



# 1.1 Welcome and apologies

Jane Mordue



**1.2 Minutes, action log and matters arising**  
**Jane Mordue**



1.3 Declarations of Interest  
Jane Mordue



1.4 Interim Chair's Report  
Jane Mordue



1.5 Acting National Director's Report  
Susan Robinson



## 1.6 Report on Delivery (Quarter 3 - 2015/16)

Leadership Team



## 1.7 Operating effectively as a statutory body

Joanne Crossley

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## 2.1 Healthwatch Intelligence

Gerard Crofton-Martin



## 2.1 Healthwatch Intelligence - Summary of Findings

Gerard Crofton-Martin

# Learning from other organisations..

## Age UK:

- Collate public information and turn it into business intelligence to help assess financial risk and identify where support is needed. They acquire information not available to the public by adapting contractual funding agreements.
- A business directory is compiled to compare across brand partners so that they can learn from good practice in delivery of services and to encourage collaboration.

## Citizens Advice Bureau:

- All members are obliged to comply with a prescribed set of recording practices and standards.
- This is not comparable to our network, however there are opportunities for information sharing at a national level to enhance our understanding of the patient experience.



# Engaging our strategic partners

- Based on what they know and have so far received they value real life scenarios and anecdote which gives their analysis a personal perspective.
- They would be keen to access any routine analysis of patient insight data received by the network to help inform their work streams and prioritisation.
- Their requirement is defined by previous experience, the concept of an overarching analysis of national trends in consumer experiences is appealing.





# Engaging the network

Information and intelligence needs requirement so far:

1. Provision of national and regional analysis of patient experience with local contextualisation.
  2. Analysis of national reviews and literature with localisation.
  3. Assistance with directing approach and enhancing influence
  4. Intelligence and Research helpdesk
    - Standards
    - Ethics
    - DPA
    - Information security
    - Good practice
    - Signposting - stakeholders and data
  5. Intelligence and Information website - combining business intelligence & patient insight (enhance Matchmaker)
  6. Healthwatch Intelligence Support Team
- 



