

**HEALTHWATCH ENGLAND
COMMITTEE MEETING PAPERS**

Wednesday 4th November 2015

Worcester

Venue: Fownes Hotel, City Walls Road,
Worcester, WR1 2AP

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AGENDA ITEM: Previous Committee Minutes

PRESENTING: Anna Bradley

PREVIOUS DECISION: The minutes of the Committee Meeting of Wednesday 13 May 2015 were agreed as a true record of the meeting.

EXECUTIVE SUMMARY: This report will reflect the minutes and actions of the Committee Meeting of Wednesday 5 August 2015.

RECOMMENDATIONS: The Committee are asked to **APPROVE** the minutes and action log of the Committee Meeting of Wednesday 5 August 2015.

Previous Minutes of the Committee Meeting on Wednesday 5 August, 2015 in London:

Present (Committee Members): Anna Bradley (Chair), Jenny Baker, Andrew Barnett, Pam Bradbury, John Carvel, Deborah Fowler, Jane Mordue, Liz Sayce and Patrick Vernon.

Apologies: Alun Davies, Michael Hughes, Christine Lenehan and Gerard Crofton-Martin.

In attendance: Dr Katherine Rake, Sarah Armstrong, Susan Robinson, Neil Tester, Tarran Macmillan and Esi Addae.

A full recording of this session is available at www.healthwatch.co.uk or at <http://youtu.be/sXF2ksqCBP0>

AGENDA ITEM 1 - Welcome

The Chair opened the meeting and thanked local Healthwatch and others present for joining the meeting. It was recognised that another opportunity to have a more extensive discussion with local Healthwatch in London would be necessary in due course.

AGENDA ITEM 1.2 - Previous Minutes

AGREED: The minutes of the meeting held on Wednesday 13 May 2015, were reviewed and accepted as a true record of the meeting.

The Chair asked for clarification on the action plan relating to sharing the business plan with local Healthwatch and the supporting narrative which will include learning from the process.

AGENDA ITEM 1.2 - Matters arising

The following matters were raised:

- The Committee commented on the NHS Citizen event on 9 June, that whilst helpful the meeting had not answered many of the questions local Healthwatch had.
- Local Healthwatch during the meeting and in subsequent communication have raised

concerns about how the local elements of NHS Citizen are being delivered.

- The Committee were assured that the staff team are meeting with Tim Kelsey (NHS England, National Director for Patients and Information) who represents NHS Citizen at NHS England Board level on 18th August, with the aim of understanding more about the communications plans, the vision of the programme and the launch date.

AGENDA ITEM 1.3 - Declarations of Interest

No declarations were made in relation to agenda items identified.

AGENDA ITEM 1.4 - Chair's Report

Anna Bradley, Chair, presented her report to the Committee.

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

- Thanks were given to Paul Cuskin for his contribution to the Committee as he stood down in June as Chair of Healthwatch South Tyneside and subsequently the Healthwatch England Committee.
- The Chair informed Committee Members that this would be Patrick Vernon's last public Committee meeting and thanked him for his contribution to Healthwatch.
- That there is a lot of uncertainty not only about the funding but also the security of contracts for local Healthwatch. One of the roles of Healthwatch England is to question the transparency of decisions made by local authorities in regards to local Healthwatch funding, and to, monitor the ability of local Healthwatch affected by cuts to deliver their statutory functions.
- That the system wide approach in engaging with system players during the special inquiry roundtable event had been a helpful one, this would be a useful model to share with local Healthwatch.
- That the learning from the special inquiry programme will be to plan at the outset of future projects how the legacy of the programme will be secured.

AGENDA ITEM 1.5 - Chief Executive's Report

Dr Katherine Rake, Chief Executive, presented her report to the Committee.

Members welcomed the Chief Executive's report and the following comment was made:

- That the challenges and opportunities facing Healthwatch England are similar to those being faced by local Healthwatch, recognising the importance of prioritisation.

AGENDA ITEM 2 - Delivery Report

Dr Katherine Rake, Chief Executive, presented the report from the Senior Management Team to the Committee.

Committee Members welcomed the new format of presenting the report on delivery, a number of formatting suggestions were made and the following comments on the content of the report were made:

- It was reflected that the content of the summary report should highlight the quality, budget and timing of projects, so Committee Members are able to question the detail and request for exception reports on specific programmes of work.
- Committee Members questioned the capacity of the organisation to be opportunistic whilst operating as a small organisation working in a large and complex environment.
- There were questions on the detail of the quarterly milestones presented to make sure that they fully reflect the ambition and delivery plan for each quarter.
- Highlighted that a Committee discussion on the funding and commissioning of local Healthwatch would be helpful given the number whose contracts are scheduled to end in the 2016.
- Committee Members asked for further assurance on the reasons for underspend.
 1. **ACTION - To schedule a Committee discussion about the organisational plan for working with local Healthwatch, commissioners, decision makers and influencers on the funding of local Healthwatch.**
 2. **ACTION - To schedule a Committee discussion on the budget and spend of the organisation ahead of the Department of Health mid-year spend review.**

AGENDA ITEM 2.1 - Exceptions Report: Customer Relationship Management (CRM)

System update:

Sarah Armstrong, Director of Operations, presented an update on the Customer Relationship Management (CRM) system project.

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

- The team were asked about developing local Healthwatch capacity to train others (Chairs, staff, volunteers etc.) ensuring that learning is shared and increasing appetite for the system. Linked to this, it was suggested there needs to be a strategic influencing plan to encourage all parts of local Healthwatch to be involved with the CRM system.
- It was suggested that it would be helpful for Chair, Anna Bradley as part of her regular communication with Chairs of local Healthwatch to include the CRM system as part of a blog update.
- It was noted that there are issues around consistency and quality of data entered into the system which will need to be monitored as more information is inputted. Consequently, the quality and quantity of information entered, will affect the processing and analyses of information.
- Sarah Armstrong is currently the Healthwatch England Senior Information Risk Officer and having joined the CQC Information Governance Group, is sharing learning around data security and good information governance. Gerard Crofton-Martin (Director of Quality and Evidence), will take on the role of Healthwatch England Senior Information Risk Officer in due course.

AGENDA ITEM 2.2 - Healthwatch England Intelligence

Dr Katherine Rake, Chief Executive, presented an update on Healthwatch England Intelligence.

Committee Members welcomed the report on Healthwatch England Intelligence and

the following comments were made:

- That when more information is collated, this should be part of the evidence base that is used to influence the policy direction of the organisation.
- Part of the value Healthwatch England adds is to highlight common issues across health and social care services.
- In the interim period whilst the CRM system is developed, the staff team are sharing the priorities of local Healthwatch with other local Healthwatch as gathered from the data return so that learning can be shared.

AGENDA ITEM 2.3 - Annual Conference

Susan Robinson, Director of Network Development, presented for discussion, an evaluation of the 2015 Annual Conference and the proposed themes for the 2016 Annual Conference.

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

- Suggested that the approach to the Annual Conference could be twofold, one part focusing on the development and capacity of local Healthwatch which may include external speakers. The second part may focus on a strategic conversation which focusses on national policy involving local Healthwatch where appropriate.

AGREED: The Committee agreed the approach to developing a co-produced Annual Conference with local Healthwatch.

- 3. ACTION: To present a proposal for how the organisation delivers a strategic conference on matters of national policy.**

AGENDA ITEM 2.4 - Status of the network from the data return

The Committee agreed that the update on the status of the network from the data return was tabled for public record and had previously received appropriate Committee discussion and consultation.

Committee Members welcomed the status of the network from the data return report and no further comments were made.

AGENDA ITEM 2.5 - *Safely home*: The special inquiry report

The Committee agreed that the update on the special inquiry report would be better discussed in conjunction with the proposal for the special project (Agenda Item 4.2), to discuss learning from the current inquiry in relation to the proposed plan for the next special project.

