

HEALTHWATCH ENGLAND - COMMITTEE MEETING

Wednesday 12th June 2013

The Sage, St Mary's Square, Gateshead Quays, Gateshead, NE8 2JR

AGENDA

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| 09.30 - 10.00 | Arrival and refreshments |
| <u>Committee workshop</u> | |
| 10.00 - 10.05 | Welcome from the Chair |
| 10.05 - 11.00
Local Healthwatch presentation | Sally Young, Chief Executive, Newcastle Council Voluntary Service and Bev Bookless, Chair, Healthwatch Newcastle. Our journey so far followed by questions and discussion |
| 11.00 - 11.55
Local Healthwatch presentation | Liz Prudhoe, Strategic Lead, Healthwatch Northumberland. Our journey so far followed by questions and discussion |
| 11.55 - 12.00 | Summary and final remarks from the chair |
| <u>Private Committee meeting</u> | |
| 12.00 - 12.45 | Committee members only |
| <u>Lunch</u> | |
| 12.45 - 13.45 | Lunch for Committee members with public attendees |
| 13.45 - 14.00 | Take seats for public meeting |
| <u>Public Committee meeting</u> | |
| 14.00 - 14.05 | |
| 1. Welcome and apologies | The Chair will open the meeting. |
| 2. Minutes of last meeting, actions log and matters arising | Members are invited to CONFIRM the minutes of the last meeting and DISCUSS any matters arising. |

3. Declarations of interests	Members are invited to DECLARE any interests they have in items appearing on the agenda.
14.05 - 14.20 4. The Chair's Report	The Chair will provide an update on work progress, forthcoming plans and any other topical items. Members are invited to DISCUSS the report.
14.20 - 14.35 5. The Chief Executive's Report	The Chief Executive will provide an update on operational work progress. Members are invited to DISCUSS the report.
14.35 - 14.50 6. Members' Updates	Members are invited to update the Committee on any other topical items. Members are invited to DISCUSS the updates.
14.45 - 14.55 7. Audit - Progress Update	Members are invited to APPROVE the: a) Audit Sub-Committee's Terms of Reference and appointments; b) DISCUSS the Risk Register 2013/14.
14.55 - 15.00 8. National Information Governance Board	Members are invited to APPROVE the appointment of John Carvel as Healthwatch England's representative on the National Information Governance Board.
15.00 - 15.10 9. Business Plan and Budget 2013-14	Members are invited to APPROVE the Business Plan and Budget.
15.10 - 15.20 10. Strategic Partnerships	Members are invited to APPROVE the proposed approach for working with the Care Quality Commission and the Department of Health.
15.20 - 15.30 11. Approach to Information Governance	Members are invited to APPROVE our approach to Information Governance.
15.30 - 15.40 12. Escalation and Whistleblowing policies.	Members are invited to APPROVE the Escalation and Whistleblowing policies.
15.40 - 16.30 13. Complaints - Issues and recommendations.	Complaints film to be shown Kara Danks, Carers Federation. Verbal presentation (5 mins)

Liz Prudhoe, Adapt (Healthwatch Northumberland)
Verbal presentation (5 mins)

Members are invited to APPROVE the next steps
based on the findings to date.

16.30 - 17.00

**14. Public Participation
Session**

(Subject to interest,
individual speakers' time may
be limited)

This is an opportunity for members of the public and
other interested parties to bring to the Committee's
attention issues or information of public interest.

17.00

Close of Public Meeting

Date and time of next meeting - Wednesday 25th September, 14.00, Plymouth

HEALTHWATCH ENGLAND - COMMITTEE MEETING

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ITEM 2 - MINUTES AND ACTIONS

HEALTHWATCH ENGLAND - COMMITTEE MINUTES

28th February 2013, Greater London Assembly

Present (Committee Members): Anna Bradley (Chair), John Carvel, Michael Hughes, Jane Mordue, David Rogers, Dag Saunders, Dave Shields, Patrick Vernon, Christine Vicars.

In attendance: Katherine Rake (Chief Executive), Karen Riches (Head of Communications and Engagement), Grahame Tinsley (Senior Planning and Performance Manager), Susan Robinson (Development Manager).

Apologies: Alun Davies, Christine Lenehan, Jane Macfarlane.

The Minutes of the Meeting held on 5th December 2012 were confirmed as an accurate record.

All reports outlined below are available at www.healthwatch.co.uk

AGENDA ITEM 1

WELCOME

The Chair welcomed everyone to the second meeting of Healthwatch England. She explained that meetings were preceded by workshops with local stakeholders. They had met representatives from Bexley and Lambeth. Bexley Healthwatch comprised of a voluntary sector partnership - local branches of MIND and Age UK, and Lambeth Healthwatch had evolved from the Local Involvement Network (LINK).

AGENDA ITEM 4

CHAIR'S REPORT

The first quarterly accountability meeting with the Department of Health (DH) had been held covering progress updates, DH's monitoring role, and the support required from DH for managing the expectations of local Healthwatch and Healthwatch England.

The Local Healthwatch Regulations (SI No. 3094, 2012) had caused confusion as to whether local Healthwatch could campaign. This had been discussed with DH and, following a Parliamentary debate, it had been confirmed that local Healthwatch could

campaign on relevant issues. Healthwatch England would draft guidance on this to assist local Healthwatch.

Five regional events working with local authority commissioners and local Healthwatch had been completed successfully and had informed our approach to supporting local Healthwatch.

Members' discussed the Chair's report and added the following comments:

A timetable is needed to develop guidance/templates for local Healthwatch.

The benefits for health and social care users of the proposed ratings system needed to be recognised with problems identified.

AGENDA ITEM 5

CHIEF EXECUTIVE'S REPORT

The applications for two director posts closed on 8th March. Interviews will take place in April.

Demand was increasing for the support package on offer to local organisations. 100 local Healthwatch organisations had requested 'website in a box' and 150 voluntary sector bodies were signed up to work with Healthwatch England.

There would be an under-spend on the 2012/13 budget due to Healthwatch being in start-up and not fully operational. No money could be carried forward to 2013/14. There would be no impact on next year's budget.

Policies

Key policies to be developed include the escalation policy (escalating concerns and issues to bodies such as the Care Quality Commission).

AGENDA ITEM 6

MEMBERS' UPDATES

Legacy events had taken place looking at taking forward best practice from local involvement networks (LINKs).

Workshop presentations on children and young people had been informative and guidance in this area would be developed for local Healthwatch.

AGENDA ITEM 7

AUDIT AND RISK

The Audit and Risk sub-Committee Chair, Jane Mordue, explained that there was a good mix of skills and experience on the sub-Committee. The remit was to provide assurance

that Healthwatch England was operating with probity, providing value for money and management processes were robust.

The sub-Committee had met on 21st February and had considered the 2012/13 budget spend and forecast, previewed the 2013/14 budget and developed a high-level risk register. This work would inform internal audit plans.