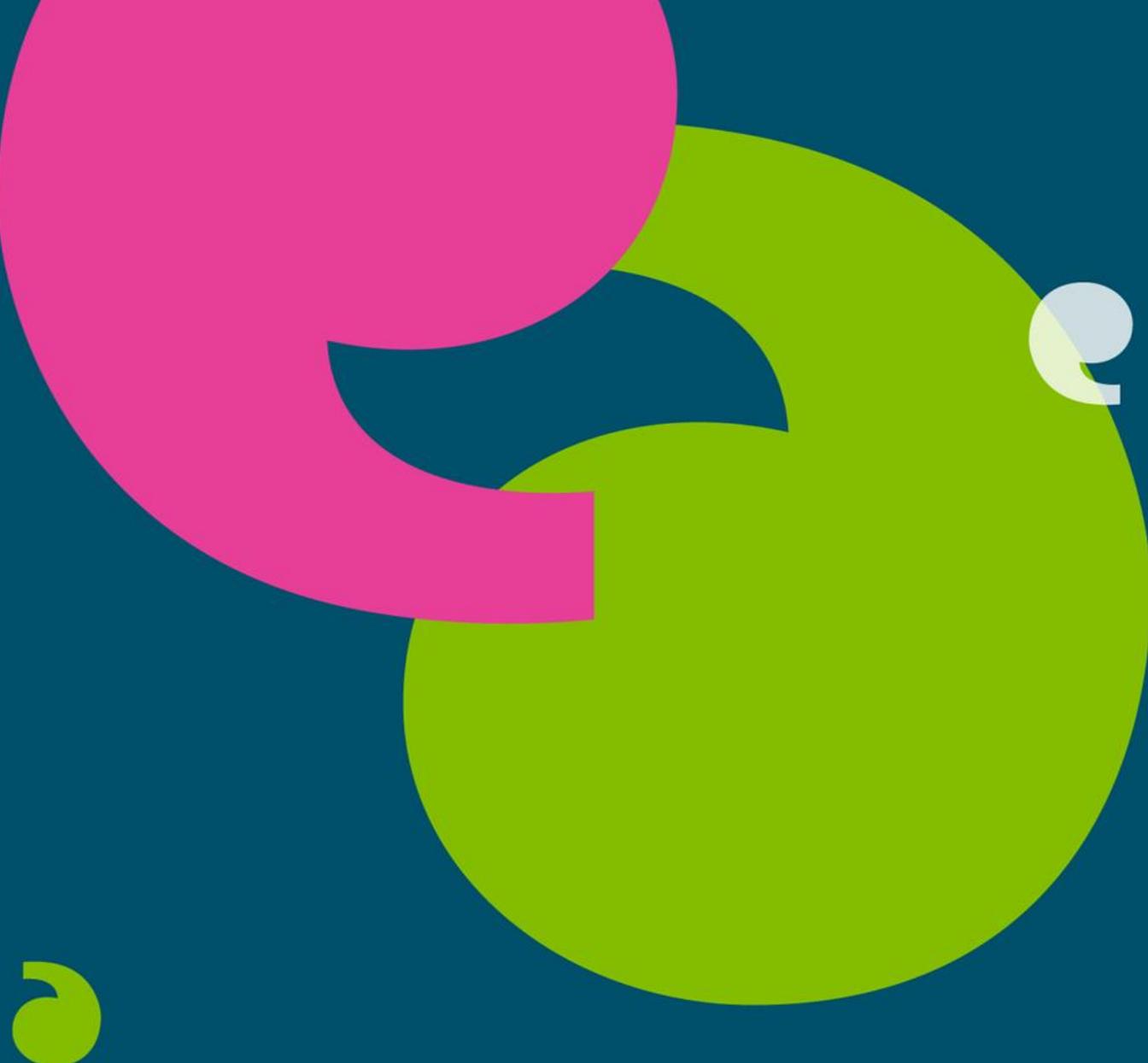
# Next Steps

- Ongoing engagement with stakeholders and local Healthwatch
- Completion of coding of local Healthwatch reports and information in APEX
- Development of intelligence processes in preparation for testing
- Committee sign off new approach (August)





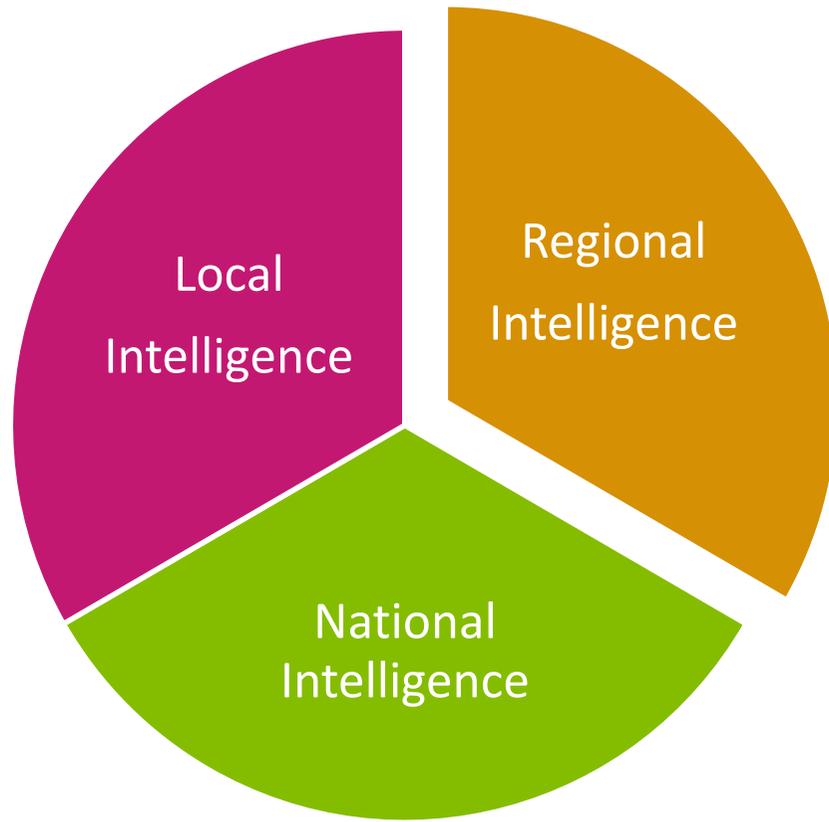
**3.0 Public Participation**  
Jane Mordue