Committee Members welcomed the update on the special inquiry report with comments made reflected in (Agenda Item 4.2).

AGENDA ITEM 3.0 - Public Participation Session

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

and local Healthwatch.

AGENDA ITEM 4.1 - Communications approach

Neil Tester, Director of Policy and Communications, presented the Communications approach and the proposed approach to the Annual Report (2014-15) for approval.

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

- The team were encourage to continue to segment and prioritise the organisation's audiences, focussing on decision makers and influencers who have the potential to effect positive change for consumers.
- That the organisation needs to develop key messages for particular audiences.
- For the staff team to consider a wide spectrum of audiences and stakeholders to work with and not always restrict to the health and social care sector.

AGREED: The communications approach was agreed.

AGREED: The approach to the 2014-15 Annual Report was agreed.

AGENDA ITEM 4.2 - Special projects

Neil Tester, Director of Policy and Communications, presented the approach to the next special project for approval.

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

- The Committee reflected that more evidence on involvement and engagement would be needed to consider the approach to the next special project.
- It was suggested that it would be helpful to scope with Arm's Length Bodies what the most useful avenue to discuss public and patient involvement and engagement in a way that adds value.

AGREED: For the Committee to consider proposals for future special projects at the November meeting.

- 4. ACTION: To scope with Arm's Length Bodies the best approach to share collective learning on public and patient involvement and engagement.**

AGENDA ITEM 4.3 - Healthwatch England Business Strategy 2016-21

Dr Katherine Rake, Chief Executive, presented the approach to the Healthwatch England Strategy 2016-21.

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

- The Committee agreed that the organisation does not have a monitoring function and is interested in how to address health inequalities for people.
- That the Committee also agreed to consider a focus on the purpose of health and social care on people's lives; not only wellbeing but on achieving a satisfactory life.
- They challenged the staff team to consider how to make sure that the strategic aims reflect the aspiration of the organisation, rather than stating the purpose of the

organisation.

- They were assured that the organisation will be part of a triennial review which will enable a conversation with the Department of Health, to consider the statutory remit of Healthwatch England.

AGREED: Committee Members agreed that the themes presented reflected previous deliberations on the next Healthwatch England Strategy (2016-21).

AGENDA ITEM 4.4 - NHS England Mandate

Neil Tester presented the update on previous Healthwatch England responses to the NHS England Mandate, recommending a way forward for Healthwatch England's engagement in the current NHS England Mandate process.

The Committee welcomed the update and the following comment was made:

- That they appreciated being informed at an early stage in the process of the organisational proposal to inform the Minister about the organisational position whilst continuing conversations with NHS England.

AGREED: For the organisation to make more of an active use of our role as statutory consultee to the Mandate.

AGENDA ITEM 5 - Any Other Business and close of session

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

AGENDA ITEM 1.2
ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
22/10/2014	Sarah Armstrong	Present the Complaints Champion terms of reference and Whistleblowing policy in due course	The updated Whistleblowing policy was presented as part of Enhanced Governance at the February Committee Meeting	Quarter 1 (2015/16)	Carry forward
13/05/2015	Sarah Armstrong	To share key learning about the Healthwatch England business planning process with local Healthwatch	The team will check the interest level across the network and will share the business plan and the learning from the next business planning process if there is appetite	Quarter 3	Ongoing
05/08/2015	Esi Addae	To schedule a Committee discussion about the organisational plan for working with local Healthwatch, commissioners, decision makers and influencers on the funding of local Healthwatch	This has been scheduled as a highlight report as part of the report on delivery for the February public meeting	Quarter 4	Ongoing
05/08/2015	Esi Addae	To schedule a Committee discussion on the budget and spend of the organisation ahead of the Department of Health mid-year spend review	A discussion on the budget was scheduled for the September workshop and will be scheduled for the February (2016) public meeting	Quarter 4	Ongoing
05/08/2015	Neil Tester	To present a proposal for how the organisation delivers a strategic conference on matters of national policy	A proposal is being developed to be presented at the February (2016) public meeting	Quarter 4 (February '16)	Ongoing
05/08/2015	Neil Tester	To scope with Arm's Length Bodies the best approach to share collective learning on public and patient involvement and engagement.	A proposal is being developed to be presented in Quarter 4	Quarter 4	Ongoing

AGENDA ITEM: Chair's Report

PRESENTING: Anna Bradley

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details the Chair's activity during Quarter 2 (July - September) of the 2015/16 financial year. It covers:

- the use of our statutory powers;
- the development of the 2016-21 Strategy;
- internal news;
- Committee Development; and
- an update on the external environment.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

The use of our statutory powers

Local Healthwatch funding

In June, using our statutory powers I wrote to councils where we had seen the greatest reductions in Healthwatch budgets. We have now heard from the councils we contacted, and in their responses, councils noted the general financial pressures that their budgets are facing, described a lack of understanding about the funding they receive for their local Healthwatch and most councils stated that they had consulted with their local Healthwatch. We continue to work with local Healthwatch and commissioners of local Healthwatch to encourage more dialogue and transparency on how funding decisions are made.

The development of the 2016-21 Strategy and the external environment

Since beginning the strategy review process, the Committee has invited a number of external speakers to address them and engage in a conversation about the likely future. In this quarter, we were joined by David Williams (Director General of Finance, Department of Health) and Anita Charlesworth (Chief Economist, Health Foundation) to discuss their thoughts on NHS and health and social care funding.

This session raised some helpful issues; there was discussion on the increasing financial pressures in the health and social care sector and how to achieve efficiencies whilst balancing quality care. There was recognition of the importance of engaging the public in meaningful conversation and empowering them with information to describe their preferred outcomes in shaping services. In addition, the Committee commented that with financial pressures there is an even stronger need for strong policy commitment for better engagement not only with the public but with voluntary sector organisations so that new innovative programmes can emerge encouraging a change to the nature of existing delivery. Committee Members questioned whether change programmes are being paused

and evaluated too quickly to allow for quality involvement and the real change that is necessary.

In looking forward over the next five years, the 2016-21 strategy presents a range of challenging but exciting proposals. The strategy will be put forward for consultation amongst the public, local Healthwatch and external stakeholders. The aim is to receive feedback which will help us to provide a clear framework for 2016-21.

Internal news

In September I announced the departure of Katherine Rake our Chief Executive. Katherine has been influential in developing the organisation from the concept and set-up stage to delivery. Through her hard work and commitment, Katherine has established Healthwatch England as an effective part of the health and social care landscape and I would like to thank her for her support and enthusiasm in the role. The recruitment for a suitable replacement has begun and I will provide further update at the Committee Meeting in February.

Annual Report (2014/15) launch

Our annual report was laid before Parliament in October. The launch event offered us a great opportunity to reflect on the achievements of both Healthwatch England and local Healthwatch. With over 50 MPs and Peers, and over 100 people joining us from 62 local Healthwatch, it was a great opportunity to highlight the impact that the Healthwatch network has made. I will update the Committee during the meeting with my reflections of the launch event.

Committee Development

During the quarter, we began the process for recruiting a Regional Committee Member who can bring the local Healthwatch perspective in the North to Committee discussions. The interviews will be in early November and I aim to appoint at the next Committee Meeting in February 2016. I thank the Committee recruitment panel as well as Regional Committee Members for taking the time to discuss the role informally with prospective candidates.

Chair to Chairs meetings

In the last quarter, I began a series of meetings with Chairs of local Healthwatch around the country. The aim has been to build on the Chairs session at the Annual Conference, to provide an opportunity for Chairs to network and to support the network to move into its next phase of development. At the first meeting we discussed devolution and the upcoming round of recommissioning, this led to further discussion on what this means for our external environment as well as discussion about the constraints of the commissioning environment and how Healthwatch England will continue to support local Healthwatch in understanding the changes and how this affects them. I will provide an update on the second Chairs meeting during the Committee Meeting.

