Healthwatch England 11 March 2020
Meeting #30 Committee Meeting held in Public

Location: Boardroom, Liverpool Womens NHS Foundation Trust Crown St Liverpool Merseyside L8 7SS - 11:15pm - 14:30pm

Timing	Public Committee Meeting - Agenda item		Presenter	Action
11:15	1.1	Welcome and apologies	Chair - RF	
11:17	1.2	Declarations of interests	Chair - RF	
11:20	1.3	Talk on an aspect of patient stories and safety	PALS Team and Robert Clarke, Chair - RF	FOR DISCUSSION
12:00	1.4	**Presentation by Healthwatch Cheshire West & East**	Louise Barry	For DISCUSSION Presentation will be shown on the day
12:30		**Coffee Break**		
12:40	1.5	Minutes of meeting held in November, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
12:50	1.6	Chair's Report	Chair - RF	VERBAL
13:00	1.7	National Director's Report	IR	For NOTING
13:15	1.8	Committee Members Update	ALL	VERBAL
13:20	1.9	Long-term Plan Analysis	CM	For NOTING
13.30	2.0	Business Plan & KPI	IR	APPROVAL
13.35	2.1	Draft Budget	DO	APPROVAL
13.40	2.2	Q3 2019/20 Delivery and Performance Report	IR	For NOTING
13.45	2.3	Audit, Finance and Risk Sub Committee Meeting Minutes	DO	For NOTING
13:50	2.4	Intelligence and Policy Report for Q3	IR	For DISCUSSION
14:05	2.5	Standing Orders review	ALL	For DISCUSSION
14:15	2.6	Purpose and location of June 2020 Committee Meetings	Chair - RF	For DISCUSSION
14.20	2.7	Forward Plan	DO	For DISCUSSION

14:25		Questions from the public		

14:230	AOB followed by a light lunch		
	Date of Next Meeting 10th June 2020		

Back to main agenda

AGENDA ITEM 1.5

DRAFT

Healthwatch England Committee Meeting
Held in PUBLIC – Birmingham

Room 11, Walsall Trust, Manor Hospital, Moat Road, Walsall

Minutes and Actions from the Meeting No. 29 – 13th November 2019

Attendees

- Sir Robert Francis – Chair
- Phil Huggon – Vice Chair and Committee Member (PH)
- Liz Sayce – Committee Member (LS)
- Helen Parker – Committee Member (HP)
- 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

- Amy Kroviak – Committee Member (AKK)

In Attendance

- Imelda Redmond – National Director (IR)
- Gavin Macgregor – Head of Network Development (GM)
- Chris McCann – Director of Communication, Insight and Campaigns (CM)
- Leanne Crabb – Committee Secretary (minute taker) (LC)

Presentation:

- Walsall Together Board

Item	Introduction The Chair opened the meeting.	Action
1.2	**Agenda Item 1.2 – Welcome and Apologies** The Chair welcomed everyone to the meeting. Apologies received from Amy Kroviak.	

1.3	**Agenda Item 1.3 – Declaration of Interests** There were no declarations of interest.	
1.4	**Agenda Item 1.4 – Minutes from 4th September 2019 Committee Meeting** Correction - Item 1.5 in the minutes; name changed from Bernard Jenkins to Bernard Jenkin. The Committee **APPROVED** the minutes **Matters Arising** Item 5 (Noted on action log -*IR to bring comments on the way local Healthwatch deal with people being treated far from home to next meeting)* – IR advised this will be looked at as a system wide response and we will work with CQC and others in the sector. **<u>ACTION</u>** • IR to bring back comments regarding how local Healthwatch deal with people treated far from their home to March meeting Item 6 (Noted on action log - *To discuss with Leadership Team how best to keep LHW staff and Board members' contact details up to date)*. IR advised new local Healthwatch Chief Officers and Chairs are to be given individual inductions which will improve communications.	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair congratulated staff on the recent Healthwatch annual conference and for being so energetic and positive. The showcases from the local Healthwatch were impressive and there was a real feeling of togetherness in the network. It was great to have 130 local Healthwatch all working jointly towards making things better for people. Thank you to all who attended. The Chair attended a Healthwatch England staff meeting earlier in the month and was pleased to see enthusiasm and commitment as great as ever with confident views being discussed. The Chair spoke at a Westminster forum on Patient Safety. He also sits on an advisory board on the NHS People Plan project which is on hold due to the election but will carry on the development of a meaningful strategy. The Chair advised the committee that during Purdah it will be business as usual except for a few reports where publication will be delayed. Guidance on purdah has gone out to the network using Cabinet advice. The Committee **NOTED** the report.	
1.6	**Agenda Item 1.6 – National Director's Report** IR talked through the paper.	

	1.1 **Maternal Mental Health:** The Report was published on 9th September 2019. The focus is on women's stories of accessing services. We worked with external partners to reach specific communities. The next piece of research in this programme will cover children and young people. LS added that for this work we will look at local Healthwatch reports and after analysis we will look at where a difference has been made to understand what worked. 1.3 **Patient Transport**; HH congratulated IR on the report which is a useful tool to take to meetings to highlight the patient transport issues. IR will send an update once the review work that the NHSE are undertaking is launched. 1.4 **Long Term Plan**; IR thanked the NW for the enormous contributions they made to this piece of work. Some Local Healthwatch are receiving commissioned work on the back of this. CM will provide an update on the analysis of Long-Term Plan work at the next Committee meeting. 1.5 **Clinical Standards Review**; NHSE/I is carrying out a Review of Clinical Standards, and Healthwatch England has been part of this advisory Board on this work. Six local Healthwatch have been commissioned to engage with the public at six hospitals gathering views on A&E waiting times. The Committee **NOTED** the report. **<u>ACTIONS</u>** • BK to highlight to the network that some local Healthwatch are receiving commissioned work on the back of the Long-Term Plan reports they submitted. • CM to bring an update of the Intelligence Team's analysis of Long-Term Plan work.	BK CM
1.7	**Agenda Item 1.7 – Committee Members Update** 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 'what does good look like' to their Health and Wellbeing Board including using a service-user's voice, which was well received.	
1.8	**Agenda Item 1.8** – **Q1 2019 Delivery and Performance Report** The Committee reviewed the Q1 Delivery and Performance Report. LA asked for an update on the delays for KPI 21 (90% of programmes will be on track). IR responded that because we don't have permission to bring consultants in this has caused some delays to our projects. Work will now start in October instead of June. RF requested an update on the interim briefing on State of Support. JL responded the National Audit Office (NAO) is working on looking at funding mechanisms for local Healthwatch. This was due to be aligned with the State of Support interim briefing, which has been delayed. **<u>ACTION</u>** • **An error was noted under KPI 15 (*We will develop methodology to track the use of Healthwatch findings*) Error to be amended.** The Committee **NOTED** the report.	**SA**

1.9	**Agenda Item 1.9 – Audit Finance and Risk Sub Committee (AFRSC)** DO introduced the Minutes of the last AFRSC. She advised that the Sub-Committee had been reasonably assured that spending is in line with expectations. Procurement and recruitment remain a risk because of the length of time it takes, but mitigations are regularly looked at. Recharge is 18% which is high and is being looked at by the Sub-Committee. HH requested the mitigation on risk SR13 to be shared with the full committee (*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*). It was agreed at the Sub Committee that the wording for this risk should be re-written as it only highlights one specific example of a potential data breach. RF asked for the proposal to be brought back to the Committee as to how risk SR13 will be framed. The Committee **NOTED** the report **<u>ACTIONS</u>** • LC 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*)	IR
2.0	**Agenda Item 2.0 – Research on Stakeholder Perception of Healthwatch** JL gave a presentation to the Committee on results of a survey given to stakeholders showing how they perceive Healthwatch locally and nationally. LA congratulated Healthwatch on a good piece of work and asked to clarify a comment in the presentation saying, 'leadership could be bolder'. JL responded that stakeholders felt local Healthwatch should be more confident about challenging providers. The Committee NOTED the report.	
2.1	**Agenda Item 2.1 – Healthwatch Staff and Volunteers – Their Future Learning and Development Needs** GM gave a presentation to the Committee on the Healthwatch England support offer to local Healthwatch. Staff, volunteers and Board members were asked what support would be of value to them. The Committee thanked Gavin for his presentation and were pleased with how this work is progressing.	
2.2	**Agenda Item 2.2 – Intelligence Report for Q1** 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 a future meeting. **ACTIONS** • 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 a future meeting.	IR
2.4	**Agenda Item 2.4 – Forward Plan** There were no additions for the Forward Plan	
	Comments from the public 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. We have information on her website and workplace.	
	The Chair closed the meeting.	
	The next meeting will be held in Liverpool in March 2020. Venue details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

13th November 2019

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
1.4	Imelda Redmond	**Matters Arising:** To bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments	HW has been working with CQC on a response to this. Lincolnshire Healthwatch worked with CQC on engaging people with Learning disabilities. We will be feeding into work on upskilling inspectors. This piece of work went very well and now three additional HW have been commissioned to run events to contribute to this work. This work will be complete by mid-April and we will share the learning through the network	Mar 2020	In progress
		To discuss with Leadership Team how best to keep staff and Board members' contact details up to date.	IR advised new local Healthwatch Chief Officers and Chairs are to be given individual inductions which will improve communications.GM will update committee on progress	Mar 2020	In progress
1.6	Imelda Redmond	**National Director's Report:** To send an update out about patient transport by end of December 2019.	Distributed	Mar 2020	Complete
	Ben Knox	BK to highlight to the network that some local Healthwatch are receiving commissioned work on the back of the Long-Term Plan reports they submitted.	To be done in March when long-term plans are published	Mar 2020	In Progress
	Chris McCann	CM will bring an update of the Intelligence Team's analysis of Long-Term Plan work	Report published January 2020. CM will update committee The full report can be accessed here.	Mar 2020	Complete

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
1.9	Imelda Redmond	**Audit Finance and Risk Sub Committee (AFRSC)** Proposal to be brought back to the Committee as to how risk SR13 will be framed to highlight multiple CRM risks	This risk has now been incorporated into risk SRO3 which cover the general risk of a security breach. (***Risk SR03*** *- Failure to provide a suitable and secure digital system, risks a data protection breach resulting in reduced confidence from the network and reputational damage*).	Mar 2020	Complete

Back to main agenda

AGENDA ITEM: 1.7

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

Since we last met in November a lot has happened both at Healthwatch and in the country. A general Election was called for 12th December 2019 with the Conservative Party winning a substantial majority. We have written to relevant stakeholders and have developed a plan to maximise our impact with parliamentarians.

Coronavirus

As we prepare for our meeting in Liverpool, we are keeping a close watch on the developments in advice from Public Health England, NHSE/I and the Department of Health and Social Care. We are receiving daily updates and more in-depth briefings as and when information changes. We are putting information on our website regularly and asking Healthwatch throughout the country to regularly update their advice to the public.
Later today the Government will make further announcements about plans they will put in place and we will adjust our approach accordingly. We will follow CQC guidance for staff and public meetings once they have announced their plans.

It continues to be a busy time in Healthwatch England, our reputation for delivering high quality and advice and insight continues to build.

I was delighted that the organisation was nominated for and won P**ublic Awareness Campaigns:** Our #WhatWouldYouDo campaign to engage people in the NHS Long Term Plan was recently named 'Campaign of the Year' at the Public Sector Digital Awards. The staff who worked on this did a really great job at an incredibly busy time. Our campaigns are now really beginning to spread through the NHS and charity sector which is what we want.

I thought the committee would be interested to read the latest report from Professor Michael Marmot on health inequalities.
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on.

Professor Marmot is a Director at the Institute of Health Equity which was commissioned by the Health Foundation to review health inequalities ten years on from his seminal work **Fair Society Healthy Lives.** In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

His latest report published in February of this year concludes that things are now worse, especially for women. There has been a decrease in the proportion of our lives that we can expect to live in good health. And not only has the health gap grown between wealthy and deprived areas, it has also grown between deprived areas. Living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less. We will be using the learning from his work to focus some of our equalities work in the coming year.

Set out below are some of the activities we have undertaken in the last quarter.

1. Key Healthwatch Activity:

1.1 Maternal mental health programme

In September we launched our maternal mental health report, Mental Health and the Journey to Parenthood, which looked at the experiences of 1,738 women. Over late autumn and into winter we continued to promote the findings of this work and extended it further by sharing additional insight from partners and people who have experienced baby loss.

Throughout our work on this topic we have been using our evidence and supporting our colleagues at NCT and other partner organisations, to call for the introduction of mental health checks for new mums.

We are therefore pleased to report April 2020 the 600,000 women a year who have babies in England will now have a six-week assessment of their health and wellbeing, including a focus on identifying issues with mental health challenges. At the moment, many women either do not get a postnatal check or only have a very brief one during their baby's six-week check, often because of time pressures. We heard during our research that this left many feeling unable to raise issues about their own health and led to concerns that some conditions are being missed.

NHS England have made an additional £12m available as part of a new five-year contract with GPs.

1.2 Young People and Mental Health

Over the past three years, we've heard from over 20,000 young people about their experiences of mental health support. To gain a deeper understanding of this issues, we brought together 47 young people, aged 16-25, to carry out some deliberative research talking to them about what affects their mental health, their current experiences of care, and what services can do to better support them.

We published the findings of this research in February to mark Children's Mental Health Week, highlighting the three steps young people want to see taken to improve the support made available to them.

1. **Better education and communication**

    - Ongoing support for their emotional wellbeing including preventative check-ins and longer term follow-up to treatment.
    - Realistic and responsible portrayals of mental health in the media to improve awareness and decrease stigma.
    - Mental health on school curriculums from Year 7.
    - Mental health awareness and fundraising days in schools.
    - Regular mental health check-ups offered to all young people every 6 months.

2. **More options and personalised care**

    - As many mental health care options as possible, including different drug treatments, talking therapy, Cognitive Behavioural Therapy and mindfulness.
    - More options for where they can be treated and timing of appointments, such as innovative community or online services, which they can access 24/7.

- To see the same health professional, so they don't have to explain their story multiple times.
- More school and university counsellors who are trained in several types of therapy, so they can provide people with more options for treatment.
- To feel they're being truly listened to by health professionals and that what they say will be kept confidential.
- Transitions from Children and Adolescent Mental Health Services to adult mental health care to be personalised, and there should be flexibility on when the transition takes place depending on each person's unique journey.

3. **Peer support**

- Casual meet-ups with others who have a mental health condition, where they can help each other and talk about their issues.
- Access to mentors and life coaches who have been through similar issues themselves.
- Shorter waiting times for CAMHS specialists, but they understand this is not always possible. As an alternative they'd like to see interim options for peer or online support while they wait for a referral, further support or treatment.

We shared this research with MPs ahead of the Parliamentary debate to mark Children's Mental Health Week and relevant stakeholders we are currently exploring how we share the findings further, in particular with partners working in education.

1.3 **Annual report to Parliament**

At the end of January, we presented our annual report to Parliament, summarising the achievements of the Healthwatch network over the last year including the insights we've gathered from 749,000 people.

In the report we highlighted our contribution to the policy debate on social care over the last 12 months including our work:

- Calling on councils to ensure they are reviewing care plans for people with dementia.
- Highlighting the challenges that carers have getting support.
- Ensuring care home residents can see a dentist.

- Encouraging a learning culture around complaints
- Helping people to have their say about future social care - in particular highlighting their desire for more information and advice about services and planning for care needs.

We also set out how we have been making our insight easier to access with the development of our online library. This now makes over 3,000 reports available to people working across health and social care, creating and unrivalled evidence source by bringing together the views and experiences of over 440,000 people.

Alongside the Annual Report we also published our end of programme report on the NHS Long Term Plan setting out what 40,000 people told us about how the LTP should be implemented locally. We will be analysing the extent to which STPs / ICSs have taken on board these findings when they publish their local implementation plans, which we now understand is likely to take place in March / April time.

1.4 NHS Complaints

In early January we published the findings of our latest work on NHS complaints, this time exploring how well hospitals are reporting on what they have learnt from incidents. Findings included:

1. **Local reporting on complaints is inconsistent and inaccessible**

    - All hospital trusts are reporting to NHS Digital on the numbers of complaints they receive; however, only a minority of trusts report any more meaningful data at a local level.

    - Our analysis shows just 1 in 8 hospitals trusts (12%) are demonstrating that they are compliant with the statutory regulations when it comes reporting on complaints.

2. **Staff are not empowered to communicate with the public on complaints**

    - All hospitals must produce an annual statutory complaints report, but they are only required to make it available to people upon request. Yet we found that hospital complaints staff were often not aware of the reports or who could access them.

3. **Reporting focuses on counting complaints, not demonstrating learning**

    - Less than half (38%) of trusts make public any information on the changes they've made in response to complaints.