The information management risk needed to be mitigated but good use still needed to be made of information as evidence for identifying health and social care issues and improvements.

AGENDA ITEM 8

BUSINESS PLAN 2013/14

Work had taken place since the previous meeting with recognition that expectations were high but priorities needed to be focused to maximize available resources. Further development would take place before the plan was approved.

Four priorities had been identified. These were: ensuring consumers' right to be heard; ensuring consumers' right to redress; supporting local Healthwatch and maximizing the effectiveness of Healthwatch England.

Members' views on the Business Plan

There was general agreement with the priorities, but focus was needed to ensure that health and social care services improved for consumers.

All consumers needed to benefit including current and vulnerable service users, carers and future users.

The health and social care landscape radically changed on 1st April. All commissioners and providers of services needed to involve consumers in service design and delivery.

ACTION - Chief Executive - The business plan and priorities would be developed and presented to the next Committee workshop and for final approval at the next Committee meeting.

AGENDA ITEM 9

STRATEGIC PARTNERSHIPS

Joint working needed to be developed with all key partners identifying distinct roles and responsibilities and opportunities for shared working. Work with the Local Government Association (LGA) was the first of these ventures.

There were common interests with the LGA towards improving health and social care services including developing effective local Healthwatch and best practice for all local level stakeholders.

Members' views

The joint initiative was welcomed and areas of joint working were suggested including: health and well-being boards; overview and scrutiny committees; clinical commissioning groups; and quality surveillance groups.

Potential conflicts of interest needed to be recognised and balanced, e.g. LGA representing councils who were commissioners of social care services.

APPROVED - The approach to working with the Local Government Association with a memorandum of understanding to be approved by 1st April.

AGENDA ITEM 10

LOCAL HEALTHWATCH PROGRESS

102 local Healthwatch organisations had been commissioned as of 28th February. A progress map had been created to show the different stages of commissioning across the country and any issues had been identified with appropriate support offered.

Members' views

The commissioning progress was welcomed and it was suggested to review the commissioning process with local authorities and local Healthwatch to learn lessons and improve the process for the next round.

AGENDA ITEM 11

FRANCIS REPORT

Members' views

Recommendation 1 - Consistent basic structure for local Healthwatch

There needed to be basic standards as well as balance, allowing differences to reflect local needs and concerns. Best practice also needed to be shared with approaches outcomes based.

Recommendation 2 - Ring-fencing of funding for local Healthwatch

There needs to be a minimum level of funding suggested by the Department of Health for local Healthwatch, allocated to local Healthwatch. Transparency needs to be applied to how the funding is being made available.

Recommendation 3 - Healthwatch England directly intervening to tackle poorly performing local Healthwatch

- Potential introduction of intervention powers needed to be discussed with the Local Government Association.

Recommendation 4 - Guidance for mutual working (local Healthwatch, Health and Well-being Boards, and scrutiny committees)

- Guidance would be produced with the LGA.

Recommendation 5 - Proper training for local Healthwatch and availability of expert advice

- This was already a priority and guidance was being produced.

Recommendation 6 - Scrutiny committees to have powers to inspect providers independently of, or with, local patient involvement structures.

- The viability of this needed to be discussed soon with the LGA with 'enter and view' guidance produced as appropriate.

Recommendation 7 - Statutory Duty of Candour

- Staff should tell the truth and feel free to do so with lessons learnt.
- There needed to be culture change balanced with proportionate regulation.
- A statutory duty might be necessary to empower consumers and ensure long-term issues did not arise again.

i. The Chair concluded that the key points were; to focus on lessons for the whole health and social care sectors; culture change; lack of joined-up approaches and a lack of data. There were two key areas that Healthwatch England needed to promote: new fundamental standards focusing on consumers; and consumer rights as part of a revamped NHS Constitution.

ii. The Chief Executive outlined the short, medium and longer-term work plan: basic consistent structure for local Healthwatch and funding approach to be presented at the national conference; discussions on culture change and wider intervention powers with the LGA and DH; and in one year to review how the health and social care sectors had taken forward the Francis recommendations.

ACTION - Policy Manager - to develop a timetable for responding to the Francis report and taking forward work relating to the recommendations.

Conclusion

The Chair thanked everyone for their time and contribution.

ACTIONS

SUMMARY OF ACTIONS 2013					
Date	Lead	Item	Action	Deadline	Progress
28-Feb	Katherine Rake	8: Business Plan	Business Plan and priorities would be developed and presented to the next Committee workshop.	Mar-13	Completed. The business plan is being presented for sign off at the June Committee meeting.
28-Feb	Katherine Rake	9: Strategic Partnerships	Memorandum of understanding with the LGA to be approved by 1st April.	Mar-13	Completed.
28-Feb	Gerard Crofton-Martin	11: Francis Report	Develop a timetable for responding to the Francis report and taking forward work relating to the recommendations.	Mar-13	Completed.

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ITEM 4 - CHAIR'S REPORT

Key activities I want to highlight to the Committee are:

- Launch of Healthwatch Network
- Engagement with External Stakeholders
- Meeting with Sir Robert Francis
- NHS Constitution
- Fundamental Standards work with CQC

Launch of Healthwatch Network

The Healthwatch network launched on 11th April 2013.

The launch was an overwhelming success with over 700 people attending:

- Five areas connected - Taunton, Leeds, London, Manchester and Birmingham.
- We secured prominent guest speakers, including the Secretary of State the Right Honourable Jeremy Hunt and Lord Victor Adebowale.
- Those attending were primarily local Healthwatch but also included Lord Collins and other key stakeholders such as Mind.
- Morning workshop session in each location chaired by local Healthwatch; afternoon session national link-up via video-conference of all five locations.
- A comprehensive media and stakeholder awareness programme supported the launch with coverage in key national media (BBC Radio 4, The Times, The Guardian) and trade & stakeholder publications including Mencap, Macmillan and ADASS.
- There were 1.4m views of Healthwatch on Twitter over the launch period.

Engagement with External Stakeholders

Strategic Partners

Healthwatch England is continuing to actively engage with our strategic partners (Department of Health, Care Quality Commission and Local Government Association). Information about the progress of these strategic partnership working relationships will be discussed as separate agenda items.

In addition, I am continuing to meet with a number of key external stakeholders:

1. Norman Lamb, Minister of State for Care Services, Department of Health. In this meeting he commended us on our successful launch of the Healthwatch Network, and again reiterated his support for our independence, and his support for Healthwatch having its own voice.

2. Duncan Selbie, Chief Executive of Public Health England. In this meeting, Katherine and I introduced the role of Healthwatch and outlined our priorities and how they relate to Public Health England.
3. Dr David Bennett, Chief Executive of Monitor - Regulator for NHS Foundation Trusts. In this meeting, both Katherine and I hope to introduce the role of Healthwatch, outline our priorities and how they relate to Monitor, and explored the basis of our future working relationship.

