healthwatch

HEALTHWATCH ENGLAND COMMITTEE MEETING PAPERS

Wednesday 23rd July
Nottingham

Venue: Jurys Inn, Station Street, Nottingham, NG2 3BJ

TABLE OF CONTENTS

AGENDA ITEM	LED BY	ACTION	RELATED PAGES
1. Welcome and apologies	Anna Bradley	To open the meeting	N/A
2. Minutes of the last meeting, actions log and matters arising	Anna Bradley	To confirm the minutes and discuss the matters arising	4 - 12
3. Declarations of interests	Anna Bradley	Committee Members to declare any interests	N/A
4. Chair's Report	Anna Bradley	For noting	13 - 15
5. Chief Executive's Report	Dr. Katherine Rake	For noting	16 - 21
6. Escalation and Intelligence Report; Background Paper to determining our 2nd special project	Deborah Laycock and Dr. Marc Bush	For discussion and decision	22 - 34
7. The Intelligence return from local Healthwatch 2014 - **in slide pack at back**	Gerard Crofton Martin	For discussion	35
8. Public participation session	Anna Bradley		
9. Audit and Risk Sub Committee Chair's Report	Jane Mordue	For noting	36 - 37
10. Committee Members update	Committee Members	For noting	38 - 42
11. Operational Update – report back on Q1 deliverables and Q2 delivery plan	Sarah Armstrong	For noting	43 - 53
12. Customer Relationship Management (CRM) Report	Tim Schofield	For noting	54 - 57
13. Healthwatch England and NHS England Memorandum of Understanding - **in slide pack at back**	Katherine Rake	For discussion and decision	58
14. Healthwatch England and Monitor Memorandum of Understanding	N/A	For noting	Annex A 59 - 65
15. Healthwatch England and the Trust Development Authority Memorandum of Understanding	N/A	For noting	Annex B 66 - 69
16. Any other business and Close of session	Anna Bradley		

ANNEX	
Annex A: Healthwatch England and Monitor Memorandum of Understanding (Agenda Item 14)	59 - 65
Annex B: Healthwatch England and the Trust Development Authority Memorandum of Understanding (Agenda Item 15)	66 - 69
Annex C: Overview of all escalated cases from April-June 2014 (Agenda Item 6)	70 - 76
Annex D: Overview of unresolved escalated cases since 2013 (Agenda Item 6)	77

AGENDA ITEM: 2

SUBJECT OF REPORT: Previous Committee Meeting Minutes

PRESENTING: Anna Bradley

PURPOSE: This report will reflect the minutes and actions of the previous Committee Meeting of 14 May 2014

RECOMMENDATIONS: The Committee are asked to approve the minutes and action log of the previous Committee Meeting of 14 May 2014

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Previous Minutes of the Committee Meeting on 14 May in Liverpool

Present (Committee Members): Anna Bradley (Chair), John Carvel, Deborah Fowler, Christine Lenehan, Pam Bradbury, Andrew Barnett, Michael Hughes, Jenny Baker, Patrick Vernon, Alun Davies, Jane Mordue.

Apologies: Liz Sayce, Paul Cuskin.

In attendance: Dr. Katherine Rake, Dr. Marc Bush, Sarah Armstrong, Deborah Laycock.

A full recording of this session is available at www.healthwatch.co.uk

AGENDA ITEM 1 - Welcome

The Chair opened the meeting and thanked previous Committee Members David Rogers, Dag Saunders, Christine Vigars, Dave Shields and Jane McFarlane for their contribution to the previous incarnation of the Committee. The Chair welcomed the new Committee Members; Jenny Baker, Andrew Barnett, Pam Bradbury, Paul Cuskin, Deborah Fowler and Liz Sayce.

AGENDA ITEM 2 – Previous Minutes

Michael Hughes clarified that the action log should include the types of communication we are having with Dr. Peter Litchfield and David Nicholson.

AGENDA ITEM 3 – Declarations of Interests

There were no declarations of interests.

1. **ACTION – Present a table of Declarations of Interests for all Committee Members on the Healthwatch England website by the next Committee Meeting on 23 July**

AGENDA ITEM 4 – Chair's Report

Anna Bradley, Chair presented her report to the Committee.

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

- Attention was drawn to the NHS Constitution as it does not engage with children and young people's issues and Healthwatch England should continue to highlight the constitutional issues of children and young people and social care when discussing the NHS Constitution.
- It was noted that the resources and timescales of implementation of the Better Care Fund meant that local Healthwatch had not been as engaged as they would have liked.

AGENDA ITEM 5 – Chief Executive's Report
Dr. Katherine Rake, Chief Executive, presented her report to the Committee.

Committee Members welcomed the CEO's report and the following comment was made:

- Concerns regarding the progress of care.data were raised and Dr. Katherine Rake updated the Committee of the ongoing work and that there will be discussion with local Healthwatch to hear of their experiences so far.

AGENDA ITEM 6 – Audit and Risk Sub Committee Chair's Report

Michael Hughes, a member of the Audit and Risk Sub Committee, presented the report to the Committee.

Committee Members welcomed the Member of the Audit and Risk Sub Committee's report and the following comment was made:

- Members felt reassured that the Audit and Risk Sub Committee were prioritising the risks in the Risk Register and reviewing the last financial year at the next meeting in May.

AGENDA ITEM 7 – Members Updates

Members reported their visits to local Healthwatch; events attended and fed back intelligence to the Committee.

- Committee Members expressed a concern about the name of 'Healthwatch' being used by organisations that are not linked to Healthwatch England or to local Healthwatch.
- Committee Members highlighted that the Member's update should reflect work done on behalf of Healthwatch England as well as in their other roles.

2. **ACTION – Present an alternative Member's Update at the next Committee Meeting on 23 July**

AGENDA ITEM 8 – Memorandum of Understanding

Trust Development Authority

Dr. Katherine Rake presented the Healthwatch England and the Trust Development Authority Memorandum of Understanding.

Members' welcomed the Memorandum of Understanding and the following comment was made:

- The Committee highlighted that there is still work to be done to highlight the impact on resources for local Healthwatch. A greater emphasis on reconfiguration and more detail on the protocol were also suggested.

APPROVED – The Committee agreed the Memorandum of Understanding with the Trust Development Authority

AGENDA ITEM 9 – Operational Update

Sarah Armstrong, Head of Operations, presented her update to the Committee.

Committee Members welcomed the update and raised the following comments:

- Committee Members wanted to highlight that the quarterly metrics of enquiries, calls log and media opportunities would be best reflected in a chart format to capture the detail from previous quarters.
- It was suggested that the media overview should include the media work of local Healthwatch and how Healthwatch England figures compare to similar organisations.

3. **ACTION – Include a summary of the successes and challenges of the Enquiries feature in the next Operational Update**
4. **ACTION – Reviewing and presenting the formatted quarterly metrics of enquiries and calls log**
5. **ACTION - Present quarterly communications metrics**

AGENDA ITEM 10 – Escalation Update

Dr. Marc Bush, Director of Policy & Intelligence, presented the update to the Committee.

Committee Members welcomed the update and raised the following comments:

- Committee Members suggested there needs to be an assurance that all escalations are analysed and accelerated in a measured and considered way.
- Committee Members wanted further clarity of the escalation process on behalf of consumers. It was highlighted that development of escalation cases can be proactive to make sure that the report includes the work of local Healthwatch where cases might not be escalated to Healthwatch England.

6. **ACTION – Schedule our policy and intelligence products for Healthwatch England**

AGENDA ITEM 11 – Healthwatch England Strategy

The Healthwatch England Strategy was presented for discussion. The Committee made the following comments and observations:

- Committee Members were interested in clarifying and strengthening the wording of the Strategy.
- The Committee desired to have diagrams included in the Strategy when finalised to make it more accessible.

AGENDA ITEM 12 – Healthwatch England Business Plan

Dr. Katherine Rake, Chief Executive Officer, presented the Business Plan.

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

- Committee Members wanted to make sure that the support offer to local Healthwatch was not over estimated.
- Committee Members discussed having a broadened section on how Healthwatch England will work with the voluntary sector included in the Business Plan.
- The Committee were keen to have a more formal alliance with third sector organisations.
- Committee Members desired to have a financial and staffing plan included in the Business Plan.

7. **ACTION – Committee Members requested a briefing on the financial and staffing requirements at the next Committee Meeting in July**
8. **ACTION – To produce a Diversity Plan**

AGENDA ITEM 13 – Monitoring Framework 2014 – 2015

Sarah Armstrong, Head of Operations, presented the Monitoring Framework.

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

- The Committee demonstrated an interest in having a benchmark so there is a way to monitor what work has been done against targets.
- The Committee asked if the Monitoring framework adequately presented what the aims of Healthwatch England are.
- Committee Members welcomed working with Sarah Armstrong on developing the Monitoring Framework.

9. **ACTION – To present the newly formatted dashboard at the next Committee Meeting in July.**

AGENDA ITEM 14 – Healthwatch Network Update

Gerard Crofton-Martin and Susan Robinson presented the Healthwatch Network Update.

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

- Committee Members welcomed the bespoke and themed approach to providing support to local Healthwatch and suggested adding the Better Care Fund and its aftermath.
- The Committee were keen to see the governance structure for local Healthwatch and the makeup of individuals and voluntary organisations.
- Committee Members were concerned about whether 'good practice' took on board the context of local Healthwatch.
- Committee Members wanted to highlight the mutual relationship of support with local Healthwatch.
- Committee Members discussed the importance of building on the research from local Healthwatch and voluntary organisations rather than replicating.
- Committee Members cautioned that as Healthwatch are re-commissioned locally Healthwatch England does not act in a way that could be misconstrued to influence local decisions.
- Committee Members asked about the ownership intellectual property of work produced in collaboration with other organisations.
- Committee Members explored the independence of local Healthwatch as part of the Statutory Framework and to explore as part of the next Commissioning round in the autumn.

10. **ACTION – To present an overview of local Healthwatch governance structures at the next Committee Workshop in June**

AGENDA ITEM 15 – Research and Intelligence

Dr. Marc Bush presented an update on Research and Intelligence.

Members' welcomed the update and the following comments were made:

- Committee Members clarified that this paper was focussed on the content produced and the communications team will then develop products.
- Committee Members wanted to ensure that there was synthesis between the research and intelligence and the communications team.
- Committee Members highlighted the extent of data available and an awareness of areas where there is limited data.

AGENDA ITEM 16 – Special Inquiry Update

Dr. Marc Bush presented the Special Inquiry Update.

Members' discussed the report and made the following comment:

- Committee Members commended the work that produced the Channel 4 news update on the Special Inquiry.
- Committee Members wanted examples of effective work as this would be a powerful leverage and that links should be made with organisations where good practice is known.
- Committee Members asked about how local Healthwatch can be engaged in the day of action.

AGENDA ITEM 17 – Public Engagement Session

Conclusion

The Chair thanked everyone for their time and contribution.

AGENDA ITEM 2
ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
25/09/13	Hilary Manning and Dr. Katherine Rake	Progress NHS England Memorandum of Understanding to completion	This is presented to the Committee at this Committee Meeting	In progress	In progress
21/11/13	Sarah Armstrong	When full staff team in place, they are to be introduced to the Committee formally through a number of staff/Committee engagements	Organise opportunities for Committee and staff to engage at the monthly staff meetings	Quarter 2	In progress
21/11/13	Anna Bradley	Anna to write to Merrick Cockell about the transparency of information made available by the LGA	N/A	N/A	Superseded
13/02/14	Esi Addae and Susan Robinson	Establish a programme for visits to local Healthwatch	To organise a timetable of introductory events for Committee Members (for new Committee Members this will be included as part of induction programme)	Quarter 2	In progress
13/02/14	Dr. Marc Bush	Communicate with Dr. Peter Litchfield, reporting on what we have done and creating a timeline for an outcome	We have written a letter to Dr. Peter Litchfield and continue to seek clarity on the issues raised by local Healthwatch	Completed	Completed
13/02/14	Dr. Marc Bush and Deborah Laycock	Contact local Healthwatch about their escalations and ask them to comment on their experience of Healthwatch England handling their escalated query or concern	Produce a project plan setting out the review and evaluation process for the rest of the pilot period	Ongoing	In Progress

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
13/02/14	Dr. Katherine Rake	Contact the Chief Executive of NHS England to discuss the next phase of care.data	Updated by Dr. Katherine Rake during her fortnightly meeting with Tim Kelsey	Ongoing	In progress
13/02/14	Dr. Marc Bush	Support Healthwatch Reading with resources to help them in unsafe discharges	An invitation has been made to all local Healthwatch via email to engage with the Special Inquiry	On-going	In progress
14/05/14	Esi Addae	Present a table of the Declarations of Interests for all Committee Member's on the Healthwatch England website	Updated by Esi Addae on the Healthwatch England website	Quarter 2	Completed
14/05/14	Esi Addae	Present an alternative Member's Update at the next Committee Meeting on 23 July	An updated Member's Update has been made available for the July Committee Meeting	Quarter 2	Completed
14/05/14	Sarah Armstrong	Include a summary of the successes and challenges of the Enquiries feature in the next Operational Update	A summary of the successes and challenges of the Enquiries feature is included as part of Operational Update – report back on Q1 deliverables and Q2 delivery plan	Quarter 2	Completed
14/05/14	Sarah Armstrong	Present a newly formatted quarterly metrics of enquiries, calls log and media opportunities	A newly formatted metrics diagram is included in the Operational update	Quarter 2	Completed
14/05/14	Sara Cain	To present quarterly communications metrics	The quarterly communications metrics are included as part of the Operational Update	Quarter 2	Completed
14/05/14	Dr. Marc Bush	Schedule our policy and intelligence products for Healthwatch England	Our policy products are underway and we have started to produce some of our intelligence products	Ongoing	In progress
14/05/14	Sarah Armstrong	Deliver a briefing on the financial and staffing plan at the next Committee Meeting in July	A staffing and financial update has been included as part of the Operational Update	Quarter 2	Completed
14/05/14	Dr. Katherine	To produce a Diversity Plan	The Diversity and Inclusion Sub Group now	Quarter 3	In progress

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
	Rake		consists of Liz Sayce, Jane Mordue, Patrick Vernon and Alun Davies with a teleconference scheduled for early August		
14/05/14	Sarah Armstrong	Present the newly formatted dashboard at the next Committee Meeting in July	The newly formatted dashboard is included in the Operational Update	Quarter 2	Completed
14/05/14	Gerard Crofton-Martin	To present an overview of local Healthwatch governance structures at the next Committee Workshop in June	A status of the Healthwatch Network was presented which included an overview of local Healthwatch governance	Quarter 2	Completed

AGENDA ITEM: 4

SUBJECT OF REPORT: Chair's Report

PRESENTING: Anna Bradley

PURPOSE: This report aims to highlight the Chair's activity since the last Committee Meeting on 14 May in Liverpool

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Introduction

Since the May meeting, I have continued to focus on developing our key relationships and raising our profile. I have had particular focus on our Special Inquiry. My role has been to develop the panel's deliberations with the purpose of concentrating on the evidence, experiences and ideas of consumers. My site visit to the mother and baby unit in South London emphasised for me how crucial the inquiry is to the health and well-being of many vulnerable people. In this period we have invested in an induction for new Committee Members.