- Much of this reporting is still only high-level, telling us little detail about what has changed and only stating that “improvements were made”.

The recommendations from the report were widely welcomed by stakeholders including NHS Providers, the PHSO, NHS England and the Department of Health. It also secured some high profile media coverage including lead story for the Independent.

Following the report’s publication we have also met with the Minister responsible for patient feedback, Nadine Dories MP, to discuss how the Department may now take forward our recommendations as part of their developing strategy on NHS concerns and complaints. The Department have also asked us to carry out a similar exercise looking at what CCGs are currently learning from complaints which we will look to carry out in Q4.

At a local level we have made the data from our research available to all local Healthwatch CEOs so they can hold follow-up conversation with their local hospital leaders. We understand from feedback across the network that these conversations are being welcomed by local NHS leaders as a positive platform for discussing improvements.

Alongside our work on complaints, we continue to support the PHSO’s development of system wide standards for complaints handling, which are due to be put out for consultation in March. We have also been progressing conversations with the Department of Health and Social Care about issues raised with us about the handling of NHS complaints relating to sexual misconduct.

1.5 NHS Clinical Review of Standards

Over the last quarter we have published our work looking into patient experience in A&E. This work has been carried out to inform NHS England’s review of the current four-hour target and the testing of proposed new standards.

In October we published the findings of our national polling. This set the scene of public understanding of the current target and what people broadly think is important when attending A&E.

At the end of February, we expanded on this with qualitative analysis of 330 patient interviews conducted in A&E between September and November 2019. These interviews were carried out by Healthwatch in six hospitals and was grant funded by NHS England.

Across both our quantitative and qualitative evidence, the overwhelming message is that time alone does not dictate how people feel about their experience of A&E.

Focusing performance measures on simply tracking time spent in department, however it is measured, will not necessarily drive the improvements the NHS wants to see.

Our research shows that overall patient experience is also shaped by:

- The quality of clinical care they receive
- The quality and frequency of the communication
- The attitude of staff and whether they have the time to offer empathetic care
- Whether the A&E is working well with other services such as NHS 111 and GPs
- The quality of the A&E facilities themselves, including things that can make the experience of long waits easier on people, such as access to food and drink.

This doesn't mean waiting times are unimportant. Indeed, national performance against the current target is a serious concern and according to our national polling has left the public lacking confidence in the NHS. A lot of work will need to done to foster public and professional's confidence in any new standards.

However, if the Clinical Review of Standard realigns targets around patient priorities, and uses any roll-out of the new standards to help services do things differently, not just count differently, then this programme has a real opportunity to improve experiences for people in A&E.

We have been discussing the findings and recommendations extensively with stakeholders over the last few months including NHSE, DHSC, NHS Providers, CQC, King's Fund, Nuffield Trust, Health Foundation, Royal College of Emergency Medicine, the Academy of Medical Royal Colleges, National Voices and Patients Association. We also resented our findings at a policy conference and at the NHS Assembly on 28th February.

We have also held Policy Forum for Healthwatch looking at the research and providing the network with an opportunity to put their questions directly to Dr Steve Powis, National Clinical Director for NHS England and the lead for the review.

Looking beyond A&E, we have also worked with a variety of partners across the voluntary sector to secure an agreement from NHSE to extend the testing period for proposed changes the 18 week referral to treatment target for elective care. This is a welcome move given the complexity of the pathway, and we will continue to work with NHSE to inform their thinking around this.

1.6 King's Fund partnership project on NHS Admin

In December we formally kicked off our partnership with the King's Fund looking at people's experience of NHS admin processes and the impact they can have on care.

We put out a call for bids from local Healthwatch to take part in the project and appointed five projects following a joint assessment process with the King's Fund.

Over the next few months we will be working with:

- Healthwatch Lambeth
- Healthwatch Brent and Healthwatch Newham
- Healthwatch Surrey
- Healthwatch Northamptonshire
- Healthwatch North Yorkshire

The local Healthwatch involved will be working with a team from Healthwatch England and the King's Fund to look at three patient groups including episodic users (occasional visitors to their GP or A&E), people on specific pathways (e.g. Cancer and MSK conditions), and those with long term conditions or needs (e.g. learning disabilities or mental health).

The fieldwork will be completed by the end of April, with a report expected in the Summer.

2. Partnership / Stakeholder Engagement Update

In addition to the work I have already mentioned on mental health, NHS admin and A&E, there are more areas of partnership / stakeholder engagement that we wanted to bring to the committee's attention.

2.1 Political / Government engagement

Over the last quarter we have had a significant focus on preparing for and responding to the outcome of the general election.

Ahead of the election we published the local Healthwatch annual priorities list, which is drawn every year from the annual data return. We then used this to reach out to all political parties and prospective candidates as a key information source on the health and care issues facing their local constituents.

Immediately after the election we supported local Healthwatch to engage with their new/re-elected MPs and provided a resource for constituency officers and parliamentary researchers on how to get the most out of their relationship with their local Healthwatch. This was well received and a number of Healthwatch have had a positive response from their MP's who have asked for meetings. This is part of the broader programme of activity to raise awareness of Healthwatch among elected representatives and ensure they are drawing on our support and insight.

When we published the annual report at the end of January, we shared this with all MPs and recorded our highest ever engagement with this audience in terms of the number of downloads. Meeting invitations were also extended to the core group of MPs who have expressed interest in health and social care matters.

In February we began re-establishing relationships with several Parliamentary Select Committees, writing to the new / re-appointed Chairs and setting up meetings. With the Health and Social Care Select Committee we have been in discussions about their upcoming priorities and will support their review of their impact over the last Parliament.

We have also reconnected with the Bill Team at DHSC to discuss our input into the emerging Health Bill that has been developed to support implementation of the Long Term Plan.

2.2 NHSE Transport Review

We continue to support NHS England's review of transport following our joint report with Age UK and Kidney Care UK in October. We are working with them on the scope of the review. We have promoted the call for evidence (which closes on 13 March) to the network and we are supporting Healthwatch to attend a series of roundtable events in early March to help further shape NHS England's thinking around solutions.

We have focused on trying to ensure the review focuses on broader issues than just the commissioning of non-emergency patient transport services, and NHS England have been very receptive to this.

It is worth noting that NHSE have also recently launched a campaign to help the NHS reduce its carbon footprint, which will also help to ensure a broader view is taken on the NHS' role in transport.

2.3 Supporting the wider patient and public involvement movement in health and care

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 we have developed 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 project addresses gaps in current provision of guidance for providers of NHS and social care services and makes 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. This work is going through the final stages of clearance with all partners and is due out shortly.

Looking more broadly we have also been supporting the development of the new Engagement Practitioners' Network. There will be launch events in Manchester (25 Feb) and London (4 March) supported by Healthwatch which aim to bring together a network of those working across the sector to ensure people have a say in how services are designed, commissioned and run. A number of Healthwatch have presented at these events.

We are now also regular contributors to the national training programme called Reaching Out for NHS leads on patient engagement and experience.

2.4 Public and Patient Participation in Primary Care Networks (PCN) / PPGs -

We have been working with NHSE/I, National Voices and the Patients Association on promoting the need for PCNs to have good engagement plans in place. Our focus has been on making sure that people are involved in decisions that will have practical implications for the way they access services rather than on inclusion in formal structures. This was the basis of our contribution to primary care contract consultation that took place over the Christmas period.

More broadly, following concerns raised by a range of stakeholder about the PCN contract consultation we have written to Simon Stevens to discuss NHS England's general approach to having these sorts of conversations with the public.

2.5 Response to coronavirus

I attended a round table with system leaders to discuss how we can all work together to support the NHS's response to Coronavirus. We update our advice to the public and Healthwatch each Monday morning. We will change our communications as the communications from Public Health England and Department for Health and Social Care change. At present the advice from Government following today's (02/03/20) COBRA meeting the advice to the public remains broadly the same, focused on handwashing, social distancing and call 111 if you have concerns. Should we hear anything from the public we will feed this into NHSE and DHSC.

1.6 NHS National Assembly

The NHS Assembly has recently held its fifth meeting. I am a member of the Assembly and have presented the work of Healthwatch in general as well as the work we did on the NHS Long Term Plan and our work accident and emergency standards. As the Assembly enters its second year the agreed priorities are: -

To work with NHSE/I on
I) promoting the production of an outcome's framework for populations health

ii) the critical role of people and communities in improving health and care

Iii) the people plan

Iv) disseminating innovation

1.7 National Review of Primary Care

We have been working with NHSE/I and other partners on the review of access to primary care. As you know this is the number one issue that is raised by the public. The new GP contracts will now have a measure on patient engagement and satisfaction. In the future this will give us a wealth data to help improve services.

3 Support to the Network

I'm pleased to inform you that the restructure of the Network Development Team is now complete. We interviewed for the vacant roles last week and offers have been made and accepted by all the successful candidates. Assuming that references etc are all fine we will have a full complement of staff by June.

Except for the Head of Network Development and the Deputy Head all managers will have both a case load of 30 Healthwatch plus a specialism they will lead on. The deputy Head will lead on sustainability across the country and the other managers will lead on the following issues

Volunteering
Impact
Campaigns
Collaboration
Quality

We also now have our Training and Development function up and running and our events team will have the new administrator in the near future.

It's been a long a difficult journey to get to this point. It's been very hard for staff who have had to apply for the new roles and unfortunately not all were successful, and we will be saying goodbye to some valued members of the team.

We had a representative of the network on the interview panel for the externally advertised posts. We are grateful for the time they gave to us.

3.1 Research Governance Framework:

30 Healthwatch are now using the Research Governance Framework which will be rolled out in earnest once testing has been completed in 2020/21. We will be developing an online interactive tool. We will also roll out of the Healthwatch Research Training package as part of the wider response to the learning needs survey.

So far, feedback received from local Healthwatch on how the framework has been used shows that it has multiple benefits. Local Healthwatch have found the self-assessment process and framework useful. This has helped to support collaborative working in Greater Manchester. Healthwatch in Greater Manchester Healthwatch now have an agreed, and shared, understanding of what good looks like. The Framework has strengthened the take up of findings. It has also added credibility around research methods and has been incorporated into contract management processes as well as prompting much needed improvements around testing and quality assurance.

3.2 Digital Requirement Programme:

Our user research work conducted by Wildman and Herring is well underway with nearly 80% of the network engaged in helping us understand their digital requirements. We are currently consolidating their feedback to playback initial findings. During February we will be running a series of workshops with the network to identify the types of systems that could work for us. The findings will be with us by the end of March, we will respond to the recommendations, our main limitation to responding to findings will be our budget

3.3 Support for Board Members

Serving on the Board or Advisory Board of a Healthwatch is a big responsibility. This includes responsibility among other things for setting the strategic direction and priorities for a Healthwatch, plus ensuring its work is on track. The take up of these workshops was very good with a waiting list in some areas. They were lively two way discussions with plenty of learning for us about what and how we communicate.

Healthwatch England held workshops in Bristol and London where Healthwatch Board/Advisory Group members talked about their role, the challenges they face and how Healthwatch England can best support them.

Participants heard about a new Guide to Running a Healthwatch and the Quality Framework – tools to help Boards and Advisory Groups alike to lead a well-run, independent Healthwatch.

3.4 We have also launched a further eight websites for local Healthwatch taking the total up to 49.

3.5 Around 30 Healthwatch have now completed the Quality Framework, we are currently carrying out review meetings with all 30.

Public Awareness Campaigns: Our #WhatWoudYouDo campaign to engage people in the NHS Long Term Plan was recently named 'Campaign of the Year' at the Public Sector Digital Awards. In Q3 we started work on our next campaign called #SpeakUp2020. The campaign, which was launched in January, aimed to provide local Healthwatch with an out of the box campaign they could use to raise awareness of their local priorities and encourage people to share their views. Over 90 local Healthwatch took part in the campaign, which was supported by 187 NHS, voluntary sector and social care organisations. We gained seven items of press coverage and reached over 340K people online. The two-week campaign also resulted in over 1000 people sharing their experiences directly with Healthwatch England. Our next campaign, which was due to run at the end of Q4, has been paused until after the local government elections.

Marketing of Healthwatch and our content: Our investment in more advice and information content and the promotion of this via search and social media has, along with our wider communications, resulted in a steady increase in website visitors during Q1-Q3 2019 and culminated in January 2020 seeing our highest ever monthly website traffic. We are currently on target to see a 30% year on year increase in website visitors. Advice and information content, introduced onto our website in August 2018, now accounts for over 10% of all our viewed content. Our most popular content relates to advice on GP registration, complaints, finding an NHS dentist, travelling to an NHS appointment and your rights when living in a care home.

Communications support for local Healthwatch: We have continued to roll out our new website to local Healthwatch. There are now 42 local Healthwatch who have been trained and then supported to populate, test and launch their new sites. In November we held our second local Healthwatch user group, which saw the launch of a standard template local Healthwatch can use to understand their website traffic and use this information to improve performance. During Q3, we continued to develop our suite of communications training and resources for the network, as well as providing updated brand resources we also published and ran training on our new on email marketing guidance.

Key External Updates:

4.1 Reshuffle

The Prime Minister has now made some anticipated changes to his Cabinet following the recent general election. Key appointments to note:

- Rt Hon Matt Hancock MP **remains** in post as Secretary of State for Health and Social Care;
- Helen Whitely MP **replaces** Caroline Dunnage MP as Minister of State for Care;
- Edward Argar MP **remains** in post as Minister for Health;
- Jo Churchill MP **remains** in post as Minister for Prevention, Public Health and Primary Care;
- Nadine Dor

4.2 New Chair of the Health and Social Care Select Committee Rt Hon Jeremy Hunt MP (Conservative, South West Surrey) has just been elected as the new Chair of the Parliamentary Health and Social Care Select Committee (HSCSC), replacing Dr Sarah Wollaston.

Mr Hunt was the former (and longest serving) Secretary of State for Health and Social Care from Sept 2012 until July 2018 when he was appointed as Foreign Secretary.

Some of the areas that he's said he'll focus on as Chair of the HSC...

4.3 Queen's speech

In late December the Queen gave her speech at the State Opening of Parliament which set out the Government's priorities over the next Parliament. Key things of interest regarding the NHS and social care are:

-

4.4 Key news stories in health and social care

- Over the last few months there has been intense media scrutiny in to the maternity incidents in Shropshire and in Kent. We have been working to support local Healthwatch in both these areas with regards to this matter.

- At the beginning of February, the inquiry into the malpractice of Ian Paterson reported back to the Government. It sets out the lessons the NHS needs to learn from this case and raises important questions for the Government as it considers its ongoing work around patient safety and the investigation of concerns and complaints in the NHS.

- In mid-Feb the NHS launched a patient safety inquiry after a private contractor failed to send more than 28,000 pieces of confidential medical correspondence to GPs. Local NHS leaders are trying to find out if any patients have been harmed as a result. Healthwatch Haringey were quoted in the Guardian article and we have been liaising with them about securing reassurance for patients from the relevant NHS bodies.

- Concerns have been raised again by campaigners about the sale of NHS patient data to US drug companies. The questions relate to whether the records shared can truly be considered 'anonymised' given the sensitive nature of health data. This story is likely to emerge again in light of potential trade deals with the US, and reinforces the point Healthwatch made when the patient data-opt came in that the NHS cannot take public trust on data sharing for granted.

Key Meetings Attended since the last Committee meeting

Nov 2019	
NESTA	With Halima Khan, Executive Director
Nursing & Midwifery Council	Always Caring Always Nursing Celebratory evening reception, St. Thomas' Hospital London
NHS Youth Forum	With Gabrielle Matthews, Volunteer Alumni Member NHS Youth Forum
Quarterly meeting with CQC	With Ian Trenholm, Chief Executive CQC
Equalities National Council	With Julie Jaye, CEO Equalities National Council
NHSE/CQC/PHE/NICE	
DHSC	With Ros Roughton, Director of Care and Transformation DHSC
Dec	
Engaging Communities Staffordshire CIC (ECS)	With Simon Foggell, Executive Director Engaging Communities Staffordshire CIC (ECS)
4th NHS Assembly Meeting	Kia Oval, London
Point of Care Foundation	With Jocelyn Cornwell, CEO Point of Care Foundation
Secretary of State for Health and Social Care	Policy Exchange, London
NHS Confederation's annual Christmas debate and reception	Church House, Westminster
National Quality Board	Skipton House, London
'Reaching Out" - national workshop for NHS staff	Speaker at 'Reaching Out" - national workshop for NHS staff. The Leadership Academy, Leeds
NHS England and NHS Improvement Experience, Participation and Equalities Nursing Directorate	With Nagina Javaid, Senior Youth Participation & Strategy Advisor, NHS England and NHS Improvement
British Acupuncture Council	With Jane Deboi, Head of Professional Standards and Kevin Durjun, Head of Events and Public Relations British Acupuncture Council
Non-urgent patient transport (NEPTS)	Ian Dodge, National Director of Strategy (NEPTS)
Neil Churchill NHSE/I	Share priorities for the coming business plan
Jan 2020	
Engaging Communities Staffordshire CIC (ECS)	Federation House, Stoke-on-Trent

NHS	Kay Fradley, Head of Strategy and Planning NHS England and NHS Improvement – Midlands
Think Local Act Personal	With Caroline Spier, Head of TLAP and Tim Parkin, Senior Policy Advisors
New Economics Foundation	Tiffany Lam, Consultant New Economics Foundation
Networking Meeting, NCVO	Deakin House, All Saints Street, London
The Consultation Institute	With Nicholas Duffin, Fellow of The Consultation Institute and Jacob Lant, HWE Head of Policy and Partnerships
NHS England, System Transformation Group	Frances Newell, Head of engagement and communications (public engagement) NHS England
Health For Care, NHS Confederation	NHS Confederation, London
Feb	
General Medical Council (GMC)	Roundtable, GMC, London
NHS England and NHS Improvement	With Professor Stephen Powis, National Medical Director, **NHS England and NHS Improvement**
General Medical Council (GMC)	Parliamentary reception, GMC, London
Equality and Human Rights Network	IET Birmingham
Better Care Fund	Better care fund Stakeholder Workshop, MHCLG, London
Claire Henry Associates	With Claire Henry Associates, Director Claire Henry Associates
Quarterly meeting with DHSC	DHSC, London
HWE	Friends House, London
Department for International trade-Saudi Arabia.	With Julie Ounaha, NHS Account Specialist & Export Catalyst Specialist, Department for International Trade-Saudi Arabia.
Annual Meeting Healthwatch Southampton	Speaker at Healthwatch Southampton Annual Meeting, Southampton
Serjeants' Inn Chambers	With Sir Robert, Chair HWE
National Quality Board	Skipton House, London
Care England	National Quality Board Lecture, London
Long Terms Condition Conference	Speaker and Chair
5th NHS Assembly	The Tower Hotel, London

Back to main agenda

AGENDA ITEM No 1.9

AGENDA ITEM: Long Term Plan Analysis –
PRESENTING: Chris McCann
PREVIOUS DECISION: No previous decision taken
EXECUTIVE SUMMARY: This report takes a look at what people want from the next ten years of the NHS
RECOMMENDATION: Committee Members are asked to NOTE this report.

Background

Attached is the final report of the work carried out across the country to contribute to planning at a regional level.

All 152 Healthwatch participated and it is built on the experience of 40,000 people who shared their views with us.

Please click the following link to view the report:

What people want next ten years NHS

AGENDA ITEM No 2.0

[Back to main agenda]

AGENDA ITEM: Business Plan 2020/21

PRESENTING: Imelda Redmond

PREVIOUS DECISION: Business Plan 2019/20 agreed by committee on the 2nd April 2019

EXECUTIVE SUMMARY: The attached Business Plan 2020/21 outlines the top deliverables we aim to deliver in year 3 of our strategy.

RECOMMENDATION: Committee Members are asked to APPROVE this report.

Background

Attached is the business plan for 2020/21. This has been developed with staff throughout the organisation and the committee.

Under this plan sits programme management framework and individual workplan and objectives.

We will revisit our organisational strategy in October. The early work on this has already started. At the next meeting we will reflect back on the achievement of this year.

Back to main agenda

AGENDA ITEM: 2.0

Healthwatch England Business Plan 2020/21

Directorate: Healthwatch England

Approved by: Healthwatch England Committee

Date: 11th March 2020

Version: Final Version for approval at Committee Meeting

Foreword

By Imelda Redmond CBE, National Director

In April 2020 we enter the third year of our five-year strategy. A huge amount of change has taken place over the last two years including a significant improvement in our reach and influence. We have transformed our communications, provided the public with far more advice and information via a much better website and use of social media. During the first two years of the strategy our social media reach increased from 800,000 to 4 million.

The use of our advice and information has also increased significantly. Two years ago, we set ourselves the ambition of nearly doubling public engagement with Healthwatch. In 2016/17 - the year we used to baseline our strategy - an estimated 517K people were helped by the Healthwatch network to access information they needed or to share their experience of care. By 2018/19 – the latest year for which we have data - the network supported an estimated 750K people, increase of 44%.

The amount of insight we now receive directly from the public to Healthwatch England has grown a zero base to 35,000, combined with the insight shared from the network this has enabled us to provide timely briefings to stakeholders including a quarterly insight report.

Our policy influence has increased, and our insight and our evidence are regularly leads to improvement in policy, e.g. the development of the NHS Long Term Plan, oral health in care homes, review of access to primary care. We can be proud that our contribution is valued and used to improve services for the public right across health and social care.

Since 2018 we have transformed our support offer and relationship with the Healthwatch network. Working together we have introduced a Quality Framework, Impact Toolkit, developed a comprehensive nationwide Training and Development Programme and helped to raise standards in research. Attendance at the annual conference has increased as has attendees' satisfaction with it.

We have worked hard to support local authority commissioners of Healthwatch and although the network has been affected by reductions in local government funds we have managed to stem that flow and through cooperation and challenge with local government have been ensured that in the region of £600k budget reductions have been avoided. Additionally, in the past two years we initiated a grants programme and have distributed funds to Healthwatch throughout the country totalling £847,751.

We are pleased with how far we have travelled in the past two years, but we are not complacent, and are ambitious to do more. Over the coming year we will continue to develop, seeking to use people's experiences of health and care services to improve services and policy. We plan to reach out to more people than ever before, both through our new approach to communications and campaigns but also through our improved advice and information offer. We will continue to improve our support to the network as we roll out the programmes we put in place in year two, while also giving a specific focus on support for volunteering, collaboration, campaigns, and impact. We will continue to deliver an improved learning and development programme and a focus on the network's sustainability will remain a high priority.

This year we will prioritise work on improving our understanding and our reporting on equality and diversity issues. All programmes of work will take cognisance of equalities and diversity issues. A vast amount of interesting and cutting-edge work is being delivered across the country, but we recognise that to capture this we need to improve data and impact reporting. We will give detailed attention to this in all our planning and evaluation.

Over the past two years we have grown our opportunities to work in partnership with many organisations, and we will continue to support organisations in their work and forge partnerships where there are gains to be had and the take up of ideas increased.

In the coming year we will focus our policy efforts primarily on the following issues: - access to primary care, NHS Digital Services and equalities, social care reform, and how the integration agenda and how this is impacting on people's experience of care. We will of course continue to be responsive to emerging policy themes and we will continue our work on NHS patient transport, prevention, maternal mental health, dentistry and accident and emergency services and complaint reporting.

In the third year of our strategy we will take time to review our direction of travel. Much has changed in the external world since we set our strategy just two years ago and we must ensure that our plans reflect these changes and maximises our opportunity to bring people's voices to the heart of health and care service delivery and design.

The plan below sets out the impact we want to have, the improvements we will make and the activities we will focus on to bring about the improvements across health and social care

Imelda Redmond CBE

Healthwatch England Business Plan Summary

Strategic Aims	Top Line Deliverables 2020/21	KPIs	By When
Aim 1 **Support you to have your say**	**Transforming our communication with the public** • New cross team campaigns approach and Priority Policy Campaigns to increases brand awareness. • We will increase use of our Advice and Information programme • Implementation of Priority Policy Campaigns will increase public feedback	• From (pending results in Q4) 36% to 39% (3% increase year on year) • Website views of Healthwatch network advice and information increase from 413,000 to 495,600 (20% increase (lagging indicator 2019/20)) • From (pending results in Q4) approx. 350,000 to 700,000 views shared with Healthwatch Network (lagging indicator 2019/20)	March 2021 March 2021 March 2021
Aim 2 **Provide a high-quality service to you**	**Deliver on transformation plan to enable the network to be more effective** • We will improve the quality and volume of evidence we collect from the network with focus on equality and diversity data • We will deliver a proactive engagement plan with local government to improve understanding of our role and perception of the value we bring. • We will deliver a change programme to ensure the Healthwatch network understand, evaluate, communicate and reports impact. • We will deliver a blended learning and development programme, including National Conference and events to support core competencies, knowledge requirements and delivery of our transformation programme.	• Roll out of new data collection process with 30 Healthwatch. • Healthwatch England have engagement plans in place for 100% of local authorities where contracts are being retendered or have planned extensions. • 40 Healthwatch report on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England intervention • 85% of staff and volunteers report feeling part of one Healthwatch.	March 2021 March 2021 March 2021 March 2021
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** • Using existing and new insight, we will carry out two policy focused research projects to shape emerging national thinking.	• 2 health and care sector issues influenced by Healthwatch England and 2 research projects successfully completed to influence national policy thinking.	March 2021
Aim 4 **Organisation Management**	**We will be a well-run high-performing organisation** • Our improved financial controls will ensure that we spend our budget allocation effectively • 94% of programmes will be on track • Staff survey completed by all staff • Staff feeling engaged with the overall objectives of Healthwatch England	• 100% of budget allocation spent • From 90% to 94% • From 90% to 100% of staff completing the staff survey • 100% of staff feeling engaged	March 2021 March 2021 March 2021 March 2021

2020-21 Healthwatch England plan

Section 1: Deliverables

Aim 1: Support you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them

Top-line Deliverable	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date
Transforming our communications with the public	New cross team campaigns approach and Priority Policy Campaigns increases brand awareness.	We use media, digital and partnerships to promote our role and make our services easier to find increasing engagement with the public.	Head of Communications	March 21
	We will increase use of our Advice and Information programme. We will develop and syndicate to Healthwatch network content that people can find via search & social, driving uptake through new campaigns approach.	We better understand people's top health & care questions More people will have easy access to information that helps improve their access to health and social care services.	Head of Communications	March 21
	The design and implementation of campaigns programmes will facilitate the Healthwatch network and their networks to participate in campaigns.	The reach and impact of our national campaigns is increased by ensuring we consider the Healthwatch network strengths and constraints, have local relevance and shape both local and national policy.	Head of Communications and Head of Network Development	March 21
	Implementation of Priority Policy Campaigns will increase public feedback. *The policy campaigns are set out under aim three of this document.*	The depth and quantity of the evidence will be used to improve health and social care policy and practice. Our evidence greater weight insight will lead to more people sharing stories with us.	Head of Communications	March 21

Aim 2: Providing a high-quality service to you

We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.

Top-line Deliverable	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date
Deliver on the transformation plan to help the network to be more effective	The review of digital requirement is complete in March 2020. We will consider the recommendations and respond. Our response will be reported to Committee in June 2020	The aim of the review is to improve the way the network shares data, impact and learning with Healthwatch England and each other. New outcomes will be defined once the report's recommendations are agreed	Head of Intelligence and Analytics	June 2020
	We will improve the quality and volume of evidence we collect from the network with focus on equality and diversity data We will review the type of data we collect from the network via the CRM and assess is this is fit for purpose We will maximize the use of existing systems to ensure we are collecting good quality insight from the network to inform our influencing activities We will also focus on our feedback loop to the network and the public.	Greater use of our evidence by stakeholders at a local and national level to influence policy positions. Committee will have new data to consider when reviewing the strategy in October	Head of Intelligence and Analytics Head of Communications	March 21
	We will deliver a proactive engagement plan with local government to improve understanding of our role and perception of the value we bring. We will Increase regularity of engagement with local government and stakeholders.	Mitigate any plans to cut Healthwatch network budgets and ensure increasing adoption of the quality framework.	Head of Network Development	March 21

Top-line Deliverable AIM 2 CONTD…	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date
Deliver on the transformation plan to help the network to be more effective	**Sustainability Programme** We will provide advice to the Healthwatch network on commissioning and income generation. We will provide support to Healthwatch network on contracts where we have concerns on the impact on sustainability (funding reduction, terms).	Healthwatch network are well positioned for commissioning process with an evidenced case for income generation. Healthwatch England's intervention will result in a positive outcome for the Healthwatch network we have concerns.	Head of Network Development	March 21
	We will provide horizon scanning, policy briefings and one-to-one support to the Healthwatch network to equip them to engage in national policy issues at local and regional level.	We will see improvements in stakeholder engagement with Healthwatch network and improved perceptions of our work among local, regional and national stakeholders.	Head of Communications and Head of Policy and Public Affairs	March 21
	We will deliver the brand resources and training the Healthwatch network need to engage audiences and communicate their annual impact.	More Healthwatch will use our brand resources to communicate their impact.	Head of Communications	March 21
	We support more Healthwatch to adopt an improved website and better content.	The Healthwatch network will have better website user engagement.	Head of Communications	March 21
	Through our Internal Communications Programme we will deliver information, training and support to the Healthwatch network staff and volunteers.	Healthwatch network staff and volunteers will be able to access information and training that will help improve their knowledge and skills.	Head of Network Development and Head of Communications	March 21
	Deliverable 2020/21	Outcomes/benefits		

Top-line Deliverable AIM 2 CONTD…			Lead Manager	Delivery Due date
Deliver on the transformation plan to help the network more effective	**Impact Programme.** We will deliver a change programme to ensure the Healthwatch network understand, evaluate, communicate and reports impact.	Healthwatch network will be able to demonstrate and communicate the difference they make. The Healthwatch network's impact will inform Healthwatch England's national communications and policy work.	Head of Network Development	March 21
	Quality Programme We will enable all Healthwatch to demonstrate their effectiveness through adoption of the Quality Framework. Healthwatch England Teams will capture where they have used the learning from the Quality Framework to inform their work or improve the support offer.	Healthwatch network can demonstrate their effectiveness against the Quality Framework and use learning and best practice to improve. Healthwatch network is better supported as a result of improved offer through collective analysis of the Quality Frameworks and sharing of practice. Healthwatch England work is informed from collective analysis of Quality Frameworks and case studies/practice.	Head of Network Development	March 21
	Deliverable 2020/21	Outcomes/benefits		

Top-line Deliverable AIM 2 CONTD…			Lead Manager	Delivery Due date
Deliver on the transformation plan to help the network more effective	**Partnerships and Collaboration Programme** Delivery of projects which require Healthwatch network collaboration including: • CQC • Kings Fund • NHSE Healthwatch England will be the broker and support Healthwatch network collaboration to influence change outside of Healthwatch network boundaries.	Healthwatch England have a costed, effective model and infrastructure to support delivery of national projects requiring Healthwatch network collaboration. Healthwatch England generates income for participating Healthwatch in collaborative projects. The Healthwatch network is supported to collaborate and influence regional structures.	Head of Network Development	March 21
	Volunteering Programme We will identify best practice in volunteer management and support its adoption. Identification of core roles and accompanying competencies to inform learning and development.	Healthwatch network staff who manage volunteers use best practice and feel supported by Healthwatch England. Healthwatch network volunteers feel valued by Healthwatch England and part of wider Healthwatch. Healthwatch England understand impact achieved by volunteers and have a reputation as a volunteering organisation.	Head of Network Development	March 21
	Deliverable 2020/21	Outcomes/benefits		

Top-line Deliverable AIM 2 CONTD…			Lead Manager	Delivery Due date
Deliver on the transformation plan to help the network more effective	**Learning and Development and Events Programme** We will deliver a blended learning and development programme, including National Conference and events to support core competencies, knowledge requirements and delivery of our transformation programme.	Healthwatch network staff and volunteers use learning, knowledge and best practice to improve and inform their effectiveness. Healthwatch England use the learning from the programme and expertise from the Healthwatch network to improve our effectiveness and support offer.	Head of Network Development	March 21
	Business Support We will identify and promote preferred suppliers and discounted offers.	Healthwatch network benefit from improved efficiency and savings and effectiveness.	Head of Network Development	March 21

Aim 3: Ensuring your views help improve health and care

We want more services to use your views to shape the health can care support you need today and in the future.

Top-line Deliverable	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date
We will further develop our insight to influence policy at a national, regional and local level	We will collect and analyse data from other stakeholders through partnerships.	Improve the quality and quantity of our insight and analysis.	Head of Intelligence and Analytics	March 2021
	Deliverable 2020/21	**Outcomes/benefits**		

Top-line Deliverable AIM 3 CONTD…			Lead Manager	Delivery Due date
We will further develop our insight to influence policy at a national, regional and local level	We will carry out two policy influencing campaigns based on existing Healthwatch insight. We will carry out two new policy focused research projects to shape emerging national thinking. Our policy priorities are: • Access to primary care • Digital NHS services and equalities • Social care reform • Is integration working for people?	Issues researched will be picked up by others across the sector as policy priorities - building Healthwatch's reputation for using people's views and experiences to set the health and care agenda.	Head of Policy and Public Affairs	March 2021
	We will introduce new software to improve the quality and timeliness of how we report on people's experiences of health and care. We will focus on proactive research and improved analysis.	There will be increased use of our evidence by stakeholders, Healthwatch network and the public, which can be shared in more accessible formats. Our evidence will be used routinely to inform planning and prioritisation processes with Healthwatch England and the Healthwatch network.	Head of Intelligence and Analytics	March 2021
	We will carry out a review of our engagement with a range of professionals. We will ensure that our policy priority campaigns effectively target professional audiences.	More professionals accessing information and evidence from us in a targeted way to influence their thinking around priority issues.	Head of Communications	March 2021

Aim 4: Organisational Management

We will be a well-run high-performing organisation

Top-line Deliverable	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date
We will be a well-run high-performing organisation	Our staff will maximise use of the CRM or equivalent system to ensure that we capture information to help provide insight to the Leadership Team on the Healthwatch network stakeholders, partners and MPs.	Healthwatch England staff will have a mechanism for reporting relationship management.	Head of Operations &	March 2021
	We will review the organisational Strategy. Consultation will begin October 2020.	We will have a refreshed strategy that considers new external factors and makes us more responsive.	National Director	March 2021
	All programmes of work will start from the basis of how we promote equalities and diversity. All programmes and projects will have this at the heart of our work. Equalities and diversity impact assessments will provide evidence and insights to facilitate our aims to influence our stakeholders.	Healthwatch England is better able to describe the work that is carried out by the Healthwatch network and Healthwatch England to promote equalities and diversity.	Head of Operations and all Heads	March 21
	All staff have regular 1:1s with their line manager and have a learning and development plan in place.	Staff will develop skills and increased capability to be the best they can in their roles.	Head of Operations	March 21
	Our improved financial controls will ensure that we spend our budget allocation effectively.	Effective use of our funds to create impact and make a difference as an organisation and within the Healthwatch network.	All Heads	March 21
Top-line Deliverable	Deliverable 2020/21	Outcomes/benefits	Lead Manager	Delivery Due date

AIM 4 CONTD…				
We will be a well-run high-performing organisation	94% of programme will be on track	We are achieving the overall strategic goals of our organisation.	Head of Operations	March 21
	Staff survey completed by all staff	Staff survey provides measurement and feedback of our performance as an organisation and reflections on where changes may be needed.	Head of Operations	March 21
	100% of staff feeling engaged with the overall objectives of Healthwatch England	Staff will have a clear understanding our strategic goals and how their work contributes to us reaching to our strategy helping us to achieve our vision.	Head of Operations	March 21

Section 2 Budget

Budget 2020/21	Amount (£)
Total Pay	£2,319,755
Total Non-Pay	£749,000
HEALTHWATCH ENGLAND Recharges	£451,478
Total Healthwatch England Annual Budget	**£3,520,233**

Section 3: Commercial and contracts

New supplier services/goods (2020/21 FY)	Estimated Date (when goods/services needed)	Estimated Value in 2020/21 (£)
Digital Transformation	April 20-March 21	183,000
Facebook Workplace	April 20-March 21	35,000
Digital Social Media	April 20-March 21	50,000
Media Cuttings	April 20-March 21	16,000
Conference 2020	April 20-March 21	225,000

Back to main agenda

Healthwatch England KEY PERFORMANCE INDICATORS 2020/21

Aim 1: Support you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them

Transforming our communications with the public

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
1.	**Brand awareness programme** Public brand awareness will increase by 3% year on year	Annual Tracker	Annual	Results due at the end of Q4 (Target - 36% (+/- 2.5%)	3% (+/- 2.5%) increase on 2019/20 results (Media reach: 30)	45%		Head of Communications
2.	**Advice and information programme** Website views of Healthwatch England advice and information content increases by 10% year on year.	Healthwatch England Website Analytics	Quarterly	413,000	20% increase	1,000,000		Head of Communications
3.	**Public feedback programme** 100% increase in people sharing their views with Healthwatch England year on year	Patient Feedback Data	Quarterly	Results due at the end of Q4. (12,750 views shared with Healthwatch England at the end of Jan 2020)	100% increase year on year.	1,000,000		Head of Communications

Aim 2: Providing a high-quality service to you

We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.

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

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
4.	Roll out of new data collection process with 30 Healthwatch.	Healthwatch network reporting equality and diversity data.	Annual		30 Healthwatch	150 Healthwatch using new collection process.	We will work with the Healthwatch network to design, develop and then pilot a new way to collect equalities and diversity data.	Head of Intelligence & Analytics
5.	**Sustainability Programme** Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of: • Stakeholder Perception	Local authority reporting	Quarterly	Stakeholder perception: • Cllr awareness - 66% • Cllr value work of Healthwatch network - 57%	100% of LAs which are intending to retender or extend contracts have engagement plans in place	100% of LAs which are intending to retender or extend contracts have engagement plans in place		Head of Network Development

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
	• Number of local authorities incorporating the Quality Framework as part of commissioning			LA incorporating QF:24				
6.	**Impact and Quality Programmes:** 40 Healthwatch reported on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England intervention	Healthwatch reporting	Quarterly	(Result due in Q4) ? number of Healthwatch attend Impact Workshops and commit to take action	40 Healthwatch	130 Healthwatch (86%) can demonstrate and communicate their impact		Head of Network Development
7.	85% of staff and volunteers report feeling part of one Healthwatch.	Composite KPI Events, Training Annual Return	Annual	82% of staff and volunteers report feeling part of one Healthwatch	85%	90%		Head of Network Development

Aim 3:	Ensure your views help improve health and care We want more services to use your views to shape the health and care support you need today and in the future.
	We will further develop our insight to influence policy at a national, regional and social level

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
8.	Healthwatch England successfully influence 2 health and care sector issues	Completed reports. Evaluation of each influencing project against policy objectives. Identified examples of our insight being used by stakeholders drawn from CRM.	Annual	-	2 health and care sector issues influenced by Healthwatch England	Ensure Healthwatch insight is being used to shape emerging national thinking and policy positions of key sector player Position Healthwatch as a key organisation to have at the table early in the develop of major sector initiatives/changes	We will successfully use existing Healthwatch insight to inform and shape the sector's work around 2 already identified high profile health and care issues. This will be supported through our integrated approach to campaigns and stakeholder engagement.	Head of Policy and Public Affairs

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
9.	2 research projects successfully completed to influence national policy thinking	Completed reports Evaluation of each research project against policy objectives. Identified examples of our research being used by stakeholders drawn from CRM.	Annual	Results due at the end of Q4 (Target 2 reports)	2 research projects completed.	To position Healthwatch as a credible research organisation and promote the value of using views of people as source of insight. Ensure Healthwatch research is being used to shape emerging national thinking and policy positions of key sector players.	We will successfully influence national policy thinking through 2 research projects supported by integrated campaigning and stakeholder engagement activity	Head of Policy and Public Affairs

4: Organisation Management

We will be a well-run high performing organisation

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
10.	100% of budget allocation spent	Finance reports	Monthly	Results due at the end of Q4	100%	100%		Head of Operations

KPI No.	KPI Description 2020/21	Data Collection Method	Reporting Frequency	End of position 2019/20	Target 2020/21	5 Year Goal 2018-2023	Notes	Lead
11.	94% of programmes on track	Leadership Papers - monthly Programme reports	Monthly	Results due at the end of Q4	94%	97%		Head of Operations
12.	100% of staff completing the staff survey	Staff Survey	Annual	Results due at the end of Q4	100%	100%		Head of Operations
13.	100% of staff feeling engaged with the overall objectives of Healthwatch England	Staff Survey	Annual		100%	100%		Head of Operations

Back to main agenda

AGENDA ITEM No. 2.1

AGENDA ITEM: HWE Draft Budget Plan 2020-21

PRESENTING: Danielle Oum

PREVIOUS DECISION: The AFRSC reviewed the draft budget for 2020-21 on 6th February and recommends that the Committee endorses the proposal to plan the 2020-21 budget on the basis of the given budget envelope.

EXECUTIVE SUMMARY:

This paper provides a summary of our draft budget proposed for 2020-21.

RECOMMENDATION:
The Committee is asked to AGREE the budget proposal

Budget Plan 2020-21

Background

The budget allocation for 2020-21 has remained the same at **£3,446,233** including recharges.

Budget Allocation by Activity	Annual Budget (Revised) 2019-20 £	Draft Budget 2020-21 £	Variance Budget 19-20 vs Draft 20-21 £	Comment on Variance
Pay HWE Staff	1,933,411	2,157,225	223,814	2% Pay award plus full year Establishment costs
Pay Chair and Committee	159,344	162,530	3,186	2% Pay award plus full year Establishment costs
Total Pay Budget	**2,092,755**	**2,319,755**	**227,000**	
Total Non-Pay Budget	709,000	675,000	-34,000	
HWE Recharges	644,478	451,478	-193,000	Reduction in recharges reallocated between Pay and Non-Pay
Total HWE Budget	**3,446,233**	**3,446,233**		

Narrative

Pay costs have increased by £223,814 due to:

- Staff Pay award of **2%** which took effect in September 2019
- Full year Establishment costs including vacancies

The vacancy factor will give us some flexibility for virements between Pay and Non-Pay. Over the last three years we have underspent on Pay by **£160,000 on average,** due to staff churn, carrying vacancies and recruitment timings.

We will utilise the underspend in Pay to cover the outcome of the digital review and for grant funding to local Healthwatch. At the moment the budget needed for these activities are unknown.

The increase in Pay costs will reduce our Non-Pay budget, but we will focus on key business activities to deliver the greatest impact, with emphasis on the HWE Conference as our flagship event, digital transformation, social media and training for staff and the local network.

We successfully secured a reduction of **£193,000** on our recharges for 2020-21, which will be reallocated between Pay and Non-Pay activities.

During the last financial year, the Committee has previously agreed to:

- increase Pay allocation by investing in additional staff resource to deliver our business plan
- reduce the number of procurements but continue to piggy-back on existing CQC contracts where appropriate and cost effective
- continue to tap into the expertise offered by local Healthwatch in the form of
  secondments and grants to deliver programmes of work on our behalf.

We will work within the budget allocation of **£3.446m** and prioritise key activities in line with our business plan.

The table below summarises our commitments for 2020-21

Budget Allocation by Activity	**Draft Budget 2020-21**
	£
HWE Budget Allocation	**3,446,233**
Total Pay	**2,319,755**
Other General Supplies & Services	3,000
Printing Costs (Documents, Reports)	2,000
Printing Design (Creative, digital)	42,000
Books, Journals & Subscriptions	18,000
Public Engagement Expense	45,000
Public Relations Expenses (inc Research)	2,000
Travel & Subsistence	80,000
Training Expenses	60,000
Meeting expense/Room Hire (includes Conference)	260,000
FM Computer Contracts (digital and social media)	237,000
Digital Review*	**unknown**
Grant Funds to LHW*	**unknown**
Total Non-Pay	**749,000**
Total Draft Budget (Pay and Non-Pay)	**3,068,755**
HWE Recharges	**451,478**
Total Draft Budget	**3,520,233**
Variance (above Budget Allocation)	**75,000**

*Notes:

- The Digital review date to be confirmed.
- Grant funding to local Healthwatch will be used as and when appropriate for specific projects.

Both activities will be funded though the vacancy factor in Pay and this will be reviewed monthly to see when these activities can be allocated a budget line.

Back to main agenda

AGENDA ITEM No 2.2
AGENDA ITEM: Q3 (2019/20) Delivery and Performance Report
PRESENTING: Imelda Redmond
PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q2 (2019/20)
EXECUTIVE SUMMARY: This paper summarises delivery and performance against KPIs during Q3 (2019/20), looks at highlights delivered in Q3 and what we expect to deliver in Q4 (end of year).
RECOMMENDATION: Committee Members are asked to NOTE this report.

Background

This report provides an update on our delivery and performance at the end of Q3 2019/20 in Year 2 of our strategy. The update actions include:

- Key highlights we have achieved in Q3 in support of each of our aims.
- What we can look forward to in Q4 2019/20
- KPIs performance in Q3 2019/20

<u>Highlight Report</u>

In our highlight report the following tables shows the 2 highlights flagged **red**, and the 4 highlights flagged **Amber** that will be carried over to our 2020/21 work plan. All remaining highlights are expected to be delivered by year end (Q4).

AIMs	**RED RAG STATUS** (Highlights with severe delays)	**Impact**
Aim 1	• Due to external delays, the 42 local implementation plans for the NHS LTP will now be published in March/April 2020.	• No significant impact
Aim 2	• There was no budget available, the completion of the first module for the research training package may be carried over to our 2020/21 workplan.	• It will be considered as part of our contingency
AIMs	**AMBER RAG STATUS** (Highlights with minor delays - carried over to 2020/21 work plan)	**Impact**
Aim 2	• The consultation with Healthwatch network on core requirements for the trademark licence will now take place in Q2 2020/21 • The consent (to participate in research) guidance has been delayed due to the revision by CQC Information Rights team. All is expected to be in place by April 2020.	• No significant impact • No significant impact

Aim 3	• Endeca training for Healthwatch England staff is expected to be delivered in year end, but this is dependent on our supplier availability and may need to be carried over to 2020/21. • The partnership with King's Fund on exploring views of seldom heard groups will now be rolled into a bigger project on digital NHS service and equalities for 2020/21.	• Healthwatch England Staff are unable to analyse data efficiently. • No significant impact

Key Performance Indicators

In the KPI report the following KPI has been flagged red as the target has not been met

KPI No.	**RED RAG STATUS** (Highlights with severe delays)	**Note**
KPI 6	• We will see 20% increase in the number of people sharing their views with Healthwatch network.	• The annual data return figures we collected for the Healthwatch network activity in 2018-19 indicates that there has been a 17% fall in the reported number of people sharing their experiences with the network.
KPI No.	**AMBER RAG STATUS** (Highlights with minor delays - carried over to 2020/21 work plan)	**Impact**
KPI 13	• We will develop a programme of work that improves our understanding, reporting and actions on equalities and diversity issues	• Committee have met to discuss the framework for the programme which will now be developed for delivery next year.

The remaining KPIs flagged amber are expected to be delivered at year end.

healthwatch

Key Highlights Delivered & Performance Report for Q3 2019/20

Aim 1: Support you to have your say		
What we said we would deliver in Q3 2019/20	**What we delivered in Q3 2019/20**	**RAG status**
• 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.	This was produced and published in Q4 (January) alongside the annual report to parliament. We have also developed a programme of products to share more detail on our findings over the coming months.	Completed
• We will analyse the local implementation plans (out in Nov) to assess the extent to which people's views have influence these.	We were unable to review the 42 local implementation plans being produced by STPs and ICSs. This is down to delays by NHSE/I and the plans now look likely to be published in March/April time so review with take place then. From the review of the few drafts in the public domain it looks as though there will be significant variation from one area to the next.	Severe delay - likely to be carried over in to 2020/21 due to external delays.
• 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.	We have launched a further eight websites. Due to local Healthwatch capacity issues, two websites have been delayed until Q4. By the end of Q4 we expect to have 49 local Healthwatch websites live, although this figure is subject to local Healthwatch capacity.	On Track
• 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.	Further comms push took place on key issues including the experiences of partners and those who have experienced baby loss. Policy meetings with stakeholders have been positive and pleased to report that in early Feb NHSE announced plans to introduce a six week check for new mums - one of the key asks we and our partners NCT have been calling for.	Complete
• 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	We have published a further three advice and information items in Q3 on NHS dentistry, mental health support and pharmacy services. We also reviewed our most popular advice and information content and increased its promotion via search and social media. As a	On Track

health during pregnancy (b) What should you expect from your pharmacist? and How to find an NHS dentist?	result, our advice and information page views increased by 30% between Q2 and Q3 and now accounts for at least 10% of our overall traffic. We are planning a further three advice and information articles for Q4.	
• Campaigns – we will support local Healthwatch with key campaigns including Self Care Week, World Mental Health Day and stay well this winter.	We have continued to support local Healthwatch to take part in key campaigns, although some of this activity was paused due to the six-week election purdah. We have also produced and shared a new campaign calendar for 2020 with the network. In Q4 our key focus will be on supporting local Healthwatch to take part in our #SpeakUp campaign, as well as Student Volunteering Week.	On Track
• We will also publish the findings of our first phase of research looking at what young people want from mental health support.	This was delayed due to the election but has been published in Q4. The review of the rest of the data however show no real additional detail for us to publish at this stage. We will be working up content for sharing with stakeholders in the education sector in Q4.	Completed

What to look forward to in Q4 2019/20

- We will launch and run #SpeakUp a campaign that will enable local Healthwatch to promote their priorities for 2020 and encourage people to share their views. Instead of running another awareness campaign in March 2020, we will explore running a joint campaign with CQC to encourage greater public feedback.
- We will support local Healthwatch to take part in a number of external campaigns, including student volunteering week.
- We will publish a further three advice and information articles to address the key questions the public are asking Healthwatch, we will also develop our advice and information content plan for 2020-21.
- We will support more local Healthwatch to adopt our base website and put in place a pipeline for more Healthwatch to adopt the website in 2020-21.

Aim 2: Provide a high-quality service to you

What we said we would deliver in Q3 2019/20	What we delivered in Q3 2019/20	RAG Status
• Complete implementation of the performance framework we use to manager our support to the Healthwatch network.	We have put into place the data management element of the framework which has enabled us to identify any errors or technical issue with data flow. We are currently using the framework to identify general risks to our data flow and are working to collect new data to better manage our performance and support to the	Minor delay

	network. This has yet to be completed due to two key staff vacancies.	
• Production of a range of bitesize support products to assist local Healthwatch with the delivery of the Research Governance Framework	Complete and distributed to the pilot sites. We will be building on the guidance documents in 2020/21 to help meet the identified learning gaps in research and analysis.	Completed
• 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	Complete, update available against KPI 11 above.	Completed
• Delivery of two Making a Difference Regional Workshops in Darlington and Liverpool	Making a Difference toolkit was launched at Conference in Oct 2019. 3 regional workshops have seen been delivered. 1 further workshop planned before March 2020. All participants were committed to improvement – analysis of impact pending start of Admin.	Completed
• Delivery of first workshop for HW Boards/Advisory Groups, including promotion of Quality Framework	The first Board Governance workshop was delivered on the 12th February followed by the Bristol workshop on the 13th Feb. A further 1 workshop being delivered in March in York.	Completed
• First completed Quality Frameworks	We now have 10 completed Quality Frameworks with a further 20 expected by the end of March 2020.	Completed
• Consultation with Healthwatch on core requirements underpinning trademark licence (Network Agreement)	Working with CQC on guidance to support amendment to trademark licence. We will experience delay due to clash with other Network work (Quality Framework; restructure). We aim to consult during Q2 2020/21.	Minor delay
• Publication of *A Guide to Running Healthwatch* - setting out legal requirements	This was completed and published.	Completed
• Commissioners resource pack on commissioning effective Healthwatch	Delayed. Due to be delivered in Q4 2019/20	Minor delay

• Completion of the first module for the Research Training package with preparation for testing in Q4.	There was no budget available.	Severe delay - Moved to 2020/21 Work plan
• Completion of the 6 monthly review of data protection compliance and assessment of support needs for the network	The GDPR review is behind schedule due to resource constraints. The information capture exercise has been agreed and it will be with the network before year end. The process for gathering this information will be formalised in time for next year to avoid delays.	Minor delay
• Delivery of a research ethics algorithm and guidance on consent as requested by the Intelligence and Informatic Reference Group.	Agreed ethical standard will be taken to the Intelligence and Informatics Reference Group for the 9th March. Consent Guidance is complete but undergoing revision by CQC Information Rights which has caused some delay - all expected to be in place by April 2020	Minor delay
• Completion of the delivery of the CRM Licence Agreement that enables secure data sharing between Healthwatch and the CQC	This is delayed and we are currently waiting for support from the CQC legal team. We fully expect the DPA to be completed by year end and it is a priority for the team.	Minor delay
• 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.	Complete, over 80% of the network has been engaged about their views about how technology can work for them, in the second phase there will be engagement will be targeted at those yet to contribute to the user research.	Complete
• Completion of general improvements to the Healthwatch CiviCRM including aesthetics (new theme), decluttering and security developments.	System errors continue to affect delivery of these developments, the final issues are now being resolved and roll out should be complete in 4 weeks.	Minor delay
• Testing of a function that enables local Healthwatch to upload their own reports to the National Reports Library.	Partial testing has occurred for the quality assurance mechanism elements of this function, we are recruiting local Healthwatch to support the pilot and finalising the local upload interface. This will be implemented and in the final testing phase with the network by the end of March.	Minor delay
• 4000 Healthwatch reports will be on our National Reports Library including all of those we have received and captured from 2019.	We currently have over 3500 reports on the library and the majority of reports received in 2019. Our Healthwatch secondments are running slightly behind schedule and all have requested extensions. We will have achieved our target by year end.	Minor delay

Aim 2: Provide a high-quality service to you

What to look forward to in Q4 2019/20

- We will develop, test and launch guidance and templates to help local Healthwatch develop and publish their annual reports.
- We will have improved the CiviCRM interface through the application of a new theme and revision of roles and permissions which will declutter the system and improve usability.
- We will have completed phased two of our Digital Transformation project and will be in the process of finalising our report on future options for us and the network.
- We will be testing a new development on the National Reports Library with local Healthwatch which will enable them to add their own reports to the library to guarantee more accurate recording of our data and the difference we make.
- We will have finalised the Healthwatch Data Processing Agreement and have sent it out for review and completion by the network.
- We will have sent out a brief survey to the network to understand current challenges with GDPR and DPA compliance to help focus our support offer in this area for 2020/21.
- Our Healthwatch secondments will have helped us take the numbers of reports in our National Reports Library to 3800, with 4000 in total available online, by March 2020.
- We will use the digital performance framework to identify gaps in advice and information and have a plan for 2020/21 to refresh and provide new guidance on our digital systems.

Aim 3: Ensure your views help improve health and care

What we said we would deliver in Q3 2019/20	What we delivered in Q3 2019/20	RAG Status
• 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 have carried out the review and opted to use MaxQDA and PowerBI to support us with our analysis and how we display our evidence. This has been done with significant issues being raised about what software we can use with CQC systems, which is an issue faced by CQC itself. We have deprioritised Tableau in favour of PowerBI. We are currently waiting for a date for Endeca training which is entirely dependent on supplier availability.	Minor delays

• We plan to publish our Q3 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.	We published our quarterly review of insight covering the period October to December 2019. To date this has been downloaded over 430 times. We also undertook and shared with Committee a review of our professional facing insight communications to help inform our strategy for 2020-21.	Completed
• The full State of Support analysis will be published in November setting out the current state of Healthwatch funding.	State of support analysis was completed in Q3, but publication was delayed due to the election. However, the analysis has been published and we have written to the Secretary of State outlining the current position regarding Healthwatch funding. This has been picked up by the press.	Completed
• 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 have input in to a draft of the NAO's report in Q3 but publication was delayed due to the election. It can only be published when Parliament is sitting. We have been in touch with the NAO and confirmed that even though the Chair of the Health and Social Care Select Committee has changed since the work was commissioned, they do still intend to publish the findings of this work.	Minor delay. On track to happen in Q4.
• We will continue to work with the DHSC in our role as a statutory consultee on the Accountability Framework for NHSE/I.	Throughout Q3 we held regular meetings with DHSC officials outlining our priority areas for this year's submission. Headlines were submitted to the January Leadership Team (LT) and approved and will be submitted to the DHSC under Chair's action as per usual. This will happen in Q4.	Not yet complete but on track to happen in Q4.
• 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.	This was delayed due to the election but was published in January and to date has been downloaded over 1,000 times. The report received positive reception from stakeholders including DHSC, NHSE, NHS Providers, PHSO, NHS Resolution etc. Since publication we have been called to meet with the Minister to discuss our recommendations in light of the Government's plans for a new strategy on handling concerns and complaints in health and care.	Completed

	The DHSC has now asked us to take a look at what CCGs are learning from complaints to help inform this work.	
• We will be working with Age UK and Kidney Care UK on scoping the NHSE review of transport.	We have worked with our partners to successfully ensured to date that the NHSE review has a broader scope that just non-emergency patient transport services. This work will continue over the next six months as the review progresses and concludes.	Ongoing and will go in to next year. Has been agreed that this is one of the minor ongoing policy issues we will work on.
• We plan to publish our Annual Report to Parliament	This was delayed due to the election but was published at the end of January. We also published alongside this the end of programme report on the NHS Long Term Plan engagement. In the three weeks since they have been published the publications have seen over 900 downloads.	Completed
• 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.	The partnership with the King's Fund kicked off formally in December. We had 14 expressions of interest covering 19 local Healthwatch. In the end we selected five to work with and have been developing the methodology with local Healthwatch. The partnership on exploring views around data was decided not to progress at this year at the November LT meeting. This is now being rolled in to a bigger project on digital NHS services and equalities and will be one of our four big priorities for next year.	In progress. Being published next year.
• We will be supporting the Health and Social Care Select Committee's inquiry into NHS dentistry.	We maintained communications with the committee clerk either side of the election and established they are keen to continue with this topic but ultimately this will be down to the new members. We are submitting updated evidence anyway to support the secretariats case for pursing this inquiry.	Completed

• 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.	**This plan is still being developed but will be in place by the end of Q4.**	Minor delay
• 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.	**This plan is still being developed but will be in place by the end of Q4.**	Minor delay

Aim 3: Ensure your views help improve health and care

What to look forward to in Q4 2019/20

- We will publish reports on NHS Long Term Plan engagement, A&E waiting times, Young People's Mental Health, NHS Complaints and a review of our evidence covering Q3 2019.
- Completion of contribution to NHS England's Clinical Review of Standards on urgent and emergency care.
- Scoping to be completed on potential contribution to the NHS England Clinical Review of Standards on elective care. Possible further funding from NHSE.
- Work to feed in to proposed legislation to underpin the implementation of the NHS Long Term Plan.
- Submission of the NHSE/I accountability framework and response from the DHSC on how they will address the points we raise over the year ahead
- Contribution to NHSE review on continence, following our Q2 intel report.
- Scoping to be completed on our work around integration – with particular reference to the development of the Integration Index (commitment made in the LTP to measure integration based on people's experiences of care).
- Continue support for NHS England transport review
- Completion of research into what CCGs are learning from complaints
- Polling to be complete on common issues around primary care
- Evidence report produced on dentistry
- We will have an agreed plan which shows how we will engage key organisations in 2020/21 with whom we will seek to share data – CQC, NHS England and NHS Digital

Aim 4: Organisational Management		
What we said we would deliver in Q3 2019/20	**What we delivered in Q3 2019/20**	**RAG Status**
• Review the overhead charges we pay to CQC • 90% of programmes will be on track • Develop group training for Leadership Team and Managers	• We successful negotiated and reduced our recharges by £161,120. This also resulted in a rebate of £159,000 which we have reallocated to our Non-Pay overspend and to our innovation fund in Healthwatch Norfolk. • 92% of programmes are either completed, on track or running with minor delays. • Theory of Change group training for leadership and managers took place in February. We will be implementing the learning from this in the review of your strategy.	On Track

Aim 4: : Organisational Management

What to look forward to in Q4 2019/20

- 100% of the approved budget will be spent
- 90% of programmes will be completed
- 100% of staff will complete the staff survey
- 100% of staff will have regular 1:1's and staff development plan in place
- Staff training and development needs identified and a plan for development will be put in place
- Service Level Agreements (SLA) with CQC will be completed and in place by the end of Q4
- Report presented to the committee in June on equality and diversity within Healthwatch England

Key Performance Indicators and Targets – Q3, 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	Q3 Progress	Due Date	Q2 RAG Status	Notes
1.	Develop and approve a strategy to transform our communications with the public	0	Strategy completed	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. We aim to have the strategy in place by the end of March 2020
2.	Develop and approve a strategy to explore greater public engagement	0	Strategy completed	0	March 2020	On Track	We have agreed to roll this into the Communication Strategy for 2020/21
3.	Our advice and information are used by more people from 707,800 to 848,000	707,800	848,000	413,319	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. Information provided by two thirds of the network indicates that in 2018-19, local Healthwatch support people in the following ways with advice and information • On-line: 295,360 • Community outreach: 66, 826

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 Progress	Due Date	Q2 RAG Status	Notes
							• Phone: 26,254 • Email: 15,879 • Other routes: 9000 Our own on-line advice and information content has also been viewed over 112,000 in 2019-20.
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	March 2020	Completed (Target met)	Target achieved in Q1 (figure includes LTP). No projects were run to collect people's views in Q2 & Q3. In Q4 we plan to run #SpeakUp, a campaign which will support local Healthwatch to raise awareness of and collect people's views about their local priorities. During this campaign we will enable people to share their views via our website. We aim to collect a further 1K views during Q4.
6.	We will see 20% increase in the number of people sharing their views with LHW	406,000	487,000	336,000 (Q2)	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. It could also be down to local Healthwatch implementing new ways of working that focus more on generating better quality insight rather than volume. This will require further investigation as we review the strategy.

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	Q3 Progress	Due Date	Q2 RAG Status	Notes
7.	30 LHW to sign up to the Quality Framework (QF)	1	30 LHW will sign up	Ten of 30 review meetings have taken place Collective analysis on track for end of March 2020.	March 2020	On Track	NDT carried out critical friend reviews of QF during Feb 2020 for 30 HW. Examples of impact of QF: New approach to Business Plan ready for retenders; HWE identified consultant to assist 4 HW are strengthening how they capture and report impact 2 HW will be strengthening Board development and its diversity; transparency and inclusion of people in decision-making Each review meeting is producing significant learning for HWE: NDT intend to find mechanism to share findings with teams, plus good practice which will be reviewed before sharing with Network Early adopters have helped with developing QF process.

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 Progress	Due Date	Q2 RAG Status	Notes
8.	10 Local Authorities will specify the Quality Framework in their tender documents	0	10 Local Authorities	24 Local Authorities	March 2020	Completed	Target met. 24 local authorities have committed to either include in new tender specifications (majority) or use it as part of contract monitoring
9.	We will have a new network agreement in place	0	50 LHW will sign up	0	March 2020 (Extended to Q2 2020/21)	Delayed	Working with CQC on guidance to support amendment to trademark licence. We will experience delay due to clash with other Network work (Quality Framework; restructure). We also have very busy Q1 so suggest we consult over Summer.
10.	50 Healthwatch will be using the Healthwatch base website	14	50 LHW	38	March 2020	On Track	38 sites live 10 in progress 1 site no longer being used by new provider. A review of website traffic for the early adopters indicates that after the base website is put in place, website visitors time on the site and amount of content viewed increases by 13%. We are planning a further review in Q4.
11.	We will introduce a Research Governance Framework	0	30 LHW will sign up	30	March 2020	Completed	30 Healthwatch are using the Research Governance Framework. Benefits include collaborative working by improving joint project planning in Greater Manchester.

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 Progress	Due Date	Q2 RAG Status	Notes
12.	We will introduce "Making a Difference Toolkit" (Impact toolkit)	0	30 LHW will sign up	2 LHW	March 2020	**On Track**	Making a Difference toolkit launched at Conference. 3 regional workshops delivered. All participants committed to improvement – analysis of impact pending start of Admin . 1 further workshop planned before March 2020.

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	Q3 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	September 2019 (Delivery moved to March 2020)	**Delayed**	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	March 2020	**In Progress**	We have reviewed the quarterly insight report as our primary regular communication to professionals. We have started process of audience segmentation to further target our communication products. We are working with the new Director of Communication, Insight and Campaigns to refine this activity into strategic engagement plan.

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 Progress	Due Date	Q2 RAG Status	Notes
15.	We will develop methodology to track the use of Healthwatch findings	0	Track in place	0	June 2019 (Delivery moved to	**In progress with some delays**	We have identified existing HWE processes that enable us to track impact and will be incorporating evaluation into our project management.

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 Progress	Due Date	Q2 RAG Status	Notes
					March 2020)		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.
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	July 2019 (Delivery moved to March 2020)	**In progress with some delays**	The plan will be finalised by March 2020. Delay was caused by lack of staff resources.
17.	We will publish 2 reports on mental health issues	0	2 reports	2 reports	March 2020	**Completed**	Maternity report published in Sept. Policy change on six-week checks for new mums secured. Young people's mental health report was due to be published in November but was delayed until Feb due to the election. This has now been published.

Aim 4 - Organisation Management

We will be a well-run high-performing organisation

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q3 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%	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 Q3.
20.	100% of the approved budget will be spent	100%	100%	80%	March 2020	**In progress with some overspend reported in Non-Pay**	At the end of Q3 we spent 80% of the budget. The projected spend to year end indicates that we will have a small underspend after the recharges rebate is returned which must be spent by end March.
21.	90% of programmes will be on track	41%	90%	92%	March 2020	**In progress with some delays to projects**	92% of projects are either completed, on track or running with some minor setbacks. The following project is currently running with significant delays: • Political Engagement The project is expected to be carried over to 2020/21.

Back to main agenda

AGENDA ITEM: 2.3

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
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: AFRSC200213

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 13 February 2020
10am-12pm
Meeting Room 0. 311, 3rd Floor BPR

Attendees:
Danielle Oum (DO) – Chair – attended via phone
Andrew McCulloch (AM) – Sub-Committee Member
Helen Parker (HP) - Sub-Committee Member
Phil Huggon (PH) – Sub-Committee Member – attended via phone until 11.00am

In Attendances:
Imelda Redmond (IR) – National Director
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Diane Scott (DS) – Committee Administrator (minute taker)

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:** Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC). No apologies received.	
1.2	**Draft Minutes of Meeting of October 2019:** Minutes of the last meeting were AGREED	

1.3	All actions completed, in progress, or being presented under their own agenda item. **Action Log** Appendix Action Log.	
2. 1	**Finance and Procurement Financial Year 2019/20** JC reported that our budget allocation for 2019-20 is **£3,446,233,** which includes our recharges of **£644,478.** The HWE budget virement to date, which are reflected in the reforecast budget for 2019/20 totalled £105,000. JC presented a detailed report on HWE finance and Q3 expenditure and the sub-committee fed back the following comments and observations: • Whilst the sub-committee felt the expenditure details clarified how the budget is on track, they requested a more compressed expenditure table so they could focus on significant expenditures • A mini dashboard (pie chart) would be helpful as an introductory page to the finance report showing non-pay and pay to enable the sub-committee to have sight of the key issues. • Sub-committee to receive 6-monthly reviews of the budget. • Sub-committee to be provided with an appendix to the finance report on the movement in grants, including a RAG status At the end of Q3 we spent 80% of our revised annual budget (excluding recharges). Our total projected spend to year end shows a 3% over budget (£85,184) based on remaining planned activities. This overspend will be eliminated by the rebate of £161,120 for the recharges which will return to our account in this financial year. We estimate we will have £58,800 to spend after the overspend is cleared. IR informed the sub-committee that we would grant aid a single Healthwatch to manage and distribute the Innovation Grant on behalf of Healthwatch England. The criteria for choosing which organisation it goes to is: • They must be a registered charity • They must treat the fund as restricted income • They must produce full accounts • They must have the capacity to manage a grant programme • They must have sound Governance and be financially stable • Their Articles of Association must allow for them to distribute grants **ACTION**	**JC**

	• **JC to provide a compressed expenditure report for AFRSC including a mini dashboard as the introductory page to the finance report** • **JC to provide the sub-committee with an appendix to the finance report on the movement in grants, including a RAG status** The committee congratulated JC on negotiating the rebate on recharges.	**JC** **JC**
2.2	**<u>Recharges/SLA update</u>** Sub-committee were presented with the report on recharges/SLA updates. Recharges were addressed in point 2.1.	
2.3	**<u>Draft Budget for 2020/21</u>** JC advised that the budget will remain the same as 2020/21 Our recharges for next financial year (2020/21) have been reduced by £193,000. We are working on reallocating this amount across Pay and Non-Pay. There will be a 2% uplift in pay costs which will offset much of the reduction in charges. **ACTION** • **JC to email draft budget and notes to AFRSC in advance of the full committee on the 11th March**	**JC**
2.4	**<u>Office Move Update</u>** Healthwatch England will be moving to Stratford in November 2020. Initially there were a few concerns from staff regarding the move. These seem to have reduced. All line managers are having individual meetings with staff to reduce any negative impact JC informed AFRSC that their request to provide an options appraisal as an alternative to moving with CQC was not pursued because we were informed by the Places for Growth Strategy Team that we have no choice but to move to Stratford with CQC.	
3.1	**<u>Digital Transformation Project update</u>** AMcWR produced an update report for the sub-committee on the Digital Transformation Project. £70,000 has been allocated as the budget to undertake a user research project which will inform our Healthwatch digital transformation plan.	

	DO enquired as to what will the full committee will see from this exercise? The AFRSC asked for a Strategy Level Report to go to full committee. **ACTION** • **Chris McCann to produce strategy level report for full committee**	***CM***
4.1	**<u>Strategic Risk Register</u>** SA reported on the amendments to the Strategic Risk Register following a review by Leadership Team and requested changes from AFRSC and Committee. The sub-committee suggested the following changes: **SRO1 -** *Failure to provide the Network with enough support and advice to help them make their case against funding challenges, risks a reduction in their funding, which could affect their viability and ability to operate effectively.* **ACTIONS:** • **In the current mitigation, change "We review Healthwatch risk register…" to read "We review Healthwatch Network Risk Register…" for clarity on which risk register is being referred to.** • **Sub-committee also requested a deep dive into risk SR01 by Gavin Macgregor, Head of Network Development, at a future workshop.** • **In the planned mitigation insert the full title for the acronym LRCV (*Local Reform and Community Voices*).** • **Although this risk feels better managed, it may need to be separate into two risks to show what we can control i.e. the support we give the network to help prevent income reduction and the risk that is outside our control i.e. the reduction in LHW funds.** **SR02** – *Failure to engage with more health and care professionals, risks that they will not see the value of people's views to improve services resulting in services that don't reflect the neds of the people.* • Need to be more explicit about our work with others including STPs. **SR11 -** *Due to CQC procurement processes being complex for our small organisation, there is a risk that low-value procurements could*	**SA** **GM** **SA** **SA/GM**

	take equally as long as higher value requests, resulting in delays to our business plan. • JC clarified what we meant by "We will procure less". In 2019/20 very little procurement was done, which we intend to do again in 2020/21. Were possible HWE will piggy back off CQC contracts reducing the need to procure. **SR12** - *Due to lack of training and poor information management processes, there is a risk that we fail to react appropriately to serious incidents or issues (e.g. safeguarding) raised by the public resulting in a failure to take appropriate action and/or loss of trust in the brand.* • HWE to consider ways of working with staff e.g. Agile. JC informed sub-committee that CQC is working on updating smarter working policy for staff. • SA has put a new set of planned mitigations regarding handling difficult calls. SA advised that refresher training will be done around this. **Strategic Risks Ratings Chart** The sub-committee agreed that the risk chart showing the position of risks was useful but commented that we should be trying to move the funding risk SR01 from scale 20.	

5.1	**Forward Plan**
	
	The AFRSC agreed to the following additions on the forward plan:
	• May 2020 – include on the agenda:
	  o Deep dive into Risk SR01 (Funding)
	  o Staff relations
	• July 2020 –
	  o Business Continuity Plan
	
	ACTION:
	• **Committee Administrator (Felicia Hodge) to add the additional agenda items to the forward plan**
		FH

6.1	**AOB** **Public Health Emergency and the Impact on Healthwatch England (Corona Virus)**	

	AMcC enquired what our role was in a public health emergency relating to the Corona virus? IR commented that our role is to get the information out via our own channels and to the network, and signpost people to 111 for more information. Sub committee requested that our business continuity plan be brought to the next AFRSC meeting in June. **ACTION**: • **Committee Administrator to add Business Continuity Plan to the May AFRSC agenda**	**FH**

SUMMARY OF ACTIONS FROM 13 FEB 2020					
AGENDA ITEM	**LEAD**	**ACTION**	**UPDATES**	**DEADLINE**	**STATUS**
2.1 **Finance and Procurement Financial Year 2019/20**	Joanne Crossley	To provide a compressed expenditure report for AFRSC including a mini dashboard as the introductory page to the finance report	JC to liaise with Danielle Oum	For next AFRSC meeting in May	In progress
	Joanne Crossley	To provide the sub-committee with an appendix to the finance report on the movement in grants, including a RAG status	Rebate of £159,000 received by end of Jan 2020 resulting in £58K being available for the reallocation of funds and not £75,306 as expected. This will reflect in appendix prepared by JC.	For next AFRSC meeting in May	In progress
2.3 **Draft Budget for 2020/21**	Joanne Crossley	To email draft budget and notes to AFRSC for consideration before full committee on the 11th March	Budget and notes prepared and awaiting sign off from DM - Chair	2nd March	In progress
3.1 **Digital Transformation Project update**	Chris McCann Amie McWilliam - Reynolds	To produce strategy level report		2 March 2020	In progress

4.1 **Strategic Risk Register**	Sandra Abraham	**Risk SR01** In the planned mitigation, change "We review Healthwatch risk register…" to read "We review Healthwatch Network Risk Register…" for clarity on which risk register is being referred to.			Completed
	Felicia Hodge/Gavin Macgregor	Gavin Macgregor to provide a deep dive into risk SR01. Felicia to inform and invite Gavin to the next AFRSC meeting on the 14th May.	Gavin has now been invited to the next AFRSC meeting in May to give a detailed explanation into risk SR01	14th May	In Progress
	Sandra Abraham	**Risk SR01** In the planned mitigation the full title for the acronym LRCV needs to be inserted.			Completed
	Gavin Macgregor / Sandra Abraham	**Risk SR01** Although this risk feels better managed, it may need to be separate into two risks to show what we can control i.e. the support we give the network to help prevent income reduction and the risk that is outside our control i.e. the reduction in LHW funds.			In progress

5.1	Felicia Hodge	**To add the additional agenda items to the forward plan**			In Progress
6.1	Felicia Hodge	**To add Business Continuity Plan to the May AFRSC agenda**			In progress

Back to main agenda **AGENDA ITEM No 2.4**

AGENDA ITEM: Quarterly Report
PRESENTING: Imelda Redmond
EXECUTIVE SUMMARY: Q3 Intel Report
RECOMMENDATION: Committee Members are asked to **NOTE** this report.

Background

Attached is the insight report for quarter three for your information. We have streamlined the report, reduced duplication and aimed at making the findings more accessible to busy people.

Designed copies will be available at the meeting.

What people are telling us

A summary (October – December 2019)

Introduction

Each month, thousands of people share their views with us about health and social care services. This report aims to provide NHS and social care leaders with a summary of:

- The key issues the public have told us about primary, secondary, mental health and social care support
- The top questions people are seeking advice about.

This report covers the period from October to December 2019 and provides a snapshot of people's care based on the experiences of 8,690 people.

In focus

We take a closer look at what people are telling us about publicly paid for **wheelchair and home equipment** services, as well as the issues **trans men and women** experience when it comes to health and care.

What issues cut across health and care?

Read about the impact **that staff attitudes** are having on people's experiences.

What's happening in my sector?

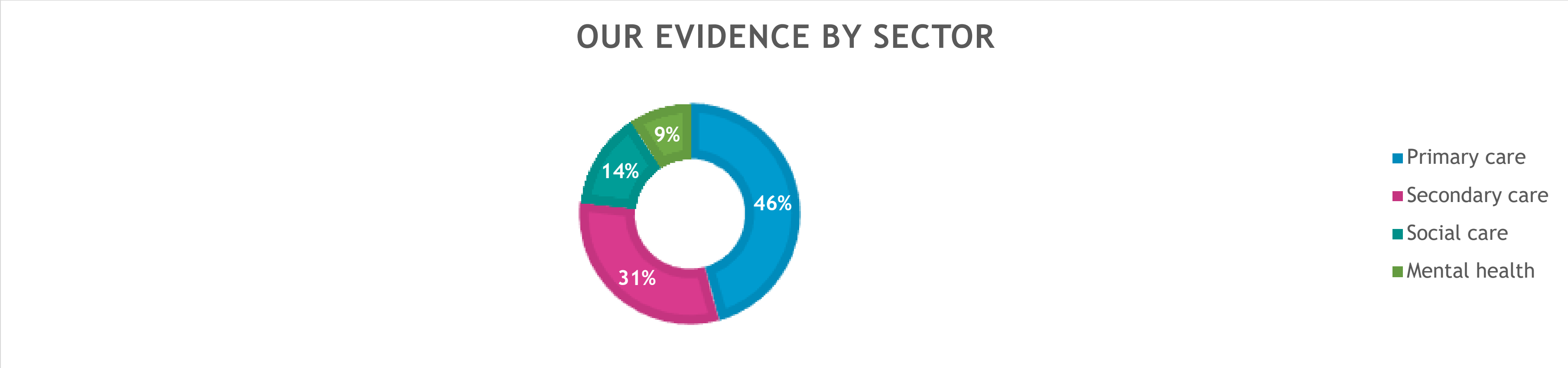
Look at our primary care, secondary care, mental health and social care snapshots to see the ongoing concerns people would like services to address.

What other research might interest me?

Check out other research from Healthwatch that might help you better meet the needs of service users.

The evidence that informs this report

8,690 people's views drawn from 149 Healthwatch reports across England about local NHS and social care services, as well as individual feedback from the public[i][1].



[1] This briefing is informed by 9,196 items of feedback provided by 8, 690 individuals. The views are drawn from either reports published by or feedback provided to local Healthwatch between October and December 2019.

In focus

We look at two areas of care and what services can learn from the stories people have told us.

Access to wheelchairs and home adaption services

Over 700,000 people are registered to get NHS funded wheelchair services[2]. This support, along with equipment and home adaptions provided by councils, plays an important role in improving the quality of life for disabled people. A review of people's experiences points to several areas that services can focus on to make sure they are meeting people's needs.

1. Information

Disabled people who need equipment don't always know what help is available and how to access this support.

2. Long waiting times

People have told us that they can wait a long time to have their needs assessed and that they have also experienced delays with getting equipment serviced, adjusted or repaired. When services don't provide equipment in a short timeframe, people can be left with a poor quality of life.

3. Getting the right equipment

People don't always get the right wheelchair, despite having an assessment which is supposed to identify how their needs should be met. This has an impact on their health. People have also told us that it can be hard to get problems resolved quickly.

The impact of providing the wrong equipment

In September 2018 my relative's chair was referred to Wheelchair services for attention as the design of the chair was causing his head to be injured. Since then his chair has been assessed and it was recommended that his chair updated. It is now January and he still hasn't been provided with the improvements to his chair. Over Christmas, he injured one of his ears due to problems with the chair and had to have an operation and spend four days in [the] hospital. The

[2] National Wheelchair Collection Results July – September 2019, NHS England

delay to repairing the chair is now seriously impacting on his quality of life. Because of his physical disability, these injuries can become very serious and stop him from attending college, affect his quality of life, as well as causing him a lot of pain.

4. Responding to changing needs

People can struggle when their circumstances change but their needs are not reassessed – for example when young people outgrow their existing wheelchair. People have told us about being left with no option but to use an unsuitable wheelchair, resulting in pain, poor posture and injury.

Health and care support for trans people

A review of feedback indicates that inequality when accessing services is a significant issue for some trans people.

1. Staff knowledge of trans issues

People have told us that they encounter issues when using the NHS due to the lack of knowledge or understanding from some healthcare professionals, especially when talking to their General Practitioner.

2. Improving communication and language

People have raised concerns with us about health staff not using trans people's preferred or correct name, gender or pronouns in written and verbal communication. Some people who have legally changed their name and gender have also told us that they have faced problems getting their NHS records correctly updated.

Poor administration procedures

Obtaining the result has been fraught with difficulties. Her daughter has recently changed to a female name and from Mr to Miss. This has meant that a new NHS number has had to be assigned. Despite this being organised, the wrong title is often used on blood forms e.g. Mr and then the female name, causing upset to her daughter. In addition, NHS numbers do not seem to match as they should and consequently, the results of the blood test are not to be found. Apparently, the problem is due to the merge of records.

3. Referring people to the right services

Despite gender dysphoria no longer being defined as a mental health condition by the World Health Organisation[3], our review of trans people's experiences shows that the correct referral protocol is not always being followed, especially by GPs. People have told us they are being wrongly referred to mental health services, which has affected how quickly they are able to access specialist services.

4. The effect of waiting for treatment

Trans people have reported that delays in referrals and long waiting times have forced some to pay for treatment privately. Individuals have told us about experiencing serious effects while waiting for specialist support, including self-harm and suicide. Others have started self-medicating, purchasing hormones online without the expertise or supervision of a medical professional.

[3] World Health Organisation ICD-11: https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f411470068

Issues that cut across health and care

Find out about the issues that people continue to raise in more than one area of care.

Personal interactions make all the difference

People tell us that how staff interact with them can have a big impact on how they feel.

We continue to hear about this across all sections of health and social care, and the difference it makes when staff are reassuring and empathetic rather than uncaring or dismissive. This is especially important to people who are vulnerable, those who face language barriers or have multiple conditions.

People also tell us the difference it makes to them when professionals have the time to treat them as individuals, understanding and addressing their specific needs, concerns and preferences. They also tell us the distress this can cause when this does not happen.

How does it make people feel?

Words people use to describe how different interactions with staff make them feel.

Positive interactions	Negative interactions
"Calmer"	"Vulnerable"
"Safe"	"Uncared for"
"Supported"	"Negative effect on mental health"
"More in control of my life"	"Distressing"
"Feel better about the care I get"	

- Identify the pressures that can make treating people with empathy and understanding their full range of needs harder for staff.
- Work with staff and service users who raise concerns about the capacity of a service to deliver personalised care to identify potential solutions.
- Promote a culture that consistently acknowledges the importance of empathetic care and track the positive impact this can have on the service users and staff.
- Provide clear information to people about:
    - How people's individual choices and needs can be incorporated into the support they receive
    - What people should expect when it comes to the support they are being offered and how long they may have to wait.

Top questions the public are asking

We look at topics where there is a need for better information

People turn to Healthwatch locally and online when they do not know how to get the information they need about services.

Between October and December 2019, these are the most common questions people came to Healthwatch about.

Questions people are asking local Healthwatch

1. How do I register with a GP?
2. How do I find out if I am eligible for a GP home visit?
3. How do I complain if I'm unhappy? Or challenge the outcome of a complaint?
4. What are standard costs of different dental treatments?
5. What should I expect from mental health services?
6. Where can I find support for specific issues? E.g. autism, carers, bereavement, addiction.

Information people are seeking answers to online[4]

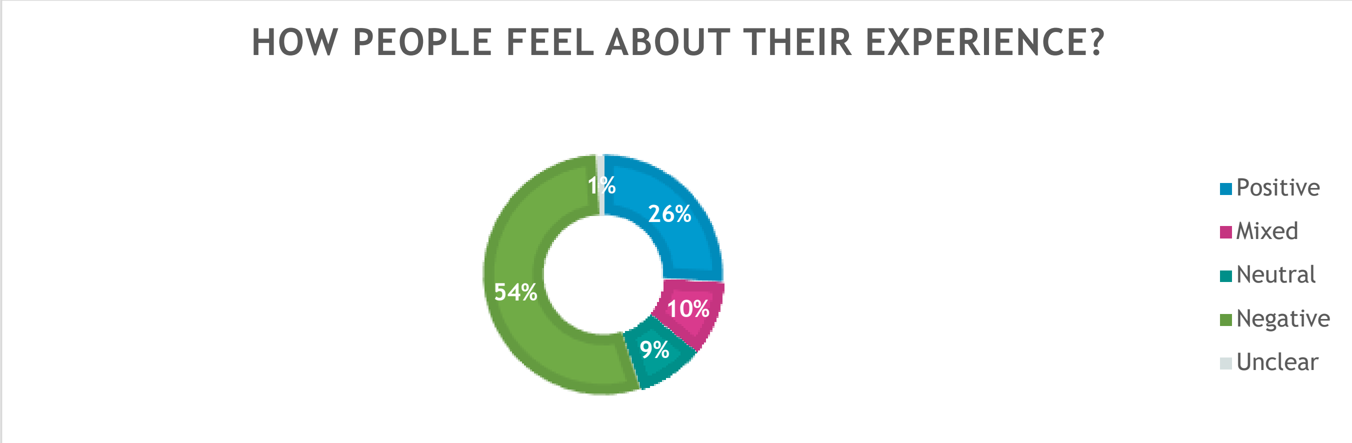
1. Help travelling to NHS services
2. Help making a complaint
3. How to find an NHS dentist
4. Your rights when it comes to registering with a GP
5. Things your pharmacist can help you with
6. Your rights when it comes to care homes

[4] This analysis is based on website page views of Healthwatch England advice and information content from October to December 2019.

Ongoing issues by service area

Primary care

4,203 people's experiences informed this section



1 This analysis is based on individual feedback provided to Healthwatch

Service area:	The issue:	Steps that could help address people's concerns
General Practice	Long waiting times to get an appointment	• Offer more dates in advance for online appointments. • Understand the barriers patients face to book an appointment, such as time left on hold on the phone, and the problems this can cause like individuals having to visit a service in person to book an appointment. • When services are merging, take steps in planning to make sure it doesn't affect people's care or the time they wait to access support.

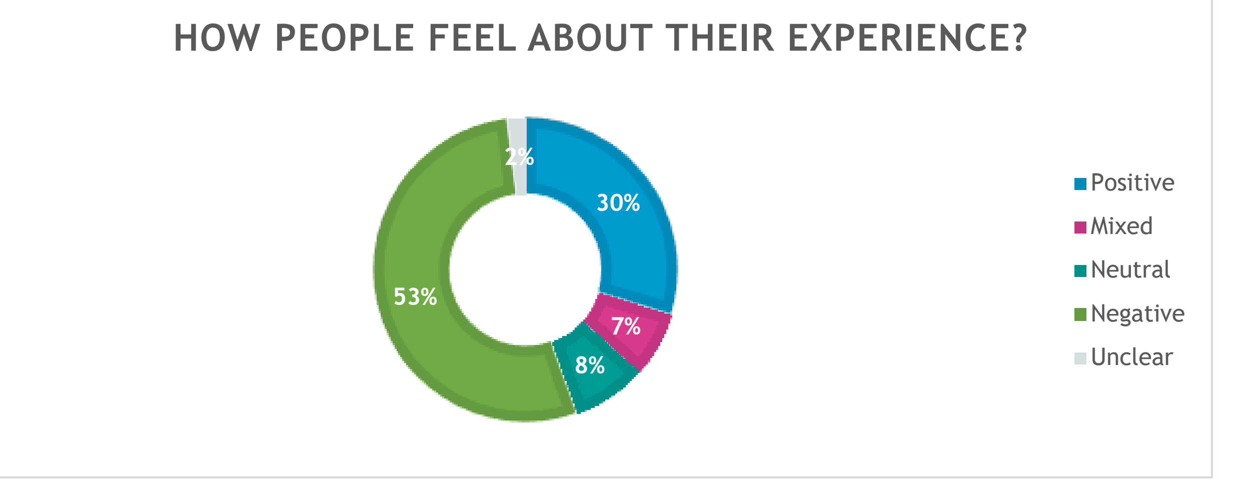
	Digital exclusion	• Make sure on and off-line booking systems allow patients to access the same amount of available appointments to prevent excluding those who have no access to the internet or may have limited digital skills.
	Deregistration with no prior notice	• Make sure the implications of deregistering a patient are understood can have especially for those who are on repeat prescriptions for long term conditions. • Communicate well in advance if someone is going to be deregistered, explain the reasons why, and provide support with finding alternative surgeries.
Dentistry	Access to appointments	• Recognise the considerable amount of time people are having to wait to see an NHS dentist due to problems finding practices accepting new patients and, in some areas, a shortage of appointments. Take time to address this and understand that this is especially challenging for: ○ Pregnant women ○ Housebound people ○ Homeless people ○ People living in rural communities with poor transport systems
	Costs of care	• Be transparent about costs prior to treatment • Promote sources of help with finances, such as the NHS Low Income Scheme, to help people avoid delaying treatment
Pharmacy	Unavailable medications	• Continue monitoring the availability of medications and support people to find alternatives when shortages occur. • Carry out regular reviews to understand what medicine is in demand in communities, to assess customer needs and ensure a consistent supply. This should

		prevent people stopping or changing their medication, which can worsen symptoms or give rise to new ones.

“I have been prescribed HRT as I was really suffering with menstrual issues. It was a life saver… I have had to change [medication] twice due to the product I am prescribed being in short supply… each time my life was turned upside down getting used to the new treatment.”

Secondary Care

2,854 people’s experiences informed this section



2 This analysis is based on individual feedback provided to Healthwatch

Service area:	The issue:	Steps that could help address people’s concerns

Urgent and emergency care	Inappropriate and expensive car parking systems	Review the affordability of car parking costs Take steps to address the problems people encounter when they must leave A&E to top up their parking fees Provide information about subsidised costs for people on low incomes
	Waiting times for treatment	Help people understand the what they should expect when services are busy by: • Assessing people quickly and explaining to them what will happen next • Communicating realistic waiting timescales and, if they have to wait for a long time explain why • Providing updates if anything changes. • Look at reviewing the facilities available whilst people wait.
Hospitals	Appointment cancellations	• Provide clarity around why appointments are cancelled • Follow up with information and new appointments • Find ways to minimise cancellations, especially repeat cancellations

" I waited 12 hours in A&E. No one asked if I needed any help to the toilet, or if I was OK or needed a drink. No one offered me food and I had been sat there by myself for 12 hours. There was not even a tea or coffee machine in the waiting room… "

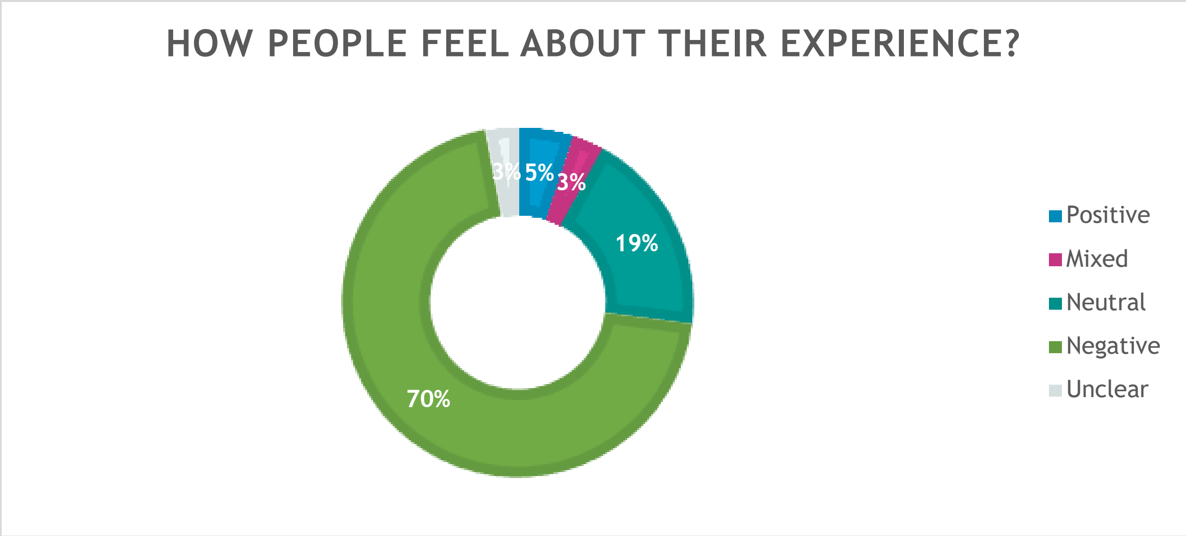
People understand the pressures services face

We heard from someone who spent seven hours in A&E. While they felt well looked after, they said there are just not enough beds. They also reported that while the care was good – the nurses and doctors were 'brilliant', and there was good communication, they felt there could be more support with staffing.

"[The staff] were matter of fact and lovely…[but] running themselves ragged."

Mental health services

840 people's experiences informed this section



3 This analysis is based on individual feedback provided to Healthwatch

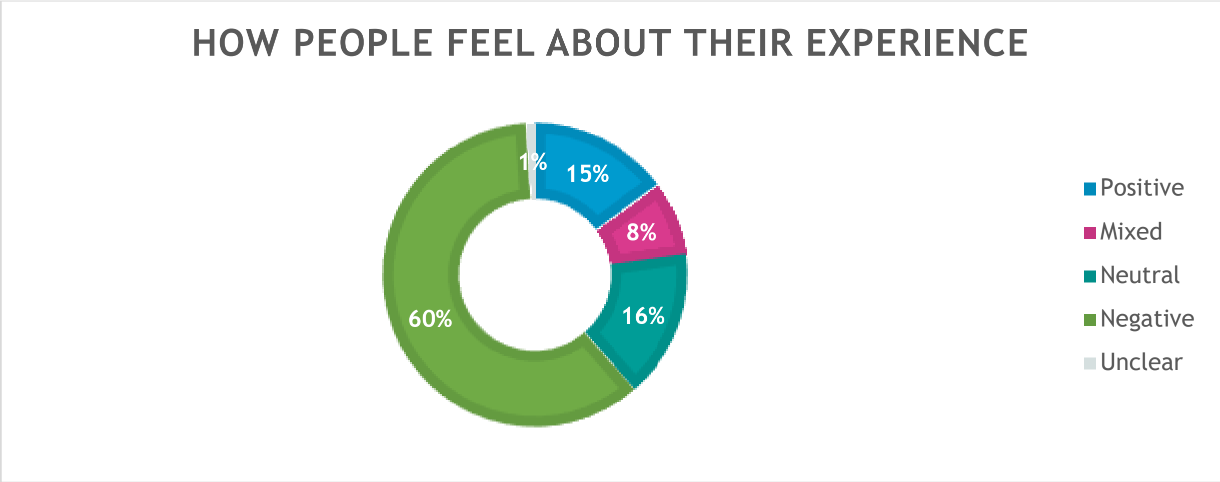
Long waiting times for mental health support	• Provide estimated waiting times to prevent people feeling concerned about how long they will have to wait • Communicate whilst people are on the waiting list; to prevent people worrying they have been removed from the waiting list in error.
Prescription mistakes	• Ensure handwritten prescriptions are written clearly and correctly to prevent people being refused the medication they need by pharmacists and having to travel between services to get prescriptions corrected.

The impact of incorrect prescriptions

A mother went to pick up her daughter's prescription, which she needed to collect before going on holiday. The pharmacy said it was wrong and refused to give her it. The mother drove back to the doctor where they wrote it again. On arriving back at the pharmacy, the prescription was still wrong.

"The pharmacist could see how upset and frustrated I was… I just broke down in the pharmacy."

1,299 people's experiences informed this section



4 This analysis is based on individual feedback provided to Healthwatch

People can't access the information they need	• Invest in making information clearer to the public, especially: ○ What care people are entitled to ○ Who to contact for advice ○ How to access care
Difficulties communicating with staff	• Be transparent about changes to care to prevent people feeling like staff are withholding information • Be responsive and easy to contact when people have questions about their care

The impact of poor information and advice

A woman with terminal cancer told us about her struggle to get a self-reclining chair, to help reduce swelling in her feet. She contacted social services, who said she could have a care needs assessment. As they had provided a chair for her previously, they said she would only be provided a stool. However, as the woman and her husband both have sight problems, with a stool would be unsuitable and cause a trip hazard.

"They gave me some numbers to ring… [and] briefly asked about my benefits but didn't really give me any advice. It seems like you always have to find things out for yourself and it is really complicated."

You might also be interested in….

New reports from Healthwatch

- **What people want from the next ten years of the NHS?** This report sets out what over 40,000 people across England told us when we asked them how they would like the NHS Long Term Plan implemented where they live.

- **Young people's mental health and well-being.** Find out what young people who had experienced mental health problems said when we asked them about the triggers for poor mental health and how the services of the future could provide better mental health support.

- **What matters to people using A&E.** Our latest research illustrates the chain of factors which impact on people's experience in A&E. The purpose of our research is not to argue for or against replacing the current four-hour target, but to inform the ongoing debate surrounding NHS England's Clinical Review of Standards.

Shifting the mindset: a closer look at NHS complaints. We look at how well NHS Hospitals are demonstrating to patients that they are learning from mistakes.

Back to main agenda **AGENDA ITEM No: 2.5**

AGENDA ITEM: Updated Standing Orders and Accountability Framework

PRESENTING: Sir Robert Francis

PREVIOUS DECISION: The Committee APPROVED the amendments to the Standing Order and Accountability framework in October 2018.

EXECUTIVE SUMMARY: This paper includes updated versions of our Standing Orders and Accountability Framework.

RECOMMENDATIONS: The Committee is asked to **REVIEW** the Standing Order and Accountability Framework. We are not recommending any changes.

The Standing Orders and Accountability Framework for Healthwatch England were last updated in October 2018 followed by a review every 2 years. **For this review, we are not recommending any changes.**

HEALTHWATCH ENGLAND STANDING ORDERS

1. INTRODUCTION

1.1 The Healthwatch England (HWE) Committee Standing Orders set out the basic rules and procedures by which HWE will conduct its business. They should be read in conjunction with the HWE Accountability Framework which sets out the purpose of HWE, its legal powers and duties, its accountability to the Department of Health and Social Care and to the Board of the Care Quality Commission, of which HWE is a statutory Committee.

1.2 It is the duty of the HWE Chair to ensure that HWE Committee Members, any Independent members co-opted to HWE or a sub-committee, and HWE Officers are notified of and understand their responsibilities in the HWE Accountability Framework and HWE Standing Orders. These Committee Standing Orders, as far as they are applicable, apply with appropriate alteration to meetings of any sub-committee or working group established by the HWE Committee.

1.3 The Committee's Accountability Framework, and Standing Orders, will be in line with the CQC Governance Framework.

2. INTERPRETATION AND DEFINITIONS

These Committee Standing Orders are made pursuant to the Health and Social Care Act 2012. Any expression to which a meaning is given in the Health and Social Care Act or in Regulations made under it shall have the same meaning in these Standing Orders, unless the context requires otherwise. In addition:

- **"Accounting Officer"** is the Officer responsible and accountable for funds entrusted to Healthwatch England. This person is responsible for ensuring the proper stewardship of public funds and assets. For HWE, the Chief Executive of the Care Quality Commission is the Accounting Officer.

- **"Committee"** means the Healthwatch England (HWE) Committee, which consists of a Chair and between six to twelve Non-Executive members appointed in accordance with the Commissioner for Public Appointments' Code of Practice on behalf of the Secretary of State for Health

- **"Committee member"** means any person appointed as a member of the HWE Committee.

- **"Budget"** means a resource, expressed in financial terms, proposed by the Committee for the purpose of carrying out, for a specific period, any or all the functions of HWE.

- **"Chair"** is the person appointed as a Care Quality Commission Commissioner by the Secretary of State, to chair Healthwatch England and its Committee and to ensure that the Committee successfully discharges its overall responsibility for the work of HWE. The Committee may also choose to elect a Deputy-Chair. Where appropriate the expression "the Chair" shall be taken to refer to the Deputy-Chair, if the Chair is absent from the meeting or otherwise unavailable.

- **"HWE Director"** is the senior HWE employee accountable to the Chair and to the CQC Chief Executive for the range of HWE business. The HWE Director is invited to sit with the Committee and has the right to participate in, but not vote on, Committee proceedings.

- **"Independent members"** are persons formally appointed by the Committee as members of the Committee itself or of a specific HWE sub-committee. They will be persons to whom the Committee Standing Orders and all HWE policies will apply.

- **"Members"** refers to both HWE Committee members and Independent members.

- **"Officer"** means any person who is an officer of Healthwatch England.

- **"Sub-Committee"** means a committee that has been established with delegated advisory authority from the Committee. The sub-committee's chair must be a member of the HWE Committee, as must the majority of the sub-committee members. The terms of reference of the sub-committee must be approved by the HWE Committee.

3. COMPOSITION of the COMMITTEE

3.1 Membership of the HWE Committee

3.1.1 The Committee will comprise:

- The Chair; and
- Between six to twelve Non-Executive Committee members appointed on behalf of the Secretary of State for Health by the HWE Chair.

3.1.2 The Chair of HWE is appointed by the Secretary of State for Health as a Commissioner of the Care Quality Commission and as the Chair of Healthwatch England. Their appointment is for four years in the first instance, renewable once.

3.1.3 In appointing the members to the HWE Committee, the Chair is responsible for:

- Ensuring that a majority of the Committee is not CQC Commissioners
- Ensuring as far as possible that the Committee members have relevant skills and knowledge in order to discharge the Committee's functions under section 45A of the Health and Social Care Act 2008
- Ensuring that the process of appointment is transparent and in accordance with criteria laid down by the Commissioner for Public Appointments' Code of Practice for Ministerial Appointments to Public Bodies of 1st April 2012
- Having regard to the need to encourage diversity in the range of people appointed
- Ensuring that up to four members represent directors (i.e. the most senior representation) of local Healthwatch organisations.

3.1.4 Appointments of the Committee Members, as laid out in the Care Quality Commission (Healthwatch England Committee: Membership) Regulations 2012, are made for a period not exceeding four years. The term of appointment of each Committee member will be confirmed in the letter of appointment. Members may be reappointed for a further term but are not eligible for further reappointment until a term has elapsed.

3.1.5 The HWE Committee may recruit additional Independent Members on a time-limited basis to add to its expertise. They may co-opt up to a maximum of one third of the total number of members of the Committee. Co-opted members may not vote.

3.2 Termination of Committee Membership

3.2.1 A member may resign at any time by giving notice in writing to the Secretary of State in the case of the Chair and to the Chair in the case of Committee Members.

3.2.2 If the HWE Chair ceases to be a member of the Commission, their tenure as HWE Chair will cease immediately.

3.2.3 The Secretary of State may revoke the appointment of the HWE Chair by giving notice in writing.

3.2.4 The HWE Chair may revoke the appointment of a Committee member in writing if the Chair is satisfied that the Committee member is unable or unfit to carry out the duties of a Committee Member, is failing to carry out the duties of a Committee Member or is disqualified from holding office in accordance with Schedule 2 of the Regulations.

3.2.5 The Chair may suspend a Member from office by giving notice to the member in writing, where the Chair has grounds for believing that the Committee member may be unable or unfit to carry out the duties of a Committee Member, may be failing to carry out the duties of a Committee Member or may be disqualified from holding office in accordance with Schedule 2 of the Regulations.

3.2.6 The appointment of a local Healthwatch director will be terminated if they cease to be the director of a local Healthwatch organisation, if they become the director of a different local Healthwatch organisation or become a member of the Care Quality Commission.

4.0 CONDUCT OF COMMITTEE MEMBERS[5]

4.1 Individual Committee members must act in accordance with the provisions of the Accountability Framework with particular reference to acting in the best interests of HWE.

4.2 Members are required to comply with the Cabinet Office's Code of Conduct (2011).

5. MEETINGS OF HEALTHWATCH ENGLAND COMMITTEE

5.1 Admission of the Public and the Press

5.1.1 Meetings of the Healthwatch England Committee will normally be held in public. The Committee will operate as far as possible in an open and transparent fashion, except where confidentiality requirements are concerned.

5.1.2 The HWE Committee is covered by the Public Bodies (Admission to Meetings) Act 1960. Members of the public and press are not admitted to private meetings of the Committee, except by specific invitation.

5.2 Convening Meetings

5.2.1 Ordinary meetings of the Committee will be held at such times and places as the Committee may determine.

5.2.2 The Chair may call a meeting of the Committee at any time, provided ten clear working days' notice is given. If a request for a meeting, signed by at least one-third of the whole number of HWE Committee members, is presented to the Chair, then s/he must call a meeting within ten clear working days of receiving this request. If the Chair refuses to call a meeting, or if, without so refusing, does not call a meeting within ten working days of receiving the request, those members who requested may call a meeting themselves.

5.2.3 All Meetings of the Committee and its sub-committees will be held in line with the requirements of the Equality Act 2010 to make reasonable adjustments regarding the access needs of members, which include making papers available in accessible formats, holding meetings in accessible venues and providing communication support where needed.

[5] The Members' Code of Conduct

5.3 Notice of Meetings

5.3.1 Before each meeting of the Committee, a notice of the meeting, specifying the business proposed to be transacted at it, must be delivered to every Committee member or sent by post, electronically or fax to the correspondence address supplied by them, at least five clear working days before the day of the meeting. Supporting papers will, wherever possible, accompany the agenda.

5.3.2 The business of the meeting will not be invalidated where any member fails to receive notification.

5.3.3 In the case of a meeting being called by Committee members in default of the Chair, the notice must be signed by those Committee members and no business can be transacted at the meeting other than that specified in the notice.

5.3.4 Before each public meeting of the Committee, a public notice of the time and place of the meeting, and the public part of the agenda, must be displayed on the HWE website at least five clear working days before the meeting.

5.4 Chairing Meetings

5.4.1 At any meeting of the Committee, the Chair, if present, will preside.

5.4.2 If the Chair is absent, or is disqualified from participating, the Deputy-Chair will preside or, in his/her absence a Committee member chosen by the Committee members will preside.

5.4.3 The decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters will be final.

5.5 Quorum for Meetings

5.5.1 No business can be transacted at a meeting unless at least half of the whole number of the Chair and Committee members are present.

5.5.2 If at any time during a meeting, a quorum of Committee members is not present then the business will, at the discretion of the Chair, be discussed by the Committee members present and the decision deferred to the next meeting of the Committee, unless the Chair of the meeting indicates an earlier date or is able to conduct the business under the urgent action provision.

5.5.3 If the Chair or any Committee member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest s/he will no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position must be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

5.5.4 In such a situation, Members may apply to the HWE Chair for a dispensation prior to the meeting to enable them to take part in the discussion and vote at the next meeting.

5.6 Voting

5.6.1 The Chair and all Committee Members may vote. Co-opted Members may not vote.

5.6.2 When necessary, if there is no consensus, a question at a Committee meeting must be decided by the majority of the votes of the Chair and the Committee members present voting on the question.

5.6.3 In the case of the number of votes for and against a motion being equal, the Chair of the meeting will have a second or casting vote.

5.6.4 All questions put to the vote will, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper or electronic ballot may also be used if a majority of the Committee members present request it.

5.6.5 If at least one-third of the Committee members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Committee member present voted or abstained.

5.6.6 If a Committee member so requests, their vote will be recorded in the minutes of the meeting by name upon any vote (save those by paper ballot).

5.6.7 Committee members absent from a meeting will not have the right of a proxy vote although their written views may be entered in the debate. Absence is determined as at the time of voting on a motion.

5.7 Notices of Motion

5.7.1 Any motion proposed must be seconded before it is considered.

5.7.2 A Committee member desiring to move or amend a motion must send written notification, seconded by another member, to the Chair at least 10 clear working days before the meeting. The Chair will insert this notice in the agenda for the meeting, subject to the notice being permissible under the appropriate regulations and within HWE's statutory remit. This does not, however, prevent any motion or amendment being moved without notice during the meeting on any business mentioned on the agenda.

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5.7.3 Subject to the agreement of the Chair, and subject also to the provisions below, a Committee member may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice must state the grounds of urgency. If in order, it will be declared to the Committee at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item will be final.

5.7.4 A motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and with the consent of the Chair.

5.7 .5 The mover of a motion has a right of reply at the close of any discussion on the motion or any amendment thereto.

5.7.6 When a motion is under discussion or immediately prior to discussion, it is open to any Committee member to move:

- An amendment to the motion;
- The adjournment of the discussion or the meeting;
- That the meeting proceed to the next business;
- The appointment of an ad hoc committee to deal with a specific item of business;
- That the motion be now put; or
- A motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 resolving to exclude the public (including the press).

5.7.7 No amendment to any motion will be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

6. AGENDAS, MINUTES AND PAPERS

6.1 Setting the Agenda

6.1.1 The Chair will set the agenda for each meeting, in consultation with the HWE Director.

6.1.2 Committee members wishing to put forward agenda items should notify the Chair at least 15 clear working days before the meeting. The request must state whether the item of business is proposed to be transacted in the presence of the public and must include appropriate supporting information. Requests made less than 10 clear working days before a meeting may be included on the agenda at the discretion of the Chair.

6.1.3 In the event that the Chair is not willing to include an item on the agenda of a meeting, any Committee member will be entitled to have a notice of motion included on the agenda (see 4.7.1).

6.1.4 The agenda will be sent to Committee members at least 7 days (5 clear working days) before the meeting and supporting papers will accompany the agenda, save in emergency.

6.1.5 It is within the discretion of the Chair of a meeting to allow urgent items not on the published agenda to be discussed at the relevant meeting. The reasons for allowing such action should be indicated by the Chair.

6.2 Record of Attendance

6.2.1 The names of the Chair and Committee Members present at the meeting must be recorded in the minutes.

6.2.2 Where a Committee member is not present for the whole of the meeting the minutes must indicate for which items the Committee member was present at the time of determination of the item.

6.3 Minutes

6.3.1 The minutes of the proceedings of a Committee meeting will be drawn up by the HWE Director and Committee Administrator (or his/her representative) and submitted for agreement at the following Committee meeting. Once confirmed as a correct record by the Chair of the meeting, they will be signed. Any amendment to the minutes must be agreed and recorded in the minutes of the Committee meeting at which they are submitted for agreement.

6.3.2 The minutes of Committee meetings, other than minutes containing confidential information will be available to the public. The Committee will also receive the minutes of its advisory sub-committees for information. Any Committee member not on a sub-committee will have a right to consult any confidential minutes of that sub-committee.

7 APPOINTMENT OF SUB-COMMITTEES

7.1 Appointment of Sub-Committees

7.1.1 Subject to such directions as may be given by the Secretary of State, the HWE Committee may, and if directed by the Secretary of State must, appoint advisory sub-committees of the Committee, with Terms of Reference approved by the Committee.

7.1.2 Any sub-committee of the HWE Committee will be an advisory sub-Committee (not an executive sub-Committee) only. It must be chaired by a member of the HWE Committee.

7.1.3 The constitution and terms of reference of any sub-committee must be approved by the Committee at any meeting where at least four Committee members are present.

7.1.4 The Committee may delegate authority to the sub-Committee to propose appointments to the sub-committee, but the Committee must approve all appointments to its sub-committees. Sub-Committees are able to co-opt members to the sub-committee, subject to the approval of the HWE Committee.

7.1.5 The Committee will keep under review the structure and remit of any sub-committees.

8 ARRANGEMENTS FOR THE EXERCISE OF HEALTHWATCH ENGLAND FUNCTIONS BY DELEGATION

8.1 Reserved Matters Reserved to the Committee

8.1.1 HWE and CQC have agreed to work as strategic partners. However, as HWE is a statutory Committee of the Care Quality Commission, the CQC Board must agree the matters relating to HWE’s operation which it reserves to itself for decision, taking due account of HWE’s independence.

8.1.2 The HWE Committee must agree those matters within its legal powers which it reserves to itself for decision and which matters it will delegate to the HWE Director.

8.1.3 Notwithstanding 8.1.2, the Committee, in full session, may decide on any matter it wishes that is within its legal powers.

8.1.4 Those advisory functions of the Committee which have not been expressly reserved to the Committee or delegated to a formally approved sub-committee of HWE shall be exercised on behalf of the Committee by the HWE Director.

8.1.5 The HWE Director will determine which executive functions s/he will perform personally and will nominate Officers of HWE to undertake the remaining functions for which s/he will still retain accountability to the Chair and the CQC Chief Executive. The scope of responsibility entrusted to any individual Officer or Appointee of HWE shall be described in their job description or task-based terms of engagement with any limits on their powers described within the Scheme of Delegation.

8.1.6 The HWE Director may periodically propose amendments to the Scheme of Delegation which will not have effect unless considered and approved by the HWE Committee as indicated above. The Audit, Finance and Risk Sub Committee must receive a report of every decision to suspend Committee Standing Orders.

8.2 Emergency Powers

8.2.1 The functions exercised by the Committee may, in an emergency, be exercised by the HWE Chair after they have consulted one other Committee member and the HWE Director.

8.2.2 The exercise of such powers by the Chair must be reported to the next formal meeting of the Committee in public session for ratification, with reasons why an emergency decision was required clearly stated.

9. DUTIES OF MEMBERS TO REGISTER INTERESTS[6]

9.1 Register of Interests

[6] The Policy on Registering Interests is available in full as a separate annex to this document.

9.1.1 The HWE Director will arrange for the establishment and maintenance of a Register of Members' Interests to record the interests of the HWE Committee Members. It will be published on the HWE website.

9.1.2 The types of interests to be registered are set out in the Policy on Registering Interests.

9.2 Declaring an Interest at a meeting

9.2.1 In addition to registering an interest, HWE Committee Members must declare any interest:

a) At any proceedings of the HWE Committee or its committees, where a matter affecting a declarable interest is considered, or;

b) At meetings of any outside body to which they are appointed or nominated by HWE, or;

c) In other circumstances where they are active in a role for HWE.

9.2.2 Where there is an interest that must be declared under the Committee Standing Orders, it should be declared:

a) At the commencement of the proceedings in response to the formal request from the Chair for the declaration of interests; or

b) If unaware of the interest at the commencement of the proceedings, as soon as s/he becomes aware of the interest.

9.2.3 When an interest is declared, the Member is required to make an oral statement declaring the nature of the interest if requested to do so by the Chair.

9.2.4 Where such a disclosure is made, the disclosure shall be recorded in the Minutes of the Committee Meeting.

9.2.5 A Committee Member will generally be allowed to speak, but not vote, on non-financial matters in which they have an interest that needs to be declared. However, the Chair may consider the interest to be of such a nature as to disqualify him or her from speaking on the matter and must be reported to the meeting and recorded in the minutes.

9.2.6 The HWE Director will, at least annually, in March of each year, ask Members to confirm their interests for inclusion on the Register of Interests maintained by them. Nevertheless, Members should inform the Director of any changes in their interests as they occur, both for the purposes of updating the Register and, if necessary, for formal reporting to the Committee.

10. SUSPENSION, VARIATION, AMENDMENT AND APPROVAL OF COMMITTEE STANDING ORDERS

10.1 Suspension of Committee Standing Orders

10.1.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State, any one or more of the Committee Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Committee are present, and that a majority of those present vote in favour of suspension.

10.1.2 A decision to suspend Committee Standing Orders will be recorded in the minutes of the meeting.

10.1.3 No formal business may be transacted while Committee Standing