Professional Bodies

I have been involved in a number of productive meetings and roundtables with professional bodies. This has represented an opportunity to bring together a wide number of stakeholders, hear the views of Director-level representatives from these organisations on the Healthwatch network and our priorities.

On a more working level, Healthwatch England representatives have also met with the professional bodies to outline our work and priorities and to understand the work they want to deliver in light of the Francis report recommendations. Notable meetings have included Royal College of Physicians, Royal Pharmaceutical Society, Mind, Nursing and Midwifery Council, Royal College of General Practitioners, Royal College of Surgeons, Foundation Trust Network and Foundation Trust Governors Association.

Voluntary Sector

In addition, I recently Chaired a very successful Complaints Roundtable with a number of voluntary sector organisation representatives as part of our complaints work. This roundtable was to seek their views on how they feel the complaints system works, the perceived hurdles facing the system and what they would hope for from future systems. Comments from this roundtable have been incorporated into the final complaints report which will be discussed further in the agenda.

Meeting with Sir Robert Francis

On Monday 20th May 2013, I met with Sir Robert Francis to discuss:

- Our specific complaints work;
- Our response to the Francis report;
- Our future involvement with him; and
- An update on Healthwatch developments.

This was an extremely beneficial meeting in which he agreed to expressed interest in our ongoing work

NHS Constitution

In May, I attended the Expert Advisory Group for the NHS Constitution. In this group, I presented on the role of Healthwatch England and our consumer-focused perspective in our work.

At this meeting, there was a discussion about Healthwatch England being an interpreter

on the NHS Constitution. This will give Healthwatch England the responsibility for providing an agreed interpretation of what each right and pledge in the NHS Constitution means. This can be used by local Healthwatch to support patients and members of the public in understanding their rights and responsibilities as set out in the NHS Constitution, as well as for signposting in relation to complaints.

The Group were supportive of aligning the NHS Constitution rights to one of the eight international consumer rights upon which we have based Healthwatch England's approach.

Fundamental Standards Work of CQC

Healthwatch England staff, working with other Healthwatch England Committee members, are meeting with senior staff at CQC to explore their development of fundamental standards for inspection. Our work with them at an early stage and will ensure that a consumer view on standards is embedded in the CQC's thinking.

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ITEM 5 - CHIEF EXECUTIVE'S REPORT

Staffing Structure and Recruitment

We are currently in the process of finalising the Healthwatch England organisational structure. We have advertised that Healthwatch England will have 31 staff which will enable us to deliver our work programme.

I can announce two new senior management appointments to Healthwatch England.

- The new Director of Policy and Intelligence is Dr Marc Bush. Marc joins Healthwatch England from the disability charity Scope, where he was the Head of Research and Public Policy. He has a background in autism research, extensive experience of developing public policy and has acted as an advisor for statutory bodies, Government departments, local authorities and charities.
- The new Director of Communications and Engagement is Claire Pimm. Claire is a highly experienced communications expert with over 16 years' experience within the charitable and government sectors and has worked at Mind, Contact A Family and Department of Health.

We expect to complete interviewing during June and July and all further new jobs will be highlighted on our Healthwatch England 'Work for us' website page and on <http://www.healthwatchjobs.co.uk>.

Local Healthwatch

All 152 local Healthwatch have been commissioned across the country. Since then Healthwatch England has provided the following support:

- Set up and manned a helpline for local Healthwatch - 48 calls have been logged, mostly about the Communications Centre, Website in a box and the Hub. Many of the enquiries about technical assistance have now been resolved through our regular 'helpful hints and tips'.
- Held 10 network meetings across all regions to gain views and feedback and discuss future networking arrangements. These have raised the striking observation of the variety in the organisations in terms of set up stage of development. Those who have had good commissioning support, strong and early leadership, a combination of continuity and new staff have fared the best.
- Attended a number of commissioner meetings and other external meetings including two local Healthwatch launches.

- Produced a weekly newsletter that provides signposting to information and guidance as well as interesting articles, profiles and case studies. This will also be posted on the LGA Hub.
- Launch of the online Hub. The Hub is an online store for all local Healthwatch and Healthwatch England to share data, comments and documents. We have undertaken initial population of the Hub with existing guidance documents, useful links, local Healthwatch newsletter and regional events

Business Planning / Budget

Work has been ongoing on the Healthwatch England Business Plan and Budget and members are invited to approve the final Business Plan and Healthwatch England Budget later in the agenda of this meeting.

The Business Plan remains focused around the following five priorities:

1. The right to redress (to put right): ensuring consumer concerns and complaints are received, acted upon and responded to.
2. The right to be heard: ensuring the views and experiences of consumers are heard within the health and social care system and used to inform the design and delivery of services.
3. To develop a vibrant Healthwatch network that supports an effective Healthwatch at a local and national level.
4. Establish Healthwatch England as an effective organisation.
5. To demonstrate the value of Healthwatch as a network for generating and sharing intelligence

This is Healthwatch England's first business plan. We have a challenging programme of work ahead of us this year but I am confident that by leading and working with local Healthwatch, building collaborative relationships with the third sector and by working closely with national players in health and social care, Healthwatch England will be well placed to ensure consumers are given a powerful voice in health and social care.

National Customer Service Centre

In response to concerns that have been raised with us, we have been in discussions with the National Customer Service Centre (NCSC) in Newcastle and successfully negotiated a more appropriate level of service provision for Healthwatch England.

Our next steps will be to consider options about how we would like the service to operate going forward and how it will work if it remains as a continuation of the CQC service.

Complaints Report

Our job at Healthwatch England is to make sure the voice of the consumer is heard loud and clear. Healthwatch England is the independent champion for consumers and users of health and social care in England. Working with a network of 152 local Healthwatch, we ensure consumers' views and experiences are represented both locally and nationally to those who run, regulate and plan health and social care services.

As such, Healthwatch England is currently developing a report into complaints. This forms part of Priority One identified in our Business Plan ('The right to redress: ensuring consumer concerns and complaints are received, acted upon and responded to'). We know from our own early research that complaints are a major issue across health and social care.

The report will be video-based with a written version also available and will be launched at the Healthwatch England National Conference in Birmingham on 20th June 2013.

Annual Report

Healthwatch England has a legal duty to publish an annual report for Parliament on the way we are delivering our functions. This must be laid before Parliament and a copy must be sent to the Secretary of State and every local Healthwatch organisation. We also have a legal duty to produce an annual report for the Care Quality Commission.

This must include:

- The views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services; and
- The views of local Healthwatch organisations and of other persons on the standard of provision of health and social care services and on whether or how the standard could or should be improved.

We will deliver a single report (supported by a package of published materials) that will meet both legal duties to CQC and Parliament. As the new national consumer champion for health and social care, we intend to frame the annual report around the key consumer principles.

