STP section of its own new website will have to wait until after the election to be released. Although it seems extreme, Healthwatch Enfield has decided that, where politics is concerned, it is hard to be over cautious.

Sub Committees and Governance

20. Committee Members in both Sub Committee Meetings and during the March workshop have explored ideas on Healthwatch England's governance arrangements as well as the structure of Sub Committees to ensure that there is appropriate and proportional assurance to Committee Members. This is subject in a separate report.
21. Committee Members have all had appraisal meetings with the Chair, confirming objectives for the new financial year.

AGENDA ITEM: 2016/17 Delivery Report

PRESENTING: Neil Tester

PREVIOUS DECISION: The Committee approved the 201/17 Business Plan in February 2016 and received reports on delivery each quarter at subsequent meetings. Where plans required changes during the year, the Committee was apprised of these quarterly.

EXECUTIVE SUMMARY: This paper provides a summary of key achievements during the year, a year-on-year comparison for some key indicators of change, and a record of delivery against plan at the year-end.

RECOMMENDATIONS: The Committee is asked to **NOTE** the report.

1. Contents of the report

Page 32 summarises the difference our activity made in 2016/17 under 6 headings:

- Helping local Healthwatch and stakeholders to learn and share
- Giving the network the tools it needs
- Receiving and using more network evidence
- Sharing insight and raising awareness
- Supporting quality
- Improving efficiency

Page 33 compares annual conference statistics over the past 3 years and website, media and social media reach and engagement over the past 2 years.

Pages 34 - 38 record progress against the 56 deliverables in the plan (43 delivered as planned; plan changed in respect of 10, of which 6 resulted in new deliverables being delivered, 2 were halted and 2 rolled over into 2017/18; 2 being delivered during 2017/18 and 1 not delivered due to change of plans during Quarter 4.

How we have made a difference in 2016-17

Helping local Healthwatch and stakeholders to learn and share



- 1,277 participants from 144 local Healthwatch at our national and regional leadership, advisory, planning and networking events
- 387 participants from 65 local Healthwatch at our training and capacity-building events
- 52 commissioners of local Healthwatch at our tailored events for them
- 116 participants from 75 local Healthwatch and 99 external attendees at our service change/STP events
- 55 chief officers, 49 chairs/board members, 199 staff members and 13 volunteers from 120 local Healthwatch at our network conference. 16 partner organisations were also represented.

Giving the network the tools it needs



- Complaints toolkit
- Dentistry lines of enquiry for Enter and View
- Social care assessment enquiry templates
- Accessible Information Standard toolkit
- Data security briefing
- Enter and View training module
- Peer review training module
- Signposting training module
- Safeguarding training module
- Service change tools
- Simpler sign-on to Yammer and the Hub
- Improved template for annual reports
- Social media templates
- How-to guides on planning communications and structuring reports
- Expanded infographic bank

Sharing insight and raising awareness



- Delivered annual report to Parliament and distributed to stakeholders - downloaded more than 1,000 times in 6 months
- Our insight informed 10 Department of Health policy and insight projects and programmes including the NHS Mandate
- We shared insight on 4 occasions with 3 select committees, who cited us 35 times in reports
- Our insight informed and was cited by 3 key NHS England programmes - discharge, STP engagement and the Next Steps/NHSE business plan document
- Our insight informed the CQC's Deaths Review and its work on integration and on child mental health
- The Parliamentary and Health Services Ombudsman and the National Audit Office also cited our work
- Strategic media appearances: HSJ and BBC TV/radio
- Total social media following up 29% to 15,511

Supporting quality



- Peer review manual to support use of the Quality Statements for local Healthwatch
- Peer review training delivered for 28 local Healthwatch
- Developed and piloted Introduction to Evaluation and Research training
- Developed intelligence Code of Practice and quality controls with Intelligence Reference Group

Improving efficiency



- Staff cost savings from using CQC to deliver enquiries service and back-office functions
- Cost savings from using existing CQC contracts and subscriptions and moving Yammer/Hub technical support to CQC

Receiving and using more network evidence

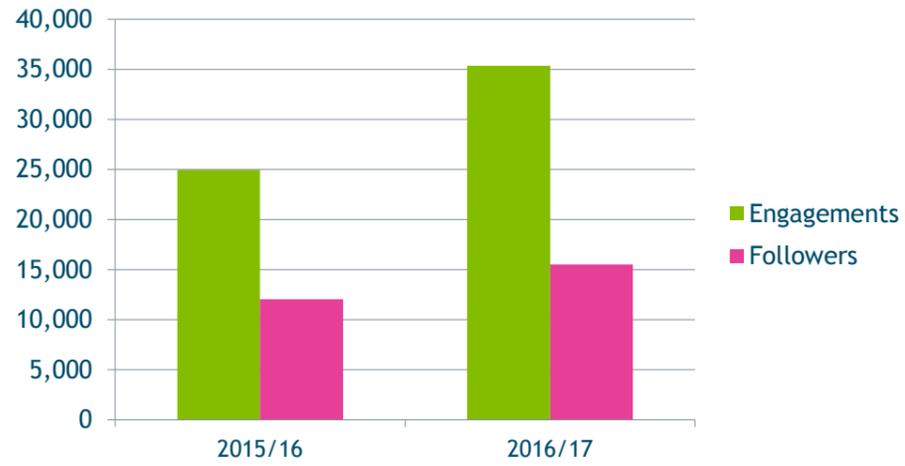


- Analysed 900 local Healthwatch reports from 2016 and 2017
- 87 local Healthwatch using CRM
- Intelligence process approved and in use
- Began to pull CRM data into our intelligence process
- New Year social media activity to promote contact with local Healthwatch reached 636,000 people - 216% more than previous year and with audience engagement up 200%
- 146,000 users visited our website (up by 6,000); 57,000 visits to the Find Your Local Healthwatch page (up 37%)



Progress check

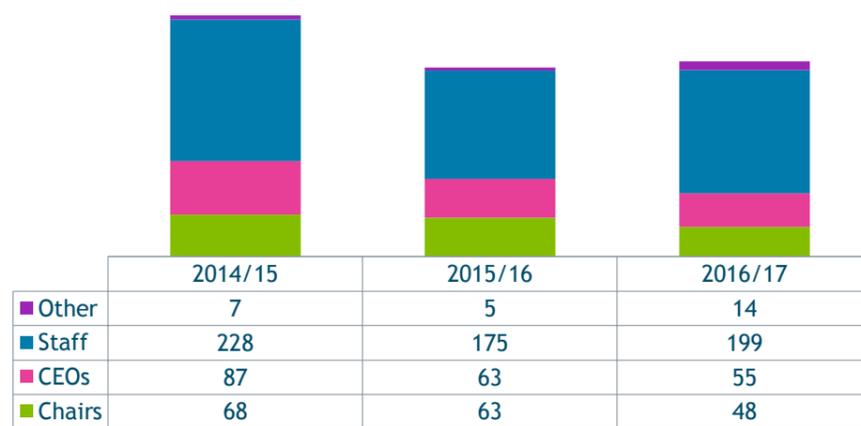
Social media



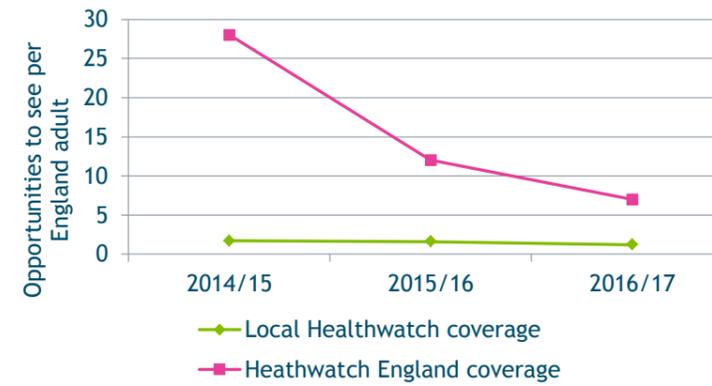
Website engagement



Annual conference attendance by delegate type



Media reach



Delivery against plan

Delivered (43)

