HEALTHWATCH ENGLAND
COMMITTEE MEETING PAPERS

Wednesday 25 May 2016

Exeter

Venue: Mercure Rougemont Hotel, Queen St, Exeter, Devon EX4 3SP

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AGENDA ITEM No: 1.2

AGENDA ITEM: Minutes, action log and matters arising

PREVIOUS DECISION: The minutes of the Committee meeting of Wednesday 4 November 2015 was agreed as a true record.

EXECUTIVE SUMMARY: This report reflects the minutes and actions of the Committee meeting of Friday 26 February 2016.

RECOMMENDATIONS: The Committee are asked to approve the minutes and action log of the Committee meeting of Friday 26 February 2016.

Minutes of the Committee Meeting on Friday 26 February 2016:

Present (Committee Members): Jane Mordue (Interim Chair), Jenny Baker, Andrew Barnett, John Carvel, Deborah Fowler, Helen Horne, Michael Hughes, Christine Lenehan and Liz Sayce.

Apologies: Pam Bradbury and Alun Davies.

In attendance: Susan Robinson, Gerard Crofton-Martin, Neil Tester, Andy Payne, Joanne Crossley, Georgina Bream and Esi Addae.

A full recording of this session is available at www.healthwatch.co.uk or http://www.healthwatch.public-i.tv/core/portal/webcast_interactive/214343.

AGENDA ITEM 1 - Welcome

- The Interim Chair opened the meeting and thanked local Healthwatch and others present for joining. An update on discussions from the previous day was shared, this included conversation with local Healthwatch Chairs and lead officers on how the network will work together in the upcoming financial year. Additionally, Helen Horne, incoming Healthwatch England Committee Member (North) was welcomed.

AGENDA ITEM 1.2 – Previous Minutes

- Committee Members were updated that following the roundtable event launch of the Safely Home Report in July 2015, Jon Rouse, Director General, Social Care, Local Government and Care Partnerships at the Department of Health, had written to Healthwatch England, highlighting the contribution of local Healthwatch and Healthwatch England to the Department's work on discharge. Healthwatch England has been asked to form part of the expert reference group for the programme board which will look afresh across system boundaries at discharge to improve people's experience and improve outcomes for people.
  AMENDMENT: An amendment was made to the minutes, page 5 and 6, bullet point 1 now states: 'Healthwatch England is aware of pockets of concern relating to the NHS Citizen

programme within the network'.

AGENDA ITEM 1.2 – Matters arising
No matters were raised.

AGENDA ITEM 1.3 – Declarations of Interest
No declarations were made in relation to agenda items identified.

AGENDA ITEM 1.4 – Interim Chair's Report
Jane Mordue, Interim Chair, presented her report to the Committee.

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

- The Interim Chair congratulated Anna Bradley and Katherine Rake for their work supporting the Healthwatch network during their tenure.
- The recruitment of the permanent Healthwatch England Chair is in progress and an appointment is hoped to be confirmed by the Secretary of State by the end of March 2016.
- A verbal update on the positive reception being received by the Interim Chair during external meetings was shared; external stakeholders continue to comment on the network's important role in representing the patient voice.
- It was suggested that it would be helpful to also include the Interim Chair and Acting National Director's reports in communications with Chairs and lead officers.
- It was agreed that Healthwatch England's submission as a statutory consultee on the NHS mandate will be shared with Committee Members.
  ACTION: To share Healthwatch England's submission as a statutory consultee on the NHS mandate with Committee Members.

AGENDA ITEM 1.5 – Acting National Director's Report
Susan Robinson, Acting National Director, presented her report to the Committee.

Members welcomed the Acting National Director's Report and the following comments were made:

- The transition board is led by Susan Robinson and Ursula Gallagher (Deputy Chief Inspector for Primary Care in London) and offers the opportunity to ensure that Healthwatch England transitions effectively, retaining our independence and working effectively with CQC.
- Committee Members joined Susan Robinson in thanking the staff team for their professionalism, pragmatism and commitment over the last couple of months.
- Assurance was given on the tasks to be completed in the next couple of months to ensure continuity during the transition as a number of staff contracts come to an end in March 2016. This will involve prioritising the areas which need to be retained in order to deliver statutory activities, utilising the information the network shares and expertise within the network to influence those who have the power to make health and social care services better for the future.
- Committee Members were assured by the purpose and input being gained from the local Healthwatch Support Advisory Group and encouraged a widening the membership to enable wider cross-country representation. The next meeting is scheduled for 23 March

2016.

AGENDA ITEM 1.6 – Report on delivery

Susan Robinson, Acting National Director, presented the report on delivery from the Leadership Team to the Committee.

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

- That the Healthwatch Index has the potential to be used as a way of identifying potential issues that local Healthwatch may want to consider. The aim is to publish the Index as a discussion document. Committee Members also discussed the audience of the report, highlighting the importance of having enough local Healthwatch involved to give insight on what information would be best to give real-time accurate information.
- Committee Members were updated on Healthwatch England's evidence to the House of Commons Select Committee on Public Administration and Institutional Affairs with suggestions on what will enable Independent Patient Safety Investigations Service to work well and effectively deliver its function.
- Assurance was given to Committee Members that whilst a different approach has been taken in developing the high level business plan for 2016/17 the process of drawing from local Healthwatch insight to develop policy areas remains.
- A comment was made on the sequencing of Committee Meetings to enable the Committee to have enough time to influence appropriately.
- It was mentioned that the Accident and Emergency network has been setup as a strategic group as part of the service change programme which builds on devolution, success regimes, Better Care Fund and the Prime Minister's challenge amongst others.
- A report is being prepared for the People and Communities Board in Quarter 1 of 2016/17 as well as the May session of the Five Year Forward View Chief Executives' programme board where there will be discussion on developing better engagement practices in the service change arena. It was highlighted that children's services are not represented on the People and Communities board and it would be helpful for Healthwatch England to consider where the equivalent information should be reflected.
- Committee Members welcomed the evaluation approach to the Safely Home report programme where the learning will be evaluated especially investigating where the work has contributed to change; collating the different pieces of work that other organisations have already started to undertake in response.
- **AGREED: It was agreed that the Healthwatch Index document will be circulated to Committee Members for sign off by correspondence**

AGENDA ITEM 1.7 – Operating effectively as a statutory body

Susan Robinson, Acting National Director presented a report on how the organisation is operating effectively as a statutory body.

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

- Healthwatch England will have an underspend in the 2015/16 financial year, elements of which can be attributed to the recruitment freeze as part of the transition programme.
- The Healthwatch England Risk Register has been updated to reflect the format used by CQC.

- There was a delay in the procurement of an element of the Customer Relationship Management (CRM) system, whilst this did not impact on the roll out of the CRM system and the number of local Healthwatch enrolled and using the system, there was an impact on the ability to deliver a better, more usable and local Healthwatch friendly CRM system experience. These developments are now underway.
- The Leadership Team continue to work in ensuring that organisational history is not lost due to staff departures.

AGENDA ITEM 2.1 – Intelligence Return: What local Healthwatch told us

Gerard Crofton-Martin, Director of Quality and Evidence, presented for discussion an update on Healthwatch England Intelligence.

Committee Members welcomed the Healthwatch England Intelligence report and the following comments were made:

- Recognised that the 73% completion rate to the intelligence return stemmed from a different approach in contacting local Healthwatch after the deadline and not before.
- That local Healthwatch who have not had much face to face interaction with Development Team should be prioritised to understand more about the lack of engagement.
- Appreciated the detail of the report and requested further information about how decisions are made on what are acceptable levels of awareness for the programmes of support Healthwatch England offers.
- Committee Members understood the reasons for the change in the categories to the answers in the survey and requested a caveat, highlighting that although information before the 2015 survey would not be comparable a time series data would be helpful.

AGENDA ITEM 2.2 – Draft high-level Business Plan 2016/17

Susan Robinson, Acting National Director, presented for approval the draft high-level business plan.

Committee Members welcomed the Draft high-level Business Plan report and the following comments were made:

- A number of comments were made on the language of the business plan, ensuring that the interdependency between Healthwatch England and local Healthwatch is correctly reflected. The main focus will be on how we gather and use the voices of communities to influence effectively, ensuring that the learning on the best engagement techniques are adequately reflected.
- Committee Members reflected that the draft high-level business plan offered an opportunity to reflect our refreshed relationship with CQC; how we can best work together to improve the experiences of those using services through our complementary roles and responsibilities.
- It was recognised that the organisation needs to build in ways to represent our findings into our operating model so that when the purpose of each programme is known, a selection of the approach to be made can be made from the menu of options from previous work.
- That the programme of change, service reconfiguration etc. highlighted in the Five Year Forward View is a major area of work for the Healthwatch network.

- That it should be explicitly noted that part of Healthwatch England's role is to enable the voice of people whose voices are traditionally not heard to really come through and be influential.

Agreed: The Committee approved the draft high-level business plan for (2016-17) as the basis for final discussions on the 2016-17 budget, and noted the indicative budget supporting the draft plan.

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 – Healthwatch England Intelligence

Gerard Crofton-Martin, Director of Quality and Evidence, presented for discussion an update on Intelligence from local Healthwatch and the framework for the analysis of local Healthwatch reports.

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

- That the issues presented highlight a significant number of challenges in the health system with very few emerging from social care.
- Wanted to know about the sense of scale with numbers on how many local Healthwatch are presenting certain issues.
- That the escalations process could be improved, but this in part could be due to the increasing number of different avenues for local Healthwatch and Healthwatch England to meet and discuss local concerns.
- The role of Healthwatch England is to be an evidence base about public and service user voice and view.
- That the framework should capture the successes and impact detailed in local Healthwatch reports.
- The framework should also capture system wide developments e.g. impact of the Five Year Forward View and vanguard sites.
- The framework has been used for the last month and continues to be developed based on emerging key categories. The Committee commented that there needs to be a way to develop the taxonomy based on local matters that local Healthwatch have reported.
- That the organisation should make efficient use of increasingly limited resources and further consideration should be given to how analytical and policy resources are used appropriately and then evaluate its effectiveness.
- The next steps will be for the Committee to consider how the organisation will be using the information gained to develop it into intelligence that drives change, taking into consideration what information would be of most value to stakeholders.

AGENDA ITEM 4.2 – Healthwatch 2016: The value we add

Andy Payne, Head of Network Development presented for decision the report on the approach to 'Healthwatch 2016'.

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

- Commented that having a smaller number of categories for award entries would reduce repetition and hopefully encourage more award submissions from smaller local Healthwatch.
- Suggested that an introduction from the permanent Chair would be helpful to highlight the direction that the network is going in. In addition, suggested, having more opportunities for whole conference plenaries from key national figures to model the dialogue at national level that local Healthwatch will be having locally.
- That the importance of the diversity of voice should be clearer in the award submissions so that the Healthwatch role of working for the people who are most disadvantaged is stronger.
- Committee Members commented on how much they have appreciated judging the awards for previous conferences, which has given them the opportunity to read more about the good practice being done in the network.
- There should great attention paid to capturing as much from the meetings and sessions during Healthwatch 2016 to produce toolkits, reports etc. to enhance the legacy of the event.
- That Healthwatch England continues to support local Healthwatch who might not otherwise be able to attend with bursaries. There has been flexibility planned into the agendas, giving more flexibility for people to attend on different days, maximising the opportunity for local Healthwatch to attend.

  Agreed: The Committee approved the approach to 'Healthwatch 2016'.

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.

Date of next meeting – Wednesday 25 May 2016, Exeter

AGENDA ITEM 1.2
ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
26.02.2016	Gerard Crofton-Martin	1.6 Report on delivery	To circulate the Healthwatch Index document to Committee Members for sign off by correspondence	May 2016	A paper for discussion on the Healthwatch Index is tabled for the May 2016 Committee meeting

AGENDA ITEM No: 1.4

AGENDA ITEM: Interim Chair's Report

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report describes the strategic context for our work and how we have made a difference in Quarter 4. It references our year end accountability report to the Department of Health (DH), with a focus on lessons learnt, hence being slightly longer than usual. The Interim Chair's activity is summarised.

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

There is a real urgency about our work, given that so many challenges - and opportunities - face health and social care in England. Playing our part, providing credible, hard-edged information to inform the debates is crucial to deliver Healthwatch's promise to the people of England - to ensure their voices are heard. However, public engagement, our key activity, is still a tender plant, needing all our efforts to grow providers' appetite and ability.