The annual report will cover the period 1 October 2012 - 31 March 2013 and we be laid before Parliament in October 2013.

Our first annual report presents an opportunity for Healthwatch England to showcase the achievements of the Healthwatch network, the impact we have made to date and also share our vision for the year ahead. It also allows us to shape the public view on what a good health and social care champion looks like, set an aspirational benchmark for future years, help us to connect with our key audiences and develop our story as the new consumer champion in health and social care.

The research evidence framed around the consolidated consumer principles will underpin the narrative and provide us with the intelligence required to plan and prioritise our work for the forthcoming years.

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ITEM 7

AUDIT - PROGRESS UPDATE

Purpose - The report will provide the Committee with an update on audit activity and progress on identifying strategic risks.

Background

1. At the Healthwatch England Committee meeting on 5th December, Jane Mordue was appointed as Healthwatch England's audit and risk representative for the Care Quality Commission's (CQC) Audit and Risk Committee (ARAC).
2. Audit and Risk were discussed at the Healthwatch Committee workshop on 28th January, whereby Committee members considered current and future risks. Jane Mordue attended the CQC ARAC meeting on 30th January, to present Healthwatch England's strategic risks.
3. The Committee agreed that a sub Committee should be convened to take forward the work on Audit and Risk. The following four Committee members were nominated to the sub Committee, Jane Mordue, John Carvel, David Rogers and Michael Hughes. The sub Committee met on 21st February, following which the terms of reference were discussed and work commenced on the strategic risk register.
4. The sub Committee met again on 18th March where the terms of reference were further discussed. The terms of reference were signed off by the sub Committee on 15th April.

Recommendations - Members are invited to APPROVE the Terms of Reference and discuss the Risk Register.

TERMS OF REFERENCE

Purpose

The Healthwatch England Committee established its Audit Sub-Committee to advise and support them (and the Accounting Officer) by providing assurance of effective risk management, internal controls (including budget) and governance.

Membership and Support

- Members to include non-executive members of the Healthwatch England Committee (as at 15 April 2013).
 - Jane Mordue (Chair).
 - John Carvel, Michael Hughes, David Rogers.
- Additional members may be co-opted on a time-limited basis to provide specialist skills, knowledge and experience. Co-opted members should not form more than one-third of the Sub-Committee.
- Support will be provided by the Chief Executive, Head of Business and Corporate Secretary.

Meetings

- The Sub-Committee will meet at least quarterly.
 - The Chair may convene additional meetings.
- At least two members must be present for a meeting to be quorate.
- The Internal Auditor, External Auditor and Department of Health Sponsor may be invited.
- The Healthwatch England Committee (or Accounting Officer) may seek specific advice, requesting the Sub-Committee to convene further meetings.

Access and Rights

- The Internal Auditor and External Auditor will have direct access to the Chair if they have any particular issues.
- The Sub-Committee may procure specialist ad-hoc advice subject to budgets agreed by the Healthwatch England Committee.

Reporting

- The Chair will provide quarterly written or verbal reports, or more frequent as appropriate, to the Healthwatch England Committee.
 - These should include the minutes of meetings held.
- The Chair will provide the Healthwatch England Committee (and Accounting Officer) with an annual report or appropriate equivalent, in time for finalising the accounts and governance statement and this will inform the CQC input to accounts.

Annual Reviews of Terms of Reference and Effectiveness

- The Sub-Committee will annually review its own effectiveness, terms of reference for 'fitness for purpose', and report conclusions to the Healthwatch England Committee.

RISK REGISTER

Strategic risk	Link to Business Plan / Risk Level / Risk Likelihood	Mitigation	Mitigation Owner
1. The expectations of Healthwatch England exceed our ability to deliver	Priority 3 / High / High	Our communications programme will be clear about what Healthwatch England's role is and our business plan will set out our priorities and focus our activity on outcomes. We will continue to engage with the public around the public information dashboard	Director of Communications and Engagement
2. Our information security is breached and our data collection, analysis and storage is inadequate	Priority 5 / High / Medium	The effective monitoring and oversight of our work by our Caldicott representative and a successful roll-out of the Healthwatch HUB, avoiding any information governance breaches or issues.	Intelligence Manager
3. We are unable to recruit and retain the right calibre of staff	Priority 4 / High / Low	Two Directors have been appointed and start in June. The rest of the permanent is currently being recruited with the expectation that staff will be in post by August.	Chief Executive
4. We receive more requests for support from local Healthwatch than we can deliver	Priority 3 / Medium / Medium	A designated telephone line has been set up for local Healthwatch. Concerns from local Healthwatch are being logged and fed back into the support programme.	Development Manager and Intelligence Manager
5. Legal advice we receive conflicts	Priority 1 / Medium / Medium	Advice from the CQC and our external solicitors (Mills and Reeve) is different i.e. private providers. A discussion will take place with the Department of Health to progress this.	Policy Manager

6. The National Customer Service Centre does not provide us with the level of service needed	Priority 4 / Medium / Medium	Several discussions have taken place and we have now reached agreement to stand down 6 staff allocated to Healthwatch out of a total of 9.18. Further discussions will take place to confirm our recharge level for 2013/14 and the service arrangements for calls taken by the service centre.	Head of Operations
7. We do not receive additional funding from the Department of Health	Priority 4 / Medium / Low	Discussions have taken place with the Department of Health to secure additional funding for new work which has been agreed and we only await written confirmation. Our budget will be re-profiled according to monthly variations.	Chief Executive
8. CQC support functions do not enable us to work efficiently	Priority 4 / Low / Medium	Implementation of effective Service Level Agreement's and support arrangements support decision making and planning process.	Head of Operations
Risks moved from the Strategic Register though actively monitored			
The roll out of the Healthwatch HUB is delayed	Priority 5 / Medium / Medium	The HUB went live on 12 th May. No significant issues have been reported though will be monitored and logged.	Intelligence Manager

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ITEM 8

NATIONAL INFORMATION GOVERNANCE COMMITTEE

Members are invited to APPROVE appointment of John Carvel as Healthwatch England's representative on NIGC

Background

The Health and Social Care Act 2012 gives the Care Quality Commission new functions to monitor and seek to improve the health and social care providers' information governance practices. In undertaking these functions CQC will aim to:

- Consider the range of relevant standards for information governance and identify good practice;
- Use sampling to generate a picture of quality in Information Governance practice; and
- Focus on the impact that information governance and information sharing has on the quality of care.

To deliver these new functions, CQC has established a new National Information Governance Committee (NIGC). The NIGC will provide expert advice to the CQC Board and those responsible for undertaking the monitoring activity. The NIGC will provide advice on, for example:

- Identifying priorities, themes and standards;
- Developing methods for identifying risks and good practice examples;
- Considering the implications of relevant information governance policy, including the Caldicott Review; evaluating intelligence and findings; and
- Promoting improvement.