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## 4.1 Local Healthwatch regional intelligence - development of Regional Dashboards

Andy Payne

# Business intelligence



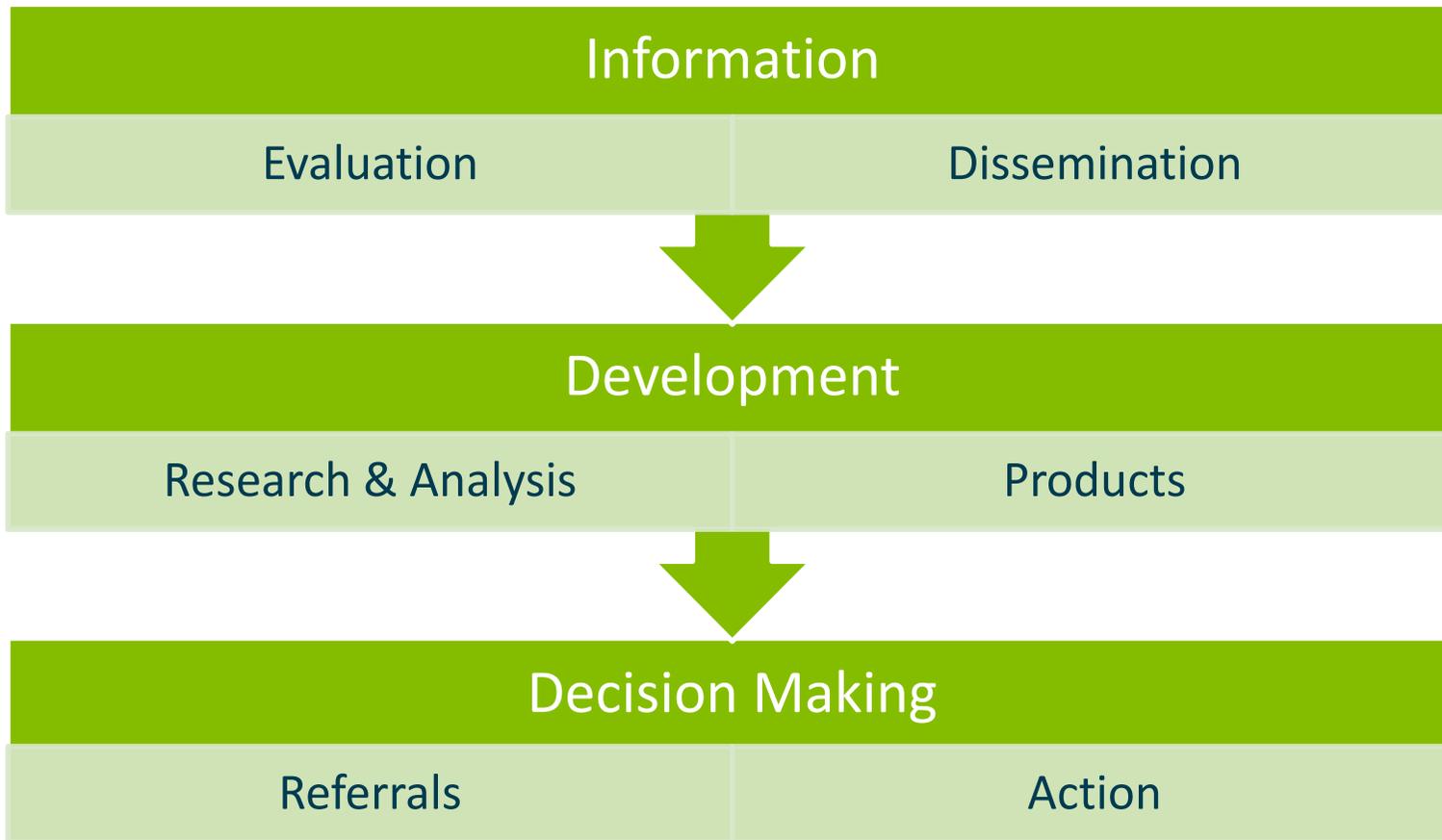
# Using the Quality Statements

- Strategic context and relationships
- Community voice and influence
- Making a difference locally
- Informing people
- Relationship with Healthwatch England