Healthwatch England Strategy

I am pleased to say that we have finalised our strategy and business plan. The business plan has been approved by the Department of Health. The strategy provides an excellent opportunity to reflect on our strategic aims as an organisation and also to share with the public and stakeholders on how we will engage with consumers to achieve our strategic aims. Our strategy and business plan will be published on our website shortly and the communications team will be producing accessible summaries for broader public consumption. I would like to thank Committee Members for their help in achieving the appropriate tone and substance.

Healthwatch England Committee

Together, Committee Members are responsible for strategic oversight to make sure that Healthwatch succeeds in discharging its responsibilities as the national consumer champion for people, families and carers who use health and social care.
During the Committee Workshop in June, we explored how Committee Members will work. Committee Members completed individual Skills Audits to identify their areas of expertise. I have now agreed objectives with all Committee Members; these include a set of common objectives for all, as well as individual objectives highlighting their particular

contributions. We are now developing a plan for how to draw on the considerable expertise within the Committee in our day to day activities.

An induction programme led by the Development team has begun; this will provide Committee Members with an overview of the network. All the Committee members want to engage with the network and the Development team are developing a programme to make this happen.

New Committee Members have all had a half day induction with senior members of Healthwatch England, to gain an overview of the organisation. We also spent half a day with the four Regional Committee Members and the Development team to develop the model for their specific role. They will focus on four things: sharing the intelligence they pick up about local Healthwatch, acting as ambassadors for Healthwatch England to local Healthwatch; providing counsel on the local Healthwatch perspective; and enhancing our understanding of the regional environment which local Healthwatch work in.

I am pleased to have Deborah Fowler join the Audit and Risk Sub-Committee, and Liz Sayce joining the Diversity and Inclusion Sub Group.

Strategic Partners

Statutory Partners

Department of Health
I had a very positive meeting with the Secretary of State for Health, The Rt Hon Jeremy Hunt MP. I updated him on the work of the network one year on from its establishment and on key aspects of our work including our complaints programme. He was pleased to see the way our work with local Healthwatch was developing. On complaints, Mr Hunt was keen to hear our ideas about what else could be done to improve the system. The team at Healthwatch England are following this conversation up.

Care Quality Commission (CQC)
Our joint work with the CQC on the hospital inspection process continues to develop. Katherine and the team are working with the CQC to identify the next steps in the process to ensure that local Healthwatch feel confident to engage in the inspection process. David Prior came to Healthwatch England to meet the team more generally, which was very welcome.

NHS England
I had a constructive introductory meeting with Simon Stevens, Chief Executive at NHS England. The meeting served as a good opportunity to refresh our working relationship with NHS England and to discuss areas where joint working could be taken forward. As an immediate action from the meeting, I suggested representatives from Healthwatch England and NHS England work together to develop some common principles for ways of working to help inform a refreshed Memorandum of Understanding. I have followed up by writing to ask Simon to respond to the original letter I sent to Sir David Nicholson about our concerns with the Care.data programme.

External engagement

I continue to have a number of 1-2-1 meetings with key influencers in health and social care to build relationships and raise awareness of Healthwatch England and the network and also to share examples of work we are undertaking to make a difference to consumers.

Central to this is developing new relationships with other system players and identifying areas of potential collaboration. Following our concerns with the Care.data programme, I met with my counterpart at the Health & Social Care Information Centre (HSCIC), Kinglsey Manning. The meeting proved fruitful, not just to share experiences in relation to Care.data but also, about how Healthwatch England and HSCIC could share information with each other in the future.

I am continuing to meet with parliamentarians who are interested in our work and are keen to know more about how local Healthwatch are developing. Of note, I recently met with Shadow Health Secretary, Rt Hon Andy Burnham MP. Mr Burnham was keen to hear about how the network was developing and the challenges local Healthwatch are facing on the ground. I thanked him for his contribution to our annual conference and offered to share relevant pieces of work with him, once in the public domain.

I have been invited to speak at a number of events since our last Committee meeting. Of particular interest, was the key note address at the National Pharmacy Association annual conference when I drew on our work on rights in respect of pharmacy services.

I also participated in a conference hosted by think tank Reform on the topic of coordinated health and social care. With contributions from Norman Lamb MP and former Health Secretary Rt Hon Stephen Dorrell MP, I was invited to participate in a panel discussion about “consumers as enablers”. In my contribution, I shared my concerns about the failure to meaningfully engage the public in discussions about coordinated care, and about how we need new modes of public engagement to capture what people want from local services.

Members are invited to DISCUSS.

AGENDA ITEM: 5

SUBJECT OF REPORT: Chief Executive's Report

PRESENTING: Dr. Katherine Rake OBE

PURPOSE: This report aims to highlight the Chief Executive's activity since the last Committee Meeting in May

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Delivery on key activities

My report will provide an update on the Healthwatch network as well as an update on work with our statutory partners.

HEALTHWATCH NETWORK UPDATE

A big focus this quarter was preparation for the Annual Conference. Our aims for the Annual Conference were to deepen relationships, share priorities and learning, showcase good practice and deliver training and support. With 360 people and 130 local Healthwatch attending, for the first time we had the opportunity to have so many local Healthwatch all together, connecting and sharing ideas. The first day concentrated on celebrating the impact of the network as well as understanding the health and social care sector. The day included profiling of our upcoming work and insight on influencing at local level as well as plenty of opportunity to interact at tables and an opportunity to hear from of Jon Rouse, Director General, Social Care, Local Government and Care Partnerships.

The evening awards ceremony allowed us to celebrate the fantastic achievement of local Healthwatch and to see colleagues recognised for their enduring hard work and dedication.

The second day was in a workshop style, allowing delegates to attend a series of nine workshops running simultaneously supported by local Healthwatch, Healthwatch England staff and Committee Members. A full evaluation of the Annual Conference is currently underway and the initial overall feedback has been positive with local Healthwatch identifying the collective strength of working together.

The launch of the Yammer site has allowed local Healthwatch, the Committee and Healthwatch England staff to engage with each other in an entirely new way. We listened to local Healthwatch about what they wanted as priorities from the Hub review. We have developed a site which allows people to communicate with others in similar roles in other

local Healthwatch and also people working on similar projects as seen with communication regarding the annual report. The Development Team have also been using this space to answer frequently asked questions each week, which have also been collated into a document. We have more than 602 people active on Yammer and more than 70 groups, so far with the most active groups being around communications, annual reports and the special inquiry. These groups and other daily interactions have shown us how useful this tool can be for us to engage local Healthwatch in Healthwatch England projects but, more importantly, for local Healthwatch to come together to share practice and learning around areas of common interest. We have also extended the licenses from 2 to 6 per local Healthwatch without cost to them. We are responding on a case by case basis to support local Healthwatch if they have further needs.

Since the May Committee meeting, the Communications Team have supported over 50 local Healthwatch over 11 days in Bristol, Liverpool, London, Cambridge, Leeds, Newcastle, Exeter, Birmingham and Manchester with media training. The training days have offered bespoke training to give local Healthwatch spokespeople a guide on how to do press interviews for print, radio and broadcast media. All of the training days so far have rated the session as excellent with local Healthwatch commenting on its usefulness. Feedback has been that the training sessions have allowed local Healthwatch to feel more confident, prepared and focussed on the core messages.

The National Council for Voluntary Organisations (NCVO) have been commissioned to produce a toolkit to support and build capacity for local Healthwatch in recruiting, managing and retaining volunteers. The toolkit is expected to become live at the beginning of August. Following telephone interviews with a number of local Healthwatch, NCVO have produced an initial draft currently being reviewed internally. A proposed structure and summary of the challenges faced by local Healthwatch and how these have been addressed was presented to local Healthwatch at the Annual Conference at the Volunteering in Action workshop. The feedback from the workshop, as well as volunteering roles local Healthwatch identified as being successful will be incorporated into the next draft of the toolkit.

For the last three months the Development Team have been supporting local Healthwatch with their annual report though a dedicated session in the newsletter, signposting local Healthwatch to resources on the Hub and our Yammer site.

As this is the first time that local Healthwatch have produced their annual reports as part of their legislative requirements, the Development Team have spent a lot of time supporting and responding to questions from local Healthwatch. They have been supporting local Healthwatch to understand the legislative requirements, both through written guidance, and explaining how they can ensure they are meeting the legislative requirements while retaining an individual feel that tells their story. Some local Healthwatch have needed additional support where there was a disagreement between parties as to who should sign off the report. Some local Healthwatch also flagged that they were unable to have their report available by the 30th June deadline as set out in the directions. We have received 137 out of 148 annual reports and the Development Team is supporting the remaining local Healthwatch to produce their Annual Reports.

We have also had 140 out of 148 data returns which allowed us to gain an understanding of local Healthwatch priorities. We gave everyone a flavour of this at the Annual Conference and which will be highlighted in further detail on the agenda item – The intelligence return from local Healthwatch.

I had site visits with Healthwatch Staffordshire and Healthwatch Lincolnshire and attended Healthwatch Northamptonshire's annual meeting. I found all of these visits highly informative and thank them for their hospitality.

WORK WITH STATUTORY PARTNERS

With support from my team, I have continued to build and develop relationships with our statutory partners to establish mutually beneficial ways of working.

Department of Health

The team and I met with our sponsor team in May for our end of year accountability review. This meeting provided an opportunity to review our activity for the previous financial year. This involved reflecting on our achievements and successes as well an opportunity to discuss the potential risks and challenges for the year ahead.

As well as commending Healthwatch England for successfully establishing itself as the independent voice of consumers, the sponsor team recognised our important contribution to supporting the operational set-up of the network. Furthermore, the sponsor team reflected on the nature of our working relationship with the Department of Health and noted how our relationship was now well-developed and a model relationship.

Care Quality Commission (CQC)

We are continuing to work with the CQC to finalise the framework for engaging local Healthwatch in the inspection regimes.

To underpin this, we undertook a survey of local Healthwatch on the levels and quality of engagement with CQC, during pilot inspection sites. The survey was completed by 22 local Healthwatch, representing nearly a third of those possibly involved in the pilot inspections. The survey highlighted that the general relationship is inconsistent, ranging from extremely good, to not good or there not being a relationship at all. Comments included that of changing CQC staff, clarity of roles, inconsistency and a one way relationship from local Healthwatch. The majority of local Healthwatch (80%) involved in the survey knew about inspections in their area, however, many commented that they were advised very late and 59% were not kept informed of the inspection process. Also 60% were not invited to the quality summit or similar events, which is unfortunate as those invited found them useful and felt able to contribute. Most local Healthwatch were positive about the new CQC approach to regulation and inspection of services, with 55% responding to the latest CQC consultation. While the numbers completing the survey were small, the themes of inconsistency in local relationships and concerns about timeliness of

information and the quality of listening events were also were also highlighted at the Annual Conference.

The next steps are to finalise the "working together" principles as a result of feedback from the Annual Conference. The Development Team are working on developing small regional advisory groups involving local Healthwatch and CQC to discuss progress, scheduling regular follow up in a range of settings and to produce case studies to highlight good practise helping to drive up the quality of working relationships generally.

We are working with the Care Quality Commission to develop a briefing for local Healthwatch about the inspection process and how to work with the inspection.

In addition, I continue to meet quarterly with David Behan to discuss the operational arrangements of our relationship with the CQC to fulfil his Accounting Officer role. I have also established a pattern of meetings with Eileen Milner, Head of Corporate Services where we discuss the continuing services provided to us by CQC. Finally, I also met with David Prior which proved as a useful touch point to reflect on the status of our relationship over the previous financial year.

Public Health England

I had a very productive meeting with Duncan Selbie, Chief Executive at Public Health England. He is very positive about Public Health England and Healthwatch England working together, and sees public health as an area of common interest for us both. Sharing data was a key area of discussion and action to will be taken forward by the Healthwatch England team with Public Health England counterparts.

Monitor

My team have worked with their counterparts in Monitor to finalise the Memorandum of Understanding. I met with Helen Buckingham, Chief of Staff, to discuss the remaining matters with a final review between Dr. David Bennett, Chief Executive, and myself during our bi-annual meeting. The final version of the Memorandum of Understanding is presented to the Committee for approval. We continue to work Monitor on developing a work plan highlighting our working relationship.

Trust Development Authority (TDA)

I met with David Flory to discuss our relationship with the Trust Development Authority. We are both keen to develop a strong working relationship; as such we have agreed to establish a formal relationship in line with our other statutory partners. The Healthwatch England team have developed and drafted a Memorandum of Understanding with their Trust Development Authority colleagues. The final version of the Memorandum of Understanding is presented to the Committee for approval.

Local Government Association (LGA)

This was the first meeting with Carolyn Downs, Chief Executive, since the Healthwatch Implementation Team had been disbanded at the end of March 2014. Therefore, the focus was to discuss how Healthwatch England and the LGA could continue to take forward the positive working relationship cultivated over the last two years and decide how best to share information about the relationship between local authorities and local Healthwatch.

A permanent lead has been appointed at the LGA with the responsibility for overseeing the relationship between local authorities and local Healthwatch and the Development Team will take this relationship forward.

NHS England

NHS England has agreed the principles of the Memorandum of Understanding. We are working to shape and influence the roll out of the care.data programme. We have been involved in the research programme with the aim of ensuring they understand the public's concerns about care.data as they undertake a phased roll out. We are also working to inform the choice of pilot areas to ensure local Healthwatch are adequately engaged.

External engagement

I continue to meet with our regulatory counterparts, third sector bodies and other relevant organisations to build a clear picture of key issues for consumers and the network and also to identify areas of joint working, where applicable.

In May, I met with Julie Wood, Director of NHS Clinical Commissioners (NHS CC), the body responsible for representing clinical commissioning groups. The meeting served as a good starting point about how we can work together at a national level to develop ways of working to strengthen relationships between local Healthwatch and clinical commissioning groups. I have asked the Development Team to take this work forward.

Building on our existing relationship, I met with Gillian Guy from the Citizens Advice Bureau to discuss our joint work on complaints and also our other forthcoming pieces of work. Similarly, I also met with Richard Lloyd from Which? to update him and his team on our complaints programme.

I had a positive meeting with Chris Ham, Chief Executive of the Kings Fund. I updated Chris on our integration work, our service re-design project and the special inquiry. We identified a common work strand themed on patient experience and I have asked my team to follow up with the Kings Fund and build on our initial discussions.