CQC have advised Healthwatch England how it will be important for the committee to have relevant expertise from its strategic partners, including Healthwatch England, to ensure that different elements of the health and social care sector are represented. CQC has also extended the invitation to

the Health and Social Care Information Centre, NHS England and the Information Commissioner's Office.

Healthwatch England Nominee

Anna Bradley has nominated John Carvel as Healthwatch England's nominee for the CQC National Information Governance Committee. John Carvel is currently the Healthwatch England Caldicott guardian and who holds the information governance brief.

Healthwatch England will commission extra time from him to allow him to fulfil this role beyond his standard Healthwatch England responsibilities. The CQC expects that NIGC will initially be in place until 31st March 2015 with at least four meetings per year, with some input required between meetings.

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ITEM 9

BUSINESS PLAN AND BUDGET 2013/14

Purpose - The paper will provide the Committee with an update on the business plan and budget for 2013/14.

Background

5. At the Healthwatch England Committee meeting on 28th February, the business plan activities were presented and a high level discussion took place on the priorities for 2013/14. The business plan was presented to the CQC Board on 20th March and was further discussed at a Committee workshop on 27th March where the Committee agreed to five high level priorities. The primary objective, activities and costs of each priority were also presented at the workshop.
6. At the Committee workshop on 15th April, consideration was given to the key deliverables underpinning the business plan on a quarter by quarter basis. The Committee were presented with a refined version of the budget at a workshop on 8th May which outlined staff and non-staff costs. Performance measures were also discussed by the Committee.
7. Between the Committee meetings and workshops the business plan has also been discussed by the senior management team to prioritise activities and agree costs.
8. The public facing business plan was first discussed at the Committee workshop in March. Feedback was taken on board and the document was refined and discussed again at the Committee workshop in May, particularly around our priorities and how our work is framed within the consumer rights principles. The business plan outlines where we will focus our efforts in 2013/14 and how we will achieve this.

	Right to Redress	Right to be Heard	Local Healthwatch	Effective Organisation	Intelligence
Staff	£210,000	£210,000	£520,000	£250,000	£160,000
Non staff	£180,000	£185,000	£779,341	£365,000	£505,000

9. The budget for 2013/14 is £3.825m and the breakdown of staff and non-staff costs by priority is set out in the table above.
10. Total direct staff costs are £1,810,659 and non-staff costs are £2,014,341. When added to Committee staff costs and on costs our total costs for 2013/14 will be £3.825m.

Recommendations - Members are invited to APPROVE the Business Plan and Budget.

PUBLIC FACING BUSINESS PLAN

1. Chair's Introduction

This is Healthwatch England's first business plan. It outlines where we will focus our efforts over the next year to make the biggest possible difference to consumers and users of health and social care services.

Our creation could not have come at a more important time. There are significant changes taking place in the way health and social care services are commissioned and run. Health and social care budgets are stretched and the population is ageing. We know from the recent Francis report into the events at Mid Staffordshire NHS Foundation Trust hospital that there are examples of terrible care where the voice of the consumer is simply ignored, sometimes with devastating results.

This difficult context means that, now more than ever before, it is crucial that consumers have a say in shaping future health and care services. Healthwatch England has an important part to play in getting this right and it is clear we have much to do.

We have had a very busy six months building the new organisation and developing relationships with those who plan, run and regulate health and social care services, as well as with partners in the third sector. This work will continue over the next year and partnership working will be a feature of all our work going forward. As a small organisation we must make the most of the expertise and skills in the voluntary sector and add value to this knowledge by using our unique role as the guardian of the Healthwatch network and through the use of our statutory powers.

Since April 2013 Healthwatch has been represented by both Healthwatch England at a national level, and local Healthwatch at a local level. It is no accident that Healthwatch England was formed six months ahead of local Healthwatch; we have had an important role in leading and supporting 152 local Healthwatch as they emerge. Together, the Healthwatch network, will amplify the views and experiences of consumers at a national and local

level. That includes the views and experiences of children, young people and adults.

Since our launch we have established an independent committee whose remit is to determine the direction of the organisation – maximising the benefits we can bring to users of health and social care at a national and local level. It was quickly clear, that this is a vast agenda and with it comes our biggest risk - that we spread ourselves too thinly over a wide number of issues.

Mindful of this, we have chosen to focus our efforts on two fundamental consumer rights. Too often those who use health and social care services see themselves as grateful recipients of care rather than consumers who think of themselves as having rights. We think part of our job is to shift the debate from gratitude to expectation.

This year we will focus our attentions on the right for consumers to be heard and the right to have their complaints and feedback taken seriously. Our work will aim to secure improvements in the way health and social care systems listen to and involve people who use their services and we will be making recommendations that improve the way that health and social care systems deal with complaints and feedback.

We have a challenging programme of work ahead of us this year. I am confident that by leading and working with local Healthwatch, building collaborative relationships with the third sector and by working closely with national players in health and social care, we will be well placed to ensure consumers are given a powerful voice in health and social care. I feel privileged to lead Healthwatch England in meeting the challenges ahead.

2. About Healthwatch England

Healthwatch England is the new champion for consumers and users of health and social care services. Our remit covers children, young people and adults.

We are a national body that has full independence to report on the issues and trends we believe are relevant and important to consumers. We will develop oversight of the national issues and trends by gathering evidence from:

- The views and experiences of people who use services
- The evidence gathered by local Healthwatch
- The evidence from providers, commissioners and regulators across the health and social care system as well as from charities and those who support vulnerable people.

We will use this evidence to influence national policy and provide advice to Monitor, NHS England, the Secretary of State and English local authorities.

We report annually to Parliament. The Secretary of State for Health must consult with us on the mandate for NHS England.

We have the power to ask the health and social care regulator, the Care Quality Commission (CQC) to take action where we have particular concerns about the quality of care and CQC has a legal responsibility to respond and answer those concerns.

By connecting national trends and issues with the views and experiences of local communities, Healthwatch England and local Healthwatch will together give children, young people and adults who use health and social care services a powerful voice locally and nationally.

We are a small organisation in the process of recruiting our full staff team. Once fully set up we will have around 30 staff. We are based in London and Leeds.

3. Mission statement and our values

Our mission

Our mission is to improve health and social care services by ensuring those who plan, run and regulate services act on the issues that matter most to consumers.

Our Values

We believe in the power of the collective voice of consumers and users of health and social care services to make services better.

Our work will always be grounded in evidence of what matters to consumers. We will seek views from all sections of the community – not just those who shout the loudest, but especially those who sometimes struggle to be heard.

We will be independent and we will say what needs to be said. Our job is to be always on the side of the consumer.

4. Our priorities

The use of the term consumer in relation to health and social care is new and sometimes controversial. Often the preferred term is patient or service user or care recipient.