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

1.1 Confirm local Healthwatch learning needs for 2016/17	✓
1.2 Establish a network advisory group to help shape our support for 2016/17	✓
1.3 Support a series of network advisory task and finish groups (e.g. joint working with CQC)	✓
1.4 Develop and deliver x4 training modules to support local Healthwatch statutory activities (e.g. community engagement)	✓
1.5 Plan and deliver Healthwatch 2016 event	✓
1.7 Support x48 local Healthwatch regional networking events	✓
1.9 Work with local Healthwatch to identify and share effective ways of engaging in FYFV service change programmes	✓
1.10 Develop and disseminate service change tools for local Healthwatch	✓
1.12 Embedding the use of Quality Statements (alongside other monitoring tools) through training and supported reviews	✓
1.14 Support local Healthwatch to identify effective approaches to achieve short and long term sustainability	✓
1.17 Baseline the current information and signposting services and share best practice	✓
1.18 Publish and promote toolkit on complaints handling	✓
1.21 Deliver Healthwatch England annual report to Parliament and support delivery of x148 local Healthwatch annual reports	✓
1.22 Publish a series of themed reports on Healthwatch insight findings	✓
1.24 Resources to support the development of the Healthwatch brand and network communications	✓

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

2.1 Host, develop and continue to roll out a CRM for local Healthwatch	✓
2.2 Deliver CRM training and support to local Healthwatch	✓
2.3 Review future CRM requirements and resourcing 2017-2020	✓
2.4 Scope and baseline current quality and consistency	✓
2.5 Develop and pilot a research skills support package for local Healthwatch	✓
2.6 Baseline intelligence requirements of major Healthwatch England stakeholders	✓
2.7 Establish best practice approaches and develop and test an intelligence framework for collaborating and sharing information with stakeholders	✓
2.8 Systematically gather and analyse information on health and social care issues from local Healthwatch	✓
2.10 Produce and disseminate intelligence outputs including reports, briefings, good practice to stakeholders	✓
2.11 Evaluate with partners the effectiveness of sharing Healthwatch insight to date	✓
2.12 Develop a shared understanding with key partners of when and how Healthwatch insight can be most valuable and influential	✓
2.13 Scope emerging policy issues and priorities to enable effective prioritisation of Healthwatch network activity	✓
2,14 Monitor effectiveness of public engagement in the FYFV reforms and provide feedback to partners	✓
2.15 Share the views and experiences of consumers at key events and decision making bodies	✓
2.16 Implement legacy work with stakeholders and national programmes from the hospital discharge special inquiry and other projects	✓
2.17 Support national partners to strengthen patient communications on priority issues	✓

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

3.1 Move office accommodation to new CQC premises	✓
3.2 Recruit and induct a new Chair and National Director of Healthwatch England	✓
3.3 Implement new governance framework for Healthwatch England Committee	✓
3.4 Put in place a rolling programme to identify opportunities with CQC for efficiencies and closer collaboration	✓
3.6 Plan and deliver x4 public Committee meetings along with supporting activity	✓
3.7 Support Committee to develop their knowledge and skills via x2 workshops and other activities	✓
3.8 Put in place a procurement pipeline to support the delivery of our business plan	✓
3.9 Identify staff learning needs for 2016/17 and put in place a learning programme	✓
3.10 Review organisational development needs and put in place a rolling improvement plan	✓
3.11 Monitor use of resources and report progress towards achieving the business plan	✓
3.12 Support work of staff through support of CQC central service (e.g. National Customer Service Centre - NCSC)	✓
3.15 Support the printing of Healthwatch information	✓

Deliverables where change of plan was agreed in-year (10)

1.6 Plan and deliver x8 policy and communications training events	7 sessions delivered. Agreed change due to resource pressures was to combine final 2 policy sessions into 1 focused session on social care.	✓
1.8 Evolve and support our on-line platform for local Healthwatch to learn and share best practice	Delivered in respect of Yammer. Agreed change was to revise approach to the Hub and extend timetable to generate future savings.	✓

1.11 Deliver x4 regional service change events for local Healthwatch and health and care stakeholders	Agreed change was to replace 4 smaller events with 2 larger events.	✓
1.13 Plan and deliver best practice x2 events for local Healthwatch commissioners	Delivered x4 events instead of the x2 originally planned.	✓
1.19 Review current local approaches to sharing complaints advocacy information sharing and promote best practice	Agreed to halt in Quarter 2 due to change of approach.	
1.20 Establish a complaints advocacy community of interest and support the development of guidance		
1.23 Provide training to local Healthwatch to improve media coverage and establish regional spokespeople	Agreed to deliver in 2017-18.	
3.5 Develop, consult upon and launch our strategic priorities for 2016 - 2021	Agreed to deliver in 2017-18 following permanent leadership appointments.	
3.13 Maintain and develop our digital channels for communicating the work of the Healthwatch network and supporting engagement with local Healthwatch	Substantial planning and consultation with the network undertaken. Agreed to deliver development in 2017-18.	✓
3.14 Support the further improvement of local Healthwatch digital channels		✓

Not delivered in 2016-17 or rolled over to 2017-18 since last report (3)

1.15 Identify effective local Healthwatch approaches to influencing, develop and deliver training and resources	Effective approaches identified in relation to Enter and View. Work on training resources underway in 2017-17 but continuing in 2017-18.
1.16 Identify effective local Healthwatch governance approaches, develop new governance tool and deliver training for local Healthwatch	Final stage of this work is now underway.
2.9 Commission further research to support local Healthwatch insight	As previously reported, this work was focusing on analysing historical network evidence to provide a baseline for intelligence decisions. Now being handled differently due to introduction of text analysis software in 2017-18.

AGENDA ITEM: Healthwatch England Committee Governance Review recommendations

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee agreed with the Chair’s proposal at the February 2017 meeting to review the governance arrangements.

EXECUTIVE SUMMARY: The governance review offered an opportunity to reflect on the Committee’s governance arrangements, concentrating on reporting and assurance mechanisms, the Sub Committee structure and Committee recruitment.

RECOMMENDATIONS: Agree the Recommendations at the end of this report

2. Background

The Healthwatch England Committee agreed to undertake a review of governance in February 2017. The purpose of this review is to ensure that the Committee is fit for purpose and will support the development and delivery of the strategy. The key questions addressed were:

- Reviewing the Sub Committee framework, does it work for us now?
- Are we utilising the skills of Committee Members?
- Are we focusing on the right issues at Committee meetings?
- What papers should we receive from the Executive?
- What new skills should we be looking for in new Committee Members?

This paper is the result of detailed discussions between the Chair, Committee Members and the Leadership Team, informed by the feedback and presentation by The Good Governance Institute following the review of Governance.

3. Recommendations for Change

The table below set out the recommended changes and the proposed actions.

Num	Recommendation	Action taken	Proposed Action	Responsible	Completion date
1.	Review organisational purpose as part of the strategic review, incorporating legislative requirements, policy necessity and strategic ambition	Timeline and process for developing new organisational strategy has been approved	In plan	IR (Imelda Redmond)	November 2017
2.	The Committee should receive a comprehensive internal and external stakeholder analysis and form a common view	May 2017 Committee to consider a paper that analyses our current	A detailed gap analysis will be developed as part of	NT (Neil Tester)	May 2017 November 2017

	about its role as pertains to organisations it interfaces with, engages with, reports to, influences and supports	stakeholder relationships	the strategic planning process		
3.	Healthwatch England should identify who the primary relationship owners are within each stakeholder group - Chair/Committee/National Director /Executive Team	Same as recommendation #2 above	As above	NT	May 2017 November 2017
4.	All programmes of work should have clear and consistent objectives, deliverables, measures of success, impact and risk as well as appropriate but rigorous programme governance to provide confidence and assurance to the NC	Job descriptions and functions within the staff team have been rejigged to ensure that we have the framework in place to deliver this	Framework for governance of programmes of work will be developed and trialled	JCr (Joanne Crossley)	May 2017
5.	Healthwatch England should review its approach to assurance and reporting to bring it in line with best practice	Job descriptions have been reviewed and a member of staff has clear responsibility for developing and maintaining the assurance framework for the Executive and the Committee. We will trial the new way of reporting in May 2017.	Refine processes and reporting	JCr	May 2017
6.	Healthwatch England should review its Committee structure and consider the amalgamation of the Audit and Finance Committee,	Recommendations to be considered at the May Committee meeting		IR	May 2017

	the closure of the People and Values Committee and the role of Regional Committee				
7.	Healthwatch England should embark upon a Committee and Executive development programme to improve Committee level performance, create a culture of appropriate scrutiny and boost Healthwatch England presence and influence amongst its peers		Develop a plan	JM/IR	August 2017
8.	Healthwatch England should clarify its specific relationship with CQC	A piece of work is underway that will clarify the relationship with CQC through the engagement perspective.	Investigate what the 'lack of clarity' means and how it manifests	JM/IR	August 2017
9.	Healthwatch England should conduct a skills audit and gap analysis of the Committee's composition	This is dealt with in more detail during a Committee Workshop following the meeting in public.		JM/IR	May 2017

The Committee are asked to consider the recommendations from the Governance Review

- 1. Review organisational purpose as part of the strategic review, incorporating legislative requirements, policy necessity and strategic ambition.**

Are you content that we have a plan in place to deliver this?