Regional  
Intelligence

# Intelligent Process.....





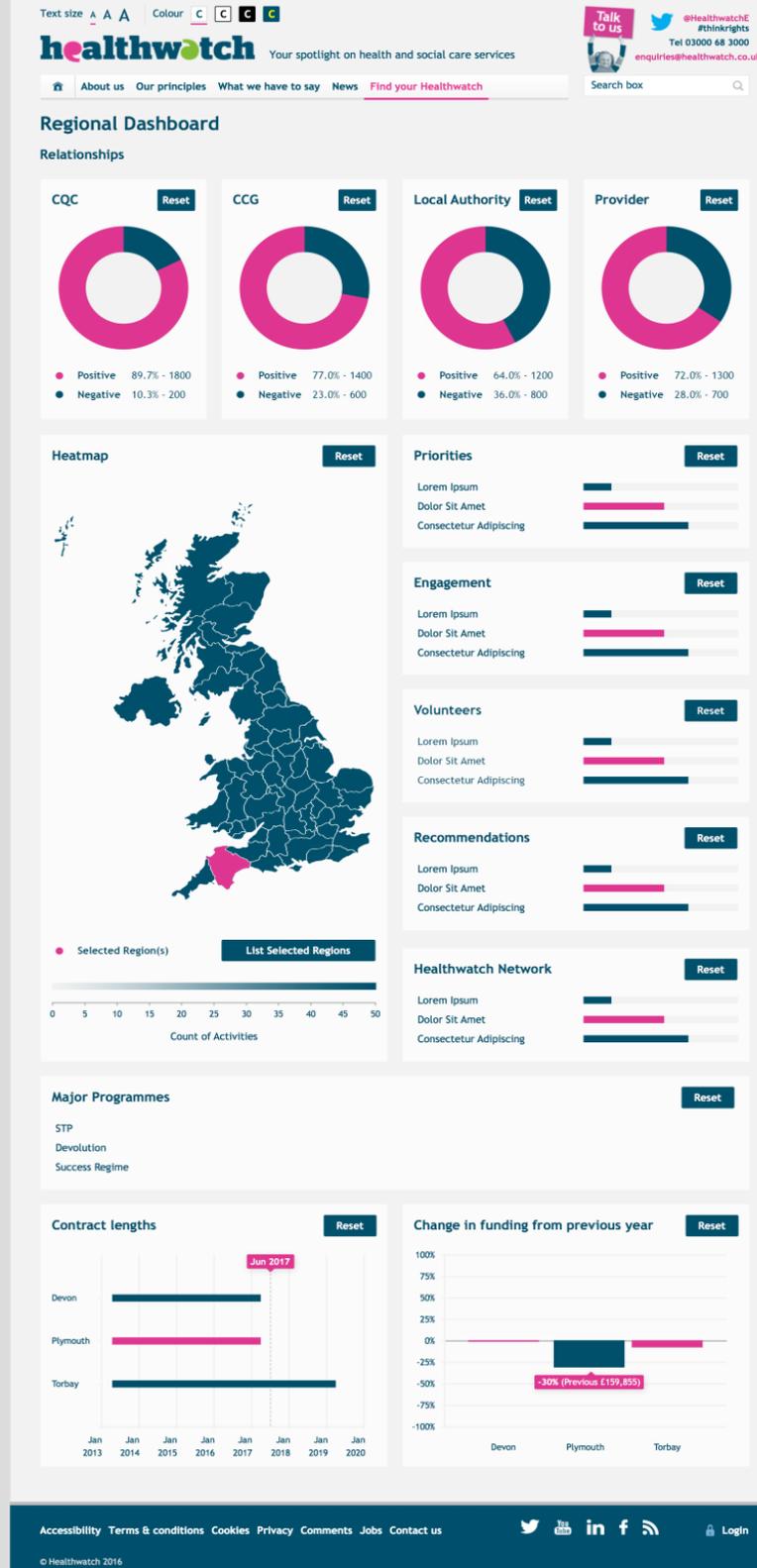
# Multiple intelligence sources

- Data return
- Surveys
- Network meetings
- 1-2-1 discussions
- Regional engagement and events
- ‘Matchmaker’ tool