The good news is that the last 3 months has seen an impressive amount of Healthwatch involvement, nationally and locally, into debates on health and care development. The richness of evidence from local Healthwatch (397 reports to date) which Healthwatch England can then call on to present at national level, is helping inform and provide a reality check to national policy. In April NHS England's General Practice Forward View reflected our work on primary care access. The Government's initiative re community pharmacy has called on our work. We are also feeding into the current drive on NHS IT, 'Paperless 2020', to ensure: public engagement in the whole process; provision for technology re customer feedback; and the ethics of dealing with patient consent for use of research data.

What keeps us awake at night is, are we spotting the next Mid Staffordshire? The next Winterbourne View? The operational challenge is to know if we are finding out all we can, and how can we do more to share top quality information with partners to help them? It all emphasizes the need for a strong evidence base, underpinned by a first class intelligence system and this work we will review today (agenda item 2.1)

We have reviewed our influencing strategy and this is presented to the Committee today (agenda item 4.4). We need to be clear about who we need to work with, to achieve our aims. Our current focus is on the worlds of pharmacy, social care, mental health, service change and members of the Health Select Committee. My programme has been shaped accordingly and a full list of those met since January is attached (Appendix A).In addition, I have had some great meetings with a number of local Healthwatch as part of network meetings in the South West, West Midlands, Yorkshire and Humber and London. It was extremely helpful to hear directly from them about their successes and challenges, the support Healthwatch England can provide, as well as how the network can share best practice and information.

Review of 2015/16

This month, Jon Rouse, our sponsor lead and Director General at DH, led our year end accountability review. He complimented everyone on managing the transition with such

aplomb and for keeping the good work of Healthwatch on track despite diversions not of our making. This was the last meeting before we transfer to the DH sponsor team responsible for CQC – who were equally supportive at our initial meeting afterwards. Together we reflected on impact to date, lessons learnt and risks for the year ahead.

The impact of our very first project, 'My Expectations' aimed at simplifying handling of complaints, has ultimately been positive. The message of 'no wrong door' is spreading. The NHS Mandate referenced our work on complaints. Our work on discharge, 'Safely Home', has led to colleagues at the DH initiating change across the system. More difficult to measure immediately is the impact of our development work on performance – quality statements - and commissioning. We can say that take up of both exceeded expectations.

Lessons learnt include how best to make our national voice heard. We actively involve those who are being criticised, to give a chance to put things right, before going public. However, we must still have the moral courage to act directly and definitively, in extreme cases.

We all know that early involvement of the public is makes for effective engagement. We also learnt that early involvement of HWE leads to better local activity. So work at national level with work on Child and Adolescent Mental Health Services led to over half the network being involved positively in the development of Local Transformation Plans.

We need to keep promoting the Healthwatch brand, to ensure more and more people tell us their experiences. Public polling in 2015 showed an impressive 1:4 awareness but we know in our hearts that we need to do more, especially to reach certain age groups

We learned that ensuring transparency about the national picture of local Healthwatch funding and writing formally to local authorities intending to introduce disproportionate reductions in local Healthwatch resources brought attention to the issue, elicited explanations from a number of authorities and in some cases enabled the authority to revise its decision. We identified that the most substantial reductions were in areas where the local health and social care economies were under the most pressure.

Healthwatch England Governance
Looking forward, the Committee and I thank Susan Robinson and her team for ensuring that we have a clear business plan and actions for 2016/17, so that our work maintains its momentum. This includes a welcome focus on involving local Healthwatch in strategic and operational direction.

We have completed the transition programme and are safely installed at CQC's offices in Buckingham Palace Road. We are grateful to colleagues there who made the move run smoothly.

The closing date for applications for the role of Chair of Healthwatch England is confirmed for July 2016 and is led by the Department of Health; the recruitment of the Acting National Director will follow soon after an appointment is made. An update on the Healthwatch England Committee will be given at the meeting.

The Department of Health (DH) and the Care Quality Commission's (CQC) framework agreement is currently being updated, and this document defines the important elements of the relationship; roles and responsibilities, lines of accountability and governance arrangements. It sets out how DH is assured that CQC's role is being fulfilled efficiently, effectively and in line with the department's and wider government's financial

procedures. The agreement includes Healthwatch England which is a statutory committee of CQC. Healthwatch England has provided input on elements relating to Healthwatch England and its organisational structure within CQC, the agreement clarifies our governance and accountability arrangements and this is on today's agenda (item 4.2).

Appendix A:

During Quarter 4, Jane Mordue, Interim Chair met with:

- Paula Sherriff MP, Member Health Select Committee
- Catherine Macadam, British Medical Association Patient Liaison Group Chair
- Rt Hon Alistair Burt MP
- Professor Jane Dacre, President, Royal College of Physicians
- Harold Bodmer – President, Ray James and Cathie Williams – Association of Directors of Adult Social Services
- Professor Dame Janet Finch
- Helen Whatley MP, Member Health Select Committee
- Professor Jane Cummings, Chief Nursing Officer for England based in NHS England
- Hilary Newiss, Chair – National Voices
- Lord Hunt of Kings Heath, Shadow Spokesperson (Health)
- Baroness Cumberlege
- Janet Davies – Chief Executive and General Secretary of the Royal College of Nursing
- Baroness Finlay of Llandaff, President, Chartered Society of Physiotherapists
- Bill Boyes, Chair General Dental Council
- Lord Prior of Brampton
- Ed Smith and Jim Mackey – NHS Improvement
- Dame Sue Bailey, Chair of the Academy of Medical Royal Colleges

AGENDA ITEM No: 1.5

AGENDA ITEM: Acting National Director's Report

PRESENTING: Susan Robinson

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report contains reflections on key achievements and challenges during Quarter 4 2015/16 (January to March 2016) 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.

A core focus of my activity over the last quarter has been to transition the organisation out of our launch phase and early development to a 'business as usual model'. This has involved looking back and detailing the lessons we have learnt over the quarter as well as during 2015/16 to feed into our work over the next financial year.

Our achievements over quarter 4 as well as during 2015/16 given recent changes were applauded at our Annual Accountability Review meeting with the Department of Health, the final document we produced highlighted what we can achieve. This report will reflect highlights on our activity during quarter 4 as well as our learning over the year, underlining the lessons we can strengthen for 2016/17.

<u>Priority 1: Improving current health and social care delivery by amplifying people's voices</u>

Our revised approach to engagement which has been highlighted in our work on discharge, primary care and dentistry – is generating increased opportunities to share the insight of the network at a national level. The next step is to find the balance between sharing information constructively with the system and maximising opportunities to raise the profile of the network, our influencing strategy is subject in another report (agenda item 4.3).

We also learned that our greater focus on richer digital content that highlights the work of the Healthwatch network is helping to increase on-line engagement. During 2015/16 we had 152,456 website visitors. This is a 40% increase when compared to the number of website visitors in 2014/15. Our number of Twitter followers increased over the year by more than 50%, to over 11,500, reflecting our increasing use of social media to link Healthwatch insight to information being shared and issues discussed by key stakeholders.

There was and continues to be a significant appetite from local Healthwatch interested in the Customer Relationship Management (CRM) system. Following the CRM pilot evaluation, we recognised that we had a distance to travel to ensure the CRM system is suitable for local Healthwatch needs and developed a programme plan to address this. The CRM roll out to the Greater Manchester Devolution group has highlighted how beneficial it is to

work closely with local Healthwatch to understand how the system is working for them and their specific needs. From training events and suggestions from local Healthwatch, we have learnt that by continually reviewing the CRM system with local Healthwatch as we develop it, this will enable us to build a system that meets the needs of local Healthwatch. We have undertaken work with local Healthwatch to review functionality of the CRM system and are establishing a Stakeholder User Group where local Healthwatch can feed back network requirements for development and work with us to develop system improvements.

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

Local Healthwatch Annual Reports delivered in 2015, covering 2014-15 activity, demonstrated the network's emerging impact and influence on service change decision making processes. We learnt that local Healthwatch using the new Annual Report template were more likely to demonstrate the impact of their work.

We have been supporting local Healthwatch across areas of significant service transformation (under the Five Year Forward View). On 7 March 2016, we hosted a conference for those who commission and provide health and care services, as well as people involved in the national programmes that are driving change in the NHS and social care (including the New Models of Care Vanguards, the Integrated Care Pioneers and the Better Care Fund and devolution sites). The day aimed to show how good public engagement leads to better health care services. The event also looked at how communities can be more involved in the reforms that are currently taking place.

We also supported the 10 local Healthwatch within the Greater Manchester area to engage with the public in terms of how they would like to receive their health and care services in the future. With the devolution of health and care services to Greater Manchester, this provided an opportunity to think about wider service integration. We are continuing to work with Healthwatch in Greater to Manchester to use the findings to influence the DevoGM agenda.

Our primary care deliberative work highlighted that when we provide enough space for people to consider current experience and future needs (without pre-conditions) it provides an opportunity to break free from current constraints and reflect on their aspirations for the future in ways that can provide a mandate for decision-makers to take forward substantial change. Our subsequent work supporting Greater Manchester local Healthwatch to undertake similar deliberative sessions with the public on devolution across Greater Manchester provided lessons for the network in terms of how to engage in a different and potentially more meaningful way.

Priority 3: Developing the effectiveness of the Healthwatch network

We learned that the co-produced approach to the development of the Quality Statements was an effective way to generate a robust and accepted set of statements that would be of practical use. We identified the need to strengthen our relationship with commissioners of local Healthwatch so that they had a better understanding of our Quality Statements and what an effective Healthwatch looks like.

Regarding our support offer, we learned that Chairs would benefit from peer to peer support, led by our Chair. In addition, local Healthwatch identified a need for further research guidance, as well as research support, which we have built into 2016/17 plans.

Last year feedback from local Healthwatch suggested that the approach to the Annual Conference should be different, with an element of learning at the annual network gathering. This year's conference will explore the value we collectively bring and how we can work together more effectively to make a difference to people's experience of health and social care. The planning for Healthwatch 2016 is underway and is being co-produced with local Healthwatch. With a specific focus on sessions led by, and involving local Healthwatch, the agenda has been developed to enable more opportunities to network and learn from each other, whilst exploring changes happening across the health and social care landscape.

Local Healthwatch liked the 'Matchmaker Directory' tool as it gives them a sense of perspective in comparison with other areas and local Healthwatch. They want us to continue to work with them to tailor intelligence provided back to them.

Feedback from local Healthwatch on the Enter & View training showed that they really value the new approach, which focuses on sharing their experience and knowledge, with over 90% providing a positive evaluation.

Support with leadership is very important to the network, to support their ability to work with a range of stakeholders, from those in very senior health and social care positions to local community and campaigning groups. For example, there is an appetite from local Healthwatch to work with us to increase the effectiveness of the working relationship and use of intelligence on between CQC and the network.

Local Healthwatch Commissioners are very keen to continue to work in partnership with Healthwatch England to support local Healthwatch to be as effective as possible and continue to welcome our proactive approach to building relationships and engaging with them. They particularly value:

- the work we are doing to share effective practice around local Healthwatch activity; and
- our support to local Healthwatch who find themselves in challenging situations.

<u>Priority 4: Ensuring we are an effective, efficient organisation and a well-governed public body</u>

I am pleased to announce that Joanne Crossley will be our Acting Head of Operations to lead the operations team into its next phase of delivery and brings with her a wealth of experience and knowledge about the organisation.

The Information Governance audit action plan provided a clear and effective way of monitoring progress and is enabling the development of training programmes in conjunction with CQC colleagues for the Healthwatch England staff team. Our engagement

with the CQC Information Governance Group has enabled us to gain more support from the CQC team on support and guidance which is appropriate for Healthwatch England.

The draft report of the audit of our financial planning mechanisms has been received and the management response along with the report will be shared with the Audit and Risk Sub Committee at the next meeting. The general response so far is that the audit reflects our current operations and also highlights the effort undertaken by the staff team and we have made significant operational improvements since the 2014/15 audit on Financial Management and Data Reconciliations.
The key headlines from the 2015/16 report are below and a number of these are already underway:

- Closely monitor financial performance and the operation of related controls during 2016/17;
- For setting the 2017/18 budget, prepare a document, or addendum to the existing CQC procedure, that addresses Healthwatch England's unique aspects of developing a budget aligned to its business priorities and operating model;
- Introduce documenting the reasons for budget variances and the agreed actions from monthly review meetings; and
- Formalise month end accounting procedures, to include the review of long outstanding purchase orders.

The Personal Development Review process enabled staff and their line managers to collectively detail work over the last year, to reflect on learning and how staff are supported to detail their objectives in line with the 2016/17 business plan.