- 2. The Committee should receive a comprehensive internal and external stakeholder analysis and form a common view about its role as pertains to organisations it interfaces with, engages with, reports to, influences and supports**

Are you content that we have a plan in place to deliver this?

- 3. Healthwatch England should identify who the primary relationship owners are within each stakeholder group - Chair/Committee/National Director/Executive Team**

Are you content that we have a plan in place to deliver this?

- 4. All programmes of work should have clear and consistent objectives, deliverables, measures of success, impact and risk as well as appropriate but rigorous programme governance to provide confidence and assurance to the Committee**

Are you content that we have a plan in place to deliver this?

- 5. Healthwatch England should review its approach to assurance and reporting to bring it in line with best practice**

Are you content that we have a plan in place to deliver this?

- 6. Healthwatch England should review its committee structure and consider the amalgamation of the Audit and Finance Committee, the closure of the People and Values Committee and the role of Regional Committee**

- A) Disband the existing Sub-Committees
- B) Create a new Finance, Audit and Risk Sub-Committee
- C) Cover the elements previously reported to the People and Values Sub Committee via KPI's via an annual report to full Committee
- D) Give consideration to purpose of Regional Committee

- 7. Healthwatch England should embark upon a Committee and Executive development programme to improve Board level performance, create a culture of appropriate scrutiny and boost Healthwatch England's presence and influence amongst its peers**

Approve the recommendation and receive a report on Committee development in August 2017

- 8. Healthwatch England should clarify its specific relationship with CQC**

Note the work that is underway and receive a report in August 2017

- 9. Healthwatch England should conduct a skills audit and gap analysis of the Committee' composition**

To be considered by Committee Members in a private discussion.

Financial implications: Financial resourcing has been identified as part of strategy development costs and overall costs attributed to Priority 3 in the 2017-18 business plan 'Develop an effective Healthwatch England'.

Key risks associated with the proposal and mitigating actions/controls:

There are no associated risks associated with the proposal; there are benefits to the organisation, ensuring that the governance systems are robust.

Legal implications: There are no known legal implications as there are no changes to primary or secondary legislation.

HR implications: There are no known HR implications.

Equality and diversity implications: It is expected that the changes proposed will result in a more representative composition for the Committee and its Sub Committees.

AGENDA ITEM: Audit and Risk Sub Committee Minutes and Risk Tolerance statement

PRESENTING: John Carvel (Chair of Audit and Risk Sub Committee)

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 Tuesday 28 March 2017.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the minutes and to **NOTE** the updated risk tolerance statement

Report from John Carvel to the Healthwatch England Committee

As chair of the Audit and Risk Sub Committee I have worked with colleagues to complete a revision of the Healthwatch England risk register. On 5th April I presented this new-look register to the CQC's Audit and Corporate Governance Committee, which welcomed the approach taken by Healthwatch England. The next steps will be to further refine the register. The impact will be to provide Healthwatch England with a sharper focus on how confident we can be that the actions we are taking to mitigate risks are adequate.

The minutes of the ARSC meeting on Tuesday 28th March are below.

Audit and Risk Sub Committee (ARSC) Meeting Minutes of meeting No. 26 Meeting Reference: SCM170328		
<u>Location:</u> Y.335, 3 rd Floor, 151 Buckingham, Palace Road, SW1W 9SZ <u>Date:</u> Tuesday 28 March 2017		
<u>Attendees:</u> John Carvel (JC) - Chair Pam Bradbury (PB) - Sub Committee Member Jane Mordue (JM) - Chair of Healthwatch England <u>In attendance:</u> Imelda Redmond (IR) - National Director Gerard Crofton-Martin (GC-M) - Director of Quality and Evidence Joanne Crossley (JCr) - Acting Head of Operations (for part of the meeting) Sandra Abraham (SA) - Business Manager Planning and Performance Esi Addae (EA) - Committee Secretary		
1.0	Welcome and apologies	Action
1.1	<u>Opening and welcome</u> The meeting was opened by JC at 13:05.	

1.2	<p><u>Apologies:</u></p> <p>Deborah Fowler (DF) - Sub Committee Member</p>	
1.3	<p><u>Confirmation of agenda</u></p> <p>The Sub Committee confirmed the agenda with no additions to the agenda.</p>	
2.0	<p>Declaration of interest</p>	
2.1	<p>The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.26 agenda.</p>	
3.0	<p>Minutes of previous meeting</p>	
3.1	<p><u>Review minutes of previous meeting</u></p> <p>JC presented to the Sub Committee the minutes of Tuesday 10 January meeting for approval.</p> <p>The Sub Committee endorsed the minutes of the previous meeting as complete and accurate.</p>	
3.2	<p><u>Actions arising from the previous meeting</u></p> <p>The Sub Committee noted the current status of the actions arising from the previous meeting.</p> <p>Particular attention was given to the review of the action log:</p> <p>It was agreed to close action #1 (SCM150324) and to separate action #2 (SCM170110). The first part of action #2 will be to undertake the governance review and the second part to present proposals and an action plan.</p> <p>It was agreed to close action #3 (SCM160421) and to adopt action #4. It was agreed that the status update for action #4 should be updated and the deadline changed to a yearly review occurring in February.</p> <p>It was agreed to remove actions #5 and #7 as they had been completed.</p>	EA (To update the action log)

3.3	<p><u>Matters arising: Procurement delays</u></p> <p>GC-M updated that there had been problems in procuring a number of projects, most of which appeared to have now been resolved. Many of the delays were in part because we started procuring late in the financial year and our resulting learning included: the need to procure early; to pool procurements together; and to identify if we could piggy back on CQC contracts. The delays also led to some advantages, such as securing the opportunity to work with CQC to combine on certain procurement areas, such as analysis of historical information from Local Healthwatch.</p> <p>JCr updated that spending to date was just under £2.7m against a budget of £2.8m. She anticipated an underspend of about £150k by the time of year-end.</p> <p>IR shared that it would be helpful for to brief JC before the CQC Audit and Corporate Governance Committee on Wednesday 5 April.</p>	IR (To brief JC on the effects of procurement delays to Healthwatch England by Wednesday 5 April)
4.0	Agenda Item 2: Risk Review	
4.1	GC-M introduced the changes which had been made to the risk register following the February 2017 Committee Meeting, especially highlighting the introduction of the ‘confidence’ column.	
4.2	JC asked whether the updated format of the risk register had been well received by the staff team. He noted that it had changed a lot since the last meeting of the Audit and Risk Sub Committee and he hoped members would have an opportunity to take more ownership of the developments of the risk register.	
4.3	PB reflected that the risk register had improved, mentioning that the wording could be amended to provide further clarity. PB stated that the potential casual factors for each risk would be helpful to Sub Committee Members.	SA (To include more detail on causal factors as well as more explanation on controls and mitigations)
4.4	JM noted that it would be helpful to provide the approved risk tolerance statement and the scoring matrix for reference at each Audit and Risk Sub Committee meeting. IR agreed highlighting that it would also be helpful to include a summary of areas of high risk or low confidence.	EA (To include copies of the risk tolerance statement and scoring matrix as part of supporting papers for subsequent Audit and Risk Sub Committee Meetings) SA (To include an explanatory report for areas of high risk or low confidence)