Framing the work we do in the principles of consumer rights has real value. The difference between a patient and a consumer is that consumers think of themselves as having rights. The idea of consumers having rights is over fifty years old. There are well-established and recognised consumer rights that include:

- The right to be heard
- The right to have complaints taken seriously
- The right to choose
- The right to be informed and educated
- The right to satisfaction of basic needs
- The right to safety and a healthy environment

We have produced a leaflet to help explain how these rights matter to consumers and users of health and social care services.

In 2013/14 our priorities are to:

- Champion the right of consumers to be heard
- Champion the right of consumers to have their complaints taken seriously
- Support local Healthwatch at this key stage of development
- Establish Healthwatch England as an effective organisation that makes a difference for consumers.

Priority one. The right to be heard

Our aim is to promote the importance of consumers' views and experiences in designing and delivering health and social care services.

We will do this by:

- Speaking on behalf of consumers, identifying new and emerging issues
 - Focussing explicitly on the needs and experiences of children and young people, and mental health service users
 - Demonstrating what good consumer involvement looks like and influencing others e.g. NHS England to develop good practice, particularly around specialised commissioning
 - Publishing our first annual report to voice consumer views and experiences (a benchmark for future years) and giving special voice to the experiences of children and vulnerable groups.

Priority two. The right to have complaints taken seriously

Our aim is to ensure proper steps are taken by those across the health and social care system, to improve the way that concerns and complaints are received, acted upon and responded to.

We will do this by:

- Establishing what works and what needs improving in the way that concerns and complaints are dealt with
- Understanding how vulnerable groups and children experience making complaints and raising concerns
- Using our statutory powers to ensure an effective right to complain
- Tracking progress on key recommendations made in the Francis report about developing a good complaints system
- Supporting local Healthwatch to act similarly at a local level.

Priority three: Supporting local Healthwatch

Our aim is to develop a vibrant Healthwatch network and provide support and leadership to local Healthwatch.

We will do this by:

- Developing and delivering a vibrant Healthwatch network
- Providing leadership and support to local Healthwatch on priorities including: governance, commissioning, Health and Well Being Boards and their responsibility for children etc.
- Establishing standards of good practice among local Healthwatch and ensuring local Healthwatch have the powers and functions they need to do their job effectively
- Creating a clear route for local Healthwatch to escalate concerns to Healthwatch England, the Care Quality Commission and other bodies
- Gathering data and intelligence from local Healthwatch to spot emerging issues and help them understand how their local environment compares to the national picture.

Priority four: Establish Healthwatch England

Our aim is to ensure Healthwatch England is an effective, independent organisation that champions consumer rights in health and social care.

We will do this by:

- Developing effective partnership working with our key third sector stakeholders, ensuring we draw on and utilise the expertise of others and add value in all the work we do
- Developing effective and formalised working arrangements with those who plan, run and regulate health and social care services
- Developing a three year strategy for Healthwatch England and leading by example in the way that we engage and reflect consumer issues
- Developing policies and processes that are correct, transparent and open to public scrutiny.

5. Performance measures and outputs

Every quarter we will publish our performance measures and outputs for the coming quarter as well as our previous quarter's performance. They will be published on our website at www.healthwatch.co.uk

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ITEM 9

QUARTERLY PERFORMANCE MEASURES

Purpose - The paper will provide the Committee with an update on the first quarterly performance measures for 2013.

Background

1. We have committed to publishing our performance measures on a quarterly basis. The performance measures were discussed and agreed at the Committee workshop on 8th May. The performance measures provide a balance between the basic metrics which will allow us to identify trends in the temperature of the organisation
2. It was agreed at the Committee workshop in April that the performance targets will not be absolute percentages, rather a percentage increase on a baseline. In many areas the baseline will also need to be established. We also envisage being able to measure potential “total organisation” performance measures on a yearly or twice yearly basis.
3. When we have figures for more than one quarter we will then be able to analyse trends in the measures and provide the Committee with more robust evidence.
4. At the time of writing we have been able to obtain figures for April and in most cases also for May. All figures for quarter one will be provided at the next public Committee meeting in September.
5. Participation levels and take up rates of specific products within the network will also be reported against on a monthly basis. These include Hub participation rates, the volume of data requests made on Hub data, usage of the communications centre, use of the brand and the adoption of our complaints policy. We will also measure the number of times the management and use of the escalation policy has been used and how many times we have used our statutory powers.
6. Unfortunately we are unable to provide participation rates and data request numbers for the HUB in April as the HUB was not operational in April. However, in April a total of 116 out of 152 local Healthwatch organisations had signed up to the communications centre, as well as 176 individuals. 100% local areas requested the brand package. In

April there was no recorded use of our escalation policy or our statutory powers.

7. As of the 31st May we had received 103 applications to use the HUB with 90 of those being provisioned already. There were 11 organisations that had contributed to the 'info bank'. As in April there was no recorded use of our escalation policy or our statutory powers.

	Quarter 1		
	April	May	June
Unique website visitors	14,574	12,274	
Twitter followers	1,271		
Media - opportunities to read/see			
National	3,749,577		
Regional	5,506,544		
Newsletter			
Subscribers	2,556		
Open rates	42%		
Service centre enquiries			
Calls	322	245	
Emails	390	177	
Paper correspondence	20	10	

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ITEM 10 - STRATEGIC PARTNERSHIPS

We are further progressing the strategic partnerships with our key stakeholders:

- Care Quality Commission (CQC);
- Department of Health (DH); and
- Local Government Association (LGA).

This is to both identify complementarities in our work and ensure our independence as an organisation.

Members are invited to:

- DISCUSS the proposed approach for working with CQC;
- NOTE the progress of working with DH;
- Formally APPROVE the Memorandum of Understanding with LGA.

CQC

Framework Agreement

The Department of Health and Care Quality Commission are currently developing a new Framework Agreement which will define the critical elements of the relationship between two partners. The Agreement is focused on:

- How the Department and CQC will work in partnership to serve patients, the public and the taxpayer; and
- How both CQC and the Department discharge their accountability responsibilities effectively.

Healthwatch England have provided input on elements relating to Healthwatch England and its organisational structure within CQC. Further comment will be provided on:

- Overarching escalating procedure (as included in previous drafts of the agreement); and

- Healthwatch England specific governance arrangements (for example, appointment of Chair and Chief Executive; and transparency of Healthwatch England Committee).

Strategic Alliances / Accounting Officer

The Chief Executives of CQC and Healthwatch England have agreed on the strategic alliances and benefits. These identify the common understanding of where we start from, the resultant common interests and the potential work areas for the year.

The next work for CQC and Healthwatch England is to begin joint work on how to operationalize these benefits, including workshopping on fundamental standards and ratings.

The Committee is asked to draw their attention to the list of strategic alliances included in the slide presentation for discussion.

The Chief Executives of CQC and Healthwatch England have also agreed on the accountability arrangements to exist between CQC and Healthwatch England such that the CQC Accounting Officer can fulfil his role in assuring the probity and regularity of Healthwatch England's conduct of business.