AGENDA ITEM: Chief Executive's Report

PRESENTING: Katherine Rake

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report contains reflections on key achievements and challenges since the Committee last met in August 2015 as well as an update on changes to our external environment and, where relevant, their likely impact on our operations.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

Highlights

Annual report

I have been really pleased to see the strong case being made in the annual report about the impact Healthwatch England and the Healthwatch network has been making on a range of issues of importance to people who use health and social care services. The annual report provides a summary of how we have worked in partnership with local Healthwatch and with bodies across the health and social care sector to use our insights into people's experiences of health and social care to drive improvement.

Engagement with our strategy and linking in to the Five Year Forward View

Drawing inspiration from this, we prepared a briefing shared in the first instance with the Chief Executives of the Arm's Length Bodies engaged in delivering the Five Year Forward View (FYFV) which has summarised the value and contribution that the network has made to FYFV programmes and to the design and delivery of health and social care services. I think this gives us the evidence about achievements to date and the potential of the network in the years ahead, and will provide a very helpful backdrop to our conversations in the winter and into next spring about our strategic focus ahead. We have engaged early with a number of key stakeholders on our emerging thinking on the organisation's five year strategy and the emphasis on both community and individual empowerment has been welcomed.

I am also pleased to report that we have had early engagement with two new elements of the health and social care system. Following Anna's meeting with Ed Smith, incoming Chair of NHS Improvement, which will bring together Monitor and the Trust Development Authority, we have secured a meeting between respective Chairs and Chief Executives to set our aspirations for future working. Similarly, we have secured an early meeting with Dr Mike Durkin, who has been tasked to set up the new Independent Patient Safety Investigation Service and will flag the need for the new agency to address patient, family and public requirements for full account and transparency alongside clinical learning.

Policy work

Our working links across the Department of Health's policy teams continue to broaden and deepen. This is enabling us to add value to the Department's work on a range of issues by sharing our insight and the findings of local Healthwatch with Department of Health colleagues as they identify policy priorities and plan the Department's responses. We are also increasingly able to add value and secure impact through our advisory role, for example through joining the national steering group on Dental Contract Reform and our recent invitation to join the board overseeing implementation of the recommendations of the Children and Young People's Mental Health and Wellbeing Taskforce. We remain in close contact with the team developing the NHS Mandate and have been preparing to support local Healthwatch in enabling more effective public engagement when the Department consults on the updated Mandate.

The maturing of our relationships with other parts of the health and social care sector is also reflected in the on-going work on *Safely Home*, our report on discharge, released in July. While the Department continues to identify the most effective means for it to lead cross-system work on the issues we highlighted, we have maintained the profile of this issue by continuing to highlight our findings as relevant media and stakeholder engagement opportunities arise. We have also remained in contact with key voluntary organisations covering the three areas of focus for the report, so that they will be well-placed to play their part as health and social care organisations begin to move on these issues. We will soon be providing local Healthwatch with an updated toolkit to enable them to take forward their local evidence-gathering and influencing work on discharge most effectively.

The commissioning of local Healthwatch

I was pleased to address our first conference with Local Authority commissioners of Healthwatch. This is part of our on-going work ensuring that local Healthwatch have the conditions they need in which to thrive and was aimed at encouraging an improved understanding of the role and function of Healthwatch. We were able to share good local Healthwatch practice from across the country, raise awareness of our work on Quality Statements and have a conversation about the honest dialogue needed between Healthwatch and commissioners.

Challenges

I was very sorry to receive the resignation of our Director of Operations, Sarah Armstrong, and work is currently underway to recruit an interim to fill this post. With this in mind, and with my departure at Christmas, I have been working with Sarah to ensure that a good handover process is delivered from us both to secure as much as possible the stability of the organisation during this period of time and to ensure the knowledge and learning accumulated during this period is captured and transferred appropriately. As a small team, the impact of such changes is clearly substantial. On a more positive note, the design of the teams supporting each Directorate function was completed in October 2015 with an aim to strengthen capacity overall and in particular in the support offer to local Healthwatch without adding unnecessarily to establishment staff numbers (This is reported on in more detail in Agenda Item 2.2 Operating effectively as a statutory body).

AGENDA ITEM: Report on delivery - Quarter 2 (July - September 2015)

PRESENTING: Senior Management Team

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details organisational delivery during Quarter 2 (July - September 2015)

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item

Priority 1. Improving current health and social care delivery by amplifying people’s voices

Success measures:

- Changes brought about through our use of intelligence, highlighting priorities for our own future programmes and those of other organisations.
- The reach and impact of our findings on discharge arrangements.
- The changes brought about through our complaints work as well as the identification of further changes needed in 2016-17.

<p>What we did in this quarter</p>	<ul style="list-style-type: none"> • We reported on intelligence about public concerns gathered in Quarter 1 (2015/16) at the August meeting. This report pulls together analysis of our enquiries; local Healthwatch priorities; local Healthwatch research reports; enter and view reports; and data emerging from the Customer Relationship Management (CRM) system. • We implemented a system to enable us to identify and take appropriate action when a local Healthwatch identifies safeguarding issues that they have recorded on the CRM system. • We reviewed the effectiveness of the escalation process for local Healthwatch. • We launched the ‘Safely home’ report presenting the findings of our special inquiry into poor and unsafe discharge. Working with the Department of Health we brought together national organisations who can contribute to resolving discharge problems to provide a platform for the ongoing Department of Health leadership of change. • We completed a stocktake of local Healthwatch work on complaints to identify their support needs as they take this issue forward. We continue to explore how we work with the Public Services Ombudsman Bill as a platform for driving improvement across complaints handling more widely.
<p>What did we learn?</p>	<ul style="list-style-type: none"> • For the first time, we were able to use the CRM system to make intelligence comparisons with the previous quarter. Through the data return and analysis of issues raised by local Healthwatch using the CRM system, we learnt there was a need for more support to identify and act upon safeguarding issues.

	<ul style="list-style-type: none"> • We received good quality feedback from local Healthwatch use on the escalation process. We learnt that the same local Healthwatch continue to use this approach to flag issues with us. Most local Healthwatch use other channels such (as CRM system, regional network meetings etc.). • Being clear on our key messages enables media coverage to provide a balanced and accurate picture of our position. Engaging effectively with stakeholders in advance of publication enabled them to see the challenge we were posing as an opportunity for them to deliver change rather than as a criticism of them. Harnessing the power of over 3,200 voices through national work and through local Healthwatch activity delivers a compelling case. • 22 local Healthwatch responded to the stocktake. The majority have successfully put complaints improvement on the agenda and are working in partnership to highlight where complaints systems are currently failing, providing advice on how they can improve and are starting to scrutinise the level of improvement that is being achieved through local initiatives. An increasing number of local Healthwatch are bidding for their local complaints advocacy contract - highlighting a need to do more to promote the use of our national standards on advocacy. We have also established at national level the reform of the Ombudsmen is working to a tight legislative timescale and will be limited in scope, but our engagement has provided an opportunity to discuss wider improvement with key stakeholders - including the Health and Social Care Information Centre (HSCIC) and Cabinet Office.
<p>What will we do in the next quarter?</p>	<ul style="list-style-type: none"> • Quarterly reports on local intelligence and escalations will continue. The escalation process was useful at the set-up stage and we need to refine our approach to drawing on intelligence from local Healthwatch. • Build, test and operationalise the CRM risk identification tool. • Produce evaluation report on the learning from the first special inquiry. • Conduct support activities to promote the consultation on the NHS Mandate and encourage public engagement. • We will review the complaints programme regarding next steps on each of the 7 points on our action plan for change. • Publish local Healthwatch Investigates report on dentistry. • Stocktake of local Healthwatch work on complaints to identify support needs as they take this issue forward.

Priority 2. Ensuring that better future services meet people’s needs and are shaped by the people who will use them

Success measures:

- Our work has driven national decisions on the shape of future services and investment.
- Our support has enabled local Healthwatch to drive local decisions on the shape of future services and investment.
- Appropriate use of our statutory powers has helped to achieve national and local changes.