4.5	Sub Committee Members noted the suggested risk from the Finance and General Purpose Sub Committee 'The impact of public sector cuts to Healthwatch England'.	
5.0	Agenda item 3: CQC internal audit timetable for 2016/17 and update on 2017/18 draft internal audit plan	
5.1	GC-M updated that Healthwatch England are able to suggest areas for internal audit at the start of the year and during the year, although those suggested during the year will be dependent on resources becoming available as other audits are delayed or postponed. PB questioned the decision making process and asked at what point the Audit and Risk Sub Committee makes the decision if there is one to be made. IR agreed stating that the clarified process offered a level of proportionality, where value is added by making sure that the process and timing also works for Healthwatch England.	GC-M (To provide JC with the 2017/18 internal audit plan for presentation at the May Committee meeting)
5.2	GC-M noted that it would be helpful to build in the internal audit into quarterly reporting to the Audit and Risk Sub Committee. Particularly noting that an annual review in January would be helpful to identify areas for internal audit. JM summarised that a review in January by the Audit and Risk Sub Committee would be to scrutinise the internal audit plan from staff and approve and review the recommendations, with the opportunity to contribute additions to the internal audit plan.	
6.0	Agenda item 4: Management Assurance Self-Assessment April 2017	
6.1	GC-M introduced the management assurance framework, highlighting that the purpose is to provide assurance via the National Director to David Behan in his role as Accounting Officer to the Department of Health. The report was welcomed and it was suggested that it was updated to include Healthwatch England branding.	SA (To report on the management assurance framework to the Audit and Risk Sub Committee twice a year)
6.2	In discussing the assurance to be provided to David Behan, IR questioned previous budget negotiation strategies and how Healthwatch England will be included in discussions in future negotiations.	SA (To schedule a meeting between IR and the Department of Health sponsor)
7.0	Agenda item 5: Forward agenda	
7.1	The forward agenda was noted.	
8.0	Next meeting	
	The next meeting is scheduled for Tuesday 11 July 10.30 - 12.30	

APPENDIX 1: Risk tolerance statement

Healthwatch England Risk Tolerance Statement

Risk Tolerance statement for Healthwatch England portfolio of risk.

We are charged with ensuring that the voices of people never again go unheard by those responsible for health and social care. This requires moral courage but tempered with respect for everyone involved. We are a public body responsible to the tax payer for the use of funds. This means that we will seek to mitigate risk wherever possible but not be afraid to speak the truth.

Public Confidence - Risk Tolerance: LOW

We rely on our reputation in order to secure the engagement of the public with local Healthwatch, which we want to have confidence in Healthwatch England. We will adopt a low risk tolerance to any loss of our independence or damage to high levels of public confidence in our organisation. We will therefore act decisively and as necessary to give voice to people's concerns and aspirations.

Stakeholder Confidence - Risk Tolerance: MEDIUM

We rely on our reputation in order to influence politicians, health and care professionals and organisations, all of whom we want to have confidence in Healthwatch England. Acting on people's concerns may mean voicing issues that are unpopular with other stakeholders. We will therefore adopt a medium risk tolerance to any damage to high levels of stakeholders' confidence in our organisation. We will seek a balanced position, working collaboratively with stakeholders using well developed evidence to bring about change where possible, but taking the risks necessary to give voice to people's concerns and aspirations.

Operational Risk - Risk Tolerance: MEDIUM

Healthwatch England works in collaboration with local Healthwatch, providing advice and guidance to the network. Healthwatch England provides information and advice to our statutory partners based on the views of the public and people using health and care services, and those views shared with local Healthwatch. We will take every opportunity to capture key information about poor quality care and safety concerns and take appropriate action but we will adopt a medium risk tolerance, accepting some operational risk as we attempt to develop new and better approaches, or reprioritise or deprioritise work as we take advantage of new opportunities that present themselves.

Safeguarding Risk- Risk Tolerance: LOW

Healthwatch England provides information and advice to our statutory partners based on the views of the public and people using health and care services, which are shared with local Healthwatch. Where we have a duty of care to act on certain information such as safeguarding we will adopt a low risk tolerance on these areas.

Information Risk - Risk Tolerance: LOW

Healthwatch England is reliant upon information and data to be able to operate effectively. The information and data we hold may be sensitive and we must manage this information appropriately. The accidental or deliberate wrongful disclosure of sensitive or restricted information has the potential to erode trust, damage our reputation and ultimately prevent us from being able to function. Failure to appropriately share the information we hold will limit our effectiveness or may result in an issue not being appropriately addressed. We will therefore adopt a low risk tolerance to information risk.

Fraud and corruption - Risk Tolerance: LOW

Healthwatch England is funded from a grant from the Department of Health to the CQC and being averse to the risks of internal fraud and fraudulent behaviour we will adopt a zero tolerance to fraud or corruption.

Financial Risk - Risk Tolerance: MEDIUM

We recognise that we are funded through taxpayers' money and therefore need to manage our finances prudently, achieving value for money. We will manage our finances in an open and transparent way, complying with procurement controls and meeting accounting standards. Healthwatch England will adopt medium risk tolerance to financial risk being willing to spend on innovative programmes and pilots in order to optimise our performance.

Legal Risk - Risk Tolerance: LOW

Healthwatch England has legal duties which we must deliver. If we do not deliver these duties effectively then we expose ourselves to other potential risks. We must be able to demonstrate that we have complied with the law and made the best decision based on the information and evidence we had at the time. We will adopt a low tolerance to legal risk.

Equal Opportunity and Discrimination - Risk Tolerance: LOW

Healthwatch England recognises that a diverse workforce provides Healthwatch England with broader a perspective and a range of views and ideas that makes us more efficient and effective. We understand that particular communities are more likely to have worse health and care outcomes. We will therefore adopt a low risk appetite to failing to tackle discrimination. We will provide and promote equality of opportunity and outcome both at Healthwatch England and in highlighting peoples' experiences of health and care services.

MEETING REFERENCE: CM170524

AGENDA ITEM No: 2.4

AGENDA ITEM: DRAFT: Finance and General Purpose Sub Committee Meeting Minutes

PRESENTING: Deborah Fowler (Chair of Finance and General Purpose Sub Committee)

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the minutes of the meeting of Wednesday 26 April 2017

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

Finance and General Purpose (FGP) Sub Committee Meeting

Minutes of meeting No. 9

Meeting Reference: SCM170427

Location: By teleconference for Sub Committee Members and for staff Room Y.215

Date: Wednesday 26 April 2017

Attendees:

Deborah Fowler (DF) - Chair

Helen Horne (HH) - Sub Committee Member

Liz Sayce (LS) - Sub Committee Member

In attendance:

Imelda Redmond (IR) - National Director

Joanne Crossley (JCr) - Head of Operations

Esi Addae (EA) - Committee Secretary

1.0	Welcome and apologies	Action
1.1	The meeting was opened by DF at 13.00.	
1.2	Apologies: N/A	
1.3	Confirmation of agenda: The agenda was agreed with the following addition. IR suggested for Sub Committee members to discuss the recommendations from the governance review re: the amalgamation of the Audit and Risk and Finance and General Purpose Sub Committees.	
2.0	Declaration of interest	

2.1	The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the agenda.	
3.0	Minutes of previous meeting	
3.1	DF presented to the Sub Committee the minutes of the 24 January 2017 meeting for approval. The Sub Committee endorsed the minutes of the previous meeting as complete and accurate.	
3.2	<u>Action log</u> The Sub Committee noted the current status of the actions arising from previous meetings (12.Action Log). 1. HH asked for an update on action 1, IR updated that the meeting with CQC re: procurement had been rescheduled. Nevertheless, JC continues to build strong relationships with CQC colleagues. 2. JC updated that for action 8, (legal and professional services fees) related to the cross-charge payment for the use of a mandated organisation for learning and development training services. DF was assured that whilst this cost had not been factored in the 2016/17 budget, the learning and budgeting implications has been taken forward for the 2017/18 financial year. 3. IR clarified that action 3 had two elements, the first in relation to providing tender support to local Healthwatch. Following a delay in procurement and a subsequent discussion at a Leadership Team meeting; this project is no longer going ahead. The second relates to how Healthwatch England acts as a conduit for local Healthwatch when other organisations want to commission work from them. IR updated that there a number of such offers which are in the early stages of development. 4. DF noted that future Committee Meetings in public will not be live webcast or recorded.	EA (To update the action log)
3.4	DF asked for an explanation in the change of end-of-year position. In January 2017 it was reported that the expected year-end position was 92% spend against budget and now the year-end position is reported as 88% of budget. JC explained that although CQC approved a significant number of procurement requests during the final quarter, a small number of activities which were planned in the quarter did not materialise in time to be counted as spent in 2016/17. JC further updated that £150k of that expenditure had been moved to 2017/18.	