Key relationships

Local Healthwatch
Network meetings remain necessary to strengthen the network as well as acting as a platform for external organisations to engage with local Healthwatch as a collective. In quarter 4, we formed the local Healthwatch Advisory group to help shape the future support for local Healthwatch, developing better ways to work together regionally and nationally. Facilitated with Andrew Barnett, the March meeting involved identifying and agreeing the purpose and principles of the advisory group as well as the terms of reference in addition to discussion on specific topics such as the quality statements and consistency, influencing commissioners.

Care Quality Commission
The helpful and constructive discussions and joint planning with CQC colleagues undertaken during quarter 4 have not only ensured a smooth and effective transition but have also already delivered added value to a number of areas of work. This built on the activity undertaken with CQC during the previous three quarters.

We continued to work with the team leading the CQC's work with other dental regulators and the DH, and provided advice and support in the run-up to publication of the reform board's final report, which includes substantial insight and evidence from local Healthwatch. We have fed in to a number of discussions as the CQC develops its strategy.

NHS England

Building on our effective collaboration on orthotics commissioning, and have established links with the specialised commissioning team at the beginning of some significant strategic thinking; we are discussing further ways to assist the NHS England Patient Experience team.

Developing on our participation with local Healthwatch at the Vanguard Communications and Engagement conference in London, this collaborative relationship with the 'New Models of Care' programme continues to strengthen and they presented at our conference on Service Change in March 2016.

AGENDA ITEM No: 1.6

AGENDA ITEM: Report on delivery - Quarter 4 (January – March 2016)

PRESENTING: Leadership Team

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details organisational delivery during Quarter 4 (January – March 2016)

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

The tables below show the high level summary of our progress made in Quarter 4.

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.

What we did in this Quarter:	**What did we learn?**
• Reported on intelligence about public concerns gathered in Quarter 4 (2015/16) at the Committee meeting. These reports pulled together analysis of our enquiries; local Healthwatch priorities; local Healthwatch research reports; enter and view reports; and data newly emerging from the Customer Relationship Management (CRM) system.	• We also identified that the use of Healthwatch England's complaints advocacy standards is still patchy but that this is a growing area for local Healthwatch and they want more support. As this is not a statutory role of local Healthwatch, we have decided to take this forward by developing a community of interest to facilitate greater peer support to help raise standards.
• Following the Department's announcement of its discharge programme we published an update on progress made on this issue and took up a seat on the external reference group for the	• Our revised engagement approach – demonstrated through the work we have completed on discharge, primary care and

programme. We informed development of and promoted NHS England's new quick guide to supporting patients to be better informed about their discharge options, together with jointly branded patient information. • We shared local Healthwatch evidence on dentistry, supported by the results of Healthwatch England national polling to test their findings, with the DH Dental Contract Review Team and the National Dental Regulation Review Board. We co-hosted a workshop on dental complaints with the General Dental Council (GDC), working with stakeholders across the sector to set out a work programme to improve consistency and support the roll out of 'My Expectations'. • We jointly published a report with the Public and Health Service Ombudsman, NHS England and CQC on complaints handling in GP practices drawing on evidence from 30 local Healthwatch and featuring case studies where there has been positive improvement. We developed a complaints tool kit, co-produced with Healthwatch Norfolk, Healthwatch Wiltshire and Healthwatch East Sussex, for publication in Quarter 1 2016/17 to support local Healthwatch to scrutinise local complaints handling against 'My Expectations'. We also conducted an audit of local Healthwatch advocacy services against Healthwatch England's standards.	dentistry – is generating increased opportunities to share the insight of the network at a national level. This year we need to complete the process of finding the balance between sharing this information constructively with the system and ensuring we maximise opportunities for raising the public profile and understanding of the network. • Co-producing the complaints tool kit presented a number of logistical challenges but the involvement of different sizes of Healthwatch that have approached the challenge in a variety of different ways has produced a toolkit we believe that will be useful for a much broader range of local Healthwatch. The financial incentive helped to compensate for the additional work required by local Healthwatch to develop the project and has helped to secure their support in promoting the toolkit post launch.

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.

What we did in this Quarter:	**What did we learn?**
• We met Jeremy Taylor, chair of the Five Year Forward View People and Communities Board and present to that Board, in April 2016. • We hosted our conference on 'The Value of Engaging People through Service Change' on 7 March with attendance from over 100 delegates including local Healthwatch within areas of service change, Clinical Commissioning Groups, NHS providers, local authorities, NHS England, the Voluntary and Community Sector, Better Care Fund (BCF) representatives and New Care Models team. Topics included devolution, BCF, how good engagement leads to better outcomes as well as the Five Year Forward View's new care models and success regime. 27 local Healthwatch attended and support materials have been circulated to the wider network. • We continued to support local Healthwatch involved in the devolution of health decision making across Greater Manchester, local Healthwatch affected by 'Success Regimes' and local Healthwatch engaged in vanguard sites implementing new models of care as envisaged by the Five Year Forward View. Following the session on Service Change at our conference we provided a report on the engagement of the 21 local Healthwatch within the Urgent and Emergency Care vanguards. We undertook a survey with local Healthwatch based in Greater Manchester on their involvement in Devo Greater Manchester. We captured the engagement and	• A system leadership approach is increasingly important and local Healthwatch play an effective 'honest broker' role bringing together all system players. • The service change event raised the profile of effective work from the network. Following Healthwatch Dudley and Dudley's Clinical Commissioning Group's joint presentation, NHS New Care Models team will be spending a day with Healthwatch Dudley, to gain better understanding of good practice. • Our work supporting Greater Manchester local Healthwatch to undertake similar deliberative sessions with the public on devolution across Greater Manchester provided lessons for the network in terms of how to engage in a different and potentially more meaningful way. • We learned that where Healthwatch is included in national programmes from the very beginning this sees much greater involvement of the network in supporting implementation at a local level – e.g. Child and Adolescent Mental Health Services (CAMHS) where more than half the network have been involved in the development of Local Transformation Plans and report a positive experience.

confidence of the network in the Better Care Fund. • We provided support to the West Midlands network in terms of their involvement with the mental health devolution programme, including sharing 'The Journey of Healthwatch Greater Manchester through devolution'. The Service Change Lead has attended two further regional network meetings in the East of England and London to help share this learning across the network. • We shared a summary of local Healthwatch experiences of consumer engagement in Child Adolescent Mental Health Services (CAMHS) local transformation plans with key stakeholders. • We published a briefing on local Healthwatch work to improve mental health services to coincide with the launch of the Government's mental health taskforce report. • We shared evidence collected on primary care by the network with the Public Accounts Committee. We conducted national polling to test the findings of the local Healthwatch primary care focus groups and Healthwatch England's deliberative research. We identified select local Healthwatch to work with on primary care in the next financial year to explore patient experiences of changes under the Prime Minister's GP Access Fund (previously known as the Prime Minister's Challenge Fund). • We started to test a revised approach to identify and prioritise key emerging health and social care issues.	• We investigated conducting a social media listening exercise focusing on Children and Young People's experiences of mental health to support wider CAMHS work, we were unable to progress due to procurement complications and CQC have committed to look at this more broadly to support inspections process. • Our taxonomy required further development to differentiate between reports that are about service providers and information we receive that is about a health or social care issue.

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.

What we did in this Quarter?	**What did we learn?**
• We published the findings from our Quarter 3 data return in a report to the Committee and externally published the findings in January 2016, raising awareness of the priorities of local Healthwatch). • We rolled out the CRM system to over half of the network, including local Healthwatch who are part of the Greater Manchester Devolution group (Trafford, Salford, Bolton, Wigan, Rochdale, Stockport, Manchester, Oldham, Tameside and Bury). • We shared a draft 'Matchmaker Directory' with the Healthwatch network, enabling identification of other local Healthwatch in the network with similar demographics, size, priorities etc. We hosted an event to promote and enable us to further develop the new directory. • We published the final version of the Quality Statements as well as a toolkit for how to use them as part of an internal or external review in February 2016. • We raised awareness of the Quality Statements with commissioners through a session at our first event for commissioners of local Healthwatch. We developed and piloted the assessment tools with 20 local Healthwatch to identify their support needs. Altogether we have delivered training and advice to local Healthwatch and/or their commissioners in 118 areas. • We produced revised guidance and templates for local Healthwatch to deliver their annual reports following significant contributions from local Healthwatch via the Communications Group.	• We learned that the co-produced approach to the development of the Quality Statements was an effective way to generate a robust and accepted set of statements that would be of practical use. We identified the need to strengthen our relationship with commissioners of local Healthwatch so that they had a better understanding of our Quality Statements and what an effective Healthwatch looks like. • The CRM roll out to the Greater Manchester Devolution group has highlighted how beneficial it is to work closely with local Healthwatch to understand how the system is working for them and their specific needs. From training events and suggestions from local Healthwatch, we learned that learning as we develop the system would enable us to build a system that meets the needs of local Healthwatch. We have undertaken work with local Healthwatch to review functionality of the CRM system and are establishing a Stakeholder User Group where local Healthwatch can feed back network requirements for development and work with us

• We delivered bespoke support to 11 local Healthwatch including Healthwatch Walsall, Solihull, Newham, Bury, Sutton, Windsor Ascot and Maidenhead, North Yorkshire, East Riding of Yorkshire, Ealing, Lincolnshire. Areas of focus included contracts and commissioning; board relationships; and external engagement with system partners.
 	
• As part of our support offer focussing on engagement, we delivered:
  o An induction session in January for new local Healthwatch staff, board members and volunteers, with presentations from senior Healthwatch England staff, followed by Q&A, as well as information on how to access Healthwatch England resources.
  o An Enter and View session in Reading in February.
  o 2 leadership master classes in March as part of a Patient Champion Programme, to support local Healthwatch leadership in their development and engagement with their key partners. This was very well received and follow on sessions are being run in Q1 2016/7.
  o Additional skills development content in our regular Communications network meetings.
 	
• We shared our draft business plan, which set out support for the network for 2016/17 with the local Healthwatch Advisory Group, with local Healthwatch who attended the Committee Meeting in public in York and on our website.
 	
• We delivered the CQC and local Healthwatch working group session in March 2016 focussing on how we, CQC and local Healthwatch can work together most effectively in future. CQC's strategy consultation themes were used to guide the discussions.
 	
• Published guidance to local Healthwatch to support conversations with their commissioners about funding - We updated the *document 'Guidance on having conversations with your council about funding'* and revised the publication timescale to align it with our annual publication of the funding picture for local Healthwatch (circa June/July). At this point we should have a better picture of the Local Reform and Community Voices grant and local authorities' strategic
	to develop system improvements.
	
	• An analysis of local Healthwatch Annual Reports showed that local Healthwatch using the new Annual Report template were more likely to demonstrate the impact of their work.
	
	• An induction to Healthwatch England with a chance to chance to ask questions of senior Healthwatch England staff face to face, and network with other new local Healthwatch starters is very valued by local Healthwatch, however a more regional based induction may be more accessible.
	
	• Support with leadership is very important to the network, to support their ability to work with a range of stakeholders, from those in very senior health and social care positions to local community and campaigning groups.
	
	• Both local Healthwatch and members of the Healthwatch England Development Team reflected on the collaborative training approach. The learning from these sessions will be used to update the Enter and View Training guidance.
	
	• There is an appetite from local Healthwatch to work with us to increase the effectiveness of the working relationship and use of intelligence on between CQC and the network.

planning cycle will be underway. • We circulated our third bulletin to local Healthwatch commissioners in March 2016. This included information about the Quality Statements workshop for commissioners and a final chance to register for the Commissioners Conference (held on 14 March 2016). • We delivered the second local Healthwatch Commissioners event on 14 March 2016, focusing on the Quality Statements; the contract monitoring relationship; service change; challenges and opportunities for local Healthwatch; and Healthwatch England's relationship with commissioners. 45 local Healthwatch commissioners from across the network attended the event which was co-hosted with a local Healthwatch commissioner. The evaluation from the event was extremely positive. • We started to review our relationship with commissioners in 2015/16 and have confirmed our communications and engagement approach for 2016/17. Two further events are planned for late 2016/7. • We supported Alun Davies (Committee member) during his agenda item on 'Relationships with commissioners' at the Committee workshop on 12 April. We wrote a briefing paper setting out our approach and engagement during 2015/16 as a basis for discussion and consideration for the approach in 2016/17. • We delivered the CQC and local Healthwatch working group session in March 2016 focussing on how we, CQC and local Healthwatch can work together most effectively in future. CQC's strategy consultation themes were used to guide the discussions. • We supported 12 network meetings across the regions bringing local Healthwatch together to discuss work streams, joint activities and work with CQC and other organisations.	• Local Healthwatch commissioners welcome our proactive approach to building relationships and engaging with them. They particularly value: ○ the work we are doing to share effective practice around local Healthwatch activity; and ○ our support to local Healthwatch who find themselves in challenging situations. • Network meetings remain necessary to strengthen the network as well as acting as a platform for external organisations to engage with local Healthwatch as a collective.