I continued to promote our work and build our reputation within parliament. In June, I meet with Sarah Newton MP (Conservative, Truro and Falmouth) who was particularly interested in our special inquiry on the focus on homeless people. I also met with Rt Hon Sir Tony Baldry MP (Conservative, Banbury) who was keen to know about Healthwatch Oxfordshire, I have offered to keep him informed on our progress and work.

At the end of May, I was invited to speak at the Patient Safety Congress where I was involved in two panel discussions. The first panel was themed on the supporting a culture of excellence whilst managing regulatory obstacles and the second panel looked how patient experience could be used to create better patient-led services. The congress was a useful opportunity to share and promote our work with over 1,300 policy-makers, providers and commissioners representatives as well as regulatory colleagues.

I also chaired a workshop themed on patient experience at the NHS Confederation conference.

Finally, I was invited to address the Safeguarding Adults Coordination Group jointly hosted by the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS). At the meeting, I highlighted some of the work local Healthwatch are involved in on safeguarding, and I was pleased to hear some really positive comments from representatives about their experience of local Healthwatch.

Members are invited to DISCUSS.

AGENDA ITEM: 6

SUBJECT OF REPORT: Escalation and intelligence report, and background paper to determining our second special project

PRESENTING: Deborah Laycock and Dr. Marc Bush

PURPOSE: This report provides the Committee with an overview of escalated issues arising from the network and seeks to place escalated issues within the wider intelligence received from local Healthwatch. Within this report, all escalations received to date (2013- 2014) are presented alongside information received in the Local Healthwatch Annual Return. In addition, further information is provided on specific escalation cases reported between April-June 2014.

RECOMMENDATIONS:

1. To note the escalations to date and the approach adopted to them;
2. To agree to rename the process 'formal referrals'; and
3. To agree to the following actions in relation to 'formal referrals':

a. The Committee consider exploring the issue of GP access as part of a larger piece of consumer insight work on the agenda item relating to 'Determining the 2nd Special Project';
b. The Committee agrees to undertake a 2nd special project aiming to better understand children and young people's experiences of Child & Adolescent Mental Health Service. This is detailed below – Determining our 2nd special project.

RESOURCE IMPLICATIONS: See below

RISK AND MITIGATION: The risk to the escalation process is that the staff time needed to deliver the process is too great (to enable staff to also deliver other core work and programmes). To mitigate this, the number of escalated issues will be tracked and Healthwatch England members of staff carrying out work as part of the escalation process are currently completing a resource log to ascertain staff allocation required to support the escalation process. Temporary resource has been brought into the policy team to help with investigation and resolution. The Senior Management Team now have weekly oversight of the process to ensure resourcing and resolution is sustainable.

This will be discussed further at the September Committee Workshop.

REPORT

The future of this report

As requested at the last Committee Meeting our escalation report will be integrated into a more substantive Healthwatch intelligence report that we will lay before the Committee.

The new intelligence report will be built incrementally as our new intelligence architecture comes on line.

In this report we begin to transition the format by including an update on the escalation process, flagging escalations that need further consideration and then proposing activities for our consumer insight and special projects work.

SECTION 1: UPDATE ON IMPROVING THE ESCALATION PROCESS

At the last public meeting, the Committee asked for an update on the improvements that are being made to the escalation process. Below we outline the steps that have been taken to pilot and improve the process, and end with reflections on the process from the local Healthwatch who attended our workshop at the annual conference.

COMMUNICATION WITH LOCAL HEALTHWATCH

To ensure we improved communication with local Healthwatch we have focused on:

- Informing local Healthwatch about the escalation process;
- Keeping local Healthwatch who have escalated a case up to date with progress; and
- Informing all local Healthwatch of current escalated cases to both assist with seeing how widespread an issue is in the network and to demonstrate to local Healthwatch the work that Healthwatch England is doing on escalations and the outcomes we have achieved on the cases.

INFORMING LOCAL HEALTHWATCH OF THE PROCESS

An updated resource for local Healthwatch will be drafted by the end of July 2014. A number of local Healthwatch, and our Healthwatch England Committee member Deborah Fowler, will be reviewing the draft resource with the final resource being disseminated mid-August 2014.

The resource will cover:

- What is an escalation (as opposed to routine data/an issue that the Healthwatch England development team can support with) – including the criteria Healthwatch England use to define an escalation;
- When to escalate an issue (suggestions of local pathways that could/should be followed before a local issue is escalated to Healthwatch England: Steps you might take before making an escalation …);
- How to escalate an issue. This will be updated post CRM roll out. How to send in supporting intelligence on an open escalation issue; and

- Healthwatch England process once it receives an escalation case.

KEEPING LOCAL HEALTHWATCH WHO HAVE ESCALATED A CASE UP TO DATE WITH PROGRESS

Ongoing communication with local Healthwatch is led by the policy lead of the escalation case. During the conference workshops, local Healthwatch commented that they have recently noticed the difference in speed of responses and updating of escalation cases from Healthwatch England.

INFORMING ALL LOCAL HEALTHWATCH OF CURRENT ESCALATED CASES

A new communication will be trialled and feedback sought from local Healthwatch and we hope to launch this in August 2014.

The proposal is to have a page on the Hub for escalations. This will link through from the Hub homepage. The escalation page will include a visual of the current open issues (details of the issue, number of local Healthwatch escalating the issue, actions taken to date by Healthwatch England) which will be updated monthly, an archive document that lists all of the closed escalation cases for reference, case studies of escalation cases successfully resolved, and will act as the central storage space for resources and guidance for local Healthwatch on the escalation process. Monthly, the updated Hub page will be highlighted in the Healthwatch newsletter and on Yammer.

LEARNING FROM THE ESCALATION WORKSHOP WITH LOCAL HEALTHWATCH

At the Healthwatch annual conference we ran a workshop for local Healthwatch interested in the escalation process. Whilst the Committee will receive a full evaluation of the conference and workshops, we wanted to briefly include below early reflections from the workshop:

- About half of local Healthwatch who attended the workshops were not aware of the escalation process or what constituted an escalation;

- Local Healthwatch were however pleased that a process was in place to escalate issues up to Healthwatch England;

- There was a good degree of understanding that if it is a local issue, all efforts must be made locally to resolve it before it can be escalated up to Healthwatch England;

- Regular communication/feedback with local Healthwatch who have escalated an issue is key. Local Healthwatch would like to be carbon copied into correspondence around the escalated issue as a way of being kept up to date. If Healthwatch England decides not to take forward an escalation issue local Healthwatch would like to see a clear rationale as to the reasons; and

- Local Healthwatch would like a monthly update on current escalated issues to commence as soon as possible – they found the list of current escalated issues shared in the workshop very useful.

MAKING ESCALATIONS EASIER TO UNDERSTAND

During the escalation workshops some local Healthwatch told us that they found the term "escalations" unclear and confusing.

They felt that it does not differentiate between the different types of information that local Healthwatch share with Healthwatch England. An alternative term that was proposed is **formal referral**. We would like the process to work as best as it can for local Healthwatch and as such are proposing that we change the name from escalations to formal referrals.

Section 2: Local Healthwatch priorities and escalations

At the last Committee meeting we were asked to contextualise local Healthwatch escalations within priorities they have set for their own local activity.

To do this we have looked at the data from the local Healthwatch annual return relating to the priority issues from 2013-2014 and 2014-2015, the escalations to date and data from our own enquiries line.

The analysis shows that at the top of local Healthwatch concern and priority are access to **GP services** and the **sufficiency of mental health services**. Over a third of the network (see figures 1 and 2) are actively engaged in 2013/14 and 2014/15 in activity relating to these issues, with 28 standalone reports published by local Healthwatch on GP access (see figure 3). In addition to this, we have received four escalations relating to GP access and 3 relating to mental health services (figure 4). Further, over the last quarter we had concerns raised by 43 members of the public about GP services and 9 on treatment in mental health services.

FIGURE 1

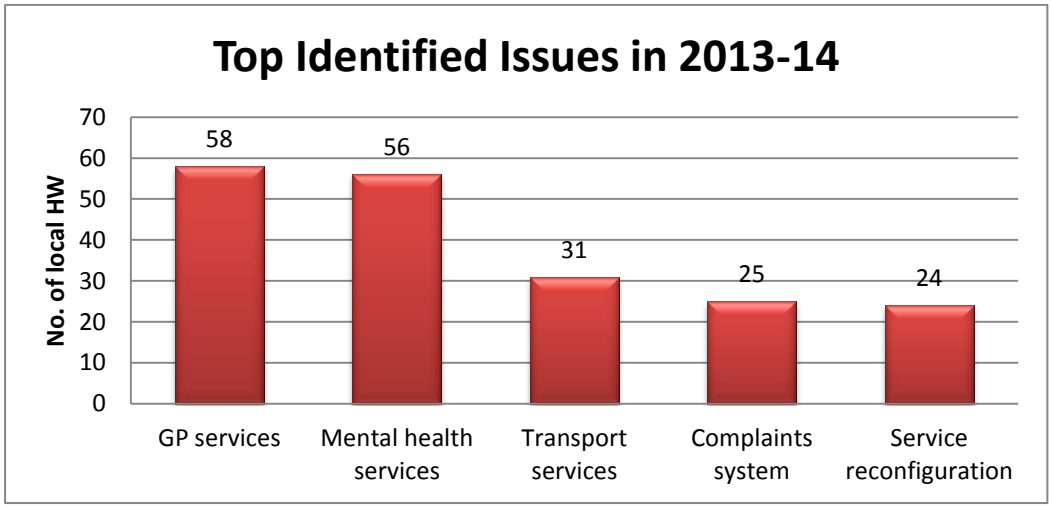


FIGURE 2

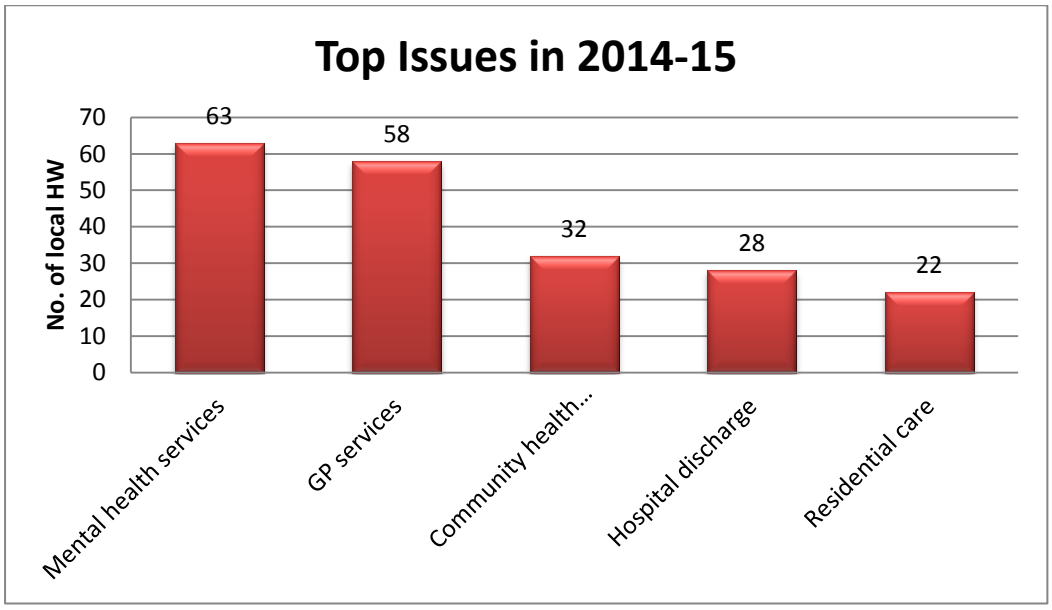


FIGURE 3

TOP ACCESS TO GP ISSUES HIGHLIGHTED IN 28 LOCAL HEALTHWATCH REPORTS

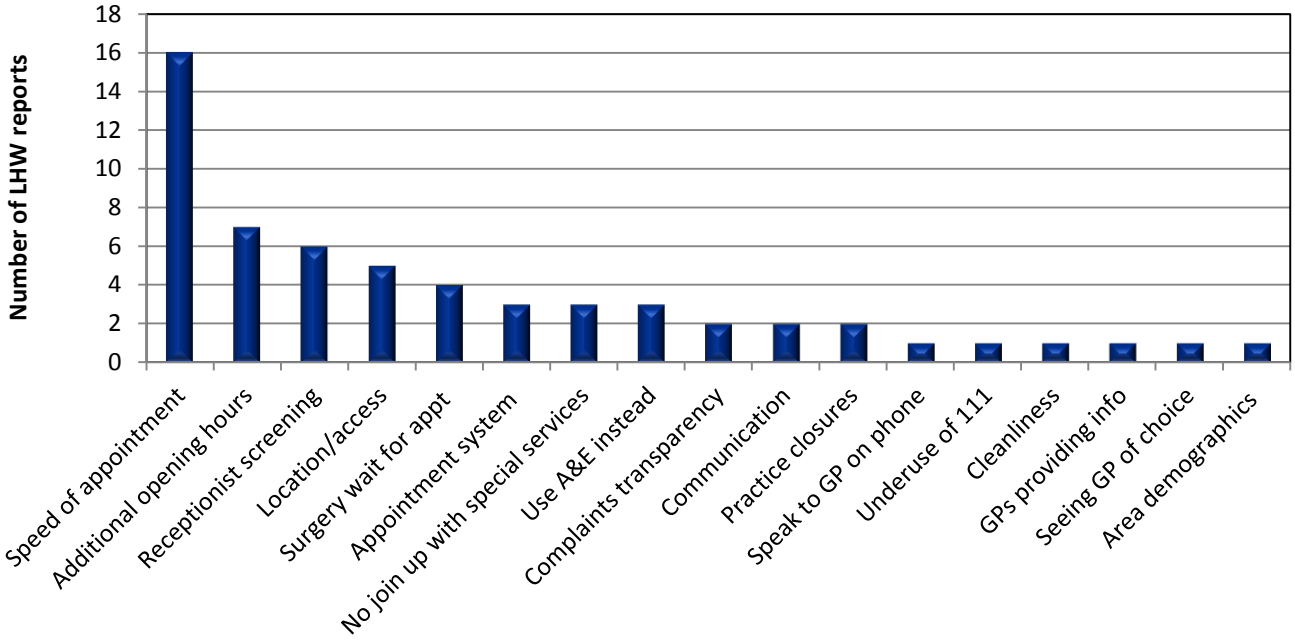


FIGURE 4

Escalated issue	No. of local HW escalating issue
Service reconfiguration/public consultation	8
Access to dentists	6
Complaints system	5
GP Access	4

Escalated issue	No. of local HW escalating issue
Implementation of Mental Health Act	2
Implementation of NICE guidelines	2
NHS111	2
Care.data	2

Source: the table indicates all escalated issues raised to date (based on escalations as of 02/07/14) by more than one local Healthwatch[1].