# Regional Dashboard

- The regional dashboards can be produced at different levels
  - STP
  - Network meetings
  - Sub-regions
  - North, Central, London and South



*This is a mock up based on the Devon STP footprint, although not all the current information shown is specific to the footprint area.*



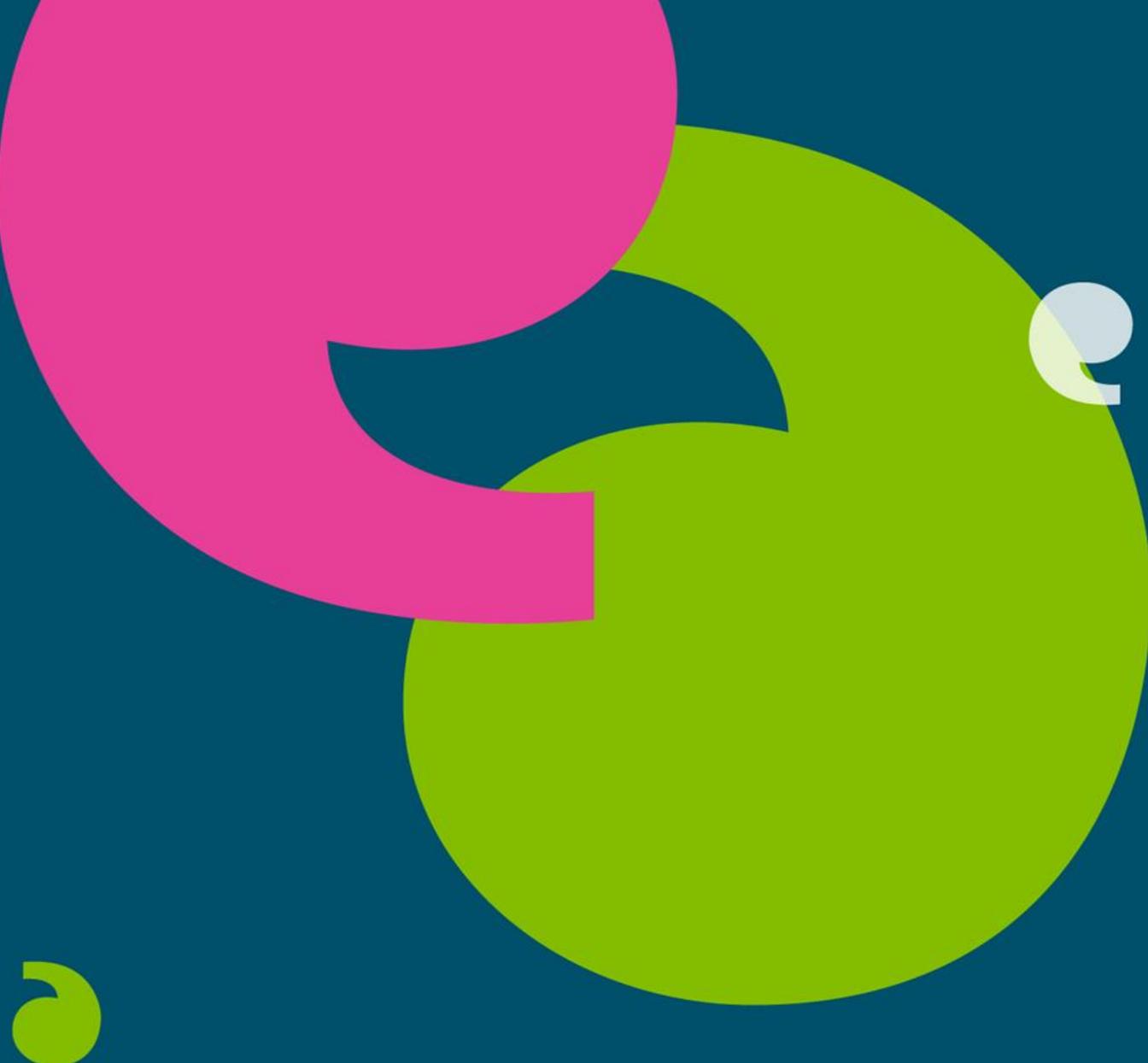
# Strategic and operational

- Integrate data from multiple data sources
  - Provide visibility into the networks operations, activities, finances, and other areas
  - Access to relevant data quickly and efficiently
  - Support decision making, from **operational** to **strategic** (Introduction of new products)
  