3.5	LS asked for an update on how the staff team are monitoring spend given that there has been an underspend for the last two financial years. IR reported that spend is reviewed by the Leadership team on a monthly basis.	
4.0	Agenda Item 2: Accounts	
4.1	JCr presented the budget noting that the budget is divided into pay £2,046,640 and non-pay £838,000. The total budget exceeds income by £250k (which includes £150k rollover) to allow for any possible delays in procurement approvals and to enable us to spend up to our full budget allocation. NB The pay costs include HWE staff and Committee travel and subsistence budget.	
4.2	DF raised a question about a number of procurements which have been delayed. JC informed the sub-committee that this situation affects only a couple of which have already been moved to 2017/18.	
5.0	Agenda item 3: Procurement and payments	
5.1	IR updated that with JCs role as Head of Operations is now confirmed, her remit now is to provide greater assurance to the Committee.	
6.0	Agenda item 4: Finance related risks	
6.1	EA updated Sub Committee Members that the Risk Register had been updated following the February Committee meeting. It had been considered and updated at the March Audit and Risk Sub Committee meeting and was discussed at the CQC Audit and Corporate Governance Committee meeting on 5 April.	
6.2	IR and JC confirmed that the management team had confidence in the financial management of the organisation. JC confirmed that project leads have completed business cases for projects requiring procurement, each team has an understanding of their requirements for procurement and JC aims to have most procurements approved by the end of Quarter 2.	
7.0	Agenda item 5: Forward Agenda	
7.1	LS suggested that it would be helpful for the Committee (or Sub Committee) to consider preparation of the budget during the October meeting of each financial year.	EA (To add budget preparation to the forward agenda of the new Sub Committee)

8.0	Any other business	
8.1	IR reminded Sub Committee of the recommendations from the governance review included the amalgamation of the Audit and Risk and Finance and General Purpose Sub Committee.	
8.2	HH suggested that for some specific projects task and finish groups may be formed to provide support to the executive team.	
8.3	LS noted that in other organisations, the audit function is separated for oversight purposes. DF responded to note that whilst this was true, for Healthwatch England, the requirement was different. IR noted that the aim is to provide the Committee with reports that are concise and draw attention to key information based on exception reporting.	
9.0	Next meeting	
	The next meeting is scheduled for Wednesday 19 July 14.00 - 16.00	

AGENDA ITEM: Financial update for 2016/17

PRESENTING: Joanne Crossley

PREVIOUS DECISION: An update on spend to the financial year-end was discussed at the Finance and General Purpose Sub Committee meeting of 26 April 2017, where the discussion focused on lessons learnt and how they are being applied to the planning and management of the 2017/18 budget.

EXECUTIVE SUMMARY: This paper provides an update on the end of year financial position for 2016/17.

RECOMMENDATIONS: The Committee are asked to **NOTE** the financial report

	2016-17 Annual Budget total	Spend as at Year End	Variance	% of annual budget
PAY	£2,034,609	£1,967,601	£67,008	96.7%
NON PAY	£973,902	£680,271	£293,631	69.80
TOTAL	£3,008,511	£2,647,872	£360,639	88.%

2015/16 Year
End Summary

For comparison purposes

	2015-16 Annual Budget total	Spend as at Year End	Variance	% of annual budget
PAY	£2,868,331	£2,400,225	£468,106	83.68%
NON PAY	£1,631,714	£1,320,491	£311,223	80.93%
TOTAL	£4,500,045	£3,720,716	£779,329	82.68%

Finance summary 2016-17

- As at end of Quarter 4 we spent **£2.647m** of our Annual Budget
- We have spent **88 %** of the total Annual Budget as at end March 2017. Although we were aiming to spend closer to £3m, compared to 2015-16 we spent more of our allocated budget in 2016-17 which shows an improvement in budget management.

- We spent almost **70%** of our Non-Pay budget. The 30% variance is mainly attributed to the following:
 - Procurement requests approved during Q4 but not yet started or completed in time to be recorded as spent in the year;
 - Work which was previously scheduled to complete by year end now rolled into activity for 2017-18.

- On Pay costs there is a very small underspend of **3.3%** as at end Q4. There were some staff movements which attributed to this nevertheless we have landed where we expected to be on the budget plan for Pay at year end.

AGENDA ITEM: People and Values Sub Committee meeting minutes

PRESENTING: Jane Mordue on behalf of Pam Bradbury

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the minutes of the previous People and Values Sub Committee meeting of Wednesday 5 April 2017.

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

People and Values (P&V) Sub Committee Meeting
Minutes of meeting No.8
Meeting Reference - SCM170504

Location: By teleconference for Sub Committee Members and in Room T.305, 151 Buckingham Palace Road, SW1W 9SZ for staff
Date: Wednesday 5 April 2017

Attendees:

Pam Bradbury (PB) - Chair
Jenny Baker (JB) - Sub Committee Member
Jane Mordue (JM) - Sub Committee Member

In attendance:

Imelda Redmond (IR) - National Director
Esi Addae (EA) - Committee Secretary

1.0	Welcome and apologies	Action
1.1	Opening and welcome: The meeting was opened by PB at 11.35	
1.2	Apologies: Andrew Barnett (AB) - Sub Committee Member	
1.3	Confirmation of agenda: The Sub Committee confirmed the agenda.	
2.0	Declaration of interest	
2.1	The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.8 agenda.	

3.0	Minutes of previous meeting	
3.1	<p>PB presented to the Sub Committee the minutes of the Thursday 19 January 2017 meeting for approval.</p> <p>The Sub Committee endorsed the minutes of the previous meeting as complete and accurate.</p>	
3.2	<p>Actions arising from the previous meeting: The board noted the current status of the actions arising from the previous meeting, as presented in section 9.0 of the supporting papers.</p> <p>JB questioned in relation to action #1, whether the introduction of staff photos on the website could present problems. EA updated that staff photos have previously been on the Healthwatch England website with individual staff consent. PB thanked IR for the detailed email sent to update Sub Committee Members on the development of the organizational restructure in relation to action #2.</p>	
4.0	Agenda Item 2: HR Issues - update on organisational restructure	
4.1	IR updated that the organizational structure had been finalized. A number of changes had been made based on the opportunities presented by successfully appealing the grading of a number of roles. In addition, a number of changes reflecting changes to the line management structure rather than changes to roles/titles had been made.	
4.2	PB expressed trust in IRs judgement and her approach to the restructure. Both PB and JB noted that the updated restructure document should be sent to Sub Committee Members for information rather than for approval.	(IR) To share the updated organogram - with names, roles and photos where available with Sub Committee Members.
5.0	Agenda Item 3: HR activity dashboard	
5.1	PB noted the simplicity of the HR activity dashboard. With JM expressing that the format may be helpful in providing oversight of the HR function to Committee Members.	
5.2	PB and JB highlighted the low sick rates within the organisation especially during a time of significant change and credited the staff for their continued commitment.	

5.3	PB asked for clarification on a number of items such as why Committee Members were included in the number of staff but not the number of vacancies. EA clarified that this is because the number of Committee Members to recruit has not been clarified. IR confirmed that as the legislation allows for a minimum of 6 and a maximum of 12 Committee Members, any number in between is a full complement. It was agreed that for further clarity it would be helpful to provide the statistics for Committee Members and staff separately.	
5.4	JB raised a concern about the rate of turnover in leadership in local Healthwatch and how that may affect local relationships. IR responded that the strategy review will explore the relationship between Healthwatch England and local Healthwatch, especially how to support local Healthwatch in using limited resources to achieve the best impact. PB responded further, highlighting that local Healthwatch staff information had previously been captured in the bi-annual return of information and questioned whether this request for information would continue. JM updated that the Head of Network Development (Andy Payne) continues to lead the work on business analysis as well as leading on the leadership of the network as part of the strategy review.	
5.5	PB suggested that previous conversations of the People and Values Sub Committee had been inward looking which was needed during the period of transition. Now was the time for a more outward-focused discussion about the leadership of local Healthwatch.	
5.6	PB sought clarity on statistics provided, recommending a further breakdown re: staff completing the year-end personal development review, separating the total number of staff and eligible staff. IR clarified that the number of staff completing the Information Governance training also included Committee Members. There was a 100% pass rate with one Committee Member opting out and had their Healthwatch England account closed and is compliant.	EA (To ensure that future statistics to on HR activity differentiate between Committee Members and staff)
6.0	Agenda item 4: HR related risks	
6.1	PB introduced the HR risks related to the Sub Committee, identifying that the updated risk register had been discussed at the Audit and Risk Sub Committee meeting on Tuesday 28 March 2017 where PB and JM were in attendance. JB raised a query about where HR risks for local Healthwatch are in the risk register. IR reported that the overall sustainability of local Healthwatch is covered elsewhere in the Strategic Risk Register.	EA (To share the Strategic Risk Register with JB for information)
6.2	PB asked whether Committee skills and related recruitment would be covered in the governance review and was assured by IR that it would be.	