<p>What we did in this quarter?</p>	<ul style="list-style-type: none"> • We prepared to publish our Healthwatch Index. We met with key stakeholders and they recognised the importance of Healthwatch England’s role in identifying the gaps within the information that is collated about the patient journey. • We shared a copy of the service change guide with every local Healthwatch and facilitated follow-up discussions on Yammer, feedback was incredibly positive. 20 local Healthwatch attended a session at the Annual Conference to share their experiences (64% found the session useful) and Development Officers followed up discussions during all Regional Network Meetings in the quarter. Ahead of schedule, we have setup a Community of Interest for local Healthwatch involved in the ‘Success Regimes’ on Yammer to share the learning and best practice. • We continued to engage with the maternity services review at national level. Anna Bradley met with Baroness Cumberlege, Independent Chair of the Review, to discuss the work that local Healthwatch are doing on maternity services, to discuss the progress of the review, focusing particularly on how the review is engaging with the public and service users. • We delivered our final primary care focus group as well as 2 further interviews in Derby. We held deliberative events in London and Bristol to understand people’s future needs and aspirations concerning primary care.
<p>What did we learn?</p>	<ul style="list-style-type: none"> • By securing input from the Committee and using an external technical reference group we have accessed a level of expertise which has provided additional insight and credibility for the Healthwatch Index. • Local Healthwatch Annual Reports demonstrate the network’s increasing impact and influence on service change decision making processes. • 27 local Healthwatch confirmed they have either undertaken, or plan to undertake, work on maternity services this year. • Feedback from the primary care focus group highlighted that when we provide enough space for people (without pre-conditions) it provides an opportunity to break free from current constraints and reflect on their aspirations for the future.
<p>What will we do in the next quarter?</p>	<ul style="list-style-type: none"> • Prior to publication, we will hold a round-table event with key stakeholders to identify actions that can be taken to address the recommendations within the Healthwatch Index. • Produce a report on local Healthwatch involvement in the Better Care Fund, Vanguard sites (New Models of Care) programmes. • Deliver a seminar for the network and stakeholders on engagement on service change locally. • Continue to engage with the maternity services review, responding to the report when published.

Priority 3. Developing the effectiveness of the Healthwatch network

Success measures:

- Quality Statements adopted and local Healthwatch using them to demonstrate, and continue to improve, the quality of their service
- Take-up of our support offer across the network and identify how local Healthwatch are using our support
- Identify the influence local Healthwatch have on decision-makers and how our support has helped

<p>What we did in this quarter</p>	<ul style="list-style-type: none"> • We consolidated the responses from councils and shared the findings with the Department of Health about local Healthwatch funding. We continued to work with the Department of Health to explore options which can be pursued within the current legislative framework to ensure councils make sufficient funding available to their local Healthwatch. • Feedback from the end of year (Quarter 4 2014/15) Intelligence Return report was shared with local Healthwatch and the analysis of impact of local Healthwatch based on their Annual Reports was completed. We piloted the October intelligence return with a group of 10 local Healthwatch. • We commissioned Leeds Beckett University to work with local Healthwatch and commissioners to test tools and approaches to enable local Healthwatch to assess them against the draft Quality Statements. We shared findings from the initial pilot at the Annual Conference and prepared to raise awareness with commissioners through a session at our first event for commissioners. • We produced an evaluation of the 2015 Annual Conference. We had over 300 local Healthwatch attended the conference over the two days, representing 132 local Healthwatch areas. • We delivered a safeguarding summit for local Healthwatch (with 24 attendees) based on support needs identified through feedback to development officers, the intelligence returns and emergent CRM data.
<p>What did we learn?</p>	<ul style="list-style-type: none"> • Local Councils are unclear about how they are funded to ensure local Healthwatch can deliver their statutory functions. • Local Healthwatch would like more tailored feedback based on the intelligence they provided which gives them a sense of perspective in comparison with other areas and local Healthwatch. • Feedback from local Healthwatch suggested the approach to the Annual Conference could be twofold, with one element focusing on the development and capacity of local Healthwatch, themed as an annual network gathering. • 100% of attendees reflected that they found the safeguarding summit useful.

What will we do in the next quarter?	<ul style="list-style-type: none">• We will continue to work with the Department to explore options which can be pursued within the current legislative framework to ensure councils make sufficient funding available to their local Healthwatch. We will help local Healthwatch to have conversations with their commissioners about funding.• Explore 2016/17 funding intentions to local Healthwatch.• Publish guidance on engaging with service users with learning disabilities.• Publish safeguarding seminar feedback report.• Hold our national event with commissioners in October to share effective local Healthwatch activities and good practice.
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Priority 4. Ensuring we are an effective, efficient organisation and a well-governed public body

Success measures:

- Our staff will be better-equipped to maximise the impact we deliver for consumers
- We will have met all of our statutory obligations as a public body
- We will have a long-term, sustainable strategic and governance framework for future activity

<p>What we did in this quarter</p>	<ul style="list-style-type: none"> • We continued to develop our draft strategy and prepare for strategy consultation activities. We engaged the full staff team in this, getting their views on the vision and mission for the organisation for the next period. • We undertook a review of spend for the first 6 months of the financial year in preparation for the Mid-Year Spend review with the Department of Health. • We continued to implement learning from internal audit of Information Governance practice. We joined the CQC Information Governance Group and this has enabled us to begin to jointly implement the recommendations. We also appointed a Business Manager who will begin in quarter 3 to take this work forward. • We launched the organisational Monitoring, Evaluation and Learning tool to capture learning for 2015/16. We can now draw on our internal research and intelligence resource to take this work forward. • We have researched the case studies and developed the content for the Annual Report (2014/15). We also planned and prepared for the delivery of the Parliamentary reception to launch the report. • We delivered our public Committee Meeting in London in August. • We began the recruitment to fill the team vacancies and to increase the staff resources across the organisation. The Director of Operations and the Chief Executive will leave the organisation in Quarters 3 and 4 respectively so we have also begun to capture their organisational knowledge in preparation for this.
<p>What did we learn?</p>	<ul style="list-style-type: none"> • The Information Governance audit action plan is providing a clear and effective way of monitoring progress. • We reviewed the public Committee Meetings to ensure that they offer the best use of time and resources and the format of our 2 day governance meetings have been revised. • We have been thinly resourced for the first six months of the financial year due to the number of vacancies across the organisation. Although the Business Plan objectives for the first six months have been met, this has impacted the teams as they have needed to deliver more with less staff time.

What will we do in the next quarter?	<ul style="list-style-type: none">• Undertake public consultation on the Strategic Review 2016-19 and refine draft strategy, and undertaken network engagement.• Continue to implement learning from internal audit of Financial Systems.• Undertake Mid-Year Spend Review process with the Department of Health to demonstrate organisational impact.• Continue to embed organisation Monitoring, Evaluation and Learning tool to capture learning for 2015/16 including examples from local Healthwatch.• Publish annual report (in October) and host parliamentary reception to launch the report and share with all key stakeholders, and the Healthwatch network.• Deliver the staff survey.• Deliver the public Committee Meeting in November.
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AGENDA ITEM: Operating effectively as a statutory body

PRESENTING: Sarah Armstrong

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report provides an update to Committee Members on operational activity in the Quarter.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