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.

What we did in this Quarter:	**What did we learn?**
• We reviewed the learning from the internal audit of information governance practice and financial systems and completed a second internal audit on our financial systems. • Staff have successfully completed the mandatory Information Governance training and will continue to engage in a number of other information Governance training over the year. • We undertook an appreciative enquiry, which is an approach used to engage with people in self-determined change. The staff team worked together to develop what the best working environment would be and what steps each individual and team need to take as part of the business plan to deliver this. • Ensured all individual learning plans were supported for 2015-16, agreed the objectives and personal development support processes for 2016-17. We also commenced year-end reviews with all staff. We began the objective setting process for all staff, and this was completed in April 2016. • Delivered the public committee meeting in York and evaluated ways of engaging with audience members during the public participation session. • We developed the budget and business planning process. The draft budget and business plan were presented to the Committee in May, enabling endorsement by the CQC Board and the Department of Health. Our budget for 2016/17 has been	• Our engagement with the CQC Information Governance Group has enabled us to gain more support from the CQC team on support and guidance which is appropriate for Healthwatch England. • Our internal financial systems continued to improve. We identified more ways to ensure that processes remain effective and fit for purpose, which has been helpful in managing the transition process and ensuring effective integration with CQC systems. • The Personal Development Review process enabled staff and their line managers to collectively detail work over the last year, to reflect on learning and how staff are supported to detail their objectives in line with the 2016/17 business plan.

confirmed. • We undertook substantial work during Quarter 4 to support the internal transition from Chair to Interim Chair and from Chief Executive to Acting National Director, as well as working closely with colleagues in CQC and the Department to support the wider organisational transition including the move to Buckingham Palace Road.	

AGENDA ITEM No: 1.7

AGENDA ITEM: Operating effectively as a statutory body (Quarter 4 – January to March 2016)

PRESENTING: Joanne Crossley

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details the operational functions which ensure that we are an effective, efficient organisation and a well-governed body.

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

Financial position

The financial position at the end of Quarter 4 is detailed in the table below:

	2015-16 Annual Budget total	Year End spend position	Variance	% difference
PAY	£2,868,331	£2,400,225	-£468,106	16.3%
NON PAY	£1,631,714	£1,320,491	-£311,223	19.0%
TOTAL	£4,500,045	£3,720,716	-£779,329	17.3%

- Summary – We continue to review our expenditure and planned spend to ensure we have enough resources to successfully deliver the Business Plan. We continue to develop ways to ensure the financial system we use (NHS Shared Business Service) can help us report more effectively. Our Finance and General Purposes Sub Committee met in the quarter to review the budget and will meet again in July to review the financial position.

Procurement activity

Q4 2015/16:

Cost (£)	Number of payments	Total spend (£)
0 - 499	28	£8,860.57
500 - 999	14	£11,470.14
1000 - 1999	15	£26,249.93
2000 - 2999	9	£26,125.86
3000 - 3999	9	£39,423.00
4000 - 4999	9	£43,481.76
5k+	14	£533,910.91
Grand Total	**98**	**£689,522.17**

This table of payments reflect payments which have been made using the NHS Shared Business Service system; it does not reflect other items such as our payments to mandated organisations such as Calder Conferences who we have to use for all of our

	external venue and Redfern for all our travel and accommodation expenses. Committee Members are to note that procurements over £5k are subject to additional approvals and scrutiny from the CQC Commercial Contracts Team as well as the DH Finance Approvals Panel. We have taken the approach and learning from 2015/16 and have been able to ensure that a number of procurement projects which were in the pipeline were completed and paid in Q4, this is the reason for the increased spend in Q4 over £5k. For 2016/17 the aim will be to ensure that Healthwatch England continues to comply with CQC requirements for procurements and payments. The CQC Procurement Desk Guide is available on the CQC intranet for staff use. An outline which shows the procurement process to follow and the approvals required is available on the CQC intranet.
HR and team development	At the end of Quarter 4 we had: • 19 staff members permanently employed; • 18 staff members employed on a fixed term contract due to end by 31st March 2017; • 2 vacancies in the quarter **TOTAL – 39 roles** All staff members undertook the annual appraisal process in April 2016. Following each individual appraisal, an objective setting session was planned for all staff. Staff had protected time to draft 6 objectives (3 linked to role/day-to-day responsibilities and 3bobjectives: linked to Healthwatch England values, CQC policies/procedure and continuing professional development). Support was given to line managers to ensure that objectives are not only SMART but in terms of roles objectives, are directly linked to the business plan. Feedback has been positive, with staff highlighting the opportunity to link their work directly with the annual organisational plan.
Internal audit update	Work has continued over the quarter to embed the recommendations from the two internal audits. **Information Governance Audit:** CQC and Healthwatch England have now agreed a set of actions to implement the audit recommendations by PricewaterhouseCoopers. Key completed recommendations include – the development of the Healthwatch England Information Risk Register, Healthwatch England Information Asset Register and establishing a series of internal Information Governance roles e.g. Information Asset Owner, Information Asset Managers & Knowledge and Information Management (KIM) Champion. Healthwatch England will also adopt CQC policies and procedures and no longer be required to produce their own policies and procedures. Simon Richardson at CQC is currently working on producing a condensed version of the Information Governance Strategy and Policy which will only contain the section relevant to Healthwatch England. **Financial Audit**: The recommendations from the first financial audit were completed in Quarter 3. The Healthwatch England Financial planning and management mechanisms audit took place in March 2016 and the draft report was received in April 2016. The overall report rating given was 'moderate', an action plan and management response are yet to be detailed and shared with the Audit and Risk Sub Committee, however, the recommendations are positive and highlight improvements which have been made

	following the 2014/15 financial management and data reconciliations audit.
Risk reviews	In Quarter 4, 5 new strategic themes relating to 33 operational risks were identified in relation to the new business plan for 2016/17. Healthwatch England will continue to provide a quarterly risk summary to the Audit and Risk Sub Committee Members ensuring identification of the strategic risks that they need to be alerted to.

AGENDA ITEM No: 2.1

AGENDA ITEM: Healthwatch Intelligence

PRESENTING: Gerard Crofton-Martin

PREVIOUS DECISION: In February the Committee requested that further work be conducted on the Healthwatch coding taxonomy which underpins the intelligence and information management development project. This included enabling it to record where information was relevant to system wide developments and coding more detail about health and care issues.

EXECUTIVE SUMMARY: This report provides an update on the progress that has been made on the Intelligence and Information Management project. It contains an outline of the next phase of the project and expected deliverables for the August Committee meeting

RECOMMENDATIONS: The content of this report are to be **NOTED** and **DISCUSSED** by the Committee

Background:

The Intelligence and Information Management project was initiated in February 2016 and focuses on the development and implementation of a strategic framework for intelligence that will provide Healthwatch England, the local Healthwatch network and their partners across the health and care systems with:

- Actionable intelligence
- Insight into the information that has been collated from the local Healthwatch networks and beyond.

The intention is that useful information gathered from the network and our strategic partners will be developed and turned into intelligence that highlights emerging, developing and long term persistent issues and trends experienced by patients and users. The intelligence process will enable the prioritisation of these issues for action and/or escalation and generate a reviewing framework. It is expected that this project will also provide a means by which positive feedback and good practice can be shared and utilised across the network to encourage cross service improvements.

The project has three main parameters:

1. To identify the information and intelligence requirements of all major Healthwatch England stakeholders including the local Healthwatch network.
2. To identify how other federated networks receive, evaluate, manage and disseminate their intelligence
3. To develop and test an intelligence framework which details how Healthwatch England interacts with, informs, and supports local and strategic decision making processes.

Progress:

1. To identify the information and intelligence requirements of all major Healthwatch England stakeholders including the local Healthwatch network.

In the last 2 months engagement has commenced. Meetings have been held with NHS England, National Audit Office, Health & Social Care Information Centre, Local Government Authority, NHS Clinical Commissioners, NHS England Patient and Public Voice

Assurance Group, Department of Health and the Care Quality Commission with further meetings scheduled for National Institute for Health and Care Excellence, Health Education England, Public Health England and NHS Improvement.

A number of visits have been arranged and undertaken to local Healthwatch including Lincolnshire, Worcestershire, Staffordshire, Kirklees, Sheffield, Northamptonshire, Leicestershire and Cambridgeshire.

The first development workshop (with 12 local Healthwatch) occurred on the 4th May capturing the views of other Healthwatch staff and volunteers whilst consolidating some pre-existing views from visited Healthwatch. A development session was held at the local Healthwatch Support Advisory Group Meeting (17 May).

An Advisory Group of Committee members has been set up for the project and the first meeting was held on the 12th May to steer the development of the project and advise on development.

Network meetings are being accessed and Yammer utilised to encourage further participation and the collection of views to establish the information requirements of the network.

2. To identify how other federated networks receive, evaluate, manage and disseminate their intelligence

Meetings have been held with Age UK, Citizens Advice Bureau and Homeless Link to gain insight into how they manage information across their networks of partners and members. Further meetings are being arranged with Relate and Mind.

3. To develop and test an intelligence framework which details how Healthwatch England interacts with, informs, and supports local and strategic decision making processes.

The basic concepts for an internal intelligence framework for Healthwatch England have been compiled and developed further through interaction and workshops with staff and local Healthwatch. This will be progressed through the work undertaken at May Committee workshop on decision making conventions which will help set direction for the process and enhance understanding.

The intelligence coding has progressed through its first phase of development moving towards the creation of a common language to ease the sharing of information. Our stakeholders are keen to utilise the categorisation system for this reason and the work conducted will inform the language used going forward in our systems development and intelligence indices such as APEx (Analysing Patient Experience), which is the system used to collate and evaluate local Healthwatch information and research. Additional criteria, as requested by the Committee, are in the process of being integrated such as the Shared Delivery Plan, and the Five Year Forward View.

The CRM system continues to be developed to provide that vital single source on intelligence which is the foundation to effective information sharing.

More general needs and requirements are being identified as engagement occurs relating to training, staff development, information security and protocols, understanding stakeholders and their data, sharing good practice and collaboration.

Next Steps:
Engagement will continue to occur to gather as much information as possible on the information needs of our stakeholders. This will then be consolidated with learning from other agencies to form the final draft of the design for the information management and intelligence framework for Healthwatch England.

Further workshops will be undertaken as well as interaction with the network to ensure that as many views and requirements are captured as possible to encourage investment in final outcomes. The coding will increase in complexity and therefore usefulness as better understanding of these needs are captured and used to inform its development.

This activity will lead into the development of a number of process diagrams, roles and responsibilities, meeting cycles and agendas and a suite of product templates will be produced for consideration of the Committee in August which will then lead into the testing phase of the project.

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)

AGENDA ITEM No: 4.1

AGENDA ITEM: Regional Dashboard

PRESENTING: Andy Payne

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The following slides provide an update on the integration of information sources into providing information at a regional level.