In this, Healthwatch England has undertaken to assure the Accounting Officer of effective governance; decision-making; and financial management within Healthwatch England through four routes:

- Directly between the Accounting Officer and Healthwatch England Committee through annual attendance at the Healthwatch England Committee meeting;
- Through the CQC's Audit and Risk Assurance Committee, to which the Healthwatch England audit subcommittee will present quarterly reports by exception for information;
- Through Healthwatch England assurance processes via annual internal audit of Healthwatch England governance processes, including audit of its policies and processes and Healthwatch England Financial Instructions, which will be shared with the Accounting Officer; and
- Directly between the Accounting Officer and the Healthwatch England Chief Executive through regular quarterly accountability meetings, to be held prior to the CQC's quarterly Audit and Risk Assurance Committee meetings.

The full Accounting Officer Assurances are included at Attachment A.

Both of these documents will provide foundations to all required CQC governance documents, including a proposed MOU which will act as a joint working protocol.

Service Level Agreement

CQC and Healthwatch England have met to discuss drafting a Service Level Agreement for the codified provision of services from CQC to Healthwatch England.

It is proposed that an illustrative agreement based on the services provided to Healthwatch England by the National Customer Service Centre in Newcastle will be prepared by the end of June and shared with the Healthwatch England Audit subcommittee and CQC's Audit and Risk Assurance Committee for agreement.

DH-Healthwatch England

Healthwatch England and the Department of Health (through its Sponsorship Unit) have identified a starting point to establish a set of common goals including:

- A shared goal of improving health and social outcomes for all consumers, particularly the most vulnerable;
- A shared concern with ensuring that consumers have a strong voice across the health and social care system;
- A joint commitment to foster a vibrant Healthwatch network; and
- A shared commitment to ensure that providers, regulators and commissioners engage with consumers, seeking out and responding to their needs and concerns.

DH and Healthwatch England are currently developing more detail around these common goals and plan to include these as a basis of Memorandum of Understanding to support the common line of action and understanding between Healthwatch England and its DH Sponsorship Unit.

We expect the common goals and draft Memorandum to be developed for the DH-Healthwatch England Accountability meeting on 18th June 2013 and shared with the Healthwatch England Audit subcommittee. The final version is to be development for submission to the Healthwatch England Committee public meeting in September 2013.

LGA

A Memorandum of Understanding was signed between LGA and Healthwatch England on 16th April 2013 concerning the expectations of the relationship between each organisation.

This MOU identified:

- Both distinct and complementary roles in ensuring that Local Healthwatch organisations have the support required to become the local consumer champion for health and social care;
- Key sources of development and supports needs for Local Healthwatch organisations; and
- Four principles of openness, collaboration, cooperation and communication which will inform the collaborative work between LGA and Healthwatch England.

This memorandum is included in the meetings papers and members are invited to formally APPROVE the Memorandum of Understanding with LGA.

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ITEM 12 - ESCALATION POLICY

Healthwatch England Escalation Guidance

This guidance provides information on how to do four things:

- 1) Collating people's views and experiences of care services from local Healthwatch
- 2) Highlighting health and care issues for consideration by Healthwatch England.
- 3) Deal with an immediate safeguarding concern.
- 4) Deal with a quality and safety issue relating to service providers

Purpose of this document

Healthwatch England understands the importance of acting appropriately on intelligence and service users' feedback to ensure that individuals are not subjected to poor quality health and care services. This document sets out how the Healthwatch network is expected to work together with the Care Quality Commission (CQC) to ensure that we are able to develop a comprehensive picture of the state of care. It aims to ensure that we do not miss opportunities to identify poor care, or shed light on failings affecting people using health and social care services.

This guidance assumes that each local Healthwatch will be building an effective relationship with their local CQC manager. This will enable the local Healthwatch to routinely share appropriate feedback and for the CQC to inform the local Healthwatch about its inspection findings.

Healthwatch England expects the CQC to provide information to local Healthwatch about working with local inspection teams. Healthwatch England would also encourage local Healthwatch to share relevant feedback they have received from the public with local providers and commissioners of services. This should help to resolve any concerns as quickly as possible, reducing the risk of these concerns escalating into significant problems and leading to improved services.

We will review this policy on a regular basis.

Date: 3rd June 2013

1. Sharing people's views and experiences of health and social care with Healthwatch England

Healthwatch England would like to know about people's views and experiences of health and social care. This intelligence (e.g. individual comments and feedback, local Healthwatch surveys and Enter & View reports, etc.) should be captured by local Healthwatch using the Hub to record the information in a manner in which the service user can not be identified.

Based on this rich source of intelligence provided by local Healthwatch, Healthwatch England will produce special reports, as well as raising areas of concern with the Care Quality Commission (CQC). Where appropriate, Healthwatch England will recommend that the CQC undertake special reviews or investigations.

2. Highlighting health and care issues for consideration by Healthwatch England.

Local Healthwatch responses to Adult and Children's Safeguarding alerts (Section 3) and safety issues relating to services providing health and care (Section 4) are set out in subsequent sections. This section focuses on how local Healthwatch can raise issues and trends to the attention of Healthwatch England for consideration. It also sets out how Healthwatch England will respond to issues brought to our attention by local Healthwatch:

- 1) The issue or area of concern should be raised with Healthwatch England by email, letter or over the telephone. Local Healthwatch can do this by calling 0207 448 9498 or emailing developmentteam@healthwatch.co.uk. You should clearly state that you are escalating an issue which you would like Healthwatch England to consider undertaking a report on. The particular issue which you wish to be investigated and reported on should be clearly identified.
- 2) All issues flagged for consideration will be acknowledged by Healthwatch England within 10 working days of being raised.
- 3) We will develop a set of key principles which will guide us in evaluating each issue. Once fully developed, these principles will be published. Issues, trends or areas of concern identified by this process will be passed on to the Healthwatch England Committee for consideration.
- 4) Topics for Healthwatch England's special reports will be decided by the Healthwatch England Committee quarterly, using information

provided by local Healthwatch and from the Hub, as part of the business planning cycle.

- 5) Healthwatch England will communicate decisions and rationale in writing to the originating local Healthwatch with any recommendations for alternative courses of action, where appropriate.
- 6) Where Healthwatch England has recommended that the CQC undertake a special review or investigation, the CQC will respond in writing stating whether or not they accept Healthwatch England's recommendation and the reason for their decision.

3. Dealing with safeguarding issues

There will be times where a local Healthwatch identifies an immediate risk to the safety and wellbeing of people using services whose circumstances make them particularly vulnerable to abuse, neglect or harm. **These matters should be referred immediately to the relevant Local Authority's Safeguarding Team and/or the police. This applies to both Adult and Children's Safeguarding concerns.**

Local healthwatch should also share Children's Safeguarding issues or concerns with Ofsted if the issue relates to a social care setting and may share their concern with the Care Quality Commission (CQC) if the issue relates to a health setting.