  - Operational - how we deliver support to the network e.g. Sustainability and Transformation Plans
  - Strategic - support decisions around priorities, goals and direction
- 



## Next steps

- Align the 1-2-1 semi-structures interviews with the Quality statements, self assessment and peer review.
  - Bring the multiple data sources, including the data return, surveys, events feedback into one place  
**Healthwatch England CRM**
  - Agree the Dashboard format and audiences, so we can present the regional intelligence in the most effective and appropriate way
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4.2 Healthwatch England Governance  
Susan Robinson



4.3 Healthwatch Index  
Gerard Crofton-Martin



## 4.4 Developing our influencing strategy

Neil Tester



4.4 Developing our influencing strategy

Neil Tester



# Background

- At the August 2015 public meeting, the Committee agreed an approach to external communications, focusing on developing:
    - stakeholder understanding of 3 roles for Healthwatch England;
    - channels to reach stakeholders, especially a “top 200” grouping of influential individuals with whom we needed to develop relationships.
  - Since then we have:
    - maintained and refreshed some key organisational relationships, increasing the number and range of working contacts in CQC and NHS England;
    - continued to reflect on what works and to refine our tone and language, including at the last two Committee workshops.
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# Why a new influencing strategy?

We need a clear strategic framework that will:

- Enable us to focus our resources to support the relevant business plan objectives, including making use of the developing approach to network intelligence;
- Allow us to articulate clearly within CQC and to DH and other partners how we are seeking to ensure Healthwatch insight contributes to wider impact - as well as the limits of what we are seeking to do in any year - and encourage partners to credit the network where it has contributed to change;
- Drive change that is visible to the network, to external stakeholders and to the public, maintaining trust and confidence in the Healthwatch brand; and
- Enable us to build the Committee's strategic thinking about place-based engagement into our own work programme and those of others.



# Proposed strategic objectives

1. To ensure that national stakeholders receive, understand, use and acknowledge the Healthwatch network's insight.
  2. To support local Healthwatch in ensuring that regional and local stakeholders understand how network insight is informing national policies and programmes and how they can work most effectively with local Healthwatch.
  3. To maintain stakeholders' understanding, including throughout our leadership transition and ongoing turnover of stakeholders' personnel, of:
    - Healthwatch England's role;
    - How our activity is driven by our values;
    - The value delivered by the network and the difference it makes, using the Healthwatch brand;
    - The importance and benefits of effective engagement with patients, service users and the wider public.
- 



# Implementation

- Given our resources and the need to maintain a clear focus, we need to set clear boundaries for our ambitions in relation to the number of stakeholders we actively engage with and the number of issues we work on with them.
  - Most influence will be delivered from grouping issues and stakeholders into influencing programmes, guided by our emerging intelligence approach.
  - The need to make best use of limited resources and to seize current opportunities implies sometimes working through others, e.g. by asking CQC to carry some of our messages and insight into fora in which it has a permanent role, while we focus on discrete pieces of work based on network insight.
  - Committee members, staff and local Healthwatch need the right briefing to enable them to be ambassadors for this approach.
  - Review early progress at Committee workshop late 2016 to inform planning for 2017-18.
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## 5.0 Public participation

Jane Mordue



**5.0 Any other business and close of session**  
Jane Mordue



7.1 Audit and Risk Sub Committee Chair's  
Report  
Michael Hughes



**7.2 Finance and General Purpose Sub  
Committee Chair's Report**  
Deborah Fowler



## 7.3 People and Values Sub Committee Chair's Report

Pam Bradbury



## 7.4 Committee Members update Committee Members