Financial position	The financial position at the end of Quarter 2 is detailed in the table below:				
		2015-16 Annual Budget total	Spend so far (April - September)	Projected Spend by end of year	Variance
	PAY	£2,739,053	£1,161,813	£2,501,548	- £237,505
	NON PAY	£1,760,947	£559,269	£1,781,958	£21,011
	TOTAL	£4,500,000	£1,721,082	£4,283,506	£216,494
	<p>There is an underspend showing in both Pay and Non-Pay:</p> <ul style="list-style-type: none"> • PAY - There continues to be vacancies creating an under spend in PAY. To address this, and to ensure the Business Plan is delivered, we have invested in a small number of fixed term contract roles until the end of March, although this still presents a PAY under spend at the end of the financial year. • NON-PAY - Following a review of all NON-PAY spend we anticipate it is highly likely we will over spend slightly in this area. • Summary - We continue to review the spend to ensure we have enough resource to successfully deliver the Business Plan. This work continues but it is likely we will have a small under spend at the end of the financial year. Our Finance and General Purposes Sub Committee met in the quarter to review the budget and will meet again in January to review the financial position. 				
Procurement activity	<p>We continued our work in the Quarter to embed the new way of working and to begin delivering this activity ‘in house’ at the start of Quarter 2.</p> <p>In the quarter there were four procurements/payments over £5k:</p> <ul style="list-style-type: none"> • DJS - Deliberative Event Contract (for our primary care programme) - £12,350.00 • TMP Worldwide Ltd - Advertising for Healthwatch Recruitment 				

	<p>(For advertising vacancies in August/September 2015) - £7,609.70</p> <ul style="list-style-type: none"> • TMP Worldwide Ltd - Advertising for Healthwatch Recruitment (For advertising in September/October 2015) - £7,695.00 • Department of Health - Skipton House accommodation costs (Department of Health) - £52,284.30 <p>Our Finance and General Purposes Sub Committee met in the quarter to review how our new processes will work from quarter 2. They continue to undertake an 'oversight' role from to ensure appropriate procurement decisions are being made and assess how the new processes are working.</p>
HR and team development	<p>At the end of quarter 1 we had:</p> <ul style="list-style-type: none"> • 31 staff members permanently employed; • 10 staff members employed on a fixed term contract; • 7 vacancies in the quarter; • TOTAL - 48 roles <p>During the quarter we began the recruitment process to recruit to the vacancies, and the permanent roles currently undertaken by staff on fixed term contracts. This process will continue into the next Quarter.</p>
Internal audit update	<p>Work has continued over the quarter to embed the recommendations from the two internal audits.</p> <p>Information Governance Audit: Sarah Armstrong has joined the CQC Information Governance Group (IGG) to gain more insight and to understand more about the assurance CQC need. A paper submitted to the CQC IGG was discussed, this detailed the audit recommendations by PWC and how CQC and Healthwatch England can work together to improve Information Governance at Healthwatch England. This important step will ensure the audit recommendations can continue to be followed up.</p> <p>Financial Audit: There has been the introduction of project codes to each cost-centre which has resulted in further financial analysis below the cost-centre level. Training had been provided for staff and there is ongoing training with the operational management team to ensure that activities are properly coded. The budget and financial delivery plan for Healthwatch England has been aligned with the Secretary of State for Health's output delivery plan.</p>
Risk reviews	<p>Following the series of short and focussed workshops with managers over the last quarter, we have now updated the operational risk register and linked it to the strategic risk register. This has enabled us to fully update both documents and develop one interactive register which brings together all risk documents into one place for ease of access.</p> <p>Audit and Risk Sub Committee members reviewed this and questioned whether the separate operational risks are adequately summarised. They also recognised that there is a technological limitation to be able to investigate each risk area in depth as it requires connection to the internal database, which Sub Committee Members do not have access to. It was agreed the team would revisit these issues before their next meeting.</p>

AGENDA ITEM: Our new understanding - the overall health of the network

PRESENTING: Susan Robinson



AGENDA ITEM: Healthwatch England Intelligence

PRESENTING: Gerard Crofton-Martin



AGENDA ITEM: Policy for approval - Complaints Champion

PRESENTING: Sarah Armstrong and Gerard Crofton-Martin

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report provides an update to Committee Members on operational activity in the Quarter.

RECOMMENDATIONS: Committee Members are asked to **APPROVE** the Complaints Champion Role profile

Introduction

Individuals and organisations have the right to express their views about the health and social care system through our Enquiries service - it is very important we listen to the views of people with great care. We aim to provide listening support, signposting to relevant services, including local Healthwatch, and gather details of people's experiences. This enables us to identify areas of concern and national trends.

The role

The quality of our handling of this is the principle focus for this role. Individuals and organisations may have concerns and complaints about the health and social care system which are difficult to resolve and complex in nature. It is essential that Healthwatch England staff have someone to talk to about the most effective way to handle and resolve concerns/complaints, and this role will provide support, advice and guidance to Healthwatch England staff.

To ensure we continue to improve this process, this role will also provide an independent view, and give feedback on how the process can be more effective. They will also provide feedback to other Committee Members about the process and the organisational learning on a quarterly basis at Committee meetings.

Skills and experiences needed

- Previous experience of handling/resolving complex and sensitive concerns; complaints
- Logical problem solving skills;
- Sensitivity and empathy;
- Sound judgement; and
- Excellent prioritisation skills.

Please note - it is anticipated the commitment needed to fulfil this role will be for 2 - 5 hours per month.

Role: Complaints Champion

Senior Management Team Owner: Director of Quality and Evidence

Review period: Annually (next review: November 2016)

Date of last review: N/A

AGENDA ITEM: Business planning principles for 2016/17

PRESENTING: Katherine Rake

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY:

RECOMMENDATIONS:

This will be shared on Monday 1 November.

AGENDA ITEM: Quality Statements

PRESENTING: Gerard Crofton-Martin

PREVIOUS DECISION:

4 February 2015 Public Committee Meeting: Committee Members welcomed and agreed the approach to the work on developing local Healthwatch Quality Standards.

EXECUTIVE SUMMARY: This paper outlines the purpose and the approach that has been taken to the development of the Quality Statements and summarises the feedback received to date.

RECOMMENDATIONS:

- **AGREE** that the draft Quality Statements (in Appendix 1) should be refined in light of the feedback.
- **APPROVE** the Quality Statements in principle.
- **AGREE** that the Quality Statements are brought back to the Committee if substantial changes are required to reflect any further feedback received during the testing phase.

Background

The Quality Statements aim to:

- Enable local Healthwatch to understand how they are doing and identify areas for improvement and development;
- Provide a framework to help local Healthwatch and their commissioning local authority to discuss impact, performance and effectiveness;
- Help Healthwatch England understand the quality of practice in the country and to direct its resources at areas that require support or improvement; and
- Enable those leading innovative and influential areas of work to be identified and approached to share this to provide inspiration, leadership and support across the network.

The approach taken to developing the Quality Statements

Healthwatch England appointed Leeds Beckett University and the Federation of Community Development Learning - an independent organisation with significant experience in this area and in working directly with local Healthwatch - to facilitate the development of the Quality Statements.

The Quality Statements were developed collaboratively across local Healthwatch with more than 40 contributing directly to this work. An advisory group of 20 local Healthwatch played a central role in sharing its ideas and experience in relation to this work. A series of local workshops were organised for local Healthwatch, with the Healthwatch England Committee also contributing to a workshop in February 2015. In addition several local Healthwatch were interviewed and the emerging findings were discussed with a small sample of local authority commissioners and Directors in councils.

The Quality Statements were published in draft in May 2015 with an invitation to local Healthwatch to test them with Healthwatch England. The tools to test the Quality

Statements were piloted early in the summer, with findings shared at the Healthwatch conference in July. Following, a steer from a subgroup of Committee Members, the testing phase commenced in August, with a focus on peer review and 360 degree feedback including local Healthwatch commissioners. During this phase, which involves over 30 local Healthwatch, the tools and approaches to using the Quality Statements are being tested. This also enables us to gather feedback on the Quality Statements.

The feedback we received to date

The feedback received is positive and supportive of the focus of the Quality Statements. Most feedback to date has concentrated on language such as changing terms like “system architecture” and “investigations”. Given local Healthwatch cannot directly control the outcomes of their influencing work, individuals have also appreciated the use of terms such as how stakeholders “feel” which enable them to broker conversations.