RECOMMENDATIONS: The content of this report are to be **NOTED** and **DISCUSSED** by the Committee

4.1 Local Healthwatch regional intelligence - development of Regional Dashboards

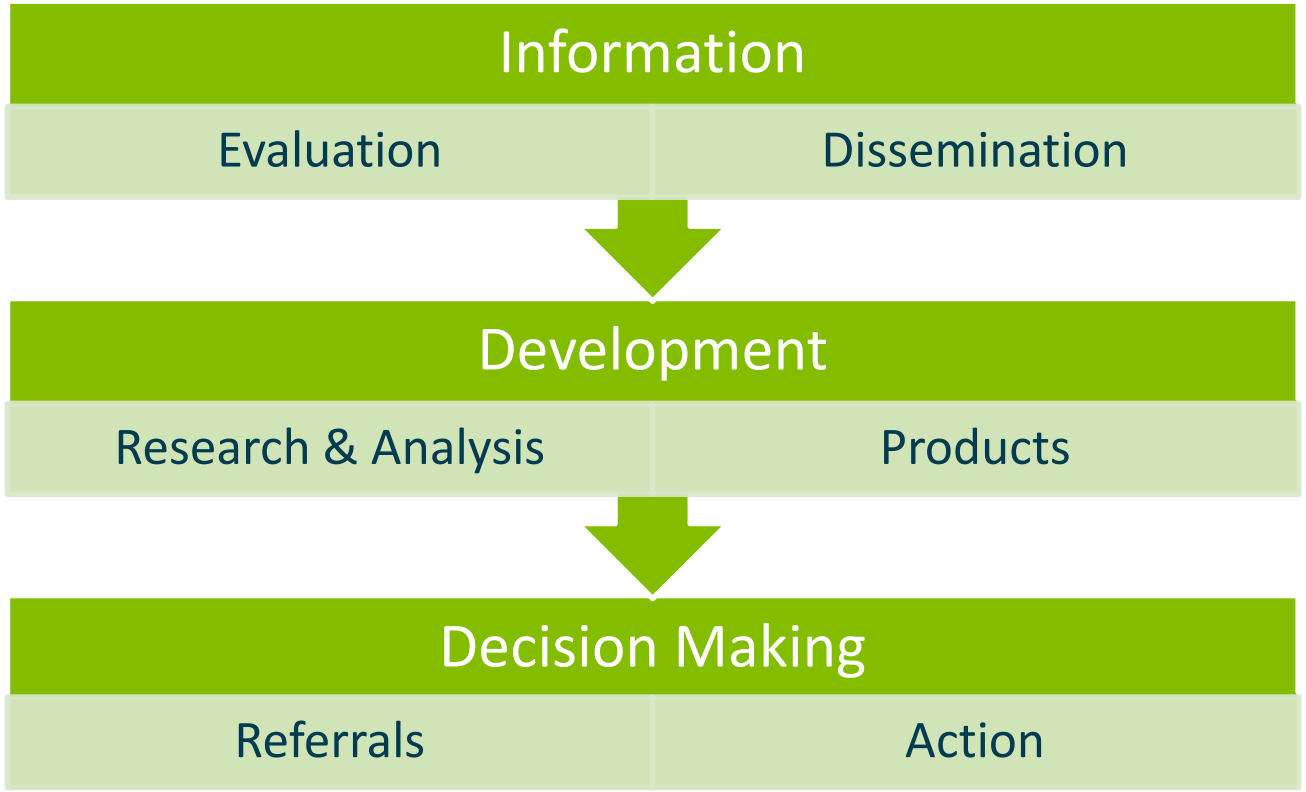
Andy Payne

Business intelligence

Using the Quality Statements

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

Intelligent Process…..

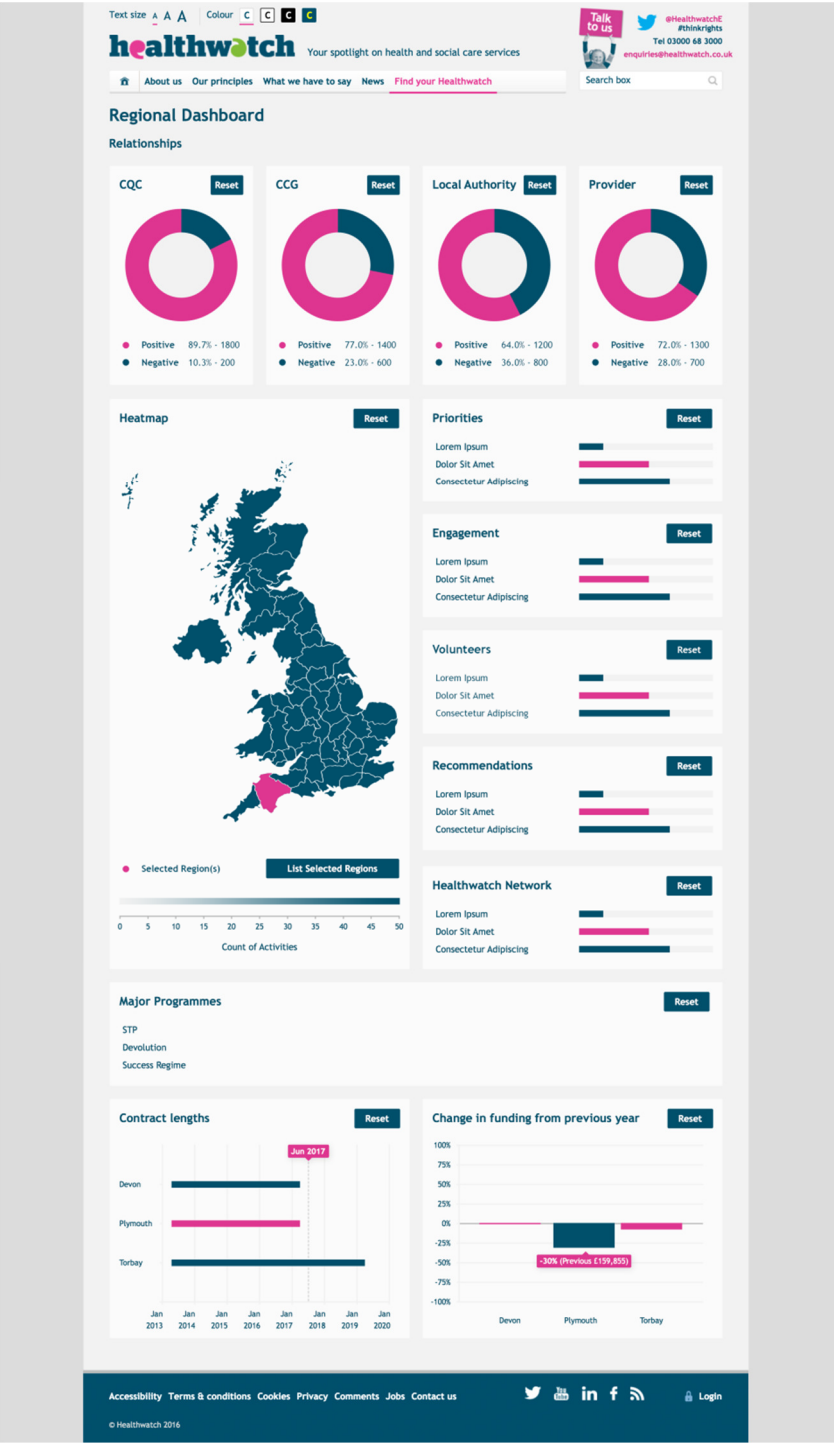


Multiple intelligence sources

- 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 pier 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

AGENDA ITEM No: 4.2

AGENDA ITEM: Healthwatch England Governance

PRESENTING: Susan Robinson

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: To present to Committee Members the Healthwatch England elements of the current draft of the Department of Health and Care Quality Commission Framework Agreement this has been updated to clarify the new governance arrangements

RECOMMENDATIONS: Committee Members are asked to **APPROVE** the approach to incorporating the governance arrangements stated in the Department of Health (DH) and the Care Quality Commission's (CQC) Framework agreement and to **NOTE** that Healthwatch England's governance documents will be revised and updated and the accountability arrangements on the following are clear:
- The sources of assurance for the Committee and delegations to Sub Committees
- The relationship with CQC and the support to be provided

Background

The DH and CQC Framework agreement covers respective roles and responsibilities, lines of accountability, and describes how the Department and CQC will work together. This agreement also includes Healthwatch England's role as a statutory committee of CQC. This document is currently being updated by DH and CQC, with input from Healthwatch England on specific Healthwatch England information. This presents an opportunity for the review of Healthwatch England governance documents to ensure that all documents align. This updated suite of documents will be presented to the Committee for approval in phases at the August and November public meeting.

The framework directly relates to our strategy and business plan and how they are endorsed and ratified accordingly. It is also key to highlighting our independence which moves us into a phase of embedding into CQC, who will provide enabling services and we will then work through the related costs. This is an ongoing process and the supporting documents being reviewed and updated will be amended to reflect the negotiated position.

We have arranged to meet with the CQC sponsor team outside of the CQC accountability review meetings with DH to ensure that proper time is given to the accountability arrangements of Healthwatch England. Our desire is to have a clarified way of working where the DH Sponsor team understand the role and business of local Healthwatch.

The most recent draft of the Framework was circulated amongst Committee Members in late April and Members who responded were generally supportive of the elements related to Healthwatch England and a number specific changes were suggested for clarity.

These included:

3.7

The aim is to develop a 5 year Healthwatch England strategy.

9.8

As part of the government's approach to managing and delivering public service at a reduced cost base, Healthwatch England and the Office of the National Guardian will share certain back office support. The detail of which will be detailed in respective arrangements with CQC.

10.5

The CQC will work with Healthwatch England including the Healthwatch England Committee, its staff and its stakeholders especially local Healthwatch. This is to ensure that the new arrangements are delivering enhanced value and that the undertakings of transparency and independence are being experienced in practice.

Appendix B builds on the organisational statement which was produced by CQC and Healthwatch England and details the accountability and management arrangements for Healthwatch England. Appendix C details the extracts pertinent to Healthwatch England from the DH and CQC Accountability framework agreement.

Documents to be reviewed and updated

The following documents will be reviewed and updated, where appropriate, so that all documents align. They will be presented for Committee approval in a phased approach at the August and November public meetings. Comment will be sought from Committee Members by email correspondence and the Acting National Director will have oversight of these changes.

- Healthwatch England Accountability Framework
- Healthwatch England Committee Standing Orders
- Healthwatch England Scheme of Delegation and Standing Financial Instructions (to reflect CQC principles)
- Terms of reference:
    - Audit and Risk Sub Committee
    - Finance and General Purpose Sub Committee
    - People and Values Sub Committee

The aim of this exercise is to create at the end of the process a Governance Handbook which describes Healthwatch England's governance approach with the content containing all of the documents listed above.

The Committee is asked to:

- **COMMENT** on the Healthwatch England elements of the DH/CQC Framework Agreement

- **AGREE** that the Framework Agreement will be brought back to the Committee to **NOTE** in August
- **APPROVE** the approach to collate and align all Healthwatch England Committee governance documents
- **NOTE** that the updated governance documents will be presented in a phased approach to the Committee at the August and November meetings

Appendix B: Statement of Intent

Changes to the accountability and management arrangements for the Healthwatch England Committee and staff

Since the announcement of the changes in late 2015 the Care Quality Commission (CQC) and Healthwatch England have been working together to work through the detail and ensure that the impact of Healthwatch England and CQC working together is a further strengthening of the independent user voice in health and social care.

The purpose of this paper is to assist stakeholders by providing additional information and, if needed, reassurance.

1. Accountability

In reality many of the current accountability arrangements remain unchanged: Healthwatch England has always been a statutory sub-committee of the CQC Board with its chair a CQC Non-Executive Director. In this role they are already accountable to the CQC chair. Under the new arrangements, although they will be directly accountable to the CQC chair, they will retain a line of accountability to the Secretary of State via the Chair of the CQC. Furthermore although the National Director for Healthwatch England will be line-managed and accountable to the CQC Chief Executive, the National Director will remain responsible to the Healthwatch England Committee and the Chair for delivery of its plans. The Chief Executive of the CQC in his role as Accounting Officer for the CQC will be responsible to parliament for the effective delivery of its statutory duties and its finances.

The CQC will be held to account for the delivery of the statutory functions of Healthwatch England via its framework agreement with the Department of Health (DH) and performance managed via the DH sponsor team. This framework is being updated to include the new expectations on the CQC (extracts pertaining to Healthwatch England are highlighted in Appendix B). This also means that the CQC will be held to account for its role in supporting the Healthwatch England Committee and its staff to deliver and in ensuring the Healthwatch England supports local Healthwatch to deliver a strong and independent voice.

2. Healthwatch England strategy and business plan

This means that the Healthwatch England Committee will remain in charge of setting its strategy, consulting widely with all its stakeholders including the CQC and the DH through the CQC sponsor team. The Committee will then agree its strategy, and present it to the CQC board so the Board can endorse that the strategy will enable the Healthwatch England Committee to discharge the statutory functions of the CQC that are delegated to Healthwatch England by statute.

In future years the CQC will be responsible for allocating resources (including a direct allocation and support in kind) to enable Healthwatch England to deliver its role and statutory duties. Following this the National Director and the Healthwatch England Committee will be responsible for the development of its own business plan. This business plan will then be ratified by the CQC board reflecting the Chief Executive's role as Accounting Officer and the Board's accountability for assuring that the resources it has

allocated and the plan produced will discharge the statutory functions delegated from the CQC by statute.