6.3	PB requested that as part of the strategy plan, there is analysis of the development of the network. IR agreed and updated that this is part of the business analysis work. The question to be reviewed would focus what Healthwatch England can do practically to support local Healthwatch. JM stated that a recommendations paper on the governance arrangements for Healthwatch England is due to be presented at the May Committee meeting.	
7.0	Agenda item 5: Any other business	
6.1	PB asked about the future of the People and Values Sub Committee and JM updated that a proposal to dissolve the People and Values Sub Committee and to merge the Audit and Risk and Finance and General Purpose Sub Committee will go to the May Committee meeting.	EA (To schedule a call between JB and IR to update on the strategy discussion at the 30 March workshop)
7.0	Next meeting	
	It was agreed to recommend to the full Committee that the People and Values Sub Committee is wound up.	

AGENDA ITEM: 2017/18 Business Plan, Key Performance Indicators (KPIs) and Budget

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Business was approved in principle by the Committee at the meeting in February 2017, additional work was needed on defining KPI's and a paper brought back to May 2017 meeting.

EXECUTIVE SUMMARY: The process of developing a Business Plan for 2017/18 began in October 2016. A paper was brought to the Committee meeting in February 2017. The Business Plan is included as Appendix 1. This paper begins to define the KPI's and the format for reporting progress against the Business Plan to the Committee.

RECOMMENDATIONS:

That the Committee:-

1. Note the summary Business Plan as set out in Appendix 1
2. Note the top KPI's identified from the larger number of performance indicators presented in the extended version of the Business Plan discussed at Committee meeting in February 2017.
3. Note that these KPI's are temporary and are a holding position until we have a new Strategic plan.
4. Approve the KPI's as set out in Appendix 2
5. Approve the method for reporting against KPI's as set out in Appendices 2 and 3
6. Approve the Equality and Human Rights Plans 2017-18 as set out in Appendix 4
7. Approve the Budget for 2017/18 as set out in Appendix 5

1. Background

- 1.1 The Healthwatch England team began the work of producing the annual Business Plan for 2017/18 in November 2016. I joined the organisation in January 2017 when the Business Plan was in its final draft. The plan was presented to the Committee at the meeting in February 2017. The decision at this meeting was to approve the Business Plan in principle and asked that further work was done on the presentation of the Business Plan, KPI's and mechanisms for reporting on progress to the Committee.
- 1.2 The Business Plan presented to the Committee in February tried to do too much; it contained all the activities and deliverables for each team. This meant it was difficult for senior managers and the Committee to focus on the bigger issues and the impact of organisation.
- 1.3 The Business Plan has now been divided into several different documents which will help us to focus on progress and impact.

1. High level Business Plan set out in **Appendix 1**
2. Detailed business plan that incorporates individual and team work plans
3. Detailed performances indicators which will be used to track performance, spend and impact.
4. High level KPI's against which we will report progress to the Committee using Red-Amber-Green (RAG) ratings (**Appendix 2**)
5. A table that sets out progress against specific targets giving more detail (**Appendix 3**)
6. A summary of our role, commitment and plans for Equality and human rights in 2017/18 (**Appendix)**

2. Budget 2017/18

- 2.1 At the last Committee Meeting in February 2017 we informed the Committee that we had just heard that our overall budget for 2017/18 would be £2.8m.
- 2.2 Appendix 5 details a breakdown of the budget.

3. Future Reporting to Committee

- 3.1 As a relatively young organisation our reporting mechanism are still a work in progress. The work we have done in the last couple of months helps take us to the next step in the development reporting. As we begin to develop the next organisational strategy, which will be operational in April 2018, we will build in our performance indicators and then KPI's that help us to focus from the outset on the big questions and where we are having impact.
- 3.2 The draft Business Plan presented to the Committee in February contained 64 performance indicators, many of which will provide managers with information to help them manage priorities and performance and therefore do not need to come to the Committee.
- 3.3 From these 64 performance indicators we have identified 15 indicators which provide us with more strategic information for the Committee to discuss. These are set out in **Appendix 2**. These KPI's are far from perfect but are the best we have from the approved Business Plan, over the course of the year we will work on identifying new KPI's for the next strategic period.
- 3.4 In future the Committee will receive the following performance reports:-
 1. Updates on activities from the Chair, Committee Members and National Director
 2. Delivery report against Business Plan as set out in paper 2.1 on this agenda
 3. Report on progress against KPI's
 4. Financial report, spend against budget.

Financial implications:

There are no financial implications

Key risks associated with the proposal and mitigating actions/controls:

A description of the key risks we consider most significant to delivery of the business plan is included as the Risk tolerance statement as part of the Audit and Risk Chair's report (Agenda item 2.3). This statement draws on earlier discussion at the February 2017 Committee meeting about the risks to the organisation and a further discussion with the Audit and Risk Sub Committee at its April meeting.

Legal implications

None

HR implications:

None

Equality Impact Assessment:

A summary of our commitment to Equalities and Human Rights is attached in **Appendix 4**.

Recommendation:

That the Committee:-

1. Note the summary Business Plan as set out in **Appendix 1**
2. Note the top KPI's identified from the larger number of performance indicators presented in the extended version of the Business Plan discussed at Committee meeting in February 2017.
3. Note that these KPI's are temporary and are a holding position until we have a new Strategic plan.
4. Approve the KPI's as set out in **Appendix 2**
5. Approve the method for reporting against KPI's as set out in **Appendices 2 and 3**
6. Approve the Equality and Human Rights Plans 2017-18 as set out in **Appendix 4**
7. Approve the budget for 2017/18 as set out in **Appendix 5**

Next Steps:

As part of the development of a new Strategy Plan new KPI's and methods of reporting will be developed that help us measure impact and focus on the key strategic objectives.