Other suggested refinements have included giving greater recognition to the point that all health and social care organisations must do their own patient engagement as opposed to local Healthwatch doing this for them. It is also suggested that for local commissioners and providers, the Quality Statements must be framed from their (commissioner and providers’) viewpoints.

Recommendation

The Committee is asked to:

- Agree that the draft Quality Statements (in Appendix 1) should be refined in light of the feedback.
- Approve the Quality Statements in principle.
- Agree that the Quality Statements are brought back to the Committee if substantial changes are required to reflect any further feedback received during the testing phase.

Next Steps

Subject to the Committee’s decision, the Quality Statements will be refined in light of feedback received during the testing phase which runs until early in the New Year. Under the guidance of the Quality Manager role, which is currently being recruited to, Healthwatch England will then publish the Quality Statements alongside the tools to enable local Healthwatch and stakeholders to use the Quality Statements.

As we start to embed the Quality statements, in the final Quarter of the financial year, Healthwatch England will disseminate the findings of the work currently being undertaken to look at the value of using the Quality Statements. This will be through our online platforms as well as through regional sessions with local Healthwatch and events for commissioners.

Appendix 1: The draft Quality Statements

Strategic context and relationships

Local Healthwatch:

- Develops priorities based on the experience and concerns of the public, whilst recognising the local health and social care context and priorities.
- Has trusting collaborative relationships with key local decision makers through regular formal and informal meetings where its role as a critical friend is understood.
- Plays a clear and distinct role in key local decision making structures (going beyond its formal position on the Health and Wellbeing Board) and contributes to better local decision making.
- Contributes to the development and, where appropriate, delivery of the local architecture for local decision making on health and wellbeing.

Local commissioners and providers of health and social care services feel that:

- Local partners understand the rationale for local Healthwatch priorities.
- Local Healthwatch brings added value to their work thanks to its unique perspective.
- Local Healthwatch has collaborative relationships with key decision makers in their organisations that allow information to be shared and concerns to be addressed.
- Local Healthwatch brings a distinct contribution to decision making structures in the local system.

Community voice and influence

Local Healthwatch:

- Has a clear action plan for reaching out to and informing local people of its priorities and activities.
- Has a clear approach to ensuring engagement with seldom heard communities.
- Supports local people to share their experience and opinions of local services.
- Involves local people in setting priorities and commenting on the quality of services that local Healthwatch provides.
- Provides pathways for local people to become involved informally and formally in contributing to the delivery of the local Healthwatch service.
- Contributes to the increased confidence and ability of local people to influence the local health and wellbeing system.

Local commissioners and providers of health and social care services feel that:

- Local Healthwatch demonstrates added value through its work engaging local people.
- Local Healthwatch pays particular attention to seldom heard groups.
- They can confidently promote local Healthwatch through their organisations' media channels.
- Investigations conducted by local Healthwatch are built on the experiences of local people.
- Local people are involved in the delivery of local Healthwatch as volunteers, spokespeople and committee members.
- Local Healthwatch enables local people to actively participate in commissioning, delivery and scrutiny.

Making a difference locally

Local Healthwatch:

- Capture the experience and aspirations of local people in its investigations and reports.
- Investigates issues in a way that is appropriate and ethical.
- Investigates, where appropriate, producing recommendations for change that are heard and responded to by relevant decision makers.

Local commissioners and providers of health and social care services feel that:

- Local Healthwatch investigations bring added value through the incorporation of strong public voice - particularly from seldom heard people and communities.
- Local Healthwatch investigations and reports are critical, independent and clear about the rationale for the evidence used.
- They have been involved in investigations in an appropriate and timely way.

Informing people

Local Healthwatch:

- Provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.
- Considers the needs of easily ignored and marginalised group in the design, focus and delivery of the service.
- Has a clear map of signposting services and refers members of the public to appropriate services or to places they can access information/signposting services.

- Provides members of the public with appropriate advice and support if they need to raise a complaint about any part of the health and social care system.
- Systematically uses the intelligence it gathers to inform its priorities.

Local commissioners and providers of health and social care services feel that:

- Has a clear and distinct role that complements those provided by other local health and social care information and advice services.
- Makes a clear contribution to ensuring that the voice and experience of easily ignored and marginalised groups is heard.
- Is delivered to high standards through the quality of information and advice provided, referral to other providers, and the way in which personal information is recorded and used.
- Is used to provide an insight into gaps in local information and advice services and so that they can be addressed.

Relationship with Healthwatch England

Local Healthwatch:

- Learns from and shares their learning with other local Healthwatch.
- Consistently shares the views and experiences of local people with Healthwatch England to be reflected in national work.
- Understands how information about their local Healthwatch has been shared with Healthwatch England and how this information has been used.
- Has given consideration to getting involved with national pieces of work, identifying the relevance of this work for their locality.
- Has discussed any concerns and issues that Healthwatch England or other partners have raised about its performance and reflected on how best to resolve the situation in a constructive manner.
- Contributes its expertise to national policy development.

Local commissioners and providers of health and social care services feel that:

- When local Healthwatch has escalated an issue to Healthwatch England this has helped the local health system improve.
- Local Healthwatch has helped place local concerns into a national policy and practice context through their relationship with Healthwatch England.
- Local Healthwatch has used its relationship with Healthwatch England to strengthen the development of good practice with regard to local Healthwatch itself and the local health system.

AGENDA ITEM: The Healthwatch Index

PRESENTING: Gerard Crofton-Martin

PREVIOUS DECISION:

4 February 2015 Public Committee Meeting: Agreed that the definition and purpose of the project needed to be clearer. It was clarified that the purpose of the Consumer Index is to measure how far consumer expectations of health and social care services have been met.
13 May 2015 Public Committee Meeting: Agreed to do some consumer insights work on information and education to help shape the data deficit in this arena.

EXECUTIVE SUMMARY: This report details the framework that it is proposed to use against which data is assessed for inclusion in the Healthwatch index. It then sets out the next steps prior to publication.

RECOMMENDATIONS: Committee Members are asked to **DISCUSS** and **AGREE** the sub categories within the Framework for the Healthwatch Index.

Background

The aim of the Healthwatch Index is to measure how far consumer expectations of health and social care services have been met. In this first publication, the aim is to build credibility for the product, enable comparison between principles and create a benchmark against changes in the realisation of the consumer principle can be shown.

It is crucial that the value of the Healthwatch Index is widely understood and that action on the recommendations about improving data are taken on board by partners who can deliver the desired changes. Key stakeholders have been involved in an advisory group helping to ensure the Index is a credible and robust product. We will now seek to deepen that engagement with stakeholders, by sharing with them emerging themes and findings and our recommendations about how they can better capture data that more fully reflects people's experiences and outcome from health and social care. In order to give us time to complete this stakeholder engagement, we are planning now to publish the Index later this financial year.

Proposed Consumer Principles Framework

The Index has been designed to bring together data from across a wide range of data sources, examining what that data tells us about people's experience of each of our eight consumer principles. These principles were developed with the public, and reflect their expectations of how health and social care should be provided to support their health and well-being. We have undertaken a further stage of work with the principles and have mapped the component of each principle to ensure that we have established the full range of data required to understand consumer experience in its fullest. The framework, which is being proposed to the Committee today, demonstrates the further thinking Healthwatch England has undertaken, with the support of the technical advisory group, to ensure we can measure each of the principles in full.