As part of the transition process, the Department is providing Healthwatch England's 2016-17 funding as an additional allocation to the CQC (This budget of £3.3m has been approved). On this occasion the Department will therefore review the Healthwatch England business plan for 2016-17 before approving the allocated funds, to provide assurance that the allocation is appropriate. In future years there will be an arrangement in place via the CQC sponsor team in DH for ensuring that the functions discharged by the Healthwatch England Committee on behalf of the CQC will be appropriately resourced and delivered.

3. Assurance

The CQC will work with Healthwatch England including the Healthwatch England Committee, its staff and its stakeholders especially local Healthwatch. This is to ensure that the new arrangements are delivering enhanced value and that the undertakings of transparency and independence are being experienced in practice.

Appendix C: Healthwatch England specific extracts from DH and CQC Framework Agreement

1 Purpose of this document

1.1
The purpose of this document is to define the critical elements of the relationship between the Department and Care Quality Commission (CQC). The document is focused on:

1.2
This document also sets out details of the relationship with:

- *The Healthwatch England Committee – a Committee of the CQC responsible for delivering specific statutory functions.*

Healthwatch England

2.3
Under the Health and Social Care Act 2012, CQC is required to maintain a statutory committee, Healthwatch England, which is a national consumer champion, collecting the views of people who use health and social care services to influence national policy. Although Healthwatch England is part of CQC, it sets its own priorities, has its own identity and speaks independently, unedited by the CQC.

2.4
Healthwatch England has three main functions:

- *to provide leadership and support to local Healthwatch organisations;*
- *to escalate concerns about health and social care services raised by local Healthwatch and others to CQC. CQC is required to respond to advice from its Healthwatch England committee; and*
- *to provide statutory advice to the Secretary of State, NHS England, Monitor and English local authorities, all of whom are required to respond to that advice.*

3 Governance

3.1
The CQC Board is the senior decision-making structure in CQC. It provides strategic leadership to CQC and takes collective responsibility for the long-term success of the organisation. The CQC is led by a unitary board made up of:

- *a non-executive chair; and*
- *up to fourteen members comprising:*
  - *non-executive members including the* ***Chair of Healthwatch England****; and*
  - *a chief executive and other executive board members.*

3.4
The Healthwatch England Committee is made up of:

- *a chair appointed by the Secretary of State (who also sits on the Board of the CQC); and*
- *between six and twelve other members appointed by the chair, including:*
  - *people with relevant expert knowledge; and*
  - *directors of local Healthwatch organisations (no more than one member from each region).*

3.5
The Permanent Secretary will appoint a Senior Departmental Sponsor (SDS) for CQC, who will act as CQC's designated, consistent point of contact within the Department. The SDS will act as the link at executive level between CQC and the senior officials of the Department, and also with ministers. Whilst the SDS role is facilitative and recognises the need for direct engagement between CQC and other parts of the Department and ministers, it also supports the Permanent Secretary in holding CQC to account and providing assurance on its performance. The SDS is currently the Director General External Relations. The SDS is supported by a Departmental sponsor team, which will be the principal day-to-day liaison between the Department and CQC. The SDS and sponsor team will also be a point of contact with the Department for Healthwatch England and for the National Guardian as needed.

Process for setting objectives

3.6
The Secretary of State sets out his priorities in the Department of Health Corporate Plan which includes priorities and milestones for CQC. The CQC Board sets the CQC strategic objectives and the Healthwatch England Committee sets its strategic objectives in the context of the system objectives set by the Secretary of State. CQC and Healthwatch England are autonomous from the Department in this regard. However, the CQC will have oversight of the strategic objectives of Healthwatch England and the National Guardian.

Strategic plans

3.7
Every three years CQC and Healthwatch England will prepare new strategic plans, which will be reviewed and updated on an annual basis. CQC's strategic plan for the period 2016 to 2021 was developed following a wide-ranging public consultation. The CQC's plan will be discussed and agreed with the Department.

3.8
The Healthwatch England Committee will develop its own strategic plan, which will be ratified by the CQC Board. Confirmation from the Secretary of State will be sought by CQC to confirm the strategic direction of CQC and Healthwatch England fits with his wider responsibilities via the SDS as part of the standard business cycle.

Business plans

3.10
Healthwatch England's business plan will be agreed with the CQC. To facilitate comment from the Department, including relevant ministers the CQC and Healthwatch England business plans will be shared and discussed in advance of clearance with the CQC Board. CQC and Healthwatch England will be made aware of any concerns the Department may have. The CQC business plan must be agreed with the Department.

3.12
Any significant in-year changes to the Healthwatch England business plan will also be discussed with the SDS.

Discharge of statutory functions

3.13

CQC will ensure that it has appropriate arrangements in place for the discharge of each of the statutory functions for which it is responsible – including the functions of the Healthwatch England Committee - and is clear about the legislative requirements associated with each of them, specifically any restrictions on the delegation of those functions. It will ensure that it has the necessary capacity and capability to undertake those functions, and will ensure that it has the statutory power to take on a statutory function on behalf of another person or body before it does so.

4 Accountability

The Principal Accounting Officer and CQC's Accounting Officer

4.2
The CQC has been established to be operationally independent of the Department, in that it is responsible for delivering its objectives, determining how it inspects and making judgements about the quality and safety of services provided by individual health and social care providers. The Department agrees CQC's annual business plans and monitors CQC's financial and operational performance and risks at a general and strategic level through regular formal accountability meetings. The Department (via its sponsorship team) also holds CQC to account for delivery of the Healthwatch England statutory duties and business plan. The CQC has discretion in its day-to-day programme of work, operations and decision-making.

4.3
The Department of Health's Permanent Secretary is the Principal Accounting Officer (PAO) and so is accountable in Parliament for the general performance of the health system in England, including CQC (which in turn includes Healthwatch England). This requires him or her to gain assurance that CQC is discharging its statutory duties and meeting the objectives set out in paragraphs 2.1 and 2.2 above. In this way the PAO is able to give Parliament an informed account of the Department's stewardship of the public funds it distributes and manages.

4.4
The Department's Permanent Secretary, as the Department's Principal Accounting Officer (PAO), has appointed CQC's chief executive as its Accounting Officer (AO). The AO is also responsible for accounting for Healthwatch England's stewardship of public funds and discharge of its duties. The AO may be called to account for CQC's and Healthwatch England's performance in Parliament.

4.9
The information provided to the Department by the CQC in relation to Healthwatch England includes (not an exhaustive list):

- *Quarterly reports on performance against business plan objectives;*
- *Healthwatch England annual report (laid before Parliament).*

4.11
The processes in place to enable the Department and CQC to review performance include:

- *Regular accountability meetings. These will take place on a quarterly basis with half yearly meetings chaired by ministers and other meetings chaired by the senior departmental sponsor and will be attended by the CQC chief executive. The focus of the meeting will be on strategic issues and any issues of delivery which the SDS believes it is appropriate to bring to this meeting, including compliance with the framework agreement. These meetings will support the shared principles and will be structured to promote openness, constructive challenge and the identification and resolution of strategic issues. An annual formal accountability review will take place to review the past year's performance against objectives and look forward to the next year;*
- *Meetings between ministers and the Permanent Secretary, and the Chair and Chief Executive of CQC These will vary in frequency depending on the burden of the regulatory and health agenda, but will not be less than annual; and*
- *Regular informal dialogue between the Department and CQC at official level.*

4.12
These arrangements will include consideration of the delivery of Healthwatch England's and the National Guardian's functions.

4.13
CQC is responsible for the delivery of its objectives and the Department will limit the circumstances in which it will intervene in its activities. The following constraints do, however, apply:

4.13.1
All funds allocated to CQC must be spent on the statutory functions of CQC (which include those exercised by the National Guardian) and the Healthwatch England Committee. If any funds are spent outside the statutory functions of the CQC the Department could seek adjustments to the grant in aid for running costs (administration) to compensate.

4.13.3
If the Secretary of State considers that CQC is significantly failing in its duties and functions, he or she is able to direct CQC. The Secretary of State cannot intervene in a particular case, but would need to demonstrate that there was a more widespread failure. In the first instance, the Secretary of State would direct CQC about how it carried out its functions. If CQC failed to comply with such directions, the Secretary of State could either discharge the function himself, or make arrangements for another body to do so on his behalf. The Secretary of State will always publish his reasons for the intervention. Similarly, the Secretary of State has powers to direct Healthwatch England if it is considered that the committee is failing, or has failed, to discharge any of its functions, and if that failing is significant.

5 CQC's Board

5.1
CQC is governed by its board, which sets and takes forward the CQC's strategic objectives. The Healthwatch England Committee sets its own strategic objectives. Similarly the National Guardian sets their own strategic objectives.

5.7
The Audit and Corporate Governance Committee will both challenge management and seek independent assurances on the adequacy of the CQC's corporate risk management, financial controls and corporate governance systems. The Audit and Corporate Governance Committee is chaired by a board member and will have at least one other non-executive board member. The Committee should have at least four members, although this can be fewer if the board feel that is justified, and at least half of these should be main board members. The internal and external auditors must be invited to all meetings of the Audit and Corporate Governance Committee and be allowed to see all the papers. This committee may seek further independent non-executive membership from sources other than the board in order to ensure an appropriate level of skills and experience. The Audit and Corporate Governance Committee's remit includes Healthwatch England.

6 Partnership working

6.1
To support the development of this relationship, the Department of Health and CQC have agreed to a set of shared principles:

- *Working together for patients, people who use services and the public, demonstrating our commitment to the values of the NHS set out in its Constitution.*

- *Respect for the importance of autonomy throughout the system, and the freedom of individual organisations to exercise their functions in the way they consider most appropriate.*

- *Recognition that the Secretary of State is ultimately accountable to Parliament and the public for the system overall. CQC will support the Department in the discharge of its accountability duties, and the Department will support CQC in the same way.*

- *Working together openly and positively. This will include working constructively and collaboratively with other organisations within and beyond the health and social care system.*

  The principles set out here also apply to the Healthwatch England Committee and to the office for the National Guardian.

<u>Public and Parliamentary Accountability</u>

6.4
The Department and its ALBs share responsibility for accounting to the public and to Parliament for policies, decisions and activities across the health and care sector. Accountability to Parliament will often be demonstrated through parliamentary questions, MPs' letters and appearances before Parliamentary Committees. Accountability to the public may be through the publication of information on CQC's or Healthwatch England's or the National Guardian's website, as well as through responses to letters from the public and responses to requests under the Freedom of Information Act.

7 Transparency

Annual reports

7.1
The CQC and Healthwatch England are both required to publish an annual report and lay a copy before Parliament. The annual report will set out how both organisations have discharged their statutory duties and their assessment of provision of NHS and adult social care services during the year. CQC will also publish a report on its monitoring of the use of the Mental Health Act 1983.

7.2
CQC is an open organisation that will carry out its activities transparently. It will demonstrate this by proactively publishing on its website key information on areas including pay, diversity of the workforce, performance, the way it manages public money and the public benefits achieved through its activities, and by supporting those who wish to use the data by publishing the information within guidelines set by the Cabinet Office. CQC and Healthwatch England both hold open board meetings in line with the Public Bodies (Admission to Meetings) Act 1960.

AGENDA ITEM No: 4.3

AGENDA ITEM: 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 undertake consumer insight work on information and education to help shape the data deficit in this arena.

04 Nov 2015 *Public Committee Meeting*: Requested greater clarity about how decisions were made in defining the subcategories within the framework. It was noted that one role of Healthwatch England will be to engage with system players to ensure that the gaps in the information collated are addressed.

26 February 2016 *Public Committee Meeting*: Agreed that the Healthwatch Index document will be circulated to Committee Members for sign off by correspondence.

EXECUTIVE SUMMARY: This report provides an update on the progress that has been made on the Healthwatch Index and asks the committee to make a decision on publishing.

RECOMMENDATIONS: The Committee agree option 3: That we publish our methodology and consult with local Healthwatch and only take the Index forward if:

a) Local Healthwatch want to use national data about people's experiences in their local area to help them decide on areas of work.
b) Local Healthwatch feel the consumer principles are the best framework to provide local context to national data.
c) Stakeholders can agree the best way to benchmark indicators so we can identify if people in one area are reporting a comparatively worse experience than in another area.

Background:

The aim of the Healthwatch Index is to measure how far consumer expectations of health and social care services have been met. The Index has been developed (based on 2013-14 data) to enable comparison between principles and create a benchmark against which changes in the realisation of the consumer principle can be shown.

It is crucial that the Healthwatch Index is well received. While key stakeholders have been receptive to their briefings, in order to maximise our engagement with stakeholders, the decision was taken not to publish the Index at our autumn reception as originally envisaged.