Healthwatch England Business Plan - Top Line KPIs

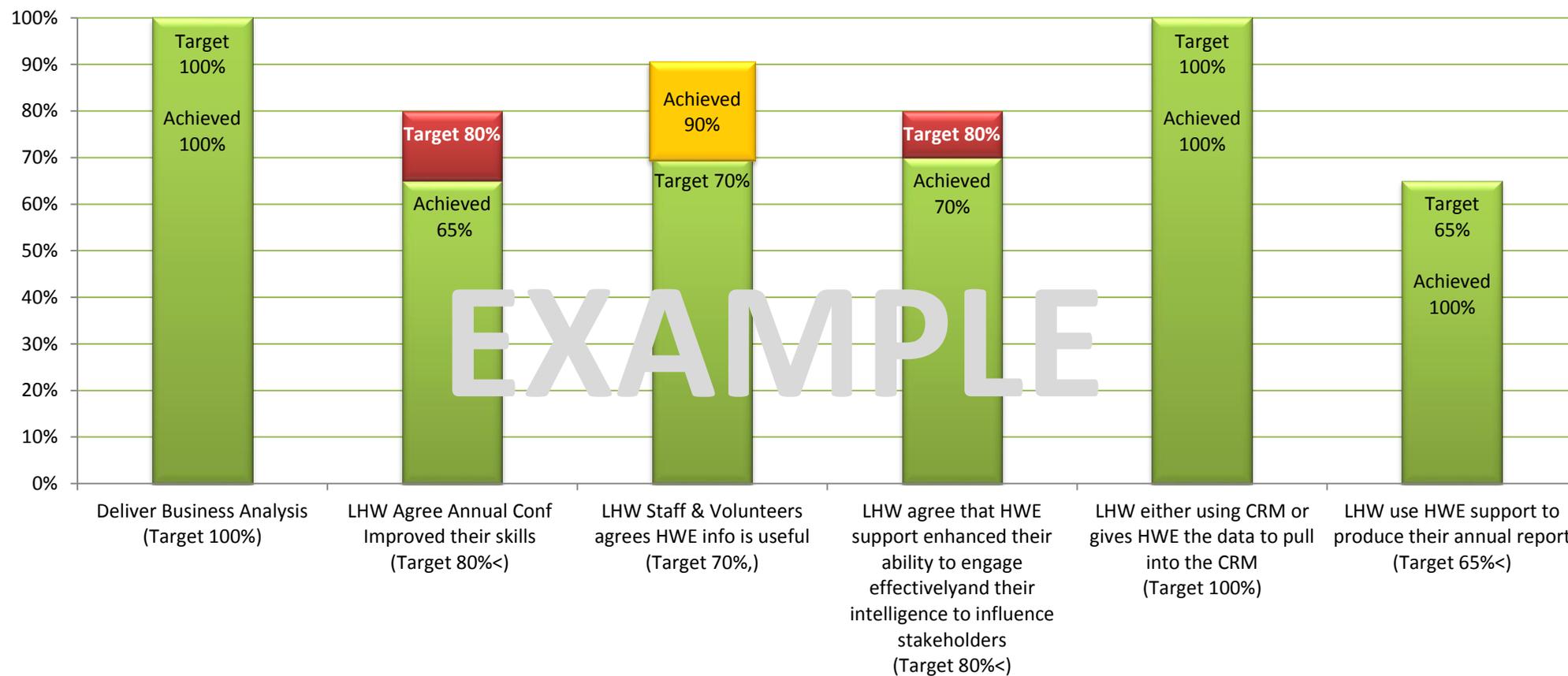
Priorities	KPIs	RAG Status Completed In Progress Delayed Not Started	Target Status On Target Behind Target - No Concerns Behind Target - Concerns Identified
ONE To provide leadership, support and advice to local Healthwatch to be a powerful advocate for services that work for people	Network business analysis delivered in Q3 to shape strategy		
	Over 80% of delegates agree that the Annual Conference, workshops (a) improved their knowledge and skills and (b) will help them run their organisations better		
	Over 70% of LHW staff and volunteers agree or strongly agree that the information we provide is useful and valuable		
	Over 80% of LHW agree that Healthwatch England support (a) enhanced their ability to engage effectively (b) helped them use their intelligence to influence stakeholders		
	100% LHW either using the Civi CRM to securely hold information or providing HWE with data that can be pulled into the HWE CRM		
	Over 65% of local Healthwatch use the support we provide to produce their annual reports		
TWO Bringing the public's views to the heart of national decisions	95% of local Healthwatch are aware of and working towards the quality requirements for information shared with Healthwatch England.		
	Every adult in England has at least 10 opportunities to see or hear messages about how and why to share experience with local Healthwatch, with numbers		

about the NHS and social care	visiting "Find Your Local Healthwatch" up 40% to 80,000.		
THREE To build and develop an effective learning and values based Healthwatch England	A clear audit exists of when and why the Committee exercises its advisory functions		
	Publish Healthwatch England strategy		
	Publish the Healthwatch England annual report to Parliament on time	Due Oct 2017	
	100% of FOI's responded to within 20 days of receipt		
	100% of projects assessed for impact	Due end of Q2	
	100% of programmes assessed for impact	Due end of Q2	
	90% of staff to respond to the staff survey	Due in Dec2017	

Appendix 3: Healthwatch England Priority 1 - KPIs

Quarter 4 - End of Year 2017/18

EXAMPLE



■ Target Unachieved
 ■ Percentage Completed
 ■ Target

APPENDIX 5: 2017/18 Budget

Cost Centre		Annual budget (£) 2016-17	Annual budget (£) 2017-18	Explanation	
	Description			Variance This Year vs Last Year%	Explanation
Pay	Healthwatch England - Establishment Costs	2,034,649	1,926,640	-5%	Pay costs include Staff and Committee
Priority 3	To build and develop an effective learning and values based Healthwatch England	244,012	107,000	-56%	
Key expenditure	Committee Meetings webcast	32,000	28,000		Contract for live meetings broadcast will expire end December 2017 - this expenditure has now been allocated to other meetings and events
Key expenditure	Website maintenance	10,000	18,000		Possible website integration with CRM in 2017-18
Priority 1	To provide leadership, support & advice to local Healthwatch to have greater influence and impact	415,890	518,000	25%	
Key expenditure	Annual Conference	123,000	132,000		
Key expenditure	Annual Report	36,000	22,000		
Key expenditure	Business Analysis		49,500		
Priority 2	Bringing the public's views to the heart of national decisions about the NHS and social care	314,000	333,000	6%	

Key expenditure		Customer Relationship Management (CRM) system rollout (including training)	220,300	285,268		
Key expenditure		Intelligence and informatics, research and engagement training	40,000	68,000		Includes rollover from 2016-17
Total	Non-Pay		1,174,902	1,207,500	3%	
Grand Total			3,008,511	2,884,640	-4%	4% reduction in 2017-18 budget compared to last financial year

AGENDA ITEM: Healthwatch England Complaints process

PRESENTING: Joanne Crossley

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: Below is the draft Complaints Policy raised against our procedures, process, staff or Committee conduct.

RECOMMENDATIONS: The Committee is asked to **AGREE** this policy.

Background:

The policy sets out the draft complaints process for Healthwatch England. A copy will be made available on Healthwatch England's website with a link to this main policy.

As well as covering the Complaint Process, the paper also provides general information about raising complaints, the types of complaints we are able to respond to and those that fall outside of our scope.

Our complaint process will be managed by the Strategy, Planning and Performance Manager. The Care Quality Commission (CQC) National Complaint Team is also on hand to offer any advice and support.

This policy is supported by guidance on managing complaints for staff.

For information: The Committee will receive a report annually on complaints received and action taken.

Financial implications:

The process will be managed by the Strategy, Planning and Performance Manager therefore no will be no resource or financial implications.

Key risks associated with the proposal and mitigating actions/controls:

The development of a complaints process with continuous review will enable the organisation give full, fair, timely and appropriate responses to those who complain or give us other feedback.

Legal implications:

No legal implication

HR implications:

No HR implication

Complaints Policy and Guidance

1. Introduction

- 1.1 We want people to be able to express their comments, suggestions and complaints about the performance of Healthwatch England in all areas of our work including the discharge of our legal duties and responsibilities. We embrace feedback, including complaints from people using services, carers and relatives, local Healthwatch, private and voluntary organisations, statutory agencies, providers and the general public. We want to ensure that, even when things go wrong, people have a positive experience when bringing these matters to our attention. Complaints as feedback can act as an early indicator that a system is not working effectively, and analysing these trends can provide valuable insight and act as a driver for change.
- 1.2 The aim of our complaints procedure is to:
- Provide an appropriate, compassionate and timely resolution for all parties
 - Promote a learning culture when things go wrong
 - Drive improvements to the way we deliver our functions
 - Uphold the principles of our values and behaviours
 - Promote a positive culture and contribute to our overall effectiveness as a high performing organisation.
- 1.3 We will give full, fair, timely and appropriate responses to those who complain or give us other feedback. Healthwatch England will also try to find solutions to the issues that have given rise to the complaint and take into account any new learning or insights about how to perform and deliver our responsibilities more effectively.

2. What is a corporate complaint?

- 2.1 A complaint is an expression of dissatisfaction regarding our actions, lack of action, or the standard of service provided, by us, or on our behalf. For example, this could be about the way in which we have dealt with a situation, the performance or conduct of staff, or how we apply our processes.

3. Who can complain to Healthwatch England?

- 3.1 Anyone directly affected by the way in which we have carried out our functions, or anyone acting directly on such a person's behalf (such as a carer or relative) may make a corporate complaint under this policy. This would include local Healthwatch.

3.2 Complaints to Healthwatch England will be managed by the Strategy, Planning and Performance Manager and should be sent to complaints@healthwatch.co.uk.

4. Type of complaints that can be considered under the procedure?

4.1 Each complaint received by Healthwatch England will be carefully reviewed to see if the issues raised fall within the parameters of the complaints procedure. Any complaint that falls outside the parameters will be signposted to the correct organisation that is best placed to handle the complaint.