ESCALATED ISSUES IN Q1 2014/15 (APRIL TO JUNE)

During the first quarter of 2014/5 we have had 20 escalations from 19 local Healthwatch. At the last Committee meeting, we were asked to provide further detail on actions to date and proposed next steps.

As requested by the Committee at the last meeting, we have brought to the front of this section the escalation that require further action or need to be flagged to the Committee for their attention.

1. Committees in Common

Local Healthwatch, in areas where Clinical Commissioning Groups (CCGs) have established Committees in common to joint commission services, have escalated concerns about the impact of these arrangements. Specifically, we have heard about the impact of these arrangements on the transparency and accountability of decision-making and the effect it is having on local Healthwatch's ability to carry out their statutory functions. These practices include:

- disengagement with local accountability mechanisms;
- poor public engagement by CCGs and the Committee in common;
- major decision-making items, such as models for service reconfiguration, being discussed in closed sessions of the Committee; and
- insufficient planning for public engagement and conversations on service reconfiguration that will directly result from decisions made by the Committee in common.

[1] Other escalated issues (escalated by one Local Healthwatch only): Access to information, Ambulance service, Better Care Fund , Enter and View training, Fairer Charging' initiative, GP referral system, NHS Choices, Investigation of deaths in mental health secure setting, Monitoring and accountability, Orthotics, Procurement/commissioning, Safeguarding in mental health settings, Unsafe discharge, Specialised services - people with disabilities, Statutory boundaries, Transfer of NHS numbers / gender re-assignment, DWP - PIP Assessments , Fitness to work assessments, GP charging for letters

Based on these escalations and our own investigations, we have sent an advisory note to the Secretary of State about our concerns and made recommendations about the safeguards that need to be included into the Draft Legislation Reform (CCG Res) Order 2014 and supporting guidance issued by NHS England. A briefing on the issue and the use of our powers has also gone to local Healthwatch and we are in contact with those affected by the arrangements.

Over the next quarter we will continue to support local Healthwatch in areas affected by the existing and new arrangements.

Based on our recommendations we hope also to shape any DH and NHS England issued statutory guidance to CCGs and local authorities on establishing accountability arrangements between local accountability structures, Health and Wellbeing Boards and Committees in common, ensuring these models enable local Healthwatch to fully exercise their statutory functions.

Further, we hope to work with the Department of Health, NHS England and the Local Government Association, to ensure adequate safeguards are put in place in the governance arrangements for Committees in common. This would assure the public that there is a mechanism to address breakdowns in accountability or blocking of local Healthwatch statutory functions. We feel this is particularly important given that many of these collaborative commissioning arrangements will involve major reconfiguration programmes.

We are bringing this to the attention of the Committee to note the use of our statutory powers and to offer the opportunity for your reflections on the escalation and next steps.

2. GP Access

As described in the above section, concerns about GP access dominate our escalations to date.

We have continued to engage with both the Care Quality Commission (CQC) and NHS England on these concerns and are making incremental improvements, but now feel that a more substantive focus on the transformation of GP and primary care services is required.

To this end, we are recommending that the Committee explore the issue of GP access as part of a larger piece of consumer insight work. We will return to this recommendation as part of the agenda item relating to 'Determining the 2nd Special Project'.

3. Disparities in independent investigation of deaths in secure mental health settings

We have had a serious concern escalated to us about a review undertaken into the deaths of four patients of a medium secure setting in 2011. It has raised wider concerns about the quality of care at the facility and the policy governing investigation in these settings.

Since the escalation, we have been gathering information on from local Healthwatch, regional and national CQC and NHS England on specifics of the investigation into the

deaths and inspections on the facility. We have alerted CQC to our concerns and the inspectors are undertaking comprehensive inspections of the service.

Our next steps include writing to NHS England to understand the reasons why the Terms of Reference of an initial review of the deaths was changed and continuing to work with the local Healthwatch to ensure adequate action is taken and that national decision makers are told about the findings and improvement journey post-CQC inspection.

We intend to continue to explore the wider policy issue relating to the disparity between the independent investigation of deaths in secure mental health settings and other secure settings. Deaths occurring in prisons or in custody are automatically independently investigated but this is not the case in secure mental health facilities.

We are bringing this to the Committee's attention to highlight the escalation and see whether there any considerations we need to have in pursing this work and to agree the next steps.

Annex C contains a full updated overview of all escalated cases from April-June 2014.

SECTION 3: DETERMINING THE FOCUS OF OUR 2nd SPECIAL PROJECT

Unresolved concerns

This quarter we have identified two substantive area of consumer concern that we were unable to resolving using our ordinary mechanisms and so are bringing to the Committee for consideration as candidates for our second special project. The two areas of concern are:

1. Access to GP services
2. Sufficiency of Child & Adolescent Mental Health Service (CAMHS)

These concerns were identified using our agreed approach to special projects and based on data and intelligence drawn from:

- National data sets and Healthwatch England polling;
- Data and reports from third parties;
- Data, reports and escalations form local Healthwatch; and
- Face to face conversations and deliberations with consumers.

Criteria for prioritisation

In considering candidate issues for special project, the Committee has agreed the following criteria for prioritisation:

The issue being raised or identified is:

- A threat or infringement / breach of a consumer right in health and social care (based on our right-based framework);
- Seen by consumers as a priority for change or action;
- Has been raised by local Healthwatch informally, through the escalations process, or through report recommendations;
- A growing or changing trend in national statistics;
- Can be resolved by a policy or practice intervention by Healthwatch England or local Healthwatch;
- Something Healthwatch England has the capacity and/or resource to address; and
- Something Healthwatch England adds value to as another organisation are not adequately covering the issue.

The Committee has also agreed previously to ensure a balance of the following factors when deciding on priorities:

- National with local concerns;
- Issues faced by all ages with children and young people, working age adults or older people;
- Issues that apply to health or social care with both health and social care;
- Issues faced by the greatest volume of consumers with smaller groups of consumers with greater levels of need; and
- Issues that can be addressed reactively with proactively and prospectively

These criteria were agreed by the Healthwatch England Committee in the August and September 2013.

Spectrum of activity

When considering the action that could be taken by Healthwatch England on these concerns, the Committee agreed to consider a spectrum of possible activity. This includes:

Action	Description
Advisory notes	▪ Explain the detail behind a concern we are raising through the use of our informational and advisory powers ▪ Contain an overview of the concern, its impact on consumer and/or local Healthwatch and recommendations ▪ An example is the advisory note on Committees in common
Special projects	▪ Relate to a structural or system failure ▪ We will definitely use our informational and advisory powers ▪ This is the highest level of intervention ▪ An example is our current special inquiry into unsafe discharge
Thematic reports	▪ These are focus on a substantive concern for consumers ▪ Research based reports working with the affected community ▪ Will make recommendations ▪ We may use our formal powers, but unlikely to be to the

	Secretary of State ▪ An example is our forthcoming report on complaints
Consumer insight briefings	▪ Focus on consumer insight into a national area of concern ▪ Testing through polling, deliberations and interviews ▪ Unlikely to make recommendations as the purpose is to inform the debate and challenge myths
Policy briefings	▪ Updates on major changes in legislation, policy or guidance and inquiries ▪ Focus on informing local Healthwatch and sometimes other core stake holders ▪ An example is our briefing on Trust Special Administration and forthcoming one on the Care Act

Candidate issues of concern

Below is the background to each of the candidate issues, including current context to the national debate. At the end of each sub-section is a proposal on the action Healthwatch England should take, for the Committee's consideration.

1. <u>ACCESS TO GPS</u>

<u>THE PROBLEM</u>

Despite high satisfaction with GP surgeries, many people still find it hard to get access to see their GP, with around 1 in 4 patients still unable to get an appointment.

Even those who are able to access GPs have to wait a long time to see a doctor or nurse. Around 1 in 6 consultations involve a wait of at least seven days and it is estimated that this trend will only continue with 2 in 5 GPs predicting at least a two week wait from April 2015. This leads to increased reliance on other urgent care services, with 1 in 4 of all people going to A&E (5.8 million) because they couldn't get a GP appointment.

Worryingly, the a quarter of public we spoke to said their next stop would be A&E, if they were unable to get a GP appointment, rising to a third if they needed treatment outside of normal GP hours. When we explored this further with the public, people told us that it meant they did not seek further treatment, used urgent care services or relied on self-medication at their local pharmacy.

This issue remains a significant concern for local Healthwatch with continued escalations and appearing in their priorities for both 2013/14 and 2014/15. It is also the top issue coming through the Healthwatch England enquiries line.

CURRENT ACTION

NHS England is currently supporting the transformation of primary care. Through their call to action, wider literature, national priorities are focusing on:

- Investing in out of hours GP provision;
- Introducing more flexible ways of conducting appointments (i.e. remote consultations and telehealth);
- Ensuring greater join up between primary and social care services to facilitate social prescription;
- Creating more active roles for pharmacists and allied health professionals;
- Bringing urgent and GP services closer together to better triage patients ; and
- Creating incentives for the public to keep GP appointments and engage in self-care and remote solutions.

To this end, the Department of Health has invested £50 million of the Prime Minister's Challenge Fund in a pilot scheme to increase out-of-hours provision.

Proposal

We propose that we:

- Undertake consumer insight work to explore public experience of GP access, motivations underpinning usage and public opinion on alternative models of treatment and care;

- Do this through a mixture of representative polling, deliberative events and focused interviews; and

- Report on our findings in our first consumer insight briefing to be launched in December 2014.

2. SUFFICIENCY OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

THE PROBLEM

Despite 1 in 10 children and young people having a mental health condition, Child and Adolescent Mental Health Services (CAMHs) are not getting the support they need. By the age of 14 half of all lifetime mental health conditions have manifested and by 24 years this rises to three quarters.

NHS England analysis suggests the number of hospital beds for specialised (tier 4) services are going up across the eight dedicated units in in England in Manchester, Liverpool, Sheffield, Birmingham, Cambridge and London. However, funding for the universal and community-based (tier 1-3) services is decreasing, impacting on the availability of these services and leaving many young people without the support they vitally need at the moment of crisis, and unnecessarily heightens the distress that many young people face.

This is particularly concerning as it affects children and families living in areas where other social determinants of mental health exist.

From local Healthwatch intelligence and escalations and conversations with the public we are hearing a wide variety of concerns about access to CAMHs, availability of low level and out-of-hours provision, and treatment of children and young people in secure (tier 4) settings. During our current special inquiry we have also encountered young people in adult mental health services who raised concerns about the sufficiency of transitions from CAMHs.

CURRENT ACTION

In October 2013, the Chief Medical Officer and Chief Scientific Adviser for the Department of Health raised concerns in her annual report about the current state of children and adolescent mental health. This echo concerns that had previously been raised in 2008 by a national CAMHS review supported by the then Department for children, Schools and Families and the Department of Health.

In response to their findings NHS England have pledged to:

- Increase by 50 CAMHS specialised beds for young patients. Recruit 10 to 20 new case managers working across the country responsible for ensuring that young people receive appropriate levels of care;

- Improve the way people move in and out of specialised care; with consistent criteria for admission and discharge, based on best practice; and

- Undertake a strategic review of CAMHS services part of NHS England's wider work on specialised services.

In February 2014, the Health Select Committee launched a fresh inquiry into children's and adolescent mental health and CAMHS. The Committee is currently taking written and oral evidence and is due to report in autumn 2014.

Proposals:

- Undertake a special project aiming to better understand children and young people's experiences of CAMHs and to broker a new cross-agency action plan to ensure a step change in improvement;

- Use the summer to work with NHS England, the Department of Health, Department for Education, Youth Justice Board and the Health Select Committee to explore and propose a remit, format and Terms of Reference for our second special project; and

- Bring a full proposal for the second special project to the September Committee workshop.

Members are invited to DISCUSS and to APPROVE the proposals.

AGENDA ITEM: 7

SUBJECT OF REPORT: The Intelligence return from local Healthwatch 2014

PRESENTING: Gerard Crofton-Martin

PURPOSE: This report seeks to give Committee Members an understanding of the local Healthwatch network

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: The risks have been discussed at the July Committee Workshop

Members are invited to DISCUSS.

AGENDA ITEM: 9

SUBJECT OF REPORT: Audit and Risk Sub Committee Chair's Report

PRESENTING: Jane Mordue – Chair, Audit and Risk Sub Committee

PURPOSE: This report will reflect the meetings of the Audit and Risk Sub Committee on 28 May and 14 July. We continue to focus on the risk areas for Healthwatch England to ensure that operational, financial and reputational risks are carefully considered and mitigation is in place

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Report

We continue to challenge Healthwatch England's senior management team and the Care Quality Commission to support and strengthen Healthwatch England's governance.
At our 28 May meeting we focussed on the risk register, with special attention paid to the Customer Relationship Management (CRM) system. We also reflected on our own effectiveness as a Sub Committee and considered ways in which our skills can be strengthened and developed. We agreed an internal audit programme for the year. The focus of our meeting on 14 July was on the financial and operational update as well as scrutinising the Standing Financial Instructions which now incorporate the new Accountable Officer role for our Chief Executive. We also heard from a CQC representative to review how we best monitor our finances. I am pleased to present Deborah Fowler as the newest member of the Audit and Risk Sub-Committee.
During this period we focussed on the following key areas of business:

- Risk Register and Managing Risk;
- CRM; and
- Our Effectiveness.

1. Risk Register and Managing Risk

We challenged the team to produce a three tier review of risk, looking at a high level overview for the Audit and Risk Sub Committee; a risk register detailing key strategic and operational risks and a detailed risk register that will be used as a management tool. To guide the risk register we identified 5 key thematic areas; insight and evidence, reputation and influence, quality and consistency, mission creep and how fit for purpose and effective the organisation is. We have worked with the staff team to collate both a Strategic Risk Register and an Operational Risk register which allow us to have an overview of each deliverable and milestone within the context of the business plan. We are aware

that the risk register must be effective and efficient to highlight riskier areas before they happen and will bring the draft version to the next Committee Workshop in September.

2. Customer Relationship Management (CRM) system

We reviewed the CRM system concentrating on the security risks. We were re-assured of the security situations and presented with how the risk would be mitigated by the CRM team using the Technical Risk Assessment document. We were also re-assured that there will be an internal audit of the system and the Audit and Risk Sub-Committee will be informed when this has happened.

3. Our effectiveness

We reviewed our effectiveness as a Sub Committee exploring how we achieve responsibilities, make decisions and support the Committee to make decisions by reviewing the comprehensives of assurances in meeting the Chair, Accountable Officer and Committee's needs. We agreed that there is a balance to be had between our financial, governance and performance roles to concentrate more on audit in the future. This links with the production of an internal audit plan, which will be presented to the Audit and Risk Sub Committee in September, with an update for the Committee at our next meeting in October.

Internal Audit
We agreed an internal audit programme for 2014/2015 which would include an audit of information governance and security as well as work to review the end of year financial process. The latter reflects a need to achieve a financial monitoring system which is geared to an organisation of our size. The Audit and Risk Sub Committee has considered some potential topics and asked the Head of Operations to explore these with the Internal Audit team.

Accounts and Audit
Our accounts were laid before Parliament on 10 July within the Care Quality Commission's Annual Report and Accounts.
We look forward to working with the new internal auditors appointed by the Department of Health and are agreeing priorities for the 2014/2015 programme.

Members are invited to DISCUSS.

AGENDA ITEM: 10

SUBJECT OF REPORT: Members Update

PRESENTING: Committee Members

PURPOSE: This report aims to highlight the summary of Committee Members' contributions since the last Committee Meeting in May. The report is a summary of contributions from Committee Members. Individually the Committee Members provide a voice for key groups in our communities, and have made sure at a national level that their issues, challenges and concerns have been heard by Healthwatch England. They also engage with local Healthwatch through events and regional meetings. This enables us to learn more about the progress of the network.

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Report covers:

- What has been done on behalf of Healthwatch England this quarter?
- What has been the impact?
- What are the next steps?

New Committee Member Induction

New Committee Members since the last Committee Meeting in May have been focussed on understanding their role and expectations. This has been embedded in the induction programme which has included workshops, reading and orientation as well as specific Regional Committee briefings from the Development Team for all Regional Committee Members. This involved gaining an understanding of the national role and the development of the Healthwatch Network. With the support of Regional Development Officers, Regional Committee Members continue to gain an understanding of their role as well as the regional networks and the national performance framework for local Healthwatch.

New Committee Members continue to increase their knowledge and understanding the issues facing local Healthwatch; and have begun to work with colleagues on the Committee to continue this work.

Supporting Healthwatch England

Committee Members have responded to and inputted into the Healthwatch England Strategy and Business plan to enable Healthwatch England staff to develop a Strategy and Business plan that is encompassing of the values, work and vision of the organisation.

Committee Members have also been involved in the interviews for staff posts in Policy and Intelligence, and Development teams. This support has allowed Healthwatch England to continue to recruit the best possible mix of staff to achieve its objectives. Committee Members who are part of the Special Inquiry panel continue to contribute to the quality of the Inquiry process. There has been support to Healthwatch England to deliver the first Special Inquiry to a high standard. Panel members visited Hull to hear the experiences of mental health users. Patrick Vernon observed that the response and feedback of mental health service users involved in the special inquiry process suggests social prescribing is a growing way of engaging patients with primary and the third sector for older people and mental health service users.

National Information Governance Committee (NIGC)

John Carvel is the Healthwatch England representative on the National Information Governance Committee (NIGC), a sub-Committee of the Care Quality Commission (CQC). With valuable assistance from Marc Bush and his team, has kept the NIGC informed of consumers' concerns about issues of confidentiality and information sharing, including the care.data programme. Other issues include lack of awareness of the need for confidentiality among GP reception staff and problems of poor information sharing revealed by our special inquiry.

The main contribution on the NIGC has been on work to build such issues into the key lines of enquiry for the Care Quality Commission's new inspection regime. This has had considerable impact and good progress has been made in the last quarter. This work may be considered to relate specifically to the first priority in our business plan, which includes engaging with the Care Quality Commission's inspection regime.

Meetings and Events

Committee Members engage with local Healthwatch through events and regional meetings. Paul Cuskin met with the Carers Federation, North East Chairs to discuss the difference between development officer and regional ambassador roles. The aim is to launch a North East Chair's forum by establishing a Yammer group as an introduction.

Alun Davies spoke at the Healthwatch Gloucestershire Annual General Meeting. The meeting was very well organised and attended. There were two well-organised groups in the audience of people with fibromyalgia and from a young people's group respectively and both groups were keen for Healthwatch Gloucestershire to take-up their issues. The impact of having both the fibromyalgia and young people's groups wanting Healthwatch Gloucestershire to take-up their issues highlighted to the importance of and difference that Healthwatch Gloucestershire could make.

Andrew Barnett attended an international conference on innovation as well as presented on the challenges in health and social care. Andrew also chaired a seminar on the importance of collaboration in health and social care at which former Health Secretary Rt Hon Stephen Dorrell MP spoke.

Michael Hughes visited Healthwatch Birmingham and attended their Annual General Meeting. This visit facilitated stronger links between Healthwatch Birmingham and continues our work in building and supporting the network.

Patrick Vernon attended Navajo's Conference and Awards Ceremony in Liverpool. This is a Gay, Lesbian, Bisexual and Transgender, Intersex (LGBTI) people's organisation which covers the North West in the aim to involve and serve the LGBTI community in terms of their social wellbeing. This highlighted the importance as part of our equality work to recognise the LGBTI community experiences of health and social care and the importance of inter-sectionality.

Pam Bradbury produced an article for the Nursing in Practice publication, which allowed for a demonstration of the understanding that Healthwatch has of the current primary and community nursing issues. As well as highlighting support for the Better Care Fund initiative, whilst raising some concerns about implementation without robust processes and the involvement of nursing teams and Allied Health Professionals.
Pam presented at the NHS Clinical Commissioners Lay Members Network Inaugural Event, in association with Healthcare Financial Management Association (HFMA). This was to enhance the awareness of Healthwatch amongst lay member communities and to provide examples of working with local Clinical Commissions Groups (CCGs) and to finally encourage CCG engagement with local Healthwatch.

National Arm's Length Bodies Chairs' and Non-Executives' Conference (NALC)

Jenny Baker and Michael Hughes attended the Department of Health and National Arm's Length Bodies Chairs' and Non-Executives' Conference (NALC) – 'Developing a Shared Understanding of the Next 12 months' bringing together over 70 Chair's and Non-Executive Directors from 18 arm's length bodies ranging from the Department of Health and NHS England to the Human Tissue Authority. Key speakers included the Secretary of State, Rt Hon Jeremy Hunt MP, Sharon White, Second Permanent Secretary, HM Treasury on 'The Economic Outlook', Ben Page, Chief Executive of Ipsos Mori on 'Public Expectations of the Health and Care Systems' and Una O'Brien, Permanent Secretary, Department of Health on 'Looking to 2015 and Beyond'. Sharon White highlighted the bleak picture for future government spending including on health and social care post the recession. It was an opportunity to gain an overview of arm's length bodies and their relationship with the Department of Health.

Una O'Brien called for organisations to help create new opportunities for connecting Department of Health staff with front line health and social care experiences to help them learn first-hand about patient issues. This is a possible opportunity for Healthwatch nationally to engage with Department of Health colleagues as well as advise on link placements within voluntary and community organisations delivering services.

It was an interesting opportunity to network, make connections and understand 'who's who?' within the health and social care network; gaining a greater understanding of the scale, diversity and challenges of the NHS within wider Government policy and funding. The confirmation of Mr Hunt's priorities and how well they match with Healthwatch

England's strategy, such as the transition from hospital to community and deployment of Better Care Fund; being bolder in the collection and use of data; learning lessons post Francis Enquiry and ensuring a widespread culture of patient safety. The conference was useful to strengthen stakeholder relationships whilst attaining a better understanding of the socio-economic context of health and social care. Delegates were issued with a comprehensive attendance list with biographies and photos with contact details which may be of possible use to Anna Bradley, Katherine Rake and the Senior Management Team for future targeting and connections.

Annual Conference

Committee Members were engaged in the preparation and facilitation of workshops with Healthwatch England staff, judging and presentation of awards for the Annual Conference.

Paul Cuskin helped facilitate workshops on the Health and Wellbeing system as part of the Annual Conference. The workshop involved liaising with the Local Government authority representative and Healthwatch England staff with delegates to look at the next steps in terms of supporting and developing the network, the impact on Health and Well Being boards and how to be an effective member of a Health and Wellbeing Board.

John Carvel helped facilitate workshops during the Annual Conference on the relationship between local Healthwatch and the CQC – before, during and after inspections. Another contribution from John Carvel came during the interview with Jon Rouse, our Department of Health sponsor and Director General for Social Care, Local Government and Care Partnerships, during the plenary session on the first day. Delegates appreciated the direct questioning, as did Jon Rouse. Topics in in the interview touched on several of the priorities in our business plan.

Liz Sayce and Alun Davies helped facilitate workshops at the Annual Conference at which people shared important experiences on influencing service re-design. Delegates shared experiences on influencing service re-design which will be used to direct guidance.

Deborah Fowler helped facilitate the escalations workshops at the Annual Conference, elicited some useful feedback and input from local Healthwatch about the process of 'escalating' serious issues to Healthwatch England, what sorts of issues should be escalated, about their own prioritisation and internal escalation processes. The escalation workshop at the Annual Conference highlighted the support offer of Healthwatch England to local Healthwatch but also supported Healthwatch England's influencing capacity. Deborah has offered assistance on developing guidance for local Healthwatch regarding escalations to Healthwatch England.

Michael Hughes and Patrick Vernon helped facilitate the Sign posting workshops at the Annual Conference which was observed as a real co-production example with Healthwatch England staff and local Healthwatch. The workshop generated lots of learning points and examples of how we can collectively improve the sign posting process.

Christine Lenehan helped facilitate the workshops on 'A guide to complaints handling' which was well received. Delegates fed back that they liked the graphic of the complaints atlas and were keen to use Citizens Advice Bureau materials. Delegates recognised that the workshop was the first part of the journey and continue to discuss issues in the Complaints group on Yammer.

Jenny Baker helped facilitate the workshops on volunteering. It was observed that the workshop was a positive start with contribution from delegates about good practice. The volunteering toolkit was felt to be developing along the right lines.

Jane Mordue helped facilitate the workshops regarding how local Healthwatch generate additional income and sharing learning. The workshop ranged from addressing the technicalities of income generation as well as exploring different funding sources.

Andrew Barnett helped facilitate the 'supporting local political engagement' workshops, with delegates' responded that they had gained an increased confidence in their local engagement work. Emphasis was placed on the value of this work and there was an exploration of the issues regarding being independent in work that is politically contested especially at election time.

Members are invited to DISCUSS.

AGENDA ITEM: 11

SUBJECT OF REPORT: Healthwatch England Operational Update

PRESENTING: Sarah Armstrong

PURPOSE: This report provides an update on four areas of operational activity within Healthwatch England

RECOMMENDATIONS: This report is for information

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Staff recruitment and development

Staff recruitment activity has continued during the quarter to ensure that we can build our staff team and complete the recruitment of permanent staff. As detailed in my last report, we have successfully recruited to four of the five Research and Intelligence team roles and four new team members are now in post. The fifth post will be re-advertised.

There are a further 5 posts that have been successfully recruited to during the quarter and that are at contract issue stage. These are three posts to support the local Healthwatch network, a Public Policy Advisor role and our new Head of Research and Intelligence joined us in mid-July.

The table below demonstrates the current organisational structure.

Organisational diagram

1. Senior Management Team:

Chief Executive (CE) Dr. Katherine Rake OBE		Director of Policy and Intelligence Dr. Marc Bush	Director of Communications and External Affairs Kathy Peach	Head of Operations Sarah Armstrong

2. Operations team:

Chief Executive Dr. Katherine Rake OBE	**Head of Operations** Sarah Armstrong		Information Officer Alice Whelan-Smith	Committee Secretary Esi Addae	Executive Assistant for Chair and CE Kathy Jones	Personal Assistant for chair, CE and Senior Management Team Nikky Ehinlanwo	Business Manager Anastasia Gordon	Business Coordinators x 2 Nishant Pandit and Leonard Theobalds

3. Communications team:

Director of Communications and External Affairs (Interim) Kathy Peach	**Head of Communications** Sara Cain		Media Manager Jacob Lant	Digital Manager Sarah Adams	Communications Officer Natalie Roe	Digital Communications officer Sarah Osment

4. Stakeholder team:

Director of Communications and External Affairs (Interim) Kathy Peach	**Stakeholder Manager**		Public Affairs Officer John Considine	Partnerships Officer Tina Molyneux

5. Development team:

Chief Executive Dr. Katherine Rake OBE	**Head of Development** Susan Robinson		Development Manager	Regional Officers x 2 Georgina Bream and Olly Grice	Regional Officers x 2	Specialist Projects Manager Andy Payne
Chief Executive Dr. Katherine Rake OBE	**Head of Oversight and Support** Gerard Crofton-Martin		Innovation and Good Practice Manager	Data and Evaluation Officer		

6. Policy team:

Director of Policy and Intelligence Dr. Marc Bush	**Public Policy Manager** Deborah Laycock		Public Policy Advisor	Public Policy Advisor Phil Brough	Public Policy Advisor Chloe Peacock
Director of Policy and Intelligence Dr. Marc Bush	**Special Projects Manager** Ijeoma Ajibade				

7. Research and Intelligence team:

Director of Policy and Intelligence Dr. Marc Bush	**Head of Research and Intelligence** Sarah Vallelly		Intelligence Analysts x 3 Niccolo Stamboglis; Vanessa Todman and Tarran Macmillan	Research Community Officer

Other interim roles:

Systems Manager Tim Schofield	**Strategic Support** Ihona Hirving	**Events Officer** Hollie Pope	**Complaints Manager** Candy Stern	**Special Projects Logistics Coordinator** Michael Clarkson

	Vacancy (or going through the contract stages)		Senior Management Team
	Interim position		
	Permanent position		

To continue to develop our staff team and learn from their experiences so far we have undertaken our very first staff survey. The senior management team is considering the response in consultation with staff and the results and actions will be presented at the next Committee Meeting in October.

Performance in the quarter

There were 22 milestones to deliver within quarter 1. The table below lists all of the milestones and the two highlighted milestones in red show the milestones that were not completed in the quarter. The two milestones are:

- Deliver our complaints report and publish and disseminate to system players - The report has been moved to quarter 3 to ensure it coincides with our annual report and the one year on review of "Hard Truths"

- Deliver our quarterly Consumer Insight Panel findings - This has been moved to quarter 2 to provide more time to develop this

In preparation for delivering the milestones for quarter 2 the second table outlines what will be delivered during this period. There are 19 milestones and the additional 2 that are carried forward from quarter 1, making a total of 21 milestones to be delivered during the period.

We will continue to monitor the progress very carefully, reviewing each milestone in the Senior Management Team meetings to ensure progress is on track.