If Healthwatch England becomes aware of an Adult or Children's Safeguarding issue we will also independently escalate the safeguarding issue to the CQC or the Local Authority's Safeguarding Team as appropriate.

We ask each local Healthwatch to notify Healthwatch England

- on a quarterly basis a summary of the number of adult and children's safeguarding referrals made to Local Authorities.

If the safeguarding issue is not resolved to your satisfaction we would ask you to escalate them using the process below.

Escalation Process

- 1) Firstly you should follow up directly with the organisation to which you raised the alert (Local Safeguarding Authority, the police or the Care Quality Commission) setting out your concerns to their initial response.
- 2) If the local Healthwatch is not satisfied with the organisation's final response, you should follow their complaints procedure and flag it with Healthwatch England as a safeguarding issue by email, letter or over the telephone. Local Healthwatch can do this by calling 0207 448 9498 or emailing developmentteam@healthwatch.co.uk and clearly

stating that you are escalating a safeguarding concern which you are pursuing under the Local Safeguarding Authority, the police or the Care Quality Commission's complaint procedure. This will enable us to identify problems in the organisation's capacity to respond and act effectively on safeguarding information.

- 3) Please copy Healthwatch England in to any further correspondence regarding the escalated safeguarding issue.
- 4) Healthwatch England will evaluate the situation within 3 working days of it being raised with us to determine the best course of action. We will review each case individually.
- 5) When escalating an issue, Healthwatch England will take the issue to the CQC or to your Local Authority (as appropriate) within 3 working days of it being raised with us. The CQC will be obliged to respond as set out in their safeguarding policy. This would involve an acknowledgement and identification of case handler within 3 working days and more detailed response of actions being taken in 15 working days.
- 6) Healthwatch England will write to you to inform you if any or no action is being taken and update you periodically until the actions are closed.
- 7) On occasion, Healthwatch England may be asked to escalate an issue by a neighbouring local Healthwatch. Where Healthwatch England escalates an issue from your local area, we will notify you of this concern and then provide feedback as well as inform you of any actions that have taken place as a result of this.
- 8) All the issues escalated to Healthwatch England will be reviewed by the Healthwatch England Committee or appropriate sub-Committee at least quarterly so that trends or areas of concern can be identified and monitored.

4. Quality and safety issues related to local services

Local Healthwatch may have reason to be concerned about the quality and safety of a service because of feedback from the public including patients. This information may not amount to a safeguarding issue where an immediate risk is posed to an individual but is of sufficient concern that it must be acted on appropriately.

In these instances, as part of their ongoing local CQC relationship, the local Healthwatch must contact their local Care Quality Commission Compliance Manager. The Compliance Manager can then determine if there has been any breach of regulations. Where this information related to children's care services, this information should also be shared with your Local Authority and Ofsted.

Local Healthwatch should also flag these concerns to Healthwatch England by email, letter or over the telephone. Local Healthwatch can do this by calling 0207 448 9498 or emailing developmentteam@healthwatch.co.uk and stating that you are escalating a quality or safety issue related to local services. The particular safety concern and the service provider should be clearly identified in your correspondence. This will enable Healthwatch England to check for relevant information that may be held by other local Healthwatch.



HEALTHWATCH ENGLAND - COMMITTEE MEETING

Wednesday 12th June 2013

ITEM 12 - WHISTLEBLOWING POLICY

Healthwatch England Whistleblowing Policy

Purpose of this document

This document outlines our commitment to work more effectively together to create a culture which is open and transparent. A culture in which individuals are supported to report concerns and safety issues, and are treated fairly, with empathy and consideration, when they have been involved in an incident or have raised a concern.

This document provides information on how members of Healthwatch England staff are able to raise a concern about dangerous, illegal or improper activity (whistleblowing).

We will review this policy on a regular basis.

Date: 1st April 2013

Whistleblowing policy

Whistleblowing occurs when an employee of Healthwatch England raises a concern about a dangerous, illegal or improper activity that they become aware of through work.

Who to contact

Wherever possible, concerns should be raised with your immediate line manager. If you do not feel comfortable doing so, then with a member of the Senior Management Team. Failing that, concerns can be raised with the Healthwatch England Chief Executive. The member of staff can also contact Healthwatch England Audit Committee directly.

The Healthwatch England Chair and Healthwatch England Committee will oversee the operation.

Investigating the concern

The investigating officer will contact the member of staff to confirm that they are handling the matter, providing their contact details and confirming whether any further assistance will be required. The member of staff will also be provided with a written summary of their concerns and how they will be handled.

Usually, within 10 working days of a concern being raised, the person investigating the concern will write to the member of staff:

- acknowledging that the concern has been received;
- indicating how the matter will be dealt with;
- giving an estimate of how long it will take to provide a full response;
- saying whether any initial enquiries have been made;
- supplying information on support available to you; and
- saying whether further investigations will take place and if not, why not.

All relevant parties involved in the disclosure of wrongdoing will be notified of the outcome of the investigation in writing.



HEALTHWATCH ENGLAND - COMMITTEE MEETING

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ITEM 12 - COMPLAINTS

Healthwatch England Complaints Policy

Purpose of this document

Individuals and organisations have the right to express their views about Healthwatch England's performance and the manner in which it discharges its responsibilities.

Anyone directly affected by the way in which Healthwatch England has carried out its functions may make a complaint under Healthwatch England's Complaints policy.

We will treat both concerns and complaints in the same way.

We will review this policy on a regular basis.

Date: 1st April 2013

How to raise a concern or make a complaint about Healthwatch England

1) In the first instance we would encourage you to raise a concern, or complaint, or to provide feedback on our service informally. Providing information or correcting misunderstandings or misconceptions at this stage may enable the issue to be successfully resolved.

2) If the concern or complaint is not resolved to your satisfaction, then you should notify us via email, letter or via a telephone conversation with a member of the Healthwatch England staff. If this conversation takes place over the telephone, we will also need it to be confirmed in writing.

3) Healthwatch England will acknowledge the concern/complaint in writing (or in the complainants preferred method of communication) within 3 working days.

4) Attempts to resolve the concern/complaint will be completed within 15 working days of establishing the nature of the concern/complaint. Exceptionally, if further time is needed, where possible this will be agreed with you.

5) The Chief Executive of Healthwatch England will review all concerns/complaints. If you are not happy with the outcome you will be able to appeal. The concern/complaint will then be reviewed by Healthwatch England Committee members who have not previously been involved in the matter. Once the appeal process has been completed the concern/complaint will be closed.

6) If you are not satisfied by Healthwatch England's response to your complaint, you can ask the Parliamentary and Health Service Ombudsman to investigate. The Parliamentary and Health Service Ombudsman is a free, independent service: Tel 0345 015 4033; email phso.enquiries@ombudsman.org.uk; Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP.