

**Healthwatch England 13 November 2019
Meeting #29 Committee Meeting held in Public**

Location: Birmingham (Boardroom, Walsall Trust, Moat Rd, Walsall WS2 9PS) - 11am - 2:05pm

Timing	Public Committee Meeting - Agenda item	Presenter	Action
11.00	1.2 Welcome and apologies	Chair - RF	
11.02	1.3 Declarations of interests	Chair - RF	
11.04	1.4 Minutes of meeting held in September, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
11.15	1.5 Chair's Report	Chair - RF	VERBAL
11.25	1.6 National Director's Report	IR	For NOTING
11.40	1.7 Intelligence and Policy Report for Q2	IR	For DISCUSSION
11.50	1.8 Committee Members Update	ALL	VERBAL
12.00	Coffee break		
12.20	1.9 Walsall Together Board Presentation	Walsall Together Board	For DISCUSSION
12.50	2.0 Q2 2019 Delivery and Performance Report	IR	For NOTING
13.10	2.1 Audit, Finance and Risk Sub Committee Meeting Minutes	DO	For NOTING
13:30	2.2 Purpose and location of March 2020 Committee Meetings	Chair - RF	For DISCUSSION
13:40	2.3 Forward Plan	IR	For DISCUSSION
13:45	Questions from the public		
14:00	AOB followed by a light lunch		
	Date of Next Meeting 11 th March 2020 in Liverpool - venue to be confirmed		

Agenda item 1.4 - Healthwatch England Committee Meeting Held in PUBLIC - Newcastle

Centre for Life, Times Square, Newcastle Scotswood Road,
Newcastle-Upon-Tyne NE1 4EP

Minutes of Meeting No. 28 - 4th September 2019

Attendees

- Sir Robert Francis - Chair
- Andrew McCulloch - Committee Member (AM)
- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)
- Helen Horne - Committee Member and Chair of Healthwatch Cumbria (HH)
- Lee Adams - Committee Member (LA)
- Andrew Barnett - Committee Member (AB)

Apologies

- Phil Huggon - Vice Chair and Committee Member (PH)
- Liz Sayce - Committee Member (LS)
- Amy Kroviak - Committee Member (RR)
- Helen Parker - Committee Member (HP)

In Attendance

- Imelda Redmond - National Director (IR)
- Gavin Macgregor - Head of Network Development (GM)
- Jacob Lant - Head of Policy and Public Affairs (JL)
- Leanne Crabb - Committee Secretary (minute taker) (LC)

Presentation:

- Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p>Agenda Item 1.1 - NHS Long Term Plan Presentation</p> <p>Gavin Macgregor, Healthwatch England, gave an overview of the NHS Long Term Plan engagement done by local Healthwatch.</p> <p>Michelle Thompson, Chief Executive Officer of Healthwatch Darlington, told the Committee how she co-ordinated the engagement in the north east region. She described how local Healthwatch picked topics that were both relevant to the Long Term Plan and could also be used to shape their local activities. Following this work, Michelle received 14 separate reports from local Healthwatch, which were compiled into localised and regional reports. She commended the work of all the involved Healthwatch and went on to discuss the opportunities arising as a direct result of the Long Term Plan engagement work in the north east.</p>	

	<p>The Committee congratulated Michelle and all 14 local Healthwatch on the success of the project and her part in co-ordinating the work, plus all the local Healthwatch who supported the work.</p>	
1.2	<p>Agenda Item 1.2 - Welcome and Apologies</p> <p>The Chair welcomed everyone to the meeting and thanked MT for her presentation. Apologies received from Phil Huggon, Liz Sayce, Amy Kroviak and Helen Parker</p>	
1.3	<p>Agenda Item 1.3 - Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.4	<p>Agenda Item 1.4 - Minutes from May 2019 Committee Meeting</p> <p>The Committee APPROVED the minute</p> <p>Matters Arising</p> <p>IR advised there would be a meeting between a couple of Committee members and a local Healthwatch to plan October's workshop on Equality and Diversity.</p> <p><u>ACTION</u></p> <ul style="list-style-type: none"> • LC to invite Lee Adams, Liz Sayce and Healthwatch Surrey representatives to a planning meeting before the Committee workshop on Equality and Diversity on 9 October 2019 	LC
1.5	<p>Agenda Item 1.5 - Chair's Report</p> <p>The Chair advised the Committee of some of his recent work on behalf of Healthwatch. He met with Sir Bernard Jenkins, Chair of the Public Administration and Constitutional Affairs Committee, to discuss complaints and investigations of accidents. He attended a meeting at the Department of Health and Social Care to talk about the greater need to involve the public in decisions relating to services. The Chair went to the East of England Healthwatch Conference which highlighted that there is a lot of good practice taking place. He also met with staff from Healthwatch Bedfordshire who talked about the great work they are doing with young people.</p> <p>The Committee NOTED the report.</p>	
1.6	<p>Agenda Item 1.6 - National Director's Report</p> <p>IR introduced the report and highlighted key points.</p> <p>Healthwatch is getting national recognition with our work on the NHS Long Term Plan which will be presented at the NHS Expo and the NHS Assembly.</p> <p>NHS accountability - Healthwatch was recognised for our role within the sector and the 85,000 pieces of information we gave the NHS.</p> <p>Social care green paper - we continue to advise and work with colleagues to make this a higher priority.</p> <p>Our Quality Framework for the network has been piloted with positive feedback.</p> <p>Conference planning for October is nearly complete.</p> <p>The Committee NOTED the report.</p>	
1.7	<p>Agenda Item 1.7 - Committee Members Update</p> <p>HH advised the Committee that Healthwatch Cumbria is now ready to present their work on the NHS Long Term Plan at their System Leadership meeting. They presented</p>	

	The Committee NOTED the report.	
2.1	<p>Agenda Item 2.1 - Healthwatch Staff and Volunteers - Their Future Learning and Development Needs</p> <p>GM presented to the Committee the support offer to local Healthwatch. This follows a survey with staff, volunteers and Board members who were asked what support would be of value to them.</p> <p>The Committee suggested work is done ensuring the contact list for staff and Board members is up to date to ensure full views are captured.</p> <p>ACTIONS</p> <ul style="list-style-type: none"> • IR to discuss with Leadership Team how best to keep staff and Board members' contact details up to date 	IR
2.2	<p>Agenda Item 2.2 - Intelligence Report for Q1</p> <p>The Chair commented that he liked the new format of the report. IR responded that there is a big focus in the report on treating people as individuals. The Committee agreed it was an excellent report and should be widely distributed to MPs and Councillors. IR responded the distribution list would be checked and a report brought to the November meeting,</p> <p><u>ACTIONS</u></p> <p>IR to check distribution list of the Intelligence report to ensure it is reaching a wide audience and bring report regarding the distribution list to the November meeting</p>	IR
2.3	<p>Agenda Item 2.3 - Purpose and Location of November 2019 Committee Meetings</p> <p>The Committee approved of the current plans for the November meeting</p>	
2.4	<p>Agenda Item 2.4 - Forward Plan</p> <p>There were no additions for the Forward Plan</p>	
	<p>Comments from the public</p> <p>The Committee were asked what the Healthwatch role is regarding Brexit planning. IR responded that it is our role to gather concerns the public bring to us and ensure they are passed on to the appropriate organisations. She added that Healthwatch has been working with the Department of Health and Social Care on communication plans.</p>	
	The Chair closed the meeting.	
	The next meeting is 13 th November, Birmingham	

14th MAY 2019 PUBLIC MEETING ACTION LOG

Item	Action for	Description	Comment	Deadline	Status
1	Leanne Crabb	To invite Lee Adams, Liz Sayce and Healthwatch Surrey representatives to a planning meeting before the Committee workshop on Equality and Diversity on 9 October 2019	Planning meeting and workshop completed	Sept 2019	Completed
2	Leanne Crabb	To remove NESTA involvement from KPI 13	Removed	Sept 2019	Completed
3	Leanne Crabb	To share mitigation of risk SR13 (Activities created on CRM can be easily assigned in error to an outside contact by a member of staff. This could create a reputational risk or breach of information security) with the Committee	Risk Register updated and to AFRSC 24 th October including mitigations and included in AFRSC minutes (agenda item 1.9) at November Committee meeting	Nov 2019	Completed
4	Imelda Redmond	To bring proposal of how risk SR13 will be framed to November meeting	Risk Register updated presented to AFRSC 24 th October and included in AFRSC minutes (agenda item 1.9) at November Committee meeting	Nov 2019	Completed
5	Imelda Redmond	IR to bring comments on the way local Healthwatch deal with people being treated far from home to next meeting	Being discussed in November private meeting	Nov 2019	In progress
6	Imelda Redmond	To discuss with Leadership Team how best to keep staff and Board members' contact details up to date	Discussed at October Leadership Team and being looked at by Comms Team	March 2020	In progress
7	Ben Knox	To check distribution list of Intelligence report to ensure it is reaching a wide audience and bring report regarding the distribution list to the November meeting	Update included in item 1.7 on November Committee meeting agenda	Nov 2019	Completed

AGENDA ITEM: 1.6

AGENDA ITEM: National Director's report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in September.

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Since we last met in July a lot has happened both at Healthwatch and in the country. A general Election has been called for 12th December 2019 and so from the 6th November we are now in the period called 'Purdah'. During this time Healthwatch England will be subject to the guidance issued by the Cabinet Office which applies to all Government departments and arm's length bodies. During this time, we will continue with our day-to-day business however, in line with Cabinet Office guidance, we will be reducing our public-facing activities and carefully considering how the work we carry out may be perceived. We issued detailed guidance to the Healthwatch Network on 31st October. You can view the [Guidance here](#).

Since the last meeting the engagement work with the public on the NHS Long Term Plan has finished. Healthwatch right across the country did an amazing job. During the engagement period they held over 500 events, attended another 1000 events and helped over 30,000 people complete surveys. The result of their work is captured in reports from all 44 Strategic Transformations Partnerships and Integrated Care Systems, these are all published on our website and you can find them [HERE](#).

Set out below are some of the activities we have undertaken in the last nine weeks

1. Key Healthwatch Activity:

1.1 Maternal mental health report

We launched the maternal mental health report, [Mental Health and the Journey to Parenthood](#) at the start of September with the support of the Maternal Mental Health Alliance. Over 210 local Healthwatch and partner organisations helped to promote the findings - including NCT, MumsNet, NICE and the Institute of Health Visitors.

To promote the need for professionals to make more space to talk about mental health during the journey to parenthood, we undertook a range of activities, including promoting the experiences of 12 women and their partners through blog and video content and encouraging intermediaries to share our findings.

To date our report content has been viewed over 20k times and the report has been downloaded over 650 times. The findings were also shared at a Conservative Party Conference event hosted by the Royal College of Midwives. Website visitors during the first week of the campaign was 25% higher, when compared with the number of visitors we would expect to see during the first week after an average report launch.

We are planning further promotion of our maternal mental health findings with a focus on baby loss and experiences of partners. We are also planning policy meetings to progress our key asks with key stakeholders.

1.2 Young People and Mental Health

We are continuing our focus on mental health support and the next phase we will look at young people and mental health. In December or January, we will be publishing the findings of our first phase of research looking at what young people want from mental health support. We had originally planned to publish this in November, but we will now publish after the General Election. The Steering Committee for this piece of work are still scoping out the focus and theme of the next stage of this work.

1.3 Patient transport update

At Healthwatch Conference in October, Chief Executive of NHS England Simon Stevens announced a national review of the links between the NHS and local transport. This announcement was in response to the work Healthwatch did on the Long Term Plan, which highlighted transport to and from appointments as a key area which was not addressed under NHS England's existing plans.

To call for the review we partnered with Age UK and Kidney Care UK, bringing together over 45,000 people views and experiences of the NHS.

One of the key issues we identified was the lack of data captured about non-emergency patient transport services (NEPTS). The data we were able to gather suggests the numbers getting help with transport from the NHS have fallen sharply over the last four years.

In May 2019, Healthwatch wrote to all 191 Clinical Commissioning Groups who are responsible for purchasing NEPTS under the Freedom of Information Act (FOI) and asked them for data on how many people were using the service and how many people had been refused help between 2015/16 and 2018/19.

In total 107 of the 191 CCGs in England responded (56%). Roughly half of these were unable to provide any of the information we asked for, mostly stating that they do not collect it. However, 61 did provide either all or some of the information we requested.

Even though only a limited number of CCGs were able to respond, the data they provided did suggest some concerning trends which we believe require the NHS to investigate further.

- Between 2015/16 and 2018/19 the number of journeys completed by NEPTS across the 61 CCG areas fell by 42%.
- For the 18 CCGs that recorded the number of times people were denied access to the NEPTS we found that refusal rates rose by 182%.
- In real terms that means the number of times people were away increased from 13,025 in 2015/16 to 36,719 times in 2018/19.
- None of the CCGs who responded recorded any data relating to appeals or the outcome.

Since announcing the review NHS England have confirmed that it will be a year-long process and will involve representatives from commissioners, providers and the voluntary sector. Healthwatch England, Age UK and Kidney Care UK have all been invited on the steering group for the review. We will over the next quarter scope how we can support the review, including identifying opportunities for the network to get involved.

1.4 Long Term Plan Programme Update

We can now confirm that all 44 local Healthwatch have uploaded their research reports, one per STP/ICS area. You can access the reports via the [Healthwatch Reports Library](#).

Last time we reported that the headline themes emerging from the work were:

- **Access to primary care** - including people struggling to get appointments and a growing desire for the NHS to facilitate more direct access to a wider range of appropriate healthcare professionals. There is a strong sense from the feedback that the best way to demonstrate the Long Term Plan is improving the quality of care is by fixing some of the ‘front door’ access issues in primary care.
- **Technology** - needs to be embraced by the NHS but people have also urged caution, stressing that services need to avoid making assumptions about who will use different forms of technology. They consistently raise the need to ensure technological solutions are designed to address real world problems and are properly user tested before being rolled out.
- **Communication and language** - in terms of their individual care, people want the NHS as a whole, and individual staff, to focus on improving communication ensuring it is timely and in plain English. They also want staff to make time to listen to them. More broadly they want NHS to avoid using words such as ‘crisis’ and jargon such as ‘social prescribing’.
- **Prevention** - people place significant emphasis on the importance of prevention, both for their own health and the sustainability of the NHS. They want services to do more to proactively help them stay well, suggesting everything from annual health checks for everyone to early assessment and intensive early support for those who are at risk of particular health problems such as diabetes.
- **Mental health** - people’s feedback recognises the need for urgent investment and improvement in mental health services, with a strong emphasis on the NHS communicating how services are actually changing, not just on delivering care better.

- **Transport** - people are accepting that health services (in particular diagnostics) might be delivered further from home, but they definitely want all their recovery, recuperation and ongoing healthcare support local (close to home with continuity of care). Where they do have to travel they want services to consider roads, parking, patients transport services, public transport etc.

We shared these themes at the NHS Expo conference in September. This session took place on the NHS Assembly stage and was attended by over 100 NHS managers and leaders from across the country. It was supported by 10 local Healthwatch staff who helped to lead the table discussions and showcase the expertise of the Healthwatch network in engaging with communities.

We are now digging deeper in to the evidence gathered by the network including the 3,632 people who took part in our research who self-declared as having a disability, and the 6,668 who declared as having a long-term condition (2,351 had more than one long term condition).

Once completed we will be developing an end of programme report and will be looking to share this with key stakeholders across the sector. We will also be analysing the 44 local implementation plans as they are published in November and looking for where the insights gathered by Healthwatch have influenced the NHS's thinking.

One thing we can already report is the positive impact the programme appears to have had on local Healthwatch relationships with their STPs/ICSs. This year's data return results show a total of 50 local Healthwatch now report having a seat at governance level in their STP/ICS, with 83 reporting that they are involved in one of the workstreams. We are also hearing of an increasing number of local Healthwatch now being commissioned by their STP/ICS to do further engagement work. This piece of work has also led to a significant number of local Healthwatch being commissioned to carry out further engagement work with the public.

The headline data we have captured is also being shared as part of resource packs for each local health and care systems in England which we have produced in conjunction with the [Health and Wellbeing Alliance](#). The resource packs bring together a range of information and data to build a shared understanding about local populations and the communities in which they live, the wider local context affecting health and wellbeing, and specific aspects related to the delivery of local health and care services. This includes existing information from national sources, along with other data about the voluntary sector, local people's views, and wider social factors affecting health and wellbeing that is perhaps less well known.

1.5 Clinical Review of Standards

NHS England have now completed the second phase of field testing for the proposed new standards for urgent and emergency care. The decision has been taken to continue testing across the 14 sites, enabling NHS England to continue capturing data whilst they progress plans to go out to wider consultation. At time of drafting this report we expect a public

consultation to go live in January, and if the decision is made to go ahead then all hospital trusts will be expected to start putting the new measures in place in Q1 2020/21 for full operation from Q2.

To support the urgent and emergency care element of the review, NHS England have granted funded Healthwatch England £40,000 to carry out research in to patient experience across six of the test sites:

- West Suffolk (Healthwatch Suffolk)
- Cambridge University Hospitals (Healthwatch Cambridgeshire)
- Imperial Hospital (Healthwatch Central West London)
- Mid Yorkshire Hospitals (Healthwatch Wakefield)
- Poole Hospital (Healthwatch Dorset)
- Portsmouth Hospital (Healthwatch Portsmouth)

This work will include each Healthwatch making six visits to each of the hospitals at various different times and days across September and October. Each Healthwatch will be conducting 50 patient interviews using a standardised structured interview template, speaking with both patients discharged from A&E and those admitted to wards for further treatment. This will enable Healthwatch volunteers to capture both qualitative feedback and quantitative scores from 300 patients experiencing care under the new performance measures. To provide a baseline for the feedback, each Healthwatch will also be given access to the qualitative feedback from the Friends and Family Test gathered from the three months immediately prior to the testing starting.

As well as supporting the field research, Healthwatch England has been carrying out national polling to test broader public attitudes towards the proposed new targets. This shows that at the moment despite intense media focus on the 4 hour target, public awareness of existing targets is relatively low. The research also suggests that people would find average waiting times are easier to understand and more helpful in setting expectations about care than the current system which reports the percentage of patients seen within a set timeframe. Ultimately, the findings support Healthwatch's [previous research](#) which shows that other factors surround people's care are often more important in shaping that experience than time alone. The full findings of the polling are due to be published at the end of October to coincide with NHS England's programme update.

Healthwatch England will be producing a summary report of the survey findings and the field work in November for NHS England and will be making this publicly available in due course.

In terms of the wider Clinical Review of Standards Programme we are still exploring with NHS England how we help support development and testing of the new proposed targets on 18 week Referral to Treatment for elective procedures and for cancer and will update the committee in due course.

1.6 Parliamentary Engagement

- **Mayor of London's 6 Tests** - Early this year Dr Tom Coffey Mayoral Health Advisor presented at our Committee meeting and following this meeting he invited us to help shape the framework of the '[Mayor of London's 6 Tests](#)'. The sixth test is 'Patient and Public Engagement' which we naturally have an interest in. These are 6 tests which must all be met in order to gain the Mayor of London's support for any major health and care transformation or service reconfiguration proposals in London. The Mayor of London will not support any major health and care transformation or service reconfiguration proposals in London without evidence that:
 - o LHW have influenced the proposals before they are published for public consultation;
 - o LHW are involved in advising on the planning of consultation (i.e. how to consult to ensure that everyone, including seldom heard etc. are all represented and get a say);
 - o The proposals demonstrate that they're in line with LHW recommendations (i.e. demonstrating that credible, widespread, ongoing, iterative patient and public engagement).

This should go some way in helping to increase awareness of Healthwatch and also underlies Healthwatch as THE authority when it comes to patient/public engagement in health and social care. Once this is done and finalised, we're planning on taking this model to other areas with Mayors (like Manchester) to try and convince them to emulate something similar in their localities.

- **1.7 Parliamentary Debate on Healthwatch Report on Hypermobility Syndromes**

On 7th October, there was a debate in Parliament tabled by Craig Whittaker MP dedicated to Healthwatch Calderdale's report on '[Hypermobility Syndromes across Yorkshire and the Humber](#)'. Both Craig Whittaker MP and the Minister responding, Jo Churchill MP said they "*commend the work of local Healthwatches in championing the patient voice and in doing all that they do*". (You can watch the video of the full debate [here](#) or just read the transcript of the debate [here](#)). This has resulted in a distinct increase in traction around the report with many other LHW across the country now hearing more about hypermobility syndromes.

- **1.8 Health and Social Care Select Committee's 'Dentistry Services' Inquiry**

In September, Healthwatch England (and 9 LHW) submitted written evidence to the Health and Social Care Select Committee's (HSCSC) inquiry on NHS Dentistry. This follows a roundtable event held before the summer. Healthwatch was invited to this Parliamentary event in order to help shape the select committee's thinking about lines of inquiry as well as topics for future inquiries.

This is also demonstrated by the HSCSC saying that they would "*find value in speaking with people affected by current dental structures, both patients and dentists/dental nurses, who could provide examples of the real-world impact current practices are having*". We are currently in the process of arranging for the HSCSC to visit local

Healthwatch in areas where dentistry is a key issue and/or organising a local Healthwatch roundtable event for the MPs to attend.

The [written evidence submission](https://www.healthwatch.co.uk/news/2016-11-24/three-improvements-people-want-see-made-nhs-dentistry) included a summary of what we have found over the last three years since our 2016 report on dentistry - <https://www.healthwatch.co.uk/news/2016-11-24/three-improvements-people-want-see-made-nhs-dentistry>

To support the Committee, we also took a specific look at the issue of the information available to help people find a dentist. We did this by reviewing July 2019 data from NHS.UK (which replaced NHS Choices) which we know is a primary information source for people.

The table below shows the number and percentage of dental surgeries advertising that they are taking on new NHS patients, broken down by region. In reality we know that some dentists will be taking on new patients and have not updated their records on NHS.UK, so it is important not to read this as a measure of how many dentists are able to take on new patients. However, the rates do illustrate how frustrating it can be for people trying to find a new dentist.

N.B: The table below compares all the dental surgeries registered by CQC with those that have updated information on NHS Choices.

	Total number of surgeries 2019	Number taking on new Adult NHS patients in 2019	% taking on patients in 2019
South West	1079	83	7.7%
Yorkshire	936	88	9.4%
East Midlands	755	131	17.4%
North East	450	162	36%
North West	1351	172	12.7%
East of England	1120	210	18.8%
South East	2021	222	11%
West Midlands	997	283	28.4%
London	2105	299	14.2%

1.9 Complaints

Following the [Social Care Complaints report](#) we published in August as part of Quality Matters initiative, we have carried out a similar exercise looking at the learning from NHS complaints.

This research has been compiled into a report and is scheduled to be published post purdah and it is currently going through final checks with key stakeholders.

Essentially it finds a very similar picture to the one we found in social care, it is very difficult to find evidence of any learning from complaints by looking at local hospital trusts' statutory complaints reports. Whilst this does not mean that learning isn't happening, what it does mean is that it is hard for local people to see how speaking up is making a difference. We know from previous research that one of the best ways of encouraging people to come forward is if they can see other people's complaints leading to improvement.

We intend to carry out a final exercise on this topic looking at the statutory reports produced by CCGs. Combined with the hospital and council complaints work, this will create an evidence base to inform the Department of Health and Social Care's forthcoming complaints strategy and encourage officials and Ministers to focus on fixing this 'learning from complaints' element of the process.

We are also using the findings of this work to support the Parliamentary and Health Services Ombudsman work on a cross-sector Complaints Standards Framework (due to be published in March) and to build a case for the Ombudsman to take a broader role in reporting on and setting expectations around the sector demonstrating what it has learnt from complaints.

2. Partnership / Stakeholder Engagement Update

In addition to the work I have already mentioned on maternal mental health, patient transport and complaints, there are more areas of partnership or joint working with stakeholders that we wanted to bring to the committee's attention.

2.1. The Friends and Family Test

Last time we updated on how we had been supporting NHS England on a review of the Friends and Family Test. This resulted in NHS England changing the question asked from whether or not people would "recommend" the service, to a system where people will be asked "Overall, how was your experience of our service?" These changes will come in to force from April 2020.

Since this announcement we continue discussions with NHS England about how the NHS can make better use of the huge volume of qualitative comments gathered through the FFT. NHS England are currently working Imperial College Healthcare Trust to explore

how algorithms can be used to process the feedback and turn it into something meaningful to support quality improvement. We have been asked to join the advisory group for the programme and will use this as an opportunity to both promote the benefits of the NHS making best possible use of qualitative feedback and help support learning for our own intelligence processes.

a. The impact of poor administration on patient experience

In September the King's Fund [announced](#) a new research project looking at poor administrative practices in the NHS and the impact these have on people using services. We have supported them during the initial scoping first and are currently in discussion with them about drawing up an expression of interest form for local Healthwatch to get involved and carry out some field research to support the study. This programme will ensure people's voices are used to create a strong and authentic evidence base for the King's Fund to make recommendations to the sector.

b. Understanding views of hard to reach groups on the NHS' use of data

Healthwatch continues to work with bodies to help inform national policy thinking on the use of patient data, including [supporting development of the 'opt-out' introduced last year](#). We are currently part of a group of stakeholder organisations supporting Understanding Patient Data to conduct research into the public's views on use of NHS data by third party organisations, including commercial organisations and academic institutions.

In terms of our own next steps on this topic, engagement with NHSX, NHS Digital, NHS England, King's Fund, Health Foundation, the Good Things Foundation and the National Data Guardian suggests there is a real gap in the current evidence base on the views of seldom heard communities on the issue of data and technology. This is a gap which Healthwatch is well positioned to fill and we are currently scoping the research working which will be carried out through a mix of working with an external agency and local Healthwatch.

c. Review into Access of Primary Care Services

We continue to work with NHSE supporting them in carrying out a review of Access to Primary care. The initial report with findings and early recommendations was supposed to have been published in November but now will be published post purdah. This is a good piece of work to be engaged with as access to primary care remains the main issue that we hear from the public about.

d. Cross system guidance

Healthwatch England is working with partners to support the development of system-wide guidance on working with people and communities. Led by NHS England / Improvement, the partnership also includes the Care Quality Commission, the Department of Health and Social Care, the Independent Reconfiguration Panel, the Local Government Association, National Voices, NHS

Clinical Commissioners, NHS Providers, Public Health England and CCGs and voluntary and community sector organisations.

Working together, the organisations are developing a single, authoritative guide which outlines the legal obligations upon the health and care system to involve the public, and includes, or signposts to, practical templates and tools to ensure they are met. The guidance will address any gaps in current provision of guidance for providers of NHS and social care services and make clear the differences and similarities between individual organisations' duties, and how they can collaborate to work effectively in partnership with people and communities. This will form statutory guidance that will replace current guidance and will direct the future focus of NHS England's assessment of CCGs' performance of their duty to involve the public.

Over the next few months, the partnership will be engaging with the sectors, running workshops and webinars to ensure the guidance is informed by a range of partners and stakeholders, including patient partners, carers and members of the public. The final guidance is expected to be published in spring 2020

With the changes to the health and care infrastructure, this guidance will help to ensure that organisations approach their legal responsibilities in a consistent way, ensuring the people are at the heart of the planning and delivery of services at a local and strategic level.

e. Chartered Society of Physiotherapists and International Day of Older Persons

The International Day of Older Persons is observed on October 1 each year. On December 14, 1990 the United Nations General Assembly voted to establish October 1 as the International Day of Older Persons as recorded in Resolution 45/106. In partnership with the Chartered Society of Physiotherapists, five local Healthwatch (local Healthwatch in Wolverhampton, Dorset, Cambridgeshire, Sefton and North Yorkshire.) We are meeting with CSP on 27 November to evaluate and feedback.

i. Safe staffing

In September the Royal College of Nursing launched a campaign looking to raise the need for safe staffing rules to be introduced in England. Using the concerns people have raised with us about a growing lack of empathy being shown by busy NHS staff, we put our support behind the campaign with Sir Robert saying publicly:

"Healthwatch evidence suggests the public's patience with overstretched staffing and the impact this is having on care is starting to wear thin.

"People have rightly come to expect compassion and empathy from health and social care staff, and they should not have to adjust this expectation because of pressures on the NHS.

“To promote patient safety, it is also important that the public understand the difference between a busy ward and one that may be unsafe. This is an important message for those in charge of planning and scheduling of staff rotas to hear.

“One of the key ways of maintaining patient safety is to ensure there is an adequate number of staff on shift to attend to peoples’ clinical needs. Patients and the public also need to have access to real-time information about the number and type of staff required on any ward for it to be safe and the actual number on duty.

“Safe staffing is also about ensuring the right skill mix. Healthwatch wants to see health and social care organisations getting the right balance of professional skills and experience in the workplace.”

3 Support to the Network

3.1 Research Governance Framework:

We have begun to test the Healthwatch Research Governance Framework, with over 30 local Healthwatch signed up to be part of the pilot. The Research Governance framework was co-designed with local Healthwatch and aims to help Healthwatch manage their research quality. It has been extremely well received and so far all Healthwatch have been able to achieve the levels of quality in engagement and data collection that it contains.

3.2.1 Digital Change Programme:

Work has begun on the User Research. We have brought in an agency to help carry out the field work understand how technology can be used to its best effect by the network. Wildman and Herring began their work at the annual conference engaging over 50 different Healthwatch. We will be working hard to gather the views of every Healthwatch in the country to inform a future digital strategy by the end of this financial year.

3.3 Supporting Healthwatch consistency

During the consultation for Healthwatch England’s Strategy (2018-23) Healthwatch fed back that they would welcome support from Healthwatch England to ensure greater consistency across the Healthwatch network.

In response, Healthwatch England began consultation at Conference on identifying core requirements that underpin the Healthwatch brand to ensure the basics are in place for all Healthwatch. We also intend to ensure that local authority tender specifications and contracts are meeting the same core requirements in their tender specifications and contracts.

We will be consulting with all Healthwatch with a view to developing new guidance and slight amendment to the trademark licence which we will ask all Healthwatch providers to re-sign by March 2020.

3.4 Legal Guide

Healthwatch England have worked with CQC legal team to produce an updated legal guide: *A Guide to Running Healthwatch*. We expect to publish in the next month and will seek feedback from Healthwatch. The core requirements mentioned above refer to the *Guide*.

3.5 Quality Framework

After extensive testing by Healthwatch and local authority commissioners, the Quality Framework was launched at National Conference.

The Framework provides a shared understanding between Healthwatch providers, local authorities and Healthwatch England of the effectiveness of a Healthwatch. Healthwatch complete it on a self-assessment basis and identify where they are effective as well as areas for improvement, backed up with evidence. Conference heard from Christine Price, CEO of Healthwatch Herefordshire on how she had successfully used the Framework in preparation for completing a tender application.

38 Healthwatch have expressed an interest to sign up as early adopters with the expectation that all Healthwatch will be using the Framework by March 2021. Healthwatch England is offering Healthwatch support in its use as well as acting as a critical friend to assist an individual Healthwatch with development of an action plan and support. We envisage bringing together and sharing best practice across the Network as Frameworks are completed.

Over the summer, 70 local authority commissioners attended three regional events to discuss how they could use the Framework to inform how they commission and monitor Healthwatch. We expect at least twenty local authorities to reference the Quality Framework in tender specifications and subsequent contracts. We will also be producing a resource pack to support commissioning of Healthwatch before the end of the year. This will include a legal guide and tips around practice, plus a checklist of what to include in tender specifications/contracts and information about the Quality Framework.

Healthwatch England will be analysing the results of the completed Frameworks to understand the opportunities and challenges across the network to inform our support offer to Healthwatch, including our Learning and Development Programme.

3.6 Making a Difference Toolkit

Healthwatch identified they needed support with understanding and articulating their impact, reinforced in recent learning needs survey. With the help of local Healthwatch we have launched the *Making a Difference Toolkit* at Conference which uses a simple Theory of Change approach. Conference heard from Jane Laughton, CEO at Healthwatch Nottinghamshire and Nottingham who had used the toolkit with her Board and staff and now have implemented monthly outcomes and impact reporting. A similar outcome was reported by Healthwatch West Sussex. We are organising 5 regional events to promote the Toolkit to Healthwatch. [Make A Difference Toolkit](#) can be viewed here

3.7 Conference

The National Conference was delivered on 1-2 October at the International Conference Centre, Birmingham, with over 450 attendees, and 130 local Healthwatch represented (87% of the network) with over 150 places supported via the bursary scheme. The agenda saw 40 sessions delivered over two days, of which, 31 were delivered by local Healthwatch, with 60 separate local Healthwatch teams involved in agenda session delivery over both days of the event. The exhibition area received attendance from 16 national organisations showcasing ways they can support the network in the year ahead. Initial feedback from the event shows 90% of Healthwatch delegates agreeing they found the overall conference experience relevant, useful and would inspire new ways of working within their teams and in collaboration with other network colleagues. Conference legacy learning was a success with 80% of Healthwatch delegates agreeing that the conference improved their skills and knowledge, with 82% who agree that learning from the conference will help them better carry out their role in terms of using people's views to help improve health and care.

Conference reflections and legacy planning activities are being undertaken so that learning and networking from the event continues to support the network, with thematic webinars based on key conference sessions being scheduled for Q3. Initial planning for the 2020 event is in progress with options for dates, venue and format currently being worked on.

4. Key External Updates:

4.1 Spending review

At the beginning of September the Chancellor, Sajid Javid, announced the outcome of the spending review. Given current uncertainty over Brexit, the Government set out a 1 year spending plan, with the headline message focusing on the "end of austerity". This was set out in a number of big ticket spending commitments on criminal justice, education and the environment.

The big announcements in health and social care were:

- £210m investment in training and professional development for doctors and nurses
- £2bn of new capital funding - starting with an upgrade to 20 hospitals this year,
- £250m for new AI technologies.
- £1bn for social care with councils given the option to raise a further £0.5bn through raising council tax. As well as the money there was a commitment to "fix social care" but no timescales was provided.
- £54m to reduce homelessness and rough sleeping
- £30m to tackle air quality
- £700m of the new money for education to be spent on supporting children and young people with special educational needs.

Whilst the additional money has been welcomed by parts of the sector, there has also been criticism about the lack of a long term solution for social care and questions raised over the capital investment plans to build new/upgraded hospitals, see below for more.

4. Party conferences

4.1 Health and social care issues featured prominently throughout party conference season.

The Conservatives used their conference to reiterate their existing commitment to the NHS Long Term Plan, with the main focus of announcements on the capital funding to build new hospital. There was a specific commitment to provide £2.7bn for six hospital rebuilds, with plans for a further 34 to be developed further. This announcement was welcomed by the bodies representing hospitals like NHS Providers, but there were also calls for a much broader investment in NHS infrastructure, with critics saying that the money would not address the existing maintenance backlog or support infrastructure for community and primary care services. The Secretary of State was also widely reported to have told delegates at a fringe event that he is “looking very seriously” at making vaccinations compulsory for all children going to school in England to address falling rates of immunisation and rising rates of diseases like measles. However, Number Ten later said this was not official Government policy. On Social Care, the Prime Minister reiterated previous commitments to fix the current issues facing the sector but there was no further detail provided.

The Labour Party announced plans to scrap prescription charges in England and to create a new state-run drugs manufacturer to produce off-patent medications for the NHS. They also said if there were put in to office at the next election they would double the number of GP training places and introduce measures requiring employers to offer flexible working for menopausal women. On social care Labour said they would introduced free personal care for over 65s for those most in need of it. They said the plan would cost £6bn a year, to be funded through general taxation, and would double the number of people who don't have to pay for care. However, critics said the key to whether or not this policy idea would make a difference would hinge on the eligibility criteria.

The Liberal Democrats announced new commitments to improve mental health services (including more waiting times targets), action on public health including on air pollution and fast food, more support for carers and same-day phone or video appointments with GPs. They also outlined a plan to set up a cross party-commission to put in place a long term solution for social care.

4.2 Queen's speech

The Queen's speech on 14 October set out the Government's agenda for the next parliamentary session. From a health and social care perspective there were a number of key announcements to be aware of including:

1) A commitment to publish draft legislation to accelerate the delivery of the NHS Long Term Plan. Sir Robert signed a joint letter with other leaders from across the sector backing the [proposals](#) put forward for this by NHS England. Crucially, and in response to our contribution, the proposals have already underpinned the principle that Healthwatch's local roots must be maintained. The policy documents behind this also outline the need to

clarify in guidance how the relationship will work between ICSs and Healthwatch. We will be working on this over the months to come and as any legislation makes its way through the house.

ii)The Health Service Safety investigations Bill, which will set up a new Executive Non-Departmental Public Body with powers to conduct investigations into incidents that occur during the provision of NHS services and have, or may have, implications for the safety of patients. This bill also includes a commitment to ensuring that there will be enough of the new medical examiners to provide a proper and independent check when signing-off deaths.

iii)There will be a white paper by the end of the year paving the way to reform of the Mental Health Act. This will respond to "rising rates of detention; the disproportionate number of people from black and minority ethnic groups detained under the Act; and processes that are out of step with a modern mental health care system".

iv)The government also said it will bring forward proposals to reform adult social care in England but there is not a specific piece of legislation that is proposed.

Other announcements in the speech that may impact Healthwatch include:

The Government announced its intention to produce a white paper to further explore enhanced devolution across England, "levelling up the powers between Mayoral Combined Authorities and increasing the number of mayors and doing more devolution deals". This include a commitment to the Northern Powerhouse and Midlands Engine.

An Environment Bill will put a focus on water and air quality and bring forward a comprehensive framework for legally binding targets. There will also be the establishment of a new Office for Environmental Protection.

For more detail see the [background briefing](#).

5. NHS Performance figures

In early October NHS England published its [Combined Performance Summary](#), which provides data on key performance measures for August and September of this year.

Analysis by BBC Newsnight and the Nuffield Trust found an average of 86% of patients were admitted, transferred or discharged from A&E within four hours in the six months to September. The current target, which the NHS has not met since 2015, is 95% of patients seen within 4 hours.

In September, there were 64,921 more patients waiting more than four hours from decision to their actual admission to further care than September 2018. Of these patients, 455 waited more than 12 hours. This is a 195.5% increase from the previous year.

NHS England said it had been "the busiest ever summer" for A&Es, with half a million more visits to departments that for the same period last year. The Summer is usually the quietest period for the NHS, but the figures suggest the pressure on services is not letting up. Doctors warned that the system was "running out of resilience" and that winter in A&Es was going to be "really difficult".

5. CQC State of Care Report

In mid-October, the CQC has published its latest [The state of health care and adult social care in England](#) report. There has been a lot of media coverage, focusing on the fall in ratings of A&E departments across the country, the pressure on social care and a 'perfect storm' brewing in mental health and learning disability services.

The titles of the first two chapters set out the key challenges:

1. People struggle to get access to the care they need and want
2. Integration and innovation are at the heart of better care

While the overall quality picture for the mental health sector, which includes community mental health services, remains stable, the CQC said this masks a real deterioration in some specialist inpatient services which has continued after 31 July 2019, the cut-off point for the data included in the report. As at 30 September 2019:

- 10% of inpatient services for people with learning disabilities and/or autism were rated inadequate, as compared to 1% in 2018
- 7% of child and adolescent mental health inpatient services rated inadequate (2018: 3%)
- 8% of acute wards for adults of working age and psychiatric intensive care units (2018: 2%)

In adult social care, issues around workforce - including a lack of qualified staff - and funding continue to contribute to the fragility of the sector. 2018/19 saw providers continuing to exit the market and in 2018, CQC twice exercised its legal duty to notify local authorities that there was a credible risk of service disruption because of provider business failure. These were the first notifications of this type CQC has issued in four years of running its Market Oversight scheme.

The report considers the issues around access to primary care, particularly the issues people have in accessing GP and dental services - recognising the increasing demand and changes in the workforce. Where patients struggle to access non-urgent services in their local community, including GP and dental services, this can have a direct impact on secondary care services.

The report cites research by Healthwatch England in two places, firstly our partnership work with the Alzheimer's Society showing the poor rate of care reviews for people with dementia, and secondly on people's views and experiences of technology in the NHS. The report also **Healthwatch Dorset** supporting the Accessible Information Standard and **Healthwatch Enfield's** report [Using technology to ease the burden on primary care](#) is

highlighted in the section on using technology to reduce inequality and promote people's rights.

Key Meetings Attended since the last Committee meeting

Sept	
Quarterly meeting with ADASS	With Julie Ogley, ADASS President
Health and Care Innovation Expo	Presented at the Manchester Expo
NHS England	With Amanda Pritchard, Chief Operating Officer
CQC introductory meeting	With Gill Nicholson, Director of People
HW Cumbria and HW Lancashire	Gave a talk to HW staff in Cumbria
Care and Reform Team	Gave a talk at Marsham Street, London
National Advisory Group Meeting	Access Review Panel, Skipton House
Vienna Healthcare Lectures 2019	Speaker at WU Executive Academy, Vienna
CQC Adult Social Care	With Kate Terroni, Chief Inspector Adult Social Care
Quarterly meeting with CQC	With Ian Trenholm, Chief Executive CQC
Patient Information Forum	With Sophie Randall at BPR, London
Patients Association	With Rachel Power at BPR, London
CQC Policy & Strategy	With Sarah Bickerstaffe, Director of Policy & Strategy
Oct	
Healthwatch England Conference	At the ICC, Birmingham
Helpforce	With Mark Lever, CEO, Helpforce at BPR, London
Personalised Care Group	With Bev Taylor, Partnership Manager at BPR, London
NHS Transformation Unit	With Dr Julia Simon, Chief Strategy Officer (phone call)
County APPG Annual Parliamentary Reception	Held at Westminster, London
CQC State of Care Launch	Held at Westminster, London
Royal College of Physicians	Held at Regents Park, London
National Advisory Group Meeting	Access Review Panel, Skipton House
Accredited Registers Annual Conference - the Duty of Candour	Speaker at Great George Street, Westminster, London
Health for Care Coalition Meeting	Held at NHS Confederation, Westminster, London
Quality Matters Autumn Stocktake	DHSC, Westminster, London
Think Local Act Personal	Held at BPR, London
Clinical Review of Standards Oversight Group	Held at Skipton House, London
Nov	
External Strategic Advisory Group	Held at Central Hall, Westminster, London
The Black Stork Charity	With Janet Morrison, CEO, held at BPR, London
LHW North West Network Meeting	Held in Preston
NHS England & NHSI	Meeting with Bill McCarthy (phone call)
Richmond Group	Meeting with Neil Tester, held at BPR, London

King's Fund - Opportunities & Challenges of Improving Quality Across Social Care	Held at King's Fund, London
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HEALTHWATCH ENGLAND - PUBLIC COMMITTEE MEETING

AGENDA ITEM 1.7

AGENDA ITEM: Quarterly Intelligence and Policy Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: What People Have Told Us - a review of evidence. This report covers Q2 2 2019/20. It includes an update on how we are communicating our evidence to professionals

RECOMMENDATION: The Committee are asked to **NOTE** the report

Summary

The Healthwatch England Quarterly Intelligence Report provides an overview of the key themes we have identified from the insight obtained from local Healthwatch over the last quarter.

The report is in a separate attachment

[Update note - Communicating our evidence to professionals](#)

About

At the last Committee meeting a request was made to understand who is sent our quarterly intelligence report.

In summary, the quarterly intelligence report is emailed to (a) subscribers to our news and research and (b) a stakeholder list using paid for lists which includes local authority social care leads, NHS CCGs as well as other NHS and social care stakeholders identified by the policy team. Content contained in the report is also promoted via social media.

In addition, this report also provides an update on our wider approach to communications aimed at professionals. It gives an overview of our approach to date, progress towards our goals and planned next steps to improve the impact of our communications.

Background

Our communications focus is on helping to achieve our vision by raising awareness, changing perceptions and engaging our audiences in taking action.

When it comes to NHS and social care professionals, we seek to raise awareness of, and encourage action on, issues that will improve the support that individuals receive.

Prior to the start of 2019, the evidence that Healthwatch England communicated largely focussed on stand alone, issue specific reports and briefings. Since the start of this year, we have also started to reshape the quarterly review of intelligence prepared for the Committee for an external facing audience and to promote this resource.

To date we have published four quarterly reviews that are more external facing. With each publication, steps have been taken to improve both the content and to test different ways of engaging professionals with our content, as we continue to refine and improve how we deliver this content to key professional audiences.

Tactics:

- Test different ways to increase awareness through email marketing shots to professionals, paid for social media promotion and partner promotion via NHSE and CQC bulletins.
- Increase access to our evidence by introducing the reports library, producing a monthly research bulletin, with website content focussed on specific issues or services accompanied by practical actions.

Key takeaways:

- **More NHS professionals are visiting our site.** There appears to be an increase in NHS professionals visiting our website and they are staying longer and taking more actions on the site. However, it should be noted that the proxy indicator we use (visitors with an NHS.net domain) represents a very small proportion of overall site traffic.
(See table one in Annex A for further information)
- **Email marketing, partnership referral and social all play an important role in driving professionals to our site.** As with other content we produce (e.g. advice and information, standalone reports etc.), social media plays an important role in driving traffic to our evidence content. However, referral traffic and email marketing both appear to be playing a greater role in driving traffic when compared to other content we produce.
(See table two in Annex A for further information)
- **Types of content which deliver better engagement.** Our insight suggests there is greater demand for content where:
 - The topic content appeals to a big enough professional group
 - Alongside the insight we offer practical advice about how to address the issues highlighted.

For example, some of the best performing content in terms of page views focussed on how GPs can improve the accessibility of surgeries with the inclusion of tips and links to external tools. However, views and downloads of content still do less well than our public facing content or standalone reports.

(See table three in Annex A for further information)

- **What we know about our professional audience.** We know that awareness of Healthwatch is currently around 40% when it comes to health and care professionals. However, in terms of followers of our channels the only clear picture we have relates to our email marketing. 36% of the 1,150 people

who have actively signing up for news and research bulletins (since May 2018) are from some form of professional background, with 22% of the 1,150 subscribers working for an NHS or social care organisations. Our understanding of what information these individuals are seeking and in what format is limited. As outlined below we are working to address this.

(See table four in Annex A for further information)

- **Our email marketing performs well when compared to other organisations in this space.** We know from our analysis that across the board our email marketing performs well in terms of open rates when compared to other sectors. Click rates to our news and research emails also perform well, however click rates for our stakeholder emails do not. As we would expect, this suggests emailing people who have not chosen to subscribe to our channels delivers a lower return.

(See table five in Annex A for further information)

Applying our learning

Bases on the insight from our analysis we will be taking the following steps to help ramp up engagement with professionals:

- **Filling the insight gaps:** To better target content we need to understand what information commissioners and clinicians are looking for and where they go for this information. We are currently conducting 1-2-1 interviews with a range of professionals to help fill this insight gap.
- **Inject the professional perspective into our content:** We know that content that offers practical solutions to the issues that people raise with us performs better. To help provide this, we will work with professionals when we produce content that professionals can use.
- **Do more on other people’s channels:** Our best performing reports benefit from a dedicated push to get relevant professional organisations to support and carry out content. We plan to apply this approach more consistently with our wider content and are in the currently engaging with a range of professional bodies on how they can help amplify our content.
- **Continue to push social and email marketing:** Look for new ways to push our content on social by asking professionals for their solutions and give email subscribers more control of the content they receive by allowing them only to receive content about specific issues.

Annex A - Statistics from our latest review

Table 1 - visits from NHS.net domain

To help understand how we are reaching professionals, we track website visits from user using an NHS.net domain as a proxy indicator.

NHS visitors	Time snapshots	
	Feb - June 2019 v 2018	Aug - Oct 2019 v 2018
Visits from users with an NHS.net address	+ 22%	+ 50%

Website sessions per NHS.net users	+33%	+39%
Average duration of a website session by NHS.net users	+98%	+102%
Website actions by NHS users	+42%	+41%

Table 2 - website traffic source

To help understand where traffic is coming from, the following table look at quarterly intelligence report content versus standard content over a six-week period from publication.

Traffic source	Quarterly report	Standard content	Variance
Organic	40%	40%	0
Social	22%	13%	+69%
Direct	18%	30%	-40%
Referral	9%	7%	+28%
Email	7%	3%	+133%
Paid search	2%	7%	-71%

Table 3 - website content performance over six weeks

To help us understand how content is performing, the following table looks at performance of quarterly insight content versus other content over a six-week period from date of publication.

Interaction type	Quarterly Insight Report Related	Standalone reports and briefings	
Average download	326	414	-21%
	Insight content	Advice and information	
Average page views	295	510	-42%

Table 4 - segmentation of email audiences

To help us understand the subscribers to our content, the following table looks at a breakdown of people who have actively subscribed to our news and research bulletins since May 2018

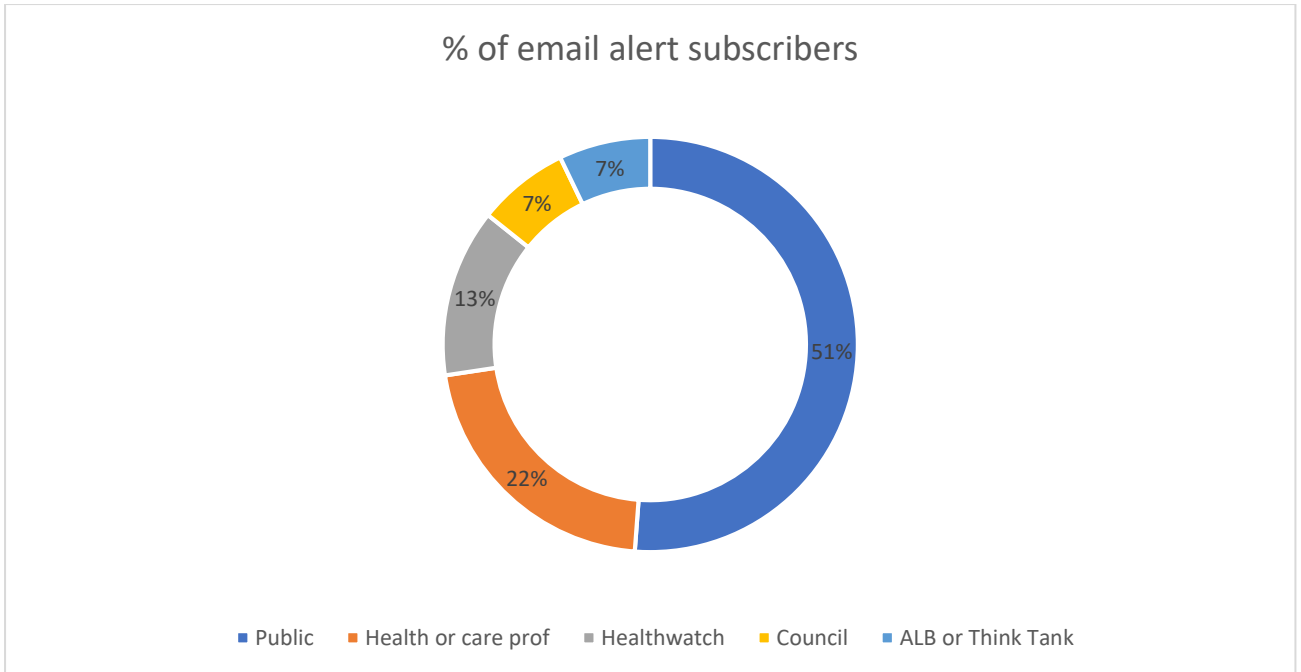
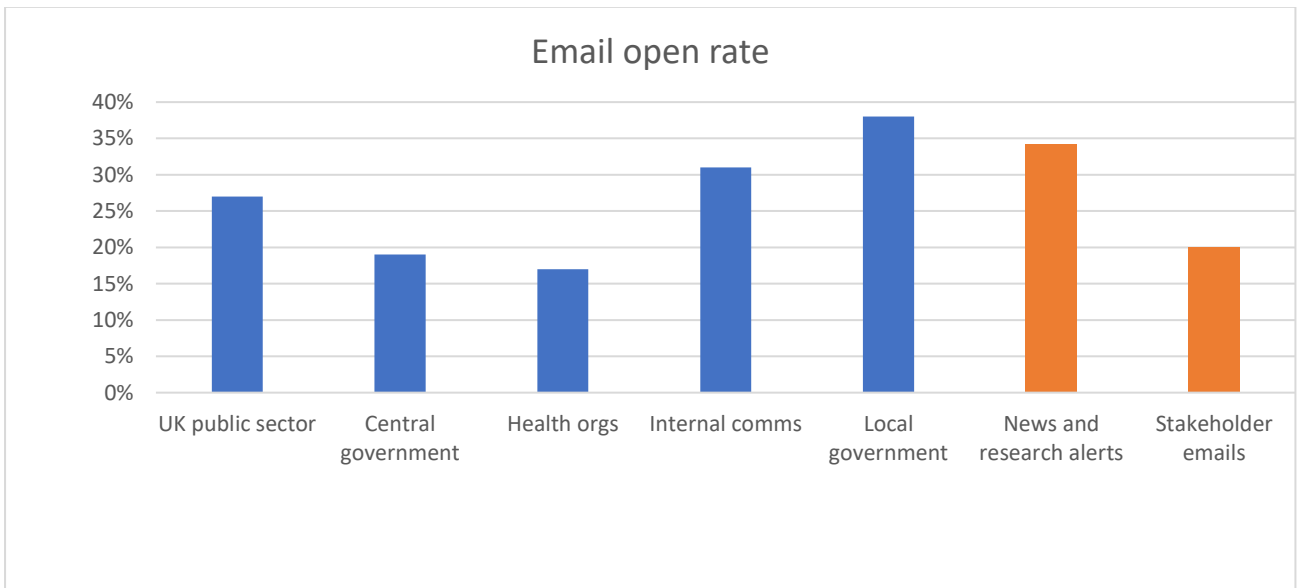


Table 5 - performance of email marketing

To help us understand how well our email marketing is performing, the following tables look at open and click rates over a six-month period versus click and open rate benchmarks in other sectors.



AGENDA ITEM: Q2 (2019/20) Delivery and Performance Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q1 (2019/20)

EXECUTIVE SUMMARY: This paper summarises delivery and performance against KPIs during Q2 (2019/20), looks at highlights delivered in Q2 and what we expect to deliver in Q3.

RECOMMENDATION: Committee Members are asked to NOTE this report.

Background

This report provides an update on our delivery and performance at the end of Q2 2019/20 in Year 2 of our strategy. The update actions include:

- KPIs performance in Q2 2019/20
- Key highlights we have achieved in Q2 in support of each of our aims.
- What we can look forward to in Q3 2019/20

Key Performance Indicators and Targets - Q2, 2019/20

Aim 1 - Support you to have your say Transforming our communication with the public								
No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Q2 Progress	Due Date	Q2 RAG Status	Notes
1.	Develop and approve a strategy to transform our communications with the public	0	Strategy completed	0	0	March 2020	On Track	We have to date undertaken a review of our campaigns approach as the first stage of our strategy development. The findings of this have been fed back to staff and Committee. Due date moved from November 2019 to March 2020.
2.	Develop and approve a strategy to explore greater public engagement	0	Strategy completed	0	0	March 2020	On Track	We have agreed a process for reviewing our brand as the first stage of our strategy development. Due date moved from December 2019 to March 2020.
3.	Our advice and information are used by more people	707,800 Comprised of: Online=635K Direct=72.5K	848,000 Comprised of: Online=761.5K Direct=86.5K		413,000 Comprised of: Online=295K Outreach=67K Phone=26K Email=16K Other=9K	March 2020	In progress	Changes to the data return mean that we have a more detailed picture of how local Healthwatch enabled people to access advice and information in 2018-19. Please regard this figure as interim as we have not received data about on-line advice and information provision from 69 local Healthwatch.

4.	Increase brand awareness	32%	36%			March 2020	On Track	On track with activities to raise awareness. Results due in Q4
5.	We will see a 100% increase in the number of people sharing their views with HWE	7,000	14,000	14,000	14,000	March 2020	Completed (Target met)	Target achieved in Q1, any engagement during the rest of the year will lead to our exceeding his target.
6.	We will see 20% increase in the number of people sharing their views with LHW	406,000	487,000		336,000	September 2020	Completed (Target not met)	The annual data return figures we collected for local Healthwatch activity in 2018-19 indicates that there has been a 17% fall in the reported number of people sharing their experiences with LHW. This could be linked to a reported fall in local Healthwatch resources reported by local Healthwatch for the same period.

Aim 2 - Provide a high-quality service to you

Deliver on transformation plan to enable the network to be more effective

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Q2 Progress	Due Date	Q2 RAG Status	Notes
7.	30 LHW to sign up to the Quality Framework (QF)	1	30 LHW will sign up	0	0	March 2020	On Track	39 HW have expressed an interest in completing the QF. Network Development Team will select 30 who will commit to complete and evidence the Framework by March 2020.

8.	10 Local Authorities will specify the Quality Framework in their tender documents	0	10 Local Authorities	3	24 local authorities have committed to either include in new tender specifications (majority) or use it as part of contract monitoring	March 2020	On Track	This includes eight local authorities (Dorset, Devon, Plymouth and Portsmouth, Bristol, S Gloucestershire and N Somerset and Harrow) where we have raised concerns about funding reduction and are using the QF to understand impact on HW effectiveness/viability
9.	We will have a new network agreement in place	0	50 LHW will sign up	0	0	March 2020	On Track	We expect to update the brand licence agreement in December and reissue it to all local Healthwatch to sign up to by March 2020.
10.	50 Healthwatch will be using the Healthwatch base website	14	50 LHW	21	30	March 2020	On Track	30 sites live 10 in progress 1 site no longer being used by new provider
11.	We will introduce a Research Governance Framework	0	30 LHW will sign up	15	30	March 2020	On Track	30 LHW have now signed up. The introduction of the Research Governance Framework to LHW will be completed by March 2020
12.	We will introduce "Making a Difference Toolkit" (Impact toolkit)	0	30 LHW will sign up	1 LHW	2 LHW	March 2020	On Track	Making a Difference toolkit launched at Conference. 4 regional workshops planned. 2 HW have used it with HW Northhampton presenting on it at Conference.

Aim 3 - Ensure your views help improve health and care

We will further develop our insight to influence policy at a national, regional and local level

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Q2 Progress	Due Date	Q2 RAG Status	Notes
13.	We will develop a programme of work that improves our understanding, reporting and actions on equalities and diversity issues	0	Programme completed	0	0	September 2019	On Track	A gap analysis of our data has been undertaken and we have done a partial review of the support that the network needs re their public equality duty. Committee have met to discuss the framework for the programme which will now be developed for delivery next year.
14.	We will develop and approve an approach to actively targeting more front-line professionals	0	Plan in place	0	0	March 2020	On Track	<p>Policy and public Affairs team commissioning further stakeholder perception research to understand insight needs of particular frontline professionals. The development of the approach will be informed by this research. This will also be developed with the support of the new Director of Communications, Insight and Campaigns.</p> <p>Due date moved from September 2019 to March 2020.</p>

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Q2 Progress	Due Date	Q2 RAG Status	Notes
15.	We will develop methodology to track the use of Healthwatch findings	0	Track in place			June 2019	In progress with some minor setbacks	<p>We have identified existing HWE processes that enable us to track impact and will be incorporating evaluation into our project management.</p> <p>We have also liaised with a number of organisations to identify good practice and will be holding a workshop with them to enable us to understand broader impact for the entire network.</p>
16.	Put a plan in place to secure safe access to the data held by partner organisations relevant to the work of Healthwatch	0	Plan in place	0	0	July 2019	In progress with some minor setbacks	This has still not been achieved but has been prioritised to be completed by the end of November.
17.	We will publish 2 reports on mental health issues	0	2 reports		1 report	March 2020	On Track	Maternity report published in Sept. Young people's mental health report to be published in November.

Aim 4 - Organisation Management

We will be a well-run high-performing organisation

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Q2 Progress	Due Date	Q1 RAG Status	Notes
18.	100% of staff will complete the staff survey	97%	100%			March 2020	Not yet started	Staff survey due to take place later in Q3 in line with CQC Survey dates
19.	100% of staff will have regular 1:1's	0	100%	100%	100%	March 2020	On track	Staff 1-2-1s are now recorded on Education and Development (ED) portal. This portal shows 100% of staff had their performance reviewed in Q2.
20.	100% of the approved budget will be spent	100%	100%	24%	51%	March 2020	In progress with some overspend reported	At the end of Q2 we spent 51% of the budget and we are expected to spend the total budget allocation at year end
21.	90% of programmes will be on track	41%	90%	80%	89%	March 2020	In progress with some setbacks	<p>89% of projects are on track, some with minor setbacks. The following 2 projects are currently running with significant delays due to staffing issues:</p> <ul style="list-style-type: none"> Political Engagement Improve user functionality for CiviCRM: Improve user interface <p>These are being mitigated and the projects is expected to be delivered at year end without detrimental impact on the overall programme.</p>

Aim 1: Support you to have your say

What we said we would deliver in Q2 2019/20	What we delivered in Q2 2019/20	RAG status
<ul style="list-style-type: none"> We will support local Healthwatch to launch their local NHS long Term plan engagement reports. 	<p>We undertook the following activities to support the regional launches:</p> <ul style="list-style-type: none"> Provided a communications and stakeholder engagement toolkit with suggested key messages, social media, marketing and PR materials. Supported regional PR activity. Produced and promoted seven articles to highlight the range of findings in different areas. Collected the reports from all areas and made them available via the national reports' library. 	Ongoing
<ul style="list-style-type: none"> Launch another 10 local Healthwatch websites. 	30 local Healthwatch services are now using the local Healthwatch website.	Ongoing
<ul style="list-style-type: none"> Launch research briefing on Maternal Mental Health. 	We launched the <i>Mental health and the journey to parenthood</i> report at the start of September with the support of the Maternal Mental Health Alliance. Over 210 local Healthwatch and partner organisations have helped disseminate the findings - including NCT, MumsNet, NICE and the Institute of Health Visitors.	Completed
<ul style="list-style-type: none"> Our mental health campaign (Maternal Mental Health) will commence in September. 	<p>To promote the need for professionals to make more space to talk about mental health during the journey to parenthood, we have undertaken a range of activities, including promoting the experiences of 12 women and their partners through blog and video content and encouraging intermediaries to share our findings.</p> <p>To date our report content has been viewed over 20k times and the report has been downloaded over 650 times. The findings were also shared at a Conservative Party Conference event hosted by the Royal College of Midwives. Website visitors during the first week of the Maternal Mental Health campaign was 25% higher, when compared to the number of visitors we would expect to see during the first week after an average report launch.</p>	Ongoing

<ul style="list-style-type: none"> We will build on the committee workshop looking at Children and Young People's Mental Health Services (CYPMH) and agree the scope and methodology for this stage of the mental health programme. 	<p>At the steering committee workshop we discussed the need to split out our evidence to find out what different groups of young people (those speaking about metal wellbeing vs those who have experience accessing services) were saying about their experiences.</p> <p>After an initial scoping exercise steering committee took a further decision to focus the analysis on the 164 reports done by local Healthwatch on this and focus the analysis on evidence about general wellbeing. Once completed (likely in Dec) the working group to update committee again around further targeting focus of outputs and options for potential partnership.</p>	Ongoing
<ul style="list-style-type: none"> We will run a workshop for local Healthwatch communicators to establish a better approach for engaging young people through our communications and run training on digital and social media skills. 	<p>We ran a workshop attended by Healthwatch from across England, as well as external speakers from the #iwill campaign and the charity, The Mix. The event involved in the co-production and publication of new communications guidance for network.</p>	Completed

What to look forward to in Q3 2019/20

- Long Term Plan - we will produce a summary of the national findings from our work on the Long Term Plan, plan in the dissemination of the findings that relate to specific areas (e.g. Heart and Lung Services) and share the learning from running the Programme.
- We will analyse the local implementation plans (out in Nov) to assess the extent to which people's views have influence these.
- Local Healthwatch websites - we will launch a further 10 local Healthwatch websites and support a further seven local Healthwatch to start work on their sites.
- Mental health campaign - further promotion of our maternal mental health findings focussed on baby loss and experiences of partners. This will be supported by policy meetings to push findings and key asks from the report.
- Advice and information - we continue to produce and promote a range of advice and information content. Planned items include (a) Where to go for help with your mental health during pregnancy (b) What should you expect from your pharmacist? and How to find an NHS dentist?
- Campaigns - we will support local Healthwatch with key campaigns including Self Care Week, World Mental Health Day and stay well this winter.
- We will also publish the findings of our first phase of research looking at what young people want from mental health support.

Aim 2: Provide a high-quality service to you

What we said we would deliver in Q2 2019/20	What we delivered in Q2 2019/20	RAG Status
<ul style="list-style-type: none"> We will have implemented our digital performance framework that shows how we have delivered digital support and training to the network. We will have begun reporting on the performance of our digital helpdesk and using this to inform our support offer and digital development process. 	<p>We have developed a performance framework for how we support Healthwatch and in addition we have also produced a data dashboard that enables us to understand data flow across systems. This allows for better management of our data flow making us more efficient and transparent in the work we do.</p>	Ongoing
<ul style="list-style-type: none"> We will have tested the Research Governance Framework with 15 Healthwatch to help improve the quality and integrity of our data collection and research practices. 	<p>We have initiated testing with 14 local Healthwatch which has met with a promising response, additional Healthwatch have asked to be included in the next phase of testing in January. This has highlighted the need for a number of support products for the framework that will complement the research training modules that will be developed in Q3 and Q4. There is high demand to test this product and we will continue to roll it out in phases into the next financial year.</p> <p>We have also begun to scope how we can make the framework more interactive and accessible to local Healthwatch online which will tie it in with supporting materials, advice and further guidance.</p>	Ongoing
<ul style="list-style-type: none"> The testing of the New Quality Framework with 10 local Healthwatch will be completed before conference in October. Over 30 HW have indicated sign up to use it. 	<p>Testing was completed by 10 LHW. The Framework was launched at National Conference. 40 HW have expressed an interest in being early adopters and completing Framework by March 2020. We are agreeing the 30 early adopters by end of October.</p>	Completed
<ul style="list-style-type: none"> Produced the final version of the Making a Difference toolkit ready for full roll out to Healthwatch. 	<p>The toolkit was launched at National Conference and is being promoted to LHW, including 4 regional events.</p>	Completed
<ul style="list-style-type: none"> Three events for Commissioners in September to promote the Quality Framework to local authorities. More than 10 local authorities have indicated they will be using the Quality Framework in their specs/contracts or part of monitoring purposes. 	<p>The Framework was promoted to 70 local authority commissioners at 3 regional events. About 10 are committing to including the Framework in new tender specifications.</p> <p>20 local authorities have committed to using the Quality Framework in their specs/contracts or part of monitoring purposes.</p>	Completed

Aim 2: Provide a high-quality service to you

What to look forward to in Q3 2019/20

- Complete implementation of the digital support performance framework
- Production of a range of bitesize support products to assist local Healthwatch with the delivery of the Research Governance Framework
- Completion of the first round of testing of the Research Governance Framework undertaking in conjunction with the Greater Manchester project which will also work to test how the framework is managed and monitored over an area
- Delivery of two Making a Difference Regional Workshops in Darlington and Liverpool
- Delivery of first workshop for HW Boards/Advisory Groups, including promotion of Quality Framework
- First completed Quality Frameworks
- Consultation with Healthwatch on core requirements underpinning trademark licence (Network Agreement)
- Publication of *A Guide to Running Healthwatch* - setting out legal requirements
- Commissioners resource pack on commissioning effective Healthwatch
- Completion of the first module for the Research Training package with preparation for testing in Q4.
- Delivery of a research ethics algorithm and guidance on consent as requested by the Intelligence and Informatic Reference Group.
- Completion of the 6 monthly review of data protection compliance and assessment of support needs for the network
- Completion of the delivery of the CRM Licence Agreement that enables secure data sharing between Healthwatch and the CQC
- Completion of phase one of the Digital Transformation Project with the majority of Healthwatch engaged and sharing their views on how technology can work for them.
- Completion of general improvements to the Healthwatch CiviCRM including aesthetics (new theme), decluttering and security developments.
- Testing of a function that enables local Healthwatch to upload their own reports to the National Reports Library.
- 4000 Healthwatch reports will be on our National Reports Library including all of those we have received and captured from 2019.

Aim 3: Ensure your views help improve health and care

What we said we would deliver in Q2 2019/20	What we delivered in Q2 2019/20	RAG Status
<ul style="list-style-type: none"> We will be using Endeca to mine our CRM data on a routine basis to improve efficient reporting and quicker turn arounds on requests for information from internal colleagues and external stakeholders. 	<p>We have had some initial unpredicted issues with Endeca and how it works with the CiviCRM and National Reports Library. This has meant that our Endeca support allocation was used up to resolve issues rather than for training new staff members. We received some training from the CQC which did not meet our needs and we have now obtained agreement to pursue other training in Q3.</p> <p>We are using Endeca to collect Healthwatch reports from across the web and these are being uploaded onto the National Reports Library.</p>	Ongoing
<ul style="list-style-type: none"> We plan to publish our Q1 quarterly review of our evidence with an in-depth look at the need to treat people as individuals. 	<p>We have published Q1 quarterly review of our evidence with an in-depth look at the need to treat people as individuals. We have also produced shorter articles on accessibility and improving waiting rooms based on what people have told Healthwatch.</p>	Completed
<ul style="list-style-type: none"> We will have published the interim State of Support briefing which will be shared with the Department of Health and Social Care in mid-July. Its purpose is to update on what has happened to the funding for the 65 local Healthwatch who have been through a formal contract negotiation process for 2019/20. A full State of Support for the whole network will follow in the Autumn as per usual. 	<p>We shared the interim State of Support briefing with the Permanent Secretary in August. This followed our meeting with him in August where the National Director and Chair discussed the network funding issue with him.</p> <p>We continued to escalate concerns with the DHSC about the delay to payment of the LRCV grant. We had been informed this would be paid in October, but this has not yet happened. We are moving to escalate formally through a letter from the Chair.</p> <p>We have also supported the NAO as they have looked in to the lack of transparency around Healthwatch funding and the impact this is having on the resources available for the network to engage with and understand what matters to people using services.</p>	Completed

<ul style="list-style-type: none"> We have already met with the DHSC to discuss NHSE's proposed changes to the legislation. This followed the publication of the HSCSC report. We will be continuing these discussions over Q2, in particular looking to build on the Secretary of State's annual appraisal of NHSE which highlighted his desire to see the relationship between Healthwatch and NHSE develop further to give people a strong voice in big decisions at a local, regional and national level. 	<p>Our engagement with DHSC and NHSE on this issue secured a commitment in the legislative proposals to protect the Healthwatch network's local roots.</p> <p>The policy documents behind the headline proposals also set out at clear need for the formal relationship between Healthwatch and ICS/STPs will need to set out in the new guidance.</p> <p>Discussions on this will progress as the NHS Bill introduced in the Queen's Speech makes its way through Parliament.</p>	<p>Ongoing</p>
<ul style="list-style-type: none"> We will start the process for shaping the four year 'Joint Accountability Framework for NHSE and NHSI'. We have agreed we will start with a review of what we already know from evidence share with Healthwatch and work with them to shape their public consultation. 	<p>Engagement in the formal process began with a kick-off meeting in July.</p> <p>HWE agree our submission this year would be based on the final report from the LTP engagement work.</p> <p>DHSC not yet able to confirm final plans. This work will continue throughout Q3.</p>	<p>Ongoing</p>
<ul style="list-style-type: none"> We will have a focus on improving complaints handling in health and social care, with an emphasis on using the insight gathered through complaints to support system learning. We have already submitted a response to a GMC consultation on this and will be publishing our social care complaints report in August. 	<p>We published the findings of our review of learning from complaints in social care. We identified that councils are not making the most of current mechanisms to show how they are responding to complaints. The local government sector has responded well to the findings and we will continue to support local Healthwatch discuss the work with commissioners and elected members.</p> <p>We also carried out a similar research exercise on how hospitals are learning from complaints and will be publishing this in Q3.</p>	<p>Ongoing</p>
	<p>Through the work we did on the LTP we identified transport as a major issue for people not currently being prioritised by the NHS. At</p>	<p>Ongoing</p>

our conference Simon Stevens reacted positively to our work and has agreed a 12 month review of the links between the NHS and transport.

The scope of this is likely to focus on non-emergency patient transport services but working with our partners we are keen to ensure it doesn't miss an opportunity to look at other factors such as better coordination of appoints and links with public transport.

Aim 3: Ensure your views help improve health and care

What to look forward to in Q3 2019/20

- We will have completed our staff training on Endeca and will be using Endeca and Tableau to analyse and display our evidence in different ways and will have reviewed how NVIVO, MAXQDA and R can be applied to get the most out of our qualitative data, enabling us to increase our ability to supply evidence across a wider range of topics.
- We plan to publish our Q2 Quarterly Review of our evidence which has an in focus section on Continence Services. In addition, there will be new sections that highlight gaps in evidence particularly around our BAME data and around women's health issues to attempt to inspire better collection of this data and improve our analysis in these areas.
- The full State of Support analysis will be published in November setting out the current state of Healthwatch funding.
- We expect the NAO to have published their findings from their investigation around Healthwatch funding streams and the impact of the lack of transparency.
- We will continue to work with the DHSC in our role as a statutory consultee on the new Joint Accountability Framework for NHSE/I.
- We will be publishing our review of hospital complaints reports looking at how well the NHS is reporting back what it is learning from complaints.
- We will be working with Age UK and Kidney Care UK on scoping the NHSE review of transport.
- We plan to publish our Annual Report to Parliament
- We will be developing partnership opportunities with King's Fund on the project looking at poor admin practices in the NHS and with the National Data Guardian exploring the views of seldom heard groups on use of data in the NHS.
- We will be supporting the Health and Social Care Select Committee's inquiry into NHS dentistry.
- We will have a plan in place to work with other organisations to share data and have reviewed our own data gaps and what other sources can be accessed to fill them.
- We will have reviewed the intelligence needs of key stakeholders to tailor our evidence to have the most impact and influence and will have a plan to make this happen.

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes

PRESENTING: Andrew McCulloch

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The minutes of the last AFRSC are presented to the Committee

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting

Minutes of meeting No. 9

Meeting Reference: AFRSC191024

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 24 Oct 2019 10am-12pm

Meeting Room Y. 214, 2nd Floor BPR

Attendees:

Andrew McCulloch (AM) - Chair

Phil Huggon (PH) - Sub-Committee Member - attended via phone

In Attendances:

Imelda Redmond (IR) - National Director

Joanne Crossley (JC) - Head of Operations

Sandra Abraham (SA) - Strategy, Planning and Performance Manager

Amie McWilliam-Reynold (AMR) - Head of Intelligence and Analytics - attended via Skype

Leanne Crabb (LC) - Committee Secretary (minute taker)

Chris McCann (CM) - Director of Communications, Insight and Campaigns (observer)

Sir Robert Francis (RF) - Chair, Healthwatch England (observer)

No.	Agenda Item	Action and Deadline
1.1	<p><u>Welcome & Apologies:</u></p> <p>Andrew McCulloch (AM) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC)</p> <p>Apologies received from Danielle Oum (provided comments of papers in writing) and Helen Parker</p>	
1.2	<p><u>Draft Minutes of Meeting of July 2019:</u></p>	

1.3	<p>Minutes of the last meeting were AGREED.</p> <p>All actions completed, in progress, or being presented under their own agenda item</p> <p><u>Matters Arising</u></p> <p>None</p>	
2. 1	<p><u>Finance and Procurement</u></p> <p>JC reported that the total spend as at end Q2 was £1.752 million.</p> <p>There is an overspend under budget line P35780 which is higher than anticipated (a variance to date of -£257,223). A number of possibilities for this overspend are being investigated including invoices expected in the 2018/19 financial year being submitted in 2019/20, costs being logged under incorrect cost centres, or accounting errors.</p> <p>PH commented that it was unusual to see such a high variation.</p> <p>JC advised the AFRSC that the following steps will take place:</p> <ul style="list-style-type: none"> • Each line of the finances will be examined • Budgets holders in the Leadership Team will analyse their own budgets • A summary to be sent to the AFRSC members by Friday 1 November • Depending on findings the AFRSC will consider whether to flag overspend to full Committee 	<p>JC LT JC AM (Chair)</p>
2.2 & 2.3	<p><u>HWE Recharges and Office Move</u></p> <p>The AFRSC discussed the Healthwatch England recharge figures.</p> <p>It was agreed that some of the charges per head are high especially for HR, IT and Finance. Estates was agreed to be within expectations due to the central location of the office space. Legal and Governance was agreed to be within expectations. Concerns were raised that:</p> <ul style="list-style-type: none"> • There is no breakdown of the costs • There are no service level agreements (SLAs) in place • Healthwatch England are not involved in discussions with Department of Health and Social Care regarding how funds get allocated • Costs may remain high after planned 2020 office relocation <p>ACTIONS:</p> <p>The AFRSC want the following measures to be taken:</p>	

	<ul style="list-style-type: none"> • SR06 (<i>Influence</i> - Due to a political or legislative change, there is a risk that we could lose key political relationships and be unable to influence decision makers) - Post mitigation to be increased from low to medium. • SR14 (<i>Engagement</i> - New risk concerning our pending office move) - Wording of risk to be changed to generic wording and add better communication to the mitigation. • The AFRSC request the risk ratings table showing risk movement changes to include the title of the risk (i.e. Funding) to help identify each risk. • The AFRSC recommends this revised risk register to the full Committee 	SA SA
4.1	<p><u>Digital Contracts</u></p> <p>AMR spoke to the paper saying that initially the idea to use consultants for the digital transformation programme was rejected, we then tried to recruit staff. Recruitment was unsuccessful so we renewed a digital contract adding in extra requirements. This took effect on 1st October.</p> <p>Progress reports will be made monthly to the Healthwatch England Leadership Team and it will be discussed at Digital Programme meetings. Any concerns will be flagged to AFRSC.</p> <p>The timetable is:</p> <ul style="list-style-type: none"> • January 2020 have a clear understanding of local Healthwatch needs • March 2020 formulate ideas • April 2020 have a plan in terms of procuring technology after consultations with local Healthwatch <p>CM said that the contract holders (Wildman and Herring) are aware the whole project should focus on the user needs and what will work best for the network. Healthwatch England will be meeting with the CQC technology team to see if any of their new technology is suitable for us.</p> <p>DO said contract management will be key and asked for it to be closely managed.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • AMR to bring a report to the February AFRSC to update against milestones. 	AMR

5.1	<p><u>Forward Plan</u></p> <p>ACTION:</p> <p>DO requested an annual review of workforce relations and staff engagement be added to forward plan.</p>	LC
6.1	<p><u>Any Other Business</u></p> <p>IR advised the AFRSC there is currently a restructure process taking place in one of the teams and this may affect staff survey results.</p>	

The next meeting is 13th February 10am -12pm at Bucking Palace Road

SUMMARY OF ACTIONS (LAST UPDATED OCT 2018):

NUM	DATE	LEAD	ACTION	UPDATE	DEADLINE	STATUS
1.	02/05/19	Imelda Redmond	To look at capability training for managers	Providers are being sourced for relevant training courses	November 2019	In progress
2.	25/07/19	Gavin Macgregor	To compare evaluations of feedback from recent grants to establish best practice going forward	Evaluation process underway	February 2020	In progress
3.	24/10/19	Joanne Crossley	Each line of the Q2 finances to be examined		1 November 2020	
4.	24/10/19	Leadership Team	Budgets holders in the Leadership Team to analyse their own budgets		1 November 2020	
5.	24/10/19	Joanne Crossley	Summary of overspend findings to be sent to AFRSC members		1 November 2019	
6.	24/10/19	Andrew McCulloch	Depending on findings of overspend examination AFRSC to consider flagging overspend to full Committee		November 2020	

7.	24/10/19	Joanne Crossley	<p>The AFRSC the following measures to be taken:</p> <ul style="list-style-type: none"> • Bring options appraisal to next AFRSC showing potential reconfigurations including Healthwatch England taking on more or sourcing out the HR/Finance role • Include in the options appraisal different office location and virtual office possibilities • Interrogate current recharge figures with CQC Finance Director • Prepare draft SLAs 		February 2020	
8.	24/10/19	Sandra Abraham	Under the Brand risk address our independence from the CQC from a professional's point of view		February 2020	
9.	24/10/19	Chris McCann	Provide information on the risks and mitigations for if we mishandle information we publish		February 2020	
10.	24/10/19	Sandra Abraham	SR03 (Digital) - CQC risk register to be checked for the same risk and mirrored		February 2020	
11.	24/10/19	Gavin Macgregor	SR07 (Brand) - Check to be made on local Healthwatch code of conducts		February 2020	

12.	24/10/19	Sandra Abraham	SR09 (Staff Resources) - More mitigations to be added to this risk		February 2020	
13.	24/10/19	Sandra Abraham	SR06 (Influence) - To be increased from low to medium		February 2020	
14.	24/10/19	Sandra Abraham	SR14 (Engagement) - Wording of risk to be changed to generic wording and add better communication to the mitigation		February 2020	
15.	24/10/19	Sandra Abraham	The risk ratings table to include the title of the risk (i.e. Funding) to help identify each risk		February 2020	
16.	24/10/19	Amie McWilliam-Reynolds	A report to be brought to February AFRSC to update against milestones on the Digital Transformation programme		February 2020	
17.	24/10/19	Leanne Crabb	An annual review of workforce relations and staff engagement be added to forward plan		February 2020	

AGENDA ITEM: March 2020 Committee Meeting

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper sets out a suggested plan for the Committee's March meeting

RECOMMENDATION: Committee Members are asked to **APPROVE** Liverpool as the next location and discuss ideas for the agenda.

Background

The Committee is due to meet on 10 and 11 March 2020.

The Committee previously expressed a wish to hold the next meeting in Liverpool.

It is proposed that a similar format to November is used with the first day giving an opportunity to meet and visit with people who influence the health and social care services in Liverpool.

Day two will be the formal Committee meeting held in a venue in Liverpool.

Imelda Redmond is holding a telephone meeting with members of the Healthwatch England team and Sarah Thwaites (CO of Healthwatch Liverpool) on 26 November to discuss initial plans and local needs.

Future dates for the full Committee meetings:

2020

9th & 10th June

8th & 9th September

8th & 9th December

AGENDA ITEM: 2.3**AGENDA ITEM:** Forward Plan**PRESENTING:** Sir Robert Francis**PREVIOUS DECISION:** N/A**EXECUTIVE SUMMARY:** This forward plan sets out Committee meeting agenda items for the following 12 months**RECOMMENDATIONS:** Committee Members are asked to **NOTE** this report**2.3 Healthwatch England Public Committee Meeting Forward Agenda 2019/20**

March 2020 Public Meeting - Liverpool	<ul style="list-style-type: none"> • LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
June 2020 Public Meeting	<ul style="list-style-type: none"> • LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Delivery and Performance Update • Review Standing Orders • AFRSC Minutes • Intelligence Report • Questions from the Public
Sep 2020 Public Meeting	<ul style="list-style-type: none"> • LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
Nov 2020 Public Meeting	<ul style="list-style-type: none"> • LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising

	<ul style="list-style-type: none">• Chair's Report• National Director's Report• Committee Member Update - verbal• Delivery and Performance Update• AFRSC Minutes• Intelligence Report• Annual Report• Annual Data Return• Questions from the Public
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