Quarter 1 – April to June 2014

	What it means	Milestones – What we will do
Priority 1 Addressing current concerns about health and social care	This is our work on complaints, inspections and escalation	▪ Deliver new escalation report to the Committee and to the public ▪ Deliver our complaints report and publish and disseminate to system players ▪ Deliver guidance to the network with CQC to clarify the role of Healthwatch in the inspections of health and social care ▪ Support and encourage escalation from across the network and establish a feedback loop
Priority 2 Getting services right for the future	This is our work on special reports and inquiries, service change work and consumer insight and index	▪ Launch first special programme ▪ Evaluate across the network current engagement, understanding and confidence levels in Integration Pioneers Better Care Fund and reconfiguration ▪ Deliver our quarterly Consumer Insight Panel findings
Priority 3 Our work with the network	This is how we will support, facilitate and lead the Healthwatch network	▪ Deliver initial database of local Healthwatch profiles and assess support needs and deliver dashboard to provide oversight of network activity ▪ Complete new round of data gathering to enrich our understanding of the network ▪ Roll out CRM pilot and launch refreshed hub to the network ▪ Deliver media training to 80 local Healthwatch over Q1 and Q2 ▪ Support Healthwatch to develop their annual reports ▪ Undertake stocktake of current regional events and set future plans ▪ Deliver guidance to the network about Special Administration (subject to DH timeline) ▪ Work with DH to offer additional guidance to the network about purdah for local elections 2014
Priority 4 Being an effective organisation	These are the activities that we do to ensure our organisation is effective	▪ Publish Healthwatch England Business Plan 2014/15 ▪ Publish Healthwatch England Strategy 2014/16 ▪ Recruit and induct 6 new Committee members ▪ Deliver public Committee meeting in Liverpool ▪ Deliver safeguarding and confidential listening training to Healthwatch staff ▪ Design, deliver and analyse first staff survey ▪ Develop organisational and performance dashboard for Healthwatch England

Quarter 2 – July to September 2014

	What it means	Milestones – What we will do
Priority 1 Addressing current concerns about health and social care	This is our work on complaints, inspections and escalation	▪ Support and encourage escalation from across the network and feedback impact, including issuing new guidance to the network ▪ Deliver a report on escalation to our Committee ▪ Publish policy briefings on issues and concerns faced by people using health and social care ▪ Inform CQC's mental health inspection process and inspection of children's hospitals and undertake further support (dependent on programme funding)
Priority 2 Getting services right for the future	This is our work on special reports and inquiries, service change work and consumer insight and index	▪ Coordinate the development and design of national standards on complaints advocacy (dependent on programme funding) ▪ Launch service change project (inc. Better Care Fund and reconfiguration); establish peer community ▪ Finalise approach to consumer index ▪ Agree focus for second special programme
Priority 3 Our work with the network	This is how we will support, facilitate and lead the Healthwatch network	▪ Deliver our national conference ▪ Deliver through conference workshops training on financial sustainability; volunteering; escalation; complaints handing; signposting; service redesign; local influencing; working with CQC inspections; working with Health and Wellbeing boards; volunteering ▪ Launch and disseminate a volunteers toolkit for the network ▪ Analyse local Healthwatch annual reports and deliver further analysis of status of the network ▪ Deliver media training to 80 local Healthwatch over Q1 and Q2 ▪ Deliver additional tailored support for targeted Healthwatch ▪ Deliver support, guidance and tools ▪ Assess the Network's understanding of safeguarding and access to locally provided training
Priority 4 Being an effective organisation	These are the activities that we do to ensure our organisation is effective	▪ Deliver public Committee meeting in Nottingham ▪ Deliver analysis for mid-year spending review ▪ Full roll out of new performance and management systems

The Enquiries Service

We continue to carefully monitor the volume and complexity of calls to our Enquiries service to ensure we have appropriate resources available to successfully deliver this service. The table below demonstrates the call volumes for the quarter:

Quarterly call duration					**Follow-up actions**			
Duration	April	May	June	Total	Follow-up	%	Internal	External
5	105	126	190	421	255	61%	152	103
10	48	23	22	93	61	67%	32	29
15	13	10	5	28	14	50%	4	10
20	2	1	3	6	2	33%	0	2
25	5	0	0	5	3	60%	2	1
30	3	1	4	8	4	50%	1	3
30-45	0	2	0	2	1	50%	1	0
45-60	0	3	0	3	1	33%	0	1
60-75	3	3	3	9	6	66%	4	2
75-90	0	0	1	1	1	50%	1	0
				576				

What we are learning

There were 576 calls in the quarter compared to 453 in the previous quarter demonstrating an increase of 123 calls. This has increased from approximately 7 calls per day on average in the last quarter, to almost 9 calls per day on average in this quarter. Of the 576 calls, almost three quarters of all calls lasted 5 minutes. Most of these calls required some kind of follow up activity including correspondence with staff internally, the network and other organisations that could provide support/advice.

Most of the 576 calls fell into three categories; general enquires and questions, complaints and sales. For this report we have focused on complaints received as there were 170 in the quarter (29%). The table below summarises the varied nature of the complaints:

Sector/provider	**Total complaints in the quarter**	**Nature of complaints**
GPs	43	Issues with diagnosis, getting appointments and service complaints
Hospitals	30	Concerns about treatment and services, issues with appointments
Complex/multiple issues	23	Ongoing/long term health and/or care needs not being met
Dentists	15	Concerns about treatment received

NHS England	14	Complaints about NHS services locally
Social care/services	11	Concerns about the treatment of relatives, and concerns about staff members
Mental health	9	Concerns about treatment and services and needs not being met
Healthwatch England	8	Communication issues regarding our events, training needed for call handlers
Care Homes	7	Concerns about treatment of relatives, and medication issues in care homes
Local Healthwatch	5	Concerns about Enter and View visits, and volunteer issues
Outside our remit	2	Bullying issue and legal query
The complaints system	1	Ineffective complaints system
Prison	1	Health appointments in prison getting cancelled
Private providers	1	Beauty treatment injury complaint
TOTAL	**170**	

Summary

This continues to be a complex part of our work as the nature of Enquiries ranges from questions to serious complaints, about health and/or social care services, affecting individuals of all ages. Often callers are reporting issues on others behalf, for example, concerns for a relative.

We have secured additional resources and from the beginning of quarter 2 we will have an additional Information Officer in place to help respond to Enquiries, but also to undertake more research into the questions and complaints raised so we can more effectively sign post.

We are currently capturing the information in a complex spreadsheet and the development of the Customer Relationship Management (CRM) system will enable us to better monitor trends.

Finance update

We have been experiencing difficulties gaining an accurate profile of spend for quarter 1. We have been working closely with CQC colleagues to resolve this and we are delighted that we are making progress and will be able to provide Committee Members with a full and accurate report by the end of July 2014.

In the interim, we have also been working very closely with the Audit and Risk Sub Committee colleagues about this issue. The quarter 1 spend figures that we shared with them at the meeting on 14 July were potentially alarming as they showed an overspend of £411,571. This is due to:

- The annual budget figure of £3,532,000 is based on the Core funding only, and does not include Programme funding (£625,000) which was agreed in mid-July. This now increases the overall annual budget to £4,157,000 and this needs to be re-profiled for the rest of the financial year;
- This also means the quarterly budget needs updating to accurately reflect this increase; and
- We are checking the profile of spend for quarter 1 to ensure that all accruals relating to the last financial year have now been accounted for and are not appearing in this year's spending figures.

Our CQC colleagues are helping us to undertake this work and we are confident that we will not overspend on the annual budget of £4,157,000.

Healthwatch England Dashboard 2014/15 - Quarterly review

healthwatch

Performance Milestones

Performance against quarterly deliverables

Completed fully in quarter 1	Carried forward from quarter 1	New Milestones to deliver in quarter 2	Total in quarter 2
22	2	19	21

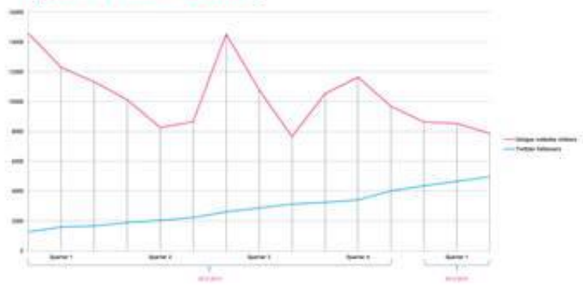
Financial Performance

Budget	Actual	Variance
750,430	1,162,001	411,571

Communication Activity

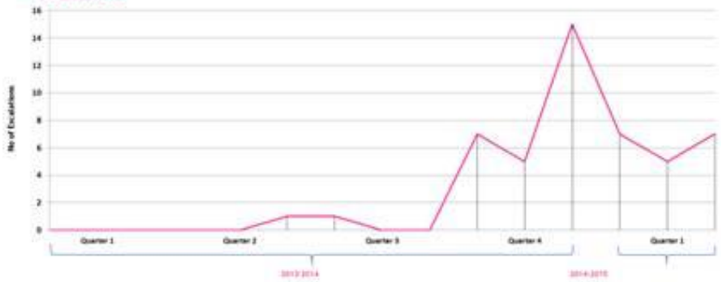
Media Opportunities to see

Digital and Social Media Activity

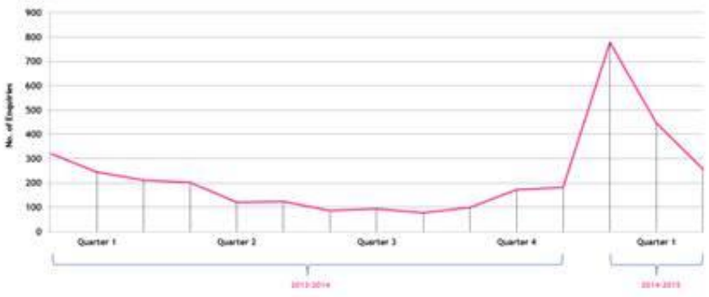


Escalations and Enquiries

Escalations



Enquiries



Members are invited to DISCUSS.

AGENDA ITEM: 12

SUBJECT OF REPORT: Customer Relationship Management (CRM) System Report

PRESENTING: Tim Schofield

PURPOSE: This purpose of this report is to update the Committee on the Customer Relationship Management System development

RECOMMENDATIONS: This is a progress report and is for information

RESOURCE IMPLICATIONS: There are no off schedule requirements or financing implications

RISK AND MITIGATION: These are highlighted in the Project Risk Register and have been discussed with the Audit and Risk Sub Committee

REPORT

CRM – WHY WE ARE UNDERTAKING THIS PROJECT

Customer relationship management (CRM) is a system for managing an organisation's interactions with current and future customers/service users. It involves using technology to organise, automate and synchronise our service provision, as well as providing the capability to report against any of the datasets that the system holds.
Our aim is to provide a CRM system that supports the common requirements the Healthwatch network, whilst providing sufficient local customisation to accommodate local variation in approaches and processes.

WHAT IS BEING DELIVERED

We began a process of evaluation in early 2014, from which CiviCRM emerged as the candidate solution selected by Healthwatch England.

CiviCRM is an Opensource Drupal Project started in 2004 by a group of people working in the Not for Profit Sector in the United States. Established under the fact that most CRM systems involve managing contacts to increase sales, the CiviCRM approach was initially geared towards maintaining communications with contacts in order to secure funding and provide reports to funders. Notable users include the New York State Senate Department, Amnesty International and Wikipedia.

Starting out as a Contact Management Database, CiviCRM quickly grew in popularity as a Customer Relationship Management System, adopted by charities and not- for-profit organisations. It is currently in use to its full CRM capacity by many such organisations in the UK and around the world.

The CiviCRM solution we will deliver comprises of the following components:

- Contact Management – both Individual and Organisations;
- Activities Management – tailored to the specific needs of the local Healthwatch;
- Cases – the collection and management of relevant groups of activities (such as Enter & View);
- Campaigns – the less structured collection of relevant groups of activities (such as Research Projects);
- Events & Mailings – the management of all hosted Events and the ability to create mailing groups using web, email, Short Message Service (SMS) and letters; and
- Reports – the ability to easily create custom and tailored reports based upon any datasets the system holds.

HOW WE ARE DOING THIS

Technology Partner – Our Technology Partner, Circle Interactive, is a recognised UK CiviCRM Developer Organisation who provide development, configuration and hosting services as well as product support. Their CiviCRM clients in the UK include The Green Party, RNIB, Leukaemia Lymphoma Research, Dyslexia Action, NAVCA, Cruse and Reach to name but a few. In addition to detailed product knowledge and support, Circle provides guidance to Healthwatch, advising on how to interact effectively with the wider community of CiviCRM users and administrators who communicate and problem solve through bulletin boards.

Development – Working specifically with three Development sites (Healthwatch England, Healthwatch Staffordshire & Healthwatch Bradford), the project commenced with development of the framework product to meet the broadest cross section of Healthwatch needs. This site-based work is further informed by requirements gathering from other sites that expressed early interest in the product. This work is nearing completion and the roll out and training is likely to take place commencing in the final week of July, to be completed throughout August ahead of the scheduled September target.

Detailed Piloting – Alongside the development work, we formed a focused Core Pilot Group of 9 Healthwatch Sites in order to configure and test each function against a variety of needs and tailor development accordingly. Work is carried out using function-focused webinars and structured feedback. This work is 75% complete and the system is likely to be available for roll out and training from August, ahead of the scheduled September target.

Network Piloting – Throughout the process, any local Healthwatch interested in the Network is invited to request a login and explore the demonstration system, giving unstructured feedback to the project team. There are currently 33 organisations in this group, with a nucleus of sites regularly providing good quality feedback.

THE RISKS AND HOW WE ARE MANAGING THEM

Risks, their potential impacts and mitigations are logged and managed at project level using well established project management methods. The full risk log is provided as an Appendix.

These risks were shared and discussed with the Audit & Risk Sub Committee (ARSC) at its last meeting in May, who will be updated on an ongoing basis.

The most prevalent risks considered by the Audit and Risk Sub Committee surrounded the matter of Information Security; its potential impact and the series of mitigations/counter measures are listed below:
Risk: That CRM data will not be collected, transmitted and stored safely.
Likely impact if the risk occurs: Personal Details of customers may become vulnerable to compromise.