During our national engagement work, it has become apparent that the Index may add most value by providing local Healthwatch with context about areas of patient experience where people in their locality are suggesting they are not having as good an experience as people living in other localities. This would enable local Healthwatch, if they choose, to

look into the causes of why this might be the case, and this insight could then be used to drive up patient experience.

Our approach to developing the Index:

To develop the framework for the Index we consulted with the public about what were the issues that mattered most to them. These were organised into a series of eight consumer principles which reflected existing international consumer principles. The eight consumer principles are broad, encompassing a spectrum of issues that are important to the public. To reflect in more detail what the public told us, we created a set of subcategories for each consumer principle. The subcategories represent the building blocks of our experience framework.

To further improve our framework of the issues the public told us were important, and how these terms may be understood by health and care professionals, we also carried out a review of existing literature in health and social care. This literature review allowed us to explore how other organisations and researchers interpreted the issues raised by the public and to ensure that there was further evidence of these issues.

We then worked with a reference group of external experts to help identify if any additional issues should be included in our framework. Having established the framework, which the committee reviewed in November 2015, we then explored the data sources currently available to measure patient experience across health and care. Because of the criteria we selected, these were all national surveys.

We mapped these surveys against our framework subcategories to identify where a question from the survey could act as an indicator of peoples experience of a consumer principle.

This created a matrix of indicators for every principle subcategory and from this we could identify areas within the consumer principles where there was no national survey data. It was also possible to identify the mean satisfaction levels of respondents to the indicator questions for every principle subcategory. It is possible to replicate this at a local level which would enable comparison between areas. However, during this work we also identified the following issues:

Data gaps:

The existing measurement tools of patient experience across health and care do a good job in capturing patient specific experiences of single areas of care. However, because surveys have been designed in this way, we found some data gaps when national surveys were mapped against our consumer principles. Of course, because a gap exists in the data, it doesn't mean this is automatically a gap in knowledge which may have been gathered through another approach as a survey may not be the best way of gathering information.

Questions over benchmarking:

There are many different ways to provide context to national data and it is important to recognise that even if 99% of people have a positive experience of a service then this does

not diminish from the 1% or even the single person who has reported a poor experience. It is therefore difficult to say when a specific statistic is good or bad, or to make comparisons between different data sets. This raises questions over how we can best provide information about people's experiences of consumer principles in health and care in different localities.

Different ways to word questions:

A closer look at the ways in which patient experience is measured shows that the picture we obtain from patient experience is highly influenced by the way questions are posed. A shared understanding on how to interpret the measures and their limitations is therefore needed.

Next steps:

Our engagement with stakeholders suggests that the most value from the Index could be in providing local Healthwatch with national data about the realisation of the consumer principles in their area. This knowledge could then be used as a starting point from which to understand the reasons why individuals have a worse experience of some areas of health and care in a particular location. This insight could then be shared with health and care providers, commissioners and regulators to drive improvements in local services.

However, as outlined above, using national survey data has its limitations. We therefore have the following options available to us.

<u>Options:</u>

Option 1: Given the limitations of the framework, and our limited resource, the Committee agree to stop investing further resource into developing the framework.

Option 2: The Committee agree to publish our methodology, enabling local Healthwatch or other organisations to recreate it if they wish.

Option 3: The Committee agree that we publish our methodology and consult with local Healthwatch and only take the Index forward if:

- Local Healthwatch want to use national data about people's experiences in their local area to help them decide on areas of work.
- Local Healthwatch feel the consumer principles are the best framework to provide local context to national data.
- Stakeholders can agree the best way to benchmark indicators so we can identify if people in one area are reporting a comparatively worse experience than in another area.

Option 4: The Committee agree that consensus is reached on the best way to benchmark indicators (so we can show if people in one area are reporting a comparatively worse experience than in another area), and the Index is then published to help local

Healthwatch identify those areas of patient experience where people in the locality are suggesting they have a worse experience compared with people in other localities.

Recommendation:

The Committee agree Option 3: That we publish our methodology and consult with local Healthwatch and only take the Index forward if:

- Local Healthwatch want to use national data about people's experiences in their local area to help them decide on areas of work.
- Local Healthwatch feel the consumer principles are the best framework to provide local context to national data.
- Stakeholders can agree the best way to benchmark indicators so we can identify if people in one area are reporting a comparatively worse experience than in another area.

AGENDA ITEM No: 4.4

AGENDA ITEM: Healthwatch England Influencing Strategy

PRESENTING: Neil Tester

PREVIOUS DECISIONS: At its August 2015 meeting, the Committee agreed a new approach to external communications, seeking to build understanding of Healthwatch England's role through targeted communication with and cultivation of decision-makers and influencers who form part of key networks. It also agreed proposals for the development of the 2014-15 Annual Report as a key element of this approach.

At its February 2016 meeting, the Committee agreed the high-level business plan for 2016-17, including the objective of bringing the public's views to the heart of national decisions about the NHS and social care.

The Committee had an initial discussion about the approach set out in this paper at its workshop in April 2016.

EXECUTIVE SUMMARY: This paper sets out and seeks the Committee's approval of a programme-focused and network-based approach to Healthwatch England's influencing work.

RECOMMENDATIONS: Committee Members are asked to **APPROVE** the proposed strategic objectives and timeframe for review and to **COMMENT** upon the tactical approaches planned to implement the influencing strategy.

Background

This strategy is proposed against the background of Healthwatch England's new governance and resource arrangements. It builds upon the techniques and tactics developed in the external communications approach agreed in 2015 and implemented in the second half of 2015-16. However the strategic objectives now proposed for our influencing work adjust the approach to take account of the business plan objectives for 2016-17, which draw upon our learning from delivery of activity in 2015-16. As stated in the Acting National Director's report, uppermost in our minds as we implement this strategy will be the importance of striking a balance between sharing information constructively with the system and maximising opportunities to raise the profile of the network.

Since the adoption of the new external communications approach, we have maintained and refreshed key organisational relationships, in particular increasing the number and range of working contacts in CQC and NHS England. We have also continued to reflect on what works to best effect and to refine our tone and language, including through helpful discussions at the last two Committee workshops.

Drivers for our influencing strategy

This strategy is intended to provide a clear strategic framework within which delivery can be planned and evaluated. This will enable us to focus our resources to support the relevant business plan objectives, including making use of the developing approach to network intelligence. It will also allow us to articulate clearly within CQC and to the Department of Health and other partners how we are seeking to ensure that Healthwatch insight contributes to wider impact – as well as the limits of what we are seeking to do in any one year – and encourage them to credit the network where it has contributed to change. The planned approach needs to drive change that is visible to the network, to external stakeholders and especially to the public, maintaining trust and confidence in the Healthwatch brand. This strategy will also enable us to build the Committee's strategic thinking about the need for place-based approaches to involve place-based engagement into our own work programme and those of others.

Proposed strategic objectives

The influencing strategy is intended to deliver three 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.

Implementing and reviewing the strategy

Given our resources in comparison to the scale of the health and care system, and the need for us to maintain a clear focus for our work, it will be important 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.

Comprehensive stakeholder-mapping based upon organisations and individuals with whom we might in theory wish to engage will be beyond our staff resources (though we will continue to develop working relationships with CQC colleagues that will provide access to wider contact information as and when we need it). We will secure most influence for what people have shared with the network by grouping issues and stakeholders into influencing programmes and developing contacts that relate to those programmes. We will weave messages and examples relating to Objective 3 into each programme. We will also

map the values to each programme, including identifying opportunities to draw attention to issues faced by and work undertaken with seldom-heard groups.

The scope of future influencing programmes will be determined by the outputs from our developing intelligence mechanisms. In setting our approach to any given programme, this will enable us to take full account of what we are hearing from local Healthwatch, what we and others have already done and what stakeholders would find most useful in terms of the content and format of the information we could provide to them.

We will identify priority contacts who are relevant to multiple programmes and handle relationships with them accordingly. These will be the contacts for whom we will prioritise meetings with the Interim Chair and Acting National Director and the chief executives forming the Five Year Forward View Board will remain at the core of our approach. In relation to contacts for individual programmes, we will also need to be clear who is best placed to handle each relationship or group of relationships.

The need to make best use of limited resources and to seize current opportunities implies that sometimes we will need to work through others. For example, we may ask 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 where the network's insight can make a unique contribution. In other cases, we may share our insight with one key organisation or network (which might include voluntary sector organisations) in order for them to move our messages through their own networks and channels without further substantial input from us.

We will need Committee members, Healthwatch England staff and local Healthwatch to be ambassadors for the approach and for the network's insight relating to each programme, when formally representing Healthwatch at meetings and events as well as when opportunities arise in the context of other discussions. To support this we will need to provide timely, succinct and shareable briefing materials on a regular basis. We will also maintain a rolling background briefing across the scope of our activities. This will be a more visible part of our support offer than has been the case until recently. The positive reception to our briefing on mental health, setting out how local Healthwatch had both identified challenges and informed solutions, provides a useful model. This approach will also be central to delivery of Objective 2.

We will report activity and outcomes in the delivery report to the Committee each quarter but also propose to bring a review of the initial phase of delivery to the Committee at its December 2016 workshop to inform future thinking.

The Committee is asked to:

- **APPROVE** the proposed strategic objectives
- **APPROVE** the proposed timeframe for review
- **COMMENT** upon the tactical approaches planned to implement the influencing strategy

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.

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.

AGENDA ITEM No: 7.1

AGENDA ITEM: Audit and Risk Sub Committee Chair's Report

PRESENTING: Michael Hughes

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meetings of Thursday 21 January 2016 and Thursday 21 April 2016.

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

Managing Risk and Annual Review of Risk

- The Audit and Risk Sub Committee has strategic oversight of the Healthwatch England strategic and operational risk register. Sub Committee Members undertake quarterly reviews of risk as well as an annual review of both strategic and operational risks. Committee Members undertook the annual review of risk in February 2016.
- The Committee met on 26 February to discuss the organisation's strategic and operational risks, as well as risks associated with the new business plan for 2016/17. At the end of the discussion 41 risks were identified, 24 of which were new risks.
- Based on the risks the following strategic themes were identified:
    - Capacity
    - Influence
    - Reputation
    - Support
    - Systems

The strategic themes and operational risks were then used to create a new risk register, which members of the Leadership Team were asked to revise. The Leadership Team were asked to consider the mitigation actions, risk ratings and risks to be closed or combined. 17 risks were either combined or closed and there are currently 33 live risks.

- Over both quarters, a number of key risks were discussed:
    - Sub Committee Members were assured that the Leadership are supporting the staff team through a series of staff meetings, HR drop-in sessions and a formal staff engagement group.
    - There continues to be a risk associated with local Healthwatch funding. The most significant funding reductions include areas where health and care budgets and services are under pressure. A concern is that in certain areas health and social care consumers could be left without a strong voice. Previous experience has shown that the most impact has been made when Healthwatch England has been able to speak to councils before a decision has been made and this method will be implemented where helpful.

- Risks pertaining to how information is shared about health and social care issues in a way that is useful and systematic to system partners. There is a further opportunity for Healthwatch England to optimise our impact on the system through information sharing.
- Sub Committee Members were updated on the changes to the formatting and assessment of risks within the risk register. Previously the 3 X 3 matrix had been used, after review staff found it to be inhibiting and did not reflect the risk elements of the risk register. The 5 X 5 matrix enables better understanding of organisational risk and to assess in more detail the impact of mitigations. It also enables Committee Members to closely monitor the management of risks over quarters and is in a similar format to CQCs.
- The staff team was asked to update both risk registers, with a named individual for each risk area rather than a team. Whilst the monitoring of the risk can be delegated, each risk should have an individual owner.
- It was recognised that to achieve successful outcomes for users of health and social care services requires a balancing act in terms of reputational risk and maintaining independence.

Managing Risk – Budget 2015/16

- Sub Committee Members were updated that the underspend for 2015/16 is expected to be about £700k which has been discussed with the Department of Health. There is likely to be a budget decrease; staff were encouraged to ensure that spend for the 2015/16 financial year is accurately reflected as work which will not be delivered in the financial year will not be accounted for in the 2016/17 budget. Sub Committee Members acknowledged that Healthwatch England budget reductions and local Healthwatch funding cuts will have an impact on the training and support available to local Healthwatch.