Principle	Subcategory
Essential services	<ul style="list-style-type: none"> • Services that refer to a situation of crisis • Services that respond to an urgent need • Services that require continuous support
Access	<ul style="list-style-type: none"> • Contacting the service • Waiting times • Convenience of accessing the service • Service availability • Barriers to access
Quality, safety and dignity	<ul style="list-style-type: none"> • Confidence and trust in care professionals • Privacy and confidentiality • Be given enough time • Dignity • Safety • Physical comfort • Compassion • Outcomes
Information and education	<ul style="list-style-type: none"> • Explanations from care professionals • Informed care professionals • Information coherence • Information on procedures • Information upon discharge • General information provided • Information on medicines • Information awareness • Health literacy
Choice	<ul style="list-style-type: none"> • Choice of treatment • Choice of individual health professional • Choice of appointment time/date • Choice of which provider • Choice of products
Be listened to	<ul style="list-style-type: none"> • Being listened to by own care professional • Emotional support • Care progression (care review) • Other areas of life • Complaints support
Being involved	<ul style="list-style-type: none"> • Shared decision-making • Involvement and hospital discharge • Personal circumstances • Family, carers and friends involvement
Healthy environment	<ul style="list-style-type: none"> • Care environment • Prevention • Wider determinants of health

Data gaps and our approach to working with others to fill these

We have uncovered a number of issues with the data currently captured by the health and social care system that mean that we are not yet able to gain a full picture of people's experiences and outcomes from the health and care system. Data is sparse for particular

parts of health and social care system and for particular sections of the population; there are certain principles that are poorly covered; the approach to data capture does not always elicit the most accurate picture of people's experiences and there are inconsistent approaches which make comparison and data aggregation challenging. The next part of our work with stakeholders will be to share these findings and establish a way forward in improving data collection.

Next steps

Following the publication of the Index, we will conduct a light touch evaluation of the contribution that the Index can make to our work and will present this to the following Committee meeting for a decision about next steps and future plans.

Recommendation

The Committee is asked to:

- Discuss and agree the Consumer Principle Framework for the Healthwatch Index.

AGENDA ITEM: Committee Activity

PRESENTING: Committee Members

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY:

Committee activity including:

- 7.1 - Audit and Risk Sub Committee Chair's Report
- 7.2 - Finance and General Purpose Sub Committee Chair's Report
- 7.3 - People and Values Sub Committee Chair's Report
- 7.4 - Senior Independent Member's update
- 7.5 - Committee Members update

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

Background

This report aims to highlight Committee Members' contributions since the last Committee Meeting in August.

7.1 Audit and Risk Sub Committee Chair's Report - Jane Mordue (Chair)

The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meeting during Quarter 2 of 2015/16.

Annual Governance Statement 2014/15

- The Audit and Risk Sub Committee has a strategic role to lead the assessment of the Annual Governance Statement for the Committee. The document presented to the Sub Committee detailed the organisation's governance arrangements, approach to risk, the role and duties of the Accountable Officer and the 2014/15 financial performance and position.
- Following a review of best practice examples of other Annual Government Statement and comments from Sub Committee Members, the content was amended slightly, with an ask for more detail on organisational spend for the financial year, detailing the pay and non-pay elements for each strategic priority area.
- The Audit and Risk Sub Committee, based on its work and the details of the Annual Governance Statements, confirms its assurance that the organisation is operating effectively as well as working towards further opportunities for improvement.

Audit

- The update on both the information governance audit and financial management and data reconciliations audit gave the Audit and Risk Sub Committee the opportunity to review progress to date as well as recommendations for next steps.
- Sub Committee Members were updated that there has been the introduction of project codes to each cost -centre which has resulted in further financial analysis below the cost-centre level. Information governance was being worked on closely with CQC'
- The Audit and Risk Sub Committee will continue to probe the actions and delivery of both audits.

Managing Risk

- Sub Committee Members agreed that they preferred the current version of the risk registers, which for its purpose enables easier and detailed analysis of each risk area. It was recognised that the new web based version works well for the management team and gives visibility for the whole staff team which was also beneficial. There was a recommendation to have a gap/column to address the next stages of risk. There was agreement that in addition to the standing item of 'managing risk'; it would be helpful to discuss new risk areas and current vigilance to risk at each meeting.
- New risk areas identified included cyber security and staff changes within the Senior Management Team. The impact of cyber security (undertaking risk assessment to the vulnerability of data confidentially, terrorism and fraud) was suggested as a discussion for the December workshop so the Committee can get assurance of what the organisation is doing. An action of the meeting was to delegate a discussion on succession planning to the People and Values Sub Committee. It was agreed that mitigation to the risk of staff changes within the Senior Management Team would be the development of an 'operational manual' which would help with the transfer of knowledge.

7.2 Finance and General Purpose Sub Committee Chair's Report - Deborah Fowler (Chair)

The following is a summary of the key matters discussed at the Finance & General Purpose Sub Committee meetings of 29 July and 22 September.

Procurement update

- Sub Committee Members were updated that procurement had moved in-house at the beginning of the Quarter, from 1 July 2015 onward, as planned. From 1 July, Healthwatch England now made its own decisions on procurement, still in line with regulations, rather than having to rely on the CQC, although staff were still able to go to CQC for helpful advice. Healthwatch England was now therefore in a better position to make timely and appropriate decisions to meet Healthwatch England's own procurement requirements.

Finance update

- Sub Committee Members received the Quarter 2 finance update and an update on expenditure for the first 6 months of the financial year.
- Sub Committee Members were presented with the Output Delivery Plan (ODP) which is a tool used by the Department of Health to identify the priorities and programmes of spend for each Arm's Length Body, to align this with the Secretary of State's priorities. The ODP for future meetings will show the budget and the actual spend for each Quarter per activity/programme area. Sub Committee Members are supportive of this endeavour, stipulating that, as long as it did not result in an increased work load, as they would find it helpful as an alternative way of presenting the information.
- An additional meeting was held (22 September) to consider in more detail the year to date budget and spend. The areas of underspend were reviewed, together with the reasons for any apparent underspend. In some cases, underspend was temporary, but in others it was real, for example where it had been caused by Human Resource requirements beyond Healthwatch England's control. This had resulted in additional pressure on staff, as recruitment continues this pressure continues to decrease. Further work was needed to progress certain key areas of work as desired.
- This meeting also discussed the upcoming mid-year spend review with the Department of Health, which updates the Department on the spending and performance of the organisation mid-way through the financial year.
- Sub Committee Members highlighted that there is a need to re-profile the Healthwatch England budget and expenditure that is shown on the NHS Shared Business Service system, to reflect the original budget submitted by Healthwatch England, and to give an accurate forecast for the remainder of the financial year.
- The Sub Committee noted that it has been kept well-informed of the latest financial position and has asked the staff team to continue to finalise the re-profiling work. The Sub Committee also recognises that the Senior Management Team and Operational Management Team have made very significant strides in understanding the reasons for the under-spend and in undertaking the necessary re-profiling work that it has entailed.

7.3 People and Values Sub Committee Chair's Report - Anna Bradley on behalf of Christine Lenehan (Chair)

The Committee is asked to note a brief summary of the previous People and Values Sub Committee meeting. At the meeting, Sub Committee Members received an update on the following items:

- Defining the role of the People and Values Sub Committee
- Staff survey
- Succession planning
- Staff turnover

A verbal update will be given at the Committee on the detail of discussion, highlighting any items of note.

7.4 Senior Independent Member's update (John Carvel - Healthwatch England Senior Independent Member)

Part of the Healthwatch England Senior Independent Member role is review corporate complaints, and assess how these complaints are handled on an annual basis and manage the appeals process.

John Carvel in this role conducted his first quarterly review of complaints about the corporate conduct of Healthwatch. There were no complaints in the quarter and it has been confirmed that procedures are now in place for dealing with such matters.

7.5 Committee Members Update

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

Supporting Healthwatch England

Healthwatch England Strategy 2016 -21

Committee Members continue to inform the new Strategy, and in particular have discussed the new formulation of objectives around wider public well-being and the purpose of health and social care. Liz Sayce highlighted that the work on the development of the strategy has been particularly important in setting the direction of the organisation and messaging going forward, reflecting that, this should enable the organisation to build its impact and relevance to a range of stakeholders over the next period

Independent Living Fund

Liz Sayce has been in conversation with staff discussing the transition from the Independent Living Fund (ILF) to local authority provision, following discussions, the organisation has taken up the issue and are asking local Healthwatch for information on what is helping in their areas, and committing to sharing this information with other relevant organisations and with the Department of Health, who have a responsibility to monitor.