MITIGATION / COUNTER MEASURES

a) All traffic will be encrypted using the most secure method available to cloud - based services. There will be no additional types of sensitive information than already exist for the current Hub. Further, all data records transferred will be anonymised.
b) Circle Interactive will be using a dedicated server for Healthwatch Sites. Even on this, the data provided by each local Healthwatch will be stored separately. In terms of server security, our provider, Circle, runs stripped-down systems and has full control over security updates.
c) The Server is guaranteed to Personal Credit Industry (PCI) Compliance levels. Even though we are not handling financial transactions, this level of compliance is reassuring given that we are dealing with service users' personal information. Also helpful is the fact that we will be in a low - volume records environment (approximately 10 records per local Healthwatch per day from small team localities, as opposed to some of the high volume financial transaction environments seen in other environments).
d) Data will be hosted in the same datacentre used for the hosting of data.gov.uk (Located in York).
e) Circle will keep software updated by running manual updates every 24 hours. In terms of software vulnerabilities, Circle will have full control over software and will be monitoring daily and updating as necessary.
f) We will ensure data security is maintained through protocols and training service users. We can enforce strong passwords and have these re-set regularly. Appropriate permission levels will be maintained allowing an administrator to carry out local configuration, adding and removing users as required.
g) We will address the major threat of socially engineered attacks through training and communications.
h) CQC have been advised on system specification (through CQC Information Security Manager) and we are awaiting their approval. We are prepared to undergo assessments/ penetration testing as necessary.

NEXT STEPS

CRM Rollout – This rollout and training is targeted to commence with Healthwatch England, Healthwatch Staffordshire and Healthwatch Bradford starting in the final week of July. It will be available to the Core Pilot Group for rollout and training from August, and the whole network from September.

- On-site training will be scheduled for Administrators and Users
- Rollout will then commence for those of the 9 Core Pilot Sites ready and willing to implement
- In addition to the Administrator and User Sessions, training will be provided for data uploading based upon the lessons learned from the Development Sites
- The system, with developed procedures, will then be ready for implementation across the Healthwatch Network from September onwards
- Training will be organised on a regional "hub" basis to create early adopters

Migration of Data – Work is nearing completion on the migration of existing Infobank data to the Healthwatch England CiviCRM System. Once migrated, communications and procedures will be sent to the Healthwatch Network detailing how to input their new data on to CiviCRM on an ongoing basis. The full migration of Infobank is currently planned for the end of September, with uploading procedures and support available to the network during August and September. We continue discussions with other systems users including individual local Healthwatch and integrated providers such as Citizens Advice Bureau (CAB).

Monitoring of Risk – Risks, are monitored on a weekly basis by the CRM Project Team, and the effectiveness of their mitigations are evaluated. They are then rescored as necessary. The highest scoring risks are raised at the Audit and Risk Sub-Committee for consideration/decisions.

Members are invited to DISCUSS.

AGENDA ITEM: 13

SUBJECT OF REPORT: Healthwatch England and NHS England Memorandum of Understanding

PRESENTING: Dr. Katherine Rake OBE

PURPOSE: The Memorandum of Understanding is presented to the Committee for approval

RECOMMENDATIONS: This report is for approval

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Memorandum of Understanding

Healthwatch England and NHS England

Members are invited to DISCUSS and to APPROVE the Memorandum of understanding.

ANNEX A: HEALTHWATCH ENGLAND AND MONITOR MEMORANDUM OF UNDERSTANDING

AGENDA ITEM: 14

SUBJECT OF REPORT: Healthwatch England and Monitor Memorandum of Understanding

PRESENTING: Dr. Katherine Rake OBE

PURPOSE: The Memorandum of Understanding is presented to the Committee for information

RECOMMENDATIONS: This report is for noting

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Monitor – Healthwatch England
Memorandum of Understanding

1. JOINT STATEMENT

Through this memorandum of understanding, Monitor and Healthwatch England commit to work together and to support each other in fulfilling their statutory responsibilities to protect and promote the interests of consumers; patients, other users of healthcare services and the general public in the provision of high quality healthcare to communities.

The shared approach for working together is characterised by openness, transparency, information sharing and timely engagement on issues of mutual interest and importance.

This agreement sits alongside the other memorandums of understanding, and partnership agreements, that both Monitor and Healthwatch England have in place with their other strategic partner organisations in the wider health and social care system.

This document is not legally binding and cannot constrain either organisation in exercising their respective roles and responsibilities as set out in the Health and Social Care Act 2012 and under direction from the Secretary of State.

2. ROLES AND RESPONSIBILITIES

Monitor

Monitor is the sector regulator for health services in England and our job is to make the health sector work better for patients.
Before April 2013 Monitor's main task was to authorise and regulate NHS foundation trusts, currently 60% of all public providers of NHS services. However, under the Health and Social Care Act 2012 we were given a wide range of additional responsibilities. Our core responsibilities can be summarised under four main headings:

1. **Making sure public providers are well led**. From its inception, Monitor has been tasked with making sure public providers of NHS care are well led, delivering quality care on a sustainable basis. We do this in two ways: first by setting a required standard that all NHS providers must meet (our foundation trust authorisation standard or 'bar') and by working, most recently with the NHS Trust Development Authority, to ensure that, in due course, all NHS providers meet this standard; second, we seek to control the risk that foundation trusts, once authorised, fall back below the required standard. If they do, we take remedial action. We also work with others to support the ongoing development of foundation trust capabilities so that they are better able to deal with the challenges they face.

2. **Making sure essential NHS services are maintained**. If a provider of essential NHS services, whether an NHS foundation trust or an independent sector provider, gets into such serious difficulty that it is unlikely to be able to continue providing its essential services for much longer, we are responsible for making sure those services are maintained and protected for local patients. The services may continue to be provided by the failing provider while it restructures, or by alternative providers.

3. **Making sure the NHS payment system promotes quality and efficiency**. One of our new duties is to work with NHS England to design and operate the payment system for all NHS services. Monitor sets the rules that govern the prices paid for services, while the grouping of services for payment purposes is done by NHS England.

4. **Making sure procurement, choice and competition operate in the best interests of patients.** The purpose of promoting good procurement and, where appropriate, enabling patients and commissioners to choose between competing service providers is to support improvements in the quality of care and the efficiency with which it is provided. Our role is to help commissioners and providers make sure patients do not lose out through poor commissioning, restrictions on their rights to make choices or inappropriate anti-competitive behaviour by commissioners or providers.

Across all areas of our work we have a duty to enable better integration of services, both in healthcare and between health and social care, where this is in patients' interests. We also seek to encourage innovation and beneficial change through research and analysis to identify what works and what doesn't, and to stimulate better ways of working.

Healthwatch England

Healthwatch England was established in accordance with section 181 of the Health and Social Care Act 2012 with the purpose acting as an effective, independent consumer champion making demonstrable differences to consumers of health and social care.

The health and social care reforms of 2012 set a powerful ambition of putting aims to put people at the centre of health and social care. To help realise this ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body. Healthwatch England provides leadership and support to the network to help ensure that each local Healthwatch has a positive impact on local services. The network is strongest working together when it shares information, expertise and learning to improve health and social care services. We are working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this will mean that, people shape health and social care delivery, people influence the services they receive personally, and people hold services to account. As the consumer champion for health and social care, Healthwatch England: listens hard to people, especially the most vulnerable, to understand their experiences and what matters most to them; influences those who have the power to change services so that they better meet people's needs now and into the future; empowers and informs people to get the most from their health and social care services and encouraging other organisations to do the same and; works with the Healthwatch network to champion service improvement and to empower local people.

Requirements for consulting and sharing information

The Health and Social Care Act 2012 sets out specific requirements for both Monitor and Healthwatch to consult with each other. Healthwatch must provide Monitor with information and advice regarding the views of people who use health or social care services and other members of the public on their needs for and experiences of health and social care services[2]. Monitor must give notice to Healthwatch England when introducing or modifying standard and/or special licence conditions[3] .

Where a trust special administrator (TSA) has been appointed, Section 120 of the Care Act 2014 lists local Healthwatch as one of the statutory consultees the trust special administrator (TSA) must consult so that local Healthwatch can provide feedback on the TSA's draft recommendations about the future of the failing trust and its services.

[2] Sections 45 and 181

[3] Sections 94, 95, 100, 181

3. CONTEXT AND SHARED PURPOSE

Monitor and Healthwatch England both aim to enable the delivery of safe, effective and sustainable health and social care to patients and consumers and work together with local communities to monitor the provision of services.

With this shared vision, Monitor and Healthwatch England have a number of shared goals:

- to ensure providers deliver, high quality and effective health and social care services that meets the needs of patients;
- to understand the needs and experiences of users of health and social care to improve the quality of services and facilitate integrated, person-centred care, allowing us to look beyond the boundaries between individual providers;
- to listen to consumer voices as a signal of quality; and
- to support patient choice and ensure it is working in the best interests of patients and other users of health and social care services.

4. Areas of joint working

Monitor and Healthwatch England commit to transparent and open communication between our two organisations to support and oversee joint working that can develop as the new health and social care landscape takes shape.

Monitor and Healthwatch England will work together to ensure:

- Healthwatch England and local Healthwatch are proactively engaged in the Foundation Trust Authorisation process and can support these processes as appropriate (See Annex A for further details);
- Healthwatch England and local Healthwatch are proactively engaged in provider regulation processes of Monitor and can support these processes as appropriate (See Annex B for further details);
- Healthwatch England is engaged in Monitor's work on managing failure and ensuring continuity of services and can support these processes as appropriate (See Annex B for further details);
- Patient views are heard when reviewing the operation of choice and competition in different health care markets; and
- Communication is supported between other health and social care organisations and to patients about the role of Healthwatch as the consumer champion and the role of Monitor as health sector regulator.

Annex A sets out the ways of working between Healthwatch and Monitor in relation to the Foundation Trust Authorisation process.

Annex B sets out the ways of working between Healthwatch and Monitor in relation to the ongoing regulation of Foundation Trusts.

Ways of Working

The ways of working between the organisations will be at national and local trust level and will cover strategic, operational and cultural methods:

- **Strategic** – we will work together to support each other in meeting our respective strategic objectives;
- **Cultural** – we will seek to promote common values, based on those in the NHS Constitution, and constructive behaviours.
- **Operational** – we will develop clear approaches to dealing coherently and effectively with a range of operational matters;

The over-arching approach to operational working will be characterised by:

- Openness and honesty – 'no surprises';
- Understanding of respective statutory roles, duties and powers;
- Engagement on issues of mutual interest and importance, including joint learning and development;
- Early and pro-active information-sharing at a local, regional and national level.

GOVERNANCE FOR DELIVERING JOINT PRIORITIES

FORMAL GOVERNANCE

The Chairs of both organisations will met at least once a year to discuss areas of shared interest and the Chief Executives of the two organisations will meet together at least twice-yearly to discuss organisational strategies and shared priorities. Staff from both organisations will meet throughout the year when required.

More frequent regional meetings will be held between the organisations on more operational issues. A detailed work plan will be worked on a yearly basis between the organisations.

This memorandum of understanding and associated annexes will be reviewed by [April 2016] at the latest but may be revised sooner as necessary.

Dr Katherine Rake

Chief Executive
Healthwatch England

Anna Bradley

Chair
Healthwatch England

Dr David Bennett

Chief Executive
Monitor

Baroness Joan Hanham

Interim Chair
Monitor

Monitor Annex A: Seeking local Healthwatch views on applicant trusts

At the outset of each assessment process Monitor will approach Healthwatch to seek information through the following process:

- Monitor will write to the applicant trust's local Healthwatch organisation(s) to inform them of the assessment process and to ask if there are any concerns that they wish to raise with Monitor's assessment team;
- Monitor will endeavour to allow at least four weeks for Healthwatch to respond;
- In some cases Monitor's assessment team may request a follow up phone call or meeting with local Healthwatch to understand any concerns raised in more detail.

Local Healthwatch is not required to provide a response to Monitor.

In some cases this process may also be replicated for a foundation trust which is seeking to undertake a major transaction.

Monitor Annex B: Engagement between local Healthwatch and Healthwatch England and Monitor's Provider Regulation team

Healthwatch and Monitor will engage in the following ways in relation to the ongoing regulation of foundation trusts and licenced independent providers:

- A Healthwatch lead is nominated as the key contact for each foundation trust and this person will to engage with the lead Monitor (provider regulation team) contact
- Monitor (provider regulation team) and local Healthwatch to engage through local Quality Surveillance Groups (QSG's), or by exception as required when significant concerns are identified
- When Monitor begins investigating a trust for breach of licence we will write to the applicant trust's local Healthwatch lead to inform them of Monitor's concerns and ask if there are any concerns they wish to raise to inform the investigation.
- Local Healthwatch is not required to provider a response to Monitor.
- In some cases Monitor may request a follow up phone call or meeting with local Healthwatch to understand any concerns raised in more detail.

Healthwatch and Monitor will engage in the following ways in relation to the managing failure and ensuring continuity of services:

- Where Monitor appoints a Contingency Planning Team (CPT) to a Foundation Trust and Independent providers a local Healthwatch lead will be nominated as the key contact for the CPT and this person will engage with the lead Monitor and/or CPT contact
- Prior to appointment of a Trust Special Administrator (TSA) Monitor will, where appropriate, engage with the Trust's local Healthwatch to notify them that Trust Special Administration is being considered and ask if there are any concerns that they wish to raise with Monitor.
- Monitor expects local Healthwatch will engage directly with the TSA throughout the statutory process

In some cases Monitor may request a follow-up phone call or meeting with local Healthwatch to understand any concerns raised in more detail.

ANNEX B: HEALTHWATCH ENGLAND AND NHS TRUST DEVELOPMENT AUTHORITY MEMORANDUM OF UNDERSTANDING

AGENDA ITEM: 15

SUBJECT OF REPORT: Healthwatch England and NHS Trust Development Authority Memorandum of Understanding

PRESENTING: Dr. Katherine Rake OBE

PURPOSE: The Memorandum of Understanding is presented to the Committee for information

RECOMMENDATIONS: This report is for noting

RESOURCE IMPLICATIONS: N/A

RISK AND MITIGATION: N/A

Trust Development Authority – Healthwatch England
Memorandum of Understanding

1. **Joint Statement**

Through this memorandum of understanding, the NHS Trust Development Authority (TDA) and Healthwatch England commit to work together and to support each other in fulfilling their statutory responsibilities to protect and promote the interests of consumers and the general public in the provision of high quality healthcare to local communities.

The shared approach for working together will be characterised by openness, transparency, information sharing and timely engagement on issues of mutual interest and importance.

This agreement will sit alongside the other memorandums of understanding and partnership agreements that both NHS TDA and Healthwatch England have in place with their other strategic partner organisations in the wider health and social care system.

This document is not legally binding and cannot constrain either organisation in exercising their respective roles and responsibilities as set out in the Health and Social Care Act 2012 and under direction from the Secretary of State.

2. Roles and Responsibilities

NHS Trust Development Authority

While the system in which NHS trusts operate is highly complex, the role of the NHS TDA and its relationship with NHS trusts remains a simple one. The TDA oversees NHS trusts and holds them to account across all aspects of their business, while providing them with support to improve services and ultimately achieve a sustainable organisational form. The relationship combines accountability with a clear role in providing support and development. Hence the objectives of NHS trusts and the TDA are one and the same: to ensure that high quality, sustainable services are delivered to patients.