Governance arrangements

- Sub Committee Members discussed the governance arrangements of the Sub Committee and concluded that it would be helpful to continue to have a group of Healthwatch England Committee Members who review risk, provide oversight and bring collective memory. The Healthwatch England Committee's governance arrangements will be discussed at future Transition Board meetings.
- The Department of Health and the Care Quality Commission's framework agreement includes Healthwatch England which describes the roles and responsibilities, lines of accountability and governance arrangements. This is subject in a separate report agenda item 4.2.

In the 2016/17 financial year, the Audit and Risk Sub Committee will monitor the progress of actions against audit recommendations to ensure that the organisation is responding appropriately. The staff team will review the internal audit plan, consider results of audit reports and review the operational risk register.

AGENDA ITEM No: 7.2

AGENDA ITEM: Finance and General Purpose Sub Committee Chair's Report

PRESENTING: Deborah Fowler

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of key matters discussed at the Finance and General Purpose Sub Committee meetings of Thursday 28 January and Wednesday 27 April 2016.

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

To be shared separately

AGENDA ITEM No: 7.3

AGENDA ITEM: People and Values Sub Committee Chair's Report

PRESENTING: Pam Bradbury

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous People and Values Sub Committee meeting of Tuesday 12 April 2016.

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

The purpose of the People and Values Sub Committee is to have oversight and to provide assurance for the wider Committee on the recruitment, retention and succession of senior staff members; the organisational policy in relation to HR matters; as well as having oversight of how the organisational culture and values are embedded and implemented within the organisation.

Sub Committee Members were updated that a number of staff on Fixed Term Contracts departed at the end of March 2016 due to the end of their contracts. There has been reflection that the remaining staff remain supportive and pragmatic in their approach to ongoing changes. It was recognised that as the pay budget has moved from £2.8m to 1.8m for 2016/17, the staff team size will reflect this budgetary decrease.

Sub Committee Members asked of the biggest risks facing the organisation in terms of resourcing and capacity. It was reported that the Quality and Evidence team are currently recruiting for analysts due to recent departures and that the recruitment for an Interim Head of Operations was due to commence in mid-April. Sub Committee Members were assured that the capacity needed by the organisation to deliver is reflected in the business plan.

It was updated that as the first staff survey in 2014 was a detailed process which necessitated a comprehensive response. Due to the changes within the organisation in late 2015, early 2016, the approach this year was to conduct an appreciative inquiry where staff discussed the current strengths of the organisation as well as areas for development. This took place in March 2016. The aim is for staff to take part in a staff survey when next scheduled by the CQC (estimated August 2016), this will save on costs, and the survey will clearly reflect the needs and ambitions of Healthwatch England. Sub Committee Members suggested that the length of time that someone has worked within the organisation should be clearly stated in the survey to aid analysis.

Following a review of exit interviews conducted in 2015/16, it was agreed that the action plan should be shared with staff after discussions with the staff engagement group.

There was detailed discussion on the objectives and personal development review (PDR) process. It was reinforced that all staff objectives should be SMART (Specific. Measurable, Achievable, Realistic, Time-based). Staff will have a number of business plan linked

objectives; behavioural objectives; values based objectives as well as a compliance objective. The compliance objective will be pre-populated for all staff within their PDR form. It was suggested that in future where possible 360 feedback would be useful for staff which would enable the staff to develop their behavioural and personal objectives. It was also suggested that the quality statements would be helpful to be reflected in staff objectives, to create a link within the network. Staff appraisals are expected to be completed at the end of April 2016. Annual Committee Members' appraisals will take place in May 2016 as usual.

Sub Committee Members were updated that monthly staff meetings have been scheduled, where updates on delivery of the business plan as well as other operational matters will be discussed. It was encouraged the key dates of HR discussions needs to be scheduled alongside leadership team meetings to ensure that actions are being delivered with assurances presented at subsequent People and Values Sub Committee Meetings. In addition it was suggested that that a guide including staff photos and staff information for Committee Members and the network would be helpful.

The agenda for the July meeting was agreed, and it was suggested that the following items will be discussed as well as any other items which are pertinent at the time:

- 2016 staff survey - this will be discussed if the staff survey has been completed and the results analysed.
- Succession planning/talent management - there should be a quarterly review of the succession plan/talent management to ensure that movements within the staff team are adequately planned for and supported.
- HR issues – as and when these present themselves to share with Sub Committee Members.

AGENDA ITEM No: 7.4

AGENDA ITEM: Committee Members Update

PRESENTING: Committee Members

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report aims to highlight Committee Members' contributions since the last Committee Meeting in February 2016. 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.

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

Service Change Conference

John Carvel, Michael Hughes and Deborah Fowler took part in the conference on the value of engaging people in service change in Birmingham on March 7th. It showcased examples of how local Healthwatch can help to inform and improve system change in the NHS and social care without sacrificing independence. This focused on local Healthwatch involvement in major structural changes to health and social services in local areas. The Committee is committed to further work being undertaken to support local Healthwatch in this key area and found the conference well-organised and interesting, with some inspiring examples of effective engagement work.

Influencing Strategy

Committee Members have been involved in the planning of our strategic positioning, which has been considered in relation to our Business Plan, our communications messages and our stakeholder relationships – to fit the new context in which we are working. Andrew Barnett, Liz Sayce, John Carvel and Jenny Baker have supported the development of Healthwatch England's influencing strategy. Healthwatch England continues to benefit from Committee Members - the other contexts they have worked in, identifying tone (e.g. how to work with decision makers in other organisations to bring consumer voices to bear, linking to their agendas). Committee Members continue to communicate Healthwatch England messages, including about changes taking place, to a range of stakeholders, in line with agreed communications.

The use of data

John Carvel contributed to Dame Fiona Caldicott's review of data security standards in health and social care and her work on a new model for people to consent/opt-out on use of their data, which is due to be published in the summer. The review received valuable contributions from local Healthwatch about people's views and experiences.

John Carvel attended a conference organised by the Information Commissioner's Office on citizen's views on record sharing, held in Stockport on March 10th.

Michael Hughes contributed his comments to the Healthwatch reply to the government's consultation on Better Data Uses in Government which looked at how to enable information sharing between public authorities to improve the lives of citizens and support decisions on the economy and society as well as contributing his comments to the National Data Guardian Evidence Gathering Session.

Healthwatch 2016

Committee Members have been involved in the review of awards as part of preparation for Healthwatch 2016. Committee Members have worked with the staff team to plan for 'Healthwatch 2016', in particular the individual sessions, Business hub drop-in events as well as reviewing awards. Our 'people-driven care' conference will look at our past, present and future work and have a number of interactive workshops building on our work on GP appointments and urgent care, home care and dental services.

Care Quality Commission (CQC)

Deborah Fowler attended one of a series of periodic CQC events that seeks input from local Healthwatch on the CQC's information and engagement work. Deborah found the event interesting and thought that the CQC probably gained some useful insights into its dealings with local Healthwatch and with the public. At this meeting, there was a table discussion on how CQC raises awareness amongst the general public and how Healthwatch England and CQC are planning how to improve the relationship with the Healthwatch network in the coming year.

Department of Health Arm's Length Bodies Chairs and Non-Executive Directors events

Committee Members took part in a seminar on "the 7-day NHS", held at the Department of Health on March 16th as part of its programme of discussions for chairs and non-execs of Arm's Length Bodies.

Regional Committee Members meeting

Regional Committee Members met during the quarter for their regular update, discussing the emerging themes from local Healthwatch contracts and retendering process as well as the Regional Committee Member role and the relationship with operational staff.

Regional Network meetings and events

Helen Horne attended the Healthwatch Newcastle Conference, and reflected that the key note speaker, Alison Cameron was inspirational, giving an exhilarating talk, based on her own experience, about 'People Driven Care'. She talked about equal and reciprocal relationships, patients as partners. She urged for fewer of the angry brigade, those with an axe to grind, and more volunteers with confidence, capability and constructive ideas. It was all about leadership. She talked of the need to build bridges not dams. The main workshops of the conference focussed on work around dental services for young people, GP services and home care for the elderly, including end of life care.

Deborah Fowler attended the London Network meeting of local Healthwatch. Discussions included devolution, the severe funding issues affecting not just local Healthwatch in London but also many health and social care systems, and the changes at Healthwatch England. Healthwatch in London also told NHS England representatives how the tight deadlines imposed on local Clinical Commissioning Groups often made genuine engagement in initiatives such as Sustainability and Transformation Plans almost impossible. A General Medical Council representative talked to the network about seeking greater engagement with local Healthwatch, including possible involvement in training events. Relatedly, Pam Bradbury attended a private session hosted by the General Medical Council to discuss the revalidation and education of medical practitioners, where she raised awareness of Healthwatch England and local Healthwatch and also challenged the General Medical Council to consider co-designing their work programmes to include the public and patients.

Jenny Baker represented the Committee at two recent southern region network meetings in Crawley (South East) and Plymouth and Bristol (South West). Through oversight of network minutes and regular conversations with Olly Grice, Development Officer she has also kept abreast of key developments and issues shared at the meetings of the other three regional networks. Common themes have been the challenges of keeping pace and engaging with the fast moving world of Sustainability and Transformation Plans and reports of contract variances in 2016/17 with growing concerns of greater cuts on the cards for 2017/18. Resulting staff turnover is frustrating many Healthwatch at a time they feel well poised for achieving greater impact and service change. Jenny reflected on the positive move demonstrated by CQC Engagement Leads and teams and other system players such as the General Medical Council and NICE, for targeting Healthwatch network meetings as a 'must - go - to' opportunity for exploring local collaboration and resources.

Local Healthwatch support advisory group

Healthwatch England Committee Members are also supporting the local Healthwatch support advisory group, which provides an opportunity to review joint working, to understand what has worked well and use this insight to inform future working. Andrew Barnett facilitated the March meeting and Helen Horne is confirmed to attend the May meeting.

External events – General Medical Council meeting

Pam Bradbury was part of the panel of judges for the NHS Leadership Recognition Awards which aims to increase people's confidence to bring about change by acting on their beliefs to influence and improve services and attended at the national award ceremony in London. During this process, Pam raised awareness of the importance of developing and delivering patient centred care, in addition to raising the national profile of Healthwatch England and local Healthwatch amongst NHS leaders.

Audit and Risk Sub Committee

Michael Hughes attended the Care Quality Commission's (CQCs) Audit and Corporate Governance Committee as the Chair of the Audit and Risk Sub Committee, highlighting Healthwatch England's bi-annual report to the Audit and Corporate Governance Committee.

As part of the modifications to Healthwatch England's governance arrangements, Committee Members have been involved in discussions as to how the Sub Committees should evolve. It has been decided to continue with Sub Committees for the foreseeable future, given that continuing independence results in a continuing need to monitor and scrutinise internal arrangements. It has been noted that Sub Committees are already benefiting from a closer working relationship with relevant CQC staff, which is improving the flow of information from CQC-based systems.

Finance and General Purpose Sub Committee Meeting

Deborah Fowler, Andrew Barnet and Liz Sayce have sought to support the staff team in their good work on enhancing our financial information, taking decisions about year-end and the new budget and supporting liaison with CQC. They are exploring whether it would be possible to secure financial information based more on a cost centre approach.

People and Values Sub Committee Meeting

Pam Bradbury chaired the April Peoples and Value Sub Committee Meeting to helping to assure the Committee that there are HR policies and procedures in place and being adhered to in order to secure the most effective and efficient workforce.

Sub Committee Members were assured that an appraisal programme for all employees will be in place with accurate record keeping of annual appraisal and PDPs.

Quality statements

Michael Hughes attended Introduction to Quality Statements meeting in Manchester and found the event to be valuable, but highlighted that some of the performance element of the Quality Statements has been lost.

National Institute for Health Research (NIHR)

Michael Hughes attended the Advisory Board to the National Institute for Health Research, during which there was discussion on the Dementia Challenge, the Independent Mental Health Taskforce as well as the NHS Diabetes Prevention. The NIHR has a new Chairperson, and who is keen on some root and branch re-assessment of the role of the NIHR: which Healthwatch England will be involved with.

NHS Equality and Diversity Council

At the January Equality and Diversity Council meeting, Liz Sayce on behalf of Healthwatch England was part of discussions about the NHS Learning Disability Employment programme as well as an update summary report from the Equality and Human Rights Commission *'Is Britain Fairer?'*

External Organisations

During this period Liz Sayce has had a number of meetings in her role as Chief Executive of Disability Rights where it has been possible to raise Healthwatch issues – for instance, meeting with the CEOs of the major disability charities as well as with NESTA regarding the power of inclusive technology, she was a judge for their prize on this. Through such meetings she is able to re-inforce Healthwatch England messages.