Recruitment

Healthwatch England Committee Members have been involved in the recruitment process for both Committee and staff roles. This support has enabled Healthwatch England to continue to recruit the best candidates to achieve its objectives.

Primary Care

Michael Hughes and Andrew Barnett attended workshops on the future of Primary Care in Bristol and London. Michael Hughes commented that the Bristol event was well-attended with a cross-section of people from Bristol and Somerset, thanking them for their participation and useful comments.

Consumer Index

Michael Hughes has been supporting the staff team in the development of the Consumer Index programme participating in a telephone conference with members of the Healthwatch Consumer Index Technical Reference Group in August.

Quality Statements

Pam Bradbury, Jenny Baker and Deborah Fowler have been part of the Committee group providing advice from the local Healthwatch Chair perspective to Gerard Crofton-Martin in

the next stage development of the Quality Statements, to ensure a common understanding of how to approach the work of Healthwatch and support the effectiveness of the network. This work continues with raising awareness of how local Healthwatch can get involved with the roll-out of the Quality Statements.

Regional Meetings and Events

Pam Bradbury has supported Anna Bradley and the Development team to strengthen the West Midlands local Healthwatch network. This has involved undertaking 1-1 meetings with some Chairs of local Healthwatch in the West Midlands to ascertain what additional support is required from Healthwatch England to ensure the regional network and quarterly meetings are as productive as possible. Pam has also supported the arrangement of a Chairs' meeting with Anna Bradley. A local Healthwatch Chair has now been selected by other local Healthwatch and Pam continues to support future network and regional meetings. Jane Mordue continued to support Pam by doing likewise for the East of England and East Midlands

Liz Sayce during the quarter attended the Central and West London Annual General Meeting, which was an opportunity to network with participants, hearing about their work over the year and their plans for how to improve health and social care services locally. Liz joined Healthwatch Islington at a public event in Chapel Market, engaging the public directly in health issues of concern, which she found helpful in hearing more about local concerns and aspirations and learning more about methods of engaging the public in health and care discussions.

Deborah Fowler attended the London Network meeting of local Healthwatch. Discussion included the possible role of local Healthwatch in extra-care sheltered accommodation. A Network meeting is being arranged to discuss how local Healthwatch in London might work together on how the relevant authorities are tackling certain Public Health issues, such as air pollution.

Jenny Baker spoke on behalf of Healthwatch England at the Healthwatch Torbay Annual General Meeting, well attended, including representatives from many statutory/ voluntary groups, including the Director of Public Health for Torbay. Jenny reflected that creative partnership development and fostering relations at all system levels were key to local success and progression as ably demonstrated by Healthwatch Torbay. The annual meeting also included a presentation by both the Director and Programme Manager of the new Integrated Care Organisation resulting from the recent merger of South Devon Healthcare NHS Foundation Trust with Torbay and Southern Devon NHS Health and Care Trust. The new organisation is now developing and delivering an innovative vision and model for a patient - centred integrated local health and care service with the aim of supporting everyone in living well and ageing well. On behalf of local people Healthwatch Torbay is fully engaged with this transformative process which also foresees a much greater voluntary and community sector contribution to services.

Jenny also attended the Wessex Local Healthwatch network meeting in Winchester where discussion on Healthwatch England's support for local Healthwatch led to a call for more national briefings for the network on issues such as the constantly changing health and social care landscape and updates on governance/ funding changes across the network.

The meeting also highlighted the concerning turnover of local authority commissioners of local Healthwatch and the importance of close working relations and communications at local, local Healthwatch, regional and national levels.

Commissioners Event

Pam Bradbury, Alun Davies and Michael Hughes attended and helped facilitate elements of the workshop. Pam Bradbury reflected that event aimed to raise awareness of good practice within local Healthwatch and define what good commissioning should be. The event brought together a number of commissioners and local Healthwatch from across the country to share experiences and discuss how the quality statements could enhance commissioning of local Healthwatch.

Quality Surveillance Group

Pam Bradbury, Deborah Fowler and Jenny Baker continue to attend Quality Surveillance Group meetings to create a picture of the health service across the regions and identify where there are problems in the system and where necessary discuss with the relevant local Healthwatch.

Leadership workshop

Pam Bradbury represented the Healthwatch England Committee at a leadership network, bringing together the NHS Leadership Academy, Monitor, NHS Trust Development Authority and local Healthwatch to highlight the potential of 'leadership development' for the network.

National Institute of Health Research Advisory Board

Michael Hughes attended the National Institute of Health Research Advisory Board, stressing the importance of consumer involvement in health research and the role of Healthwatch. The Chief Medical Officer welcomed the contribution of Healthwatch England and that of consumer groups represented.

NHS Equality and Diversity Council

Liz Sayce is now the Healthwatch England representative on the NHS Equality and Diversity Council. The agenda for her first meeting as part of the Council will include discussion on Lesbian, Gay, Bisexual and Transgender equality, updates from the Council's sub groups as well as an update on the work force race equality standards. Liz is keen to contribute to Healthwatch England's work in this area to ensure that a robust and proportionate approach is taken to equality and diversity, influencing wider system developments in the interest of different publics.

National Information Governance Committee

In July, John Carvel helped to write the final [report](#) of the National Information Governance Committee (NIGC) on which he represented Healthwatch England. The NIGC has been advising the CQC on how it can better monitor and see to improve information management among health and social care providers, the report is here for reference -

http://www.cqc.org.uk/sites/default/files/CM071509_Item_9_NIGC_report_to_Board_Appendix_1.pdf.

The NIGC was set up by statute until 2015. It has now been disbanded, but members continue to advise the CQC and have helped it to prepare to carry out a review of data security in the NHS that was commissioned by the Secretary of State in September.

Department of Health Arm's Length Bodies Chairs and Non-Executive Directors (NEDs) Programme

The issue of data security has become a top priority for NHS boards. John Carvel and Deborah Fowler attended a seminar at the Department of Health in July for the Chairs and Non-Executive Directors of Arm's Length Bodies, at which Chairs and NEDs were urged to increase their vigilance about cyber-security. John Carvel reflected that for Healthwatch England this is not just a question of protecting our own data and that the organisation also needs also to think through how consumers, who are getting increasing access to electronic health and care data about themselves, can be helped to use it safely. Patients helped to concentrate the minds of healthcare staff on washing hands and using gel to combat hospital acquired infections. They may have a similar role in combating data breaches. Deborah Fowler reflected that whilst an interesting session, that both Healthwatch England and local Healthwatch were less likely than many other organisation to become targets of cyber-attack. However, the issue of cyber security may well be one that local Healthwatch would want to raise with their local service providers and commissioners. The Boards of those organisations should be checking that public funds and personal data are all adequately protected from commercial or terrorist cyber-attack.

Jenny Baker, Michael Hughes, Patrick Vernon and John Carvel attended the Department of Health's summer conference for Chairs and Non-Executives of its Arms' Length Bodies. Its purpose was to hear key presentations followed by round table discussions between other representatives from Arm's Length bodies, senior Department of Health and NHS England staff to inform collaboration across the system for cost economies, better productivity and better patient care. Speakers included Julian Kelly (Director General, Public Spending and Finance - HM Treasury), Simon Stevens (Chief Executive - NHS England) and The Rt Hon Jeremy Hunt MP (Secretary of State for Health). Key themes were the current fiscal context including the Spending Review, delivering transformation through new care models and Vanguard Sites, Health Priorities and Systems Leadership.

Promoting Healthwatch widely

Committee Members continue highlight the work of the Healthwatch network in external meetings. These have included meetings a Department of Health and Department of Work and Pensions joint health and work round-table as well as a meeting of the Strategic Forum of NHS Employers.