Healthwatch England

Healthwatch England was established in accordance with section 181 of the Health and Social Care Act 2012 with the purpose of acting as an effective, independent consumer champion making demonstrable differences to consumers of health and social care.

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body. Healthwatch England provides leadership and support to the network to help ensure that each local Healthwatch has a positive impact on local services. The network is strongest working together to share information, expertise and learning in order to improve health and social care services. We are working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this will mean that: people shape health and social care delivery; people influence the services they receive personally; people hold services to account. As the consumer champion for health and social care, Healthwatch England: listens hard to people, especially the most vulnerable, to understand their experiences and what matters most to them; influences those who have the power to change services so that they better meet people's needs now and into the future; empowers and informs people to get the most from their health and social care services and encouraging other organisations to do the same and; works with the Healthwatch network to champion service improvement and to empower local people.

3. Context and Shared Purpose

NHS TDA and Healthwatch England share the vision of supporting and enabling the delivery of safe, high-quality and sustainable health and social care to patients and consumers, and working together with local communities to monitor the provision of services.
With this shared vision, NHS TDA and Healthwatch England identify a number of shared goals:

- Ensuring providers deliver high quality, sustainable health and social care services that meet the needs of patients;

- Understanding the needs and experiences of users of health and social care to improve the quality of services provided and facilitate integrated, person-centred care; and
- Listening to and using consumer voices as a signal of quality;

4. Areas of joint working

The primary forum in which information is shared between Healthwatch and NHS TDA will be the Quality Surveillance Groups. However, there may be occasions on which communication outside of this forum may be helpful. This might include:

- NHS TDA engaging with Healthwatch England and local Healthwatch in order to support the Foundation Trust approvals process, and the oversight of NHS trusts;
- Healthwatch England and NHS TDA working together in cases of significant organisational change in local health economies, for example, around mergers, acquisitions or unsustainable providers;
- NHS TDA drawing on the expertise of the Healthwatch network in its work around patients and public involvement.
- Healthwatch England drawing on the expertise of NHS TDA regarding the NHS trust sector.

a) Ways of Working

The ways of working between the organisations will primarily be at national level and will cover strategic, operational and cultural methods:
- Strategic – the organisations will work together to support each other in meeting our respective strategic objectives;
- Operational – where the organisations will develop clear approaches to dealing coherently and effectively with a range of operational matters;
- Cultural – where the organisations will seek to promote common values, based on those in the NHS Constitution, and constructive behaviours.

b) Style and Behaviours

Where no legal constraints exist, the over-arching approach to operational working will be characterised by:
- Openness and honesty;
- Understanding of respective statutory roles, duties and powers;
- Engagement on issues of mutual interest and importance, including joint learning and development;

Early and pro-active information-sharing at a local, regional and national level.

c) Delivering Joint Priorities

Practical working arrangements

To maintain an effective working relationship, NHS TDA and Healthwatch England will ensure there is regular contact and close working at a national level of the organisations, engaging with both Healthwatch England and the Healthwatch network.

Statutory consultations

The NHS TDA is not a formal consultee of Healthwatch England. However, both organisations recognise the benefits of the NHS TDA will act and behave as if it was. The NHS TDA will support Healthwatch England in its goal to protect and promote the interests of consumers and the general public in the provision of high quality healthcare to communities.

At an early stage, Healthwatch England will advise the NHS TDA of the subject of its reports and their progress ahead of publication. Healthwatch England will inform the NHS TDA of any subsequent outcomes or stakeholder responses. NHS TDA will respond to Healthwatch England's reports in a way that is commensurate with the response of the statutory consultees. Through its work with Trust Special Administrators (TSAs) in cases of provider failure, NHS TDA will have regard to the legal obligation of TSAs to consult local Healthwatch in cases of the reconfiguration of local services.

4. Reviewing this agreement

This memorandum of understanding will be reviewed by April 2016 at the latest but may be revised sooner if both organisations agree that this is necessary.

Dr Katherine Rake	David Flory
Chief Executive Healthwatch England	Chief Executive NHS Trust Development Authority

AGENDA ITEM 6: ANNEX C: OVERVIEW OF ALL ESCALATED CASES FROM APRIL – JUNE 2014

Escalated issue	Action taken to date by Healthwatch England	Proposed next steps and potential impact of the issue	No. local HW escalating issue
Ambulance arrival to clear targets This is (the time it takes an ambulance to hand over a patient when arriving at hospital) are not being met. Data has shown that up to 1000 hours have been lost in one region to ambulances waiting to handover patients.	To ascertain if this is a regional or national issue we are sourcing data to build a national picture of arrival to clear times. Initial research shows that data made public by Ambulance Trusts is not consistent. Most data released is in response to Freedom Of Information requests. A call out to the network has also been done to see if this is an issue raised with other local HW.	Complete desk research into available data from each of the Regional Ambulance Trusts. If, as it seems, insufficient data is in the public domain to allow transparency and accountability, we may want to raise this as an issue.	1
Enter and View Local difficulty in accessing safeguarding training for Enter and View volunteers.	This case was screened as needing further action locally so has been passed onto the development team to support local HW.	No further action as part of the escalation process but development team members will be providing local support.	1

Problems with local GP Services This escalation included a range of issues with local GP services. In particular – lack of access to translation services for patients, lack of data on GP complaints, insufficient data provided by GPs to allow transparency and accountability.	Issues around GP complaints will be taken forward as part of the HW England complaints programme. Desk research is ascertaining the minimum data set that GPs must make public. The issue around translation services will be rolled into the other issues that have been raised around access to GPs.	There have now been 5 escalations regarding access to GP issues and a further 28 local Healthwatch have published reports on GP access. From the annual data returns we also know that GP access is a key issue of focus for local HW. **As a next step, we are proposing that a larger piece of consumer insight work on GP access is taken forward this Autumn.**	1
NHS Choices This is about NHS Choices not having sufficient information on GP surgeries to make an informed decision on which GP surgery to register with.	We have been trying to contact NHS Choices to get accurate guidance on the level of information that GPs must post of the website and the process for updating the website. A call out to the HW network to see if any other local HW have had similar issues.	Work with NHS Choices to produce a joint resource for local HW setting out clearly what information GPs (and other service providers) must post on Choices and whose responsibility it is to keep information up to date. As the commissioner of the NHS Choices website, we will also send a letter to NHS England noting the concerns that local HW have raised regarding NHS Choices. We will also potentially include the issue in any future piece of work on access to primary care.	1 (there has also been a past escalation issue related to NHS choices information on dentists)

Investigation of deaths in secure mental health setting The escalation raises concerns about the review undertaken into the deaths of four patients of a medium secure setting in 2011. It has raised wider concerns about the quality of care at the facility.	Gathering information on from local HW, regional and national Care Quality Commission (CQC) and NHS England on specifics of the investigation into the deaths and inspections on the facility since that time. Ensuring that CQC are aware of local HW intelligence on the facility.	We are writing to NHS England to understand the reasons why the Terms of Reference of the review were changed. We wrote to CQC to alert them to our concerns and the inspectors are now undertaking an unannounced inspection of the service. We will continue to work with the local Healthwatch to ensure adequate action is taken and that national decision makers are told about the findings and improvement journey post-CQC inspection. **We are now exploring the wider policy issue relating to the disparity between the independent investigation of deaths in secure mental health settings and other secure settings. Deaths occurring in prisons or in custody are automatically independently investigated but this is not the case in secure mental health facilities. We have fed wider concerns relating to this about treatment.**	1
Implementation of National Institute of Health and Care Excellence (NICE) guidelines by Clinical Commissioning Groups (CCGs) Inconsistent and non-transparent decisions made by CCGs on implementation of NICE guidance - particularly relating to knee replacement surgery and IVF treatment.	Spoken at length with local HW who escalated the issue. Have conducted research into NICE guidelines and how they are applied- especially in light of a recent court case where CCGs were challenged on NICE guidance implementation.	Contacting NICE for formal guidance on CCG implementation. Proposing a joint resource for local HW which sets out legal status of NICE guidelines and responsibilities on CCGs. NHS England will also be informed of the concerns raised by local HW.	2

Personal Independence Payment (PIP) assessments Concern around accessibility of Capita-run assessment centre being used for PIP assessments.	Gathering info on the issue from local HW; sought advice from development team on experience of similar issues and suggested next steps.	Advise local HW to investigate whether an Equality Impact Assessment was carried out, to gather further information on the background to the issue. If necessary, contact relevant contact in Department of Work and Pensions (DWP) to raise concern and seek advice.	1
Access to dentists 1. A local HW heard from several NHS dental patients who had had their appointments cancelled because funding 'had run out' at the end of the financial year. 2. A local HW has identified issues in accessing NHS dentists, and issues around charging for dental services. Local HW are working extensively locally to address these issues.	In both cases the local HW were responding to a request for information on access to dentists. They did not want HW England to take any action on the specific local issues. The information will be used as evidence in the wider escalation work on access to dentists. Further work done on the cluster of escalation cases on access to dentists: We held a conference call with local HW who had raised issues around dentists, fed back local HW concerns in an informal meeting with the Chief Dental Officer. Local HW have consequently raised a second issue around charging for dental services – we have sought clarification on whether they require HW England action on this.	Run a media story on access to dentists. Await clarification on second escalated issue. We are investigating potential for local HW to sit on national steering group on dental contract reform (this would provide ongoing mechanism for local HW to influence contract reform at national level – many issues raised by this and other HW are related to contract issues). The Chief Dental Officer is also keen to meet with local HW so are facilitating opportunities to meet.	2 (there has also been 4 additional escalation cases on access to dentists)

Public engagement Concern over duplication of engagement strategies of system players with service users, leading to overburden on service users/missed opportunities to engage.	This will be taken up as part of the HW England service redesign project which will include supporting local HW to make influence more locally will address this issue.	No further action is required as part of the escalation process.	1
Quality Accounts Private organisations which have multiple facilities are sending just one quality account with little detail of local facilities for local HW to comment on.	Discussions emerging from Yammer have shown that local HW have a multitude of issues relating to quality accounts. Richard Arnold from the Quality Framework team in NHS England would like HW England /local HW to be part of a stakeholder group looking at the role of quality accounts and the quality account process. To feed into a meeting with Richard Arnold, we have been gathering experiences of local HW.	As a next step, local HW and HW England will meet with NHS England and feed in concerns.	1
NHS 111 Local concerns with the service - specifically around lack of publicity campaigns for the service, local people's input into the service, lack of medical training for staff.	We facilitated links with the Head of NHS 111 team resulting in the involvement of local HW in part of the stakeholder group.	No further action is required as part of the escalation process.	1 (1 other escalation case on NHS111 reported in 2013)
Implementation of Mental Health Act (MHA) Concerns for persons held under s117 Local Authority MHA order.	We provided local HW with further legislative guidance to resolve the issue locally. The case was also referred to the Special Inquiry team to use as potential case study.	No further action is required as part of the escalation process.	1

Complaints system Local HW had heard from a number of people who had made complaints at their GP practice and wanted to know why no time frame was attached to the GP complaints handling process.	Local HW had raised this with NHS England. Local HW wanted to make us aware of this issue; no action required. We provided some policy guidance and fed this issue around time frames into our wider work on complaints.	No further action required as part of the escalation process.	1
Monitoring and Accountability Enquiry from local HW who want to continue to use the Friends and Family Test as a quality premium indicator and cannot find out why it has been dropped by NHS England as a quality indicator.	We sought clarity form NHS England on changes on use of Friends and Family Test as a quality indicator. This has been passed onto local HW.	Waiting to hear if local HW would like any further action taken on this issue.	1
Social care assessments Long delays in Adult Social Care plan reviews resulting in a 'quantity not quality' approach.	A letter has been sent to the Association of Directors of Adult Social Services (ADASS) sharing local HW concerns and asking for information on how delays in assessments are being resolved.	Next steps to be decided once reply received from ADASS.	1 (2 other cases escalated on this issue)
Specialised services – people with disabilities A lack of information locally about specialised Augmentative and Alternative Communication (AAC) aids. Information was also sought on where a person with complex physical disabilities that involves the inability to produce speech needs to go in order to be assessed for and provided with a specialised speech device.	Soon after the case was escalated local HW received responses of local enquiries it had made and the issue was resolved locally.	No further action as part of the escalation process.	1

Statutory boundaries The local HW is in an area where it straddles a number of statutory boundaries and is finding that it does not have capacity to engage in process in each area.	This case was screened as needing action locally so has been passed onto the development team to support local HW locally.	No further action as part of the escalation process but development team members will be providing local support.	1
Fairer Charging Initiative Concerned with a lack of consultation and explanation of the implications of the initiative on elderly people and individuals with disabilities.	Initial investigation into the initiative and call out to the network to ascertain if an issue identified by other local HW.	Continue to investigate case and suggest next steps.	1

AGENDA ITEM 6 - ANNEX D: OVERVIEW OF UNRESOLVED ESCALATED CASES SINCE 2013

Escalated issue	Action taken to date by Healthwatch England	Proposed next steps and potential impact of the issue	No. local HW escalating issue
Lack of engagement with Local Area Teams	HW England organised a webinar on how to interact with local area teams and flagged the issue at a regional Quality Surveillance Group (QSG) meeting.	This piece of work will be taken forward as part of the service redesign project focusing on how local HW can influence locally.	2
Committees in Common	We have sent an advisory note to the Secretary of State about our concerns and made recommendations about the safeguards that need to be included into the Draft Legislation Reform (CCG Res) Order 2014 and supporting guidance issued by NHS England. A briefing on the issue and the use of our powers has gone to local Healthwatch and we are in contact with those affected by the arrangements.	Continuing to support local Healthwatch in areas affected by the existing and new arrangements. Shape the Department of Health (DH) and NHS England statutory guidance to CCGs and local authorities on establishing accountability arrangements between local accountability structures, Health and Wellbeing Boards and Committees in common, ensuring these models enable local Healthwatch to fully exercise their statutory functions. Work with DH, NHS England and the Local Government Association (LGA), to ensure adequate safeguards are put in place in the governance arrangements for Committees in common. This would assure the public that there is a mechanism to address breakdowns in accountability or blocking of local HW statutory functions. We feel this is particularly important given that many of these collaborative commissioning arrangements will involve major reconfiguration programmes.	1
Access to GPs	Full analysis of the 28 local HW reports on GP access has been undertaken.	There have now been 5 escalations regarding access to GP issues and a further 28 local HW have published reports on GP access. From the annual data returns we also know that GP access is a key issue of focus for local HW. **As a next step, we are proposing that a larger piece of consumer insight work on GP access is taken forward this Autumn.**	5