4.2 The following are the types of complaints that may fall under the scope of the procedure:

- Administrative errors (including mistakes, delays)
- Unprofessional behaviour
- Failure to comply with standards
- Failure to follow proper procedures

5. Can we look into the issue?

5.1 There will be occasions where the issues raised cannot be considered under the complaints procedure. Where this is the case the Strategy, Planning and Performance Manager will explain why this is along with who to contact. Healthwatch England will ensure that the handover of the complaint to another team or organisation is handled seamlessly.

5.2 The following are the types of issues which will not fall under the scope of the procedure:

- Complaints about providers of health and social care. These will be referred directly to local Healthwatch who are best placed to gather information about service providers.
- Complaints about the action or inaction of the Government, Department of Health, NHS bodies, local councils and partnership organisations.
- Complaints about local Healthwatch. These will be referred to the local Healthwatch or in some instances the council which commissions the local Healthwatch. However, complaints/feedback about local Healthwatch will still be of interest to Healthwatch England and inform the support provided to local Healthwatch.
- Complaints about employment (from Healthwatch England employees or former employees). These will be referred to our HR team.
- Concerns connected with contractual or commercial disputes involving Healthwatch England. These will be referred to Legal or Finance Commercial and Infrastructure Partners.

5.3 We will not consider any complaints where an investigation would not serve any useful purpose, or where to do so would not be an appropriate use of the complaints procedure having regard for the proper use of public funds.

- 5.4** Anonymous complaints will be carefully reviewed by Healthwatch England and the National Director will make a decision on what action to take.
- 5.5** We will not investigate complaints that we reasonably consider would be more appropriately dealt with by a referral to the:
- The Care Quality Commission
 - Information Commissioner
 - Parliamentary and Health Service Ombudsman
 - Local Government Ombudsman
 - Relevant professional body or association
 - Tribunal or other legal process
 - Local Healthwatch
- 5.6** Where a matter is being dealt with through another process in Healthwatch England, CQC or that of an external body, all issues raised will be dealt with as part of that process and not under the complaints procedure.

6. The process

6.1 Resolving concerns quickly

We expect in the first instance that all concerns about Healthwatch England will be addressed as soon as they arise. Healthwatch England will contact customer within 7 days to identify and agree a satisfactory outcome and set an agreed timescale for the action to be completed. This process is also known as our First Line Resolution (FLR).

7. Investigation of complaints

- 7.1** We recognise that not all issues can be resolved quickly or informally and in some cases an investigation may be required. In this case the Strategy, Planning and Performance Manager will liaise with the Head of function in the business areas about which a complaint is made in order to initiate an investigation.
- 7.2** The Head of function, within that business area, will be responsible for investigating the complaint, unless the complaints impacts on them or is about a member of staff's conduct or behaviour, in which case the Healthwatch England National Director will agree the most appropriate investigator to assign to that complaint.
- 7.3** Where a complaint relates to an individual committee member, or to the National Director, then the Chair of Healthwatch England will be responsible for investigating the complaint. If the complaint relates to the Chair of Healthwatch England and then a member of the committee will be assigned as the investigator.
- 7.4** The Strategy, Planning and Performance Manager will act as the coordinating person to check if the CQC National Complaints Team have received a duplicate complaint and liaise with the CQC National Complaints Team if joint activity is needed.

8. Suspending or pausing the complaints process

- 8.1** In the following circumstances, the complaints procedure may be suspended, either because the law requires it, or it is in the interests of all concerned to allow another process or investigation to run its course before taking action under complaints process. Some examples include:
- Healthwatch England employees' disciplinary action
 - A criminal or fraud investigation
 - A child or adult protection investigation
- 8.2** The final decision to suspend the complaints sits with the Healthwatch England National Director.
- 8.3** In addition, where further information is needed, it may be paused until the information required has been received. During the pause, if necessary, the Strategy, Planning and Performance Manager will contact the customer twice to ask them for the necessary information. If it is not received within the specified deadline, the complaint will be closed and the customer informed. Consideration will be given in exceptional circumstances, dependent on the reason for the delay, to re-opening the case if the required information is produced.

9. Complaints received about Healthwatch England by the CQC

- 9.1** If the CQC National Complaints Team receive a complaint about Healthwatch England this will be passed to Strategy, Planning and Performance Manager to be dealt with under the Healthwatch England arrangements for the handling of complaints.

10. Learning from Complaints

- 10.1** The Healthwatch England Executive Team will receive regular reports from the Strategy, Planning and Performance Manager, which will incorporate information on the progress in managing complaints within agreed timescales and confirming the implementation of any agreed actions; case studies that highlight particular themes that require common action or system wide changes; impact of the complaints process that has led to business improvement; and the detail and outcome of cases referred to the PHSO.
- 10.2** Complaints will not be "closed" until Business owners have confirmed actions have been implemented. To support wider business improvement the Strategy, Planning and Performance Manager will seek to cascade the learning from complaints through core communications.

11. PART 2: Complaints process - Handling Complaints about Healthwatch England - Service Model

Steps	Overview	Further Detail
Assessing our service/can we look into your case?		
1. Contact Customer (within 3 working days)	Channels: telephone, email, letter, or social media	<ul style="list-style-type: none"> • Make sure people know and understand what we do, manage expectations before progressing further with registering the complaint or concerns. • Establish if we can help the customer to resolve the issue straightaway.
	Complaint for us?	<ul style="list-style-type: none"> • Capture key elements of the complaint • Establish, if appropriate, what has gone wrong and the remedy sought. • Summarise what is being complained about? • Establish customers preferred method of communication.
	Complaint not for us? Information/signposting	<ul style="list-style-type: none"> • Provide help and support in signposting the complaint to the appropriate body that can assist.
2. Is it appropriate for us to look into?	Is the complaint / concern one we can look at?	<ul style="list-style-type: none"> • Strategy, Planning and Performance Manager to consult with Leadership Team and record the decisions on the complaint log.
3. Out of scope? -Explain why (within 7 working days from receipt)	Decision communicated	<ul style="list-style-type: none"> • If we cannot look into the complaint/concern, Strategy, Planning and Performance Manager to explain why. • Strategy, Planning and Performance Manager to offer to help in another way i.e. forward to relevant business area or provide details of appropriate external agency.
4. First Line Resolution (within 7 working days from receipt)	Details confirmed about what is in scope and subject to first line resolution	<p>Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Confirm details with customer. • Liaise with business area / leadership team. • Confirm what is needed and how quickly. • Provide updates to customer until action is completed. • Provide update to customer of resolution • Update customer records and close complaint.

<p>5. Investigation (within 30 working days)</p>	<p>When complaint received: liaise with business area to let them know a complaint has been triaged for investigation, and to gain investigator details.</p>	<p>Day 1: Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Send confirmation to customer. • Contact investigator and handover: complaint, supporting papers and the complaints investigation record template. • Pass on detail of investigator to customer so they know who will be in touch. <p>Day 10 & Day 15:</p> <ul style="list-style-type: none"> • Strategy, Planning and Performance Manager to check with investigator on progress of investigation. <p>Day 15 - Day 20:</p> <ul style="list-style-type: none"> • Investigator to complete draft report and investigation record and send to Strategy, Planning and Performance Manager. <p>Day 20 -25:</p> <p>Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Review draft report and action any recommendations at this stage if applicable. <p>Day 28:</p> <p>Strategy, Planning and Performance manager to:</p> <ul style="list-style-type: none"> • Contact customer, if appropriate, to let them know that investigation is being finalised and they will receive information shortly. Or alternatively let the customer know of any delays, the reasons why and the new timeframe. <p>Day 30:</p> <p>Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Send report and cover letter to customer • Record any further contact from customer.
<p>6. Learning & Actions (inc remedy)</p>	<p>Follow through with the business area on agreed recommendations</p>	<p>Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Feedback final report and any learning from the complaint to the business area. • Have any of the recommendations been implemented

		<p>or are scheduled to be implemented. Monitor compliance and track these on an individual basis and as agreed with the business area.</p> <ul style="list-style-type: none"> • Update customer once recommendations have been implemented and update records.
7. Aftercare	General feedback on process.	<p>Strategy, Planning and Performance Manager to:</p> <ul style="list-style-type: none"> • Record any feedback from the customer. • The Strategy, Planning and Performance Manager will manage any conversations from a customer following the response and will carefully consider if, in the light of new information, a further review is required. If it is, then we may return to the investigator or business area for further information. If following assessment we are satisfied that nothing further can be addressed by Healthwatch England we will inform the customer of their right to refer the complaint to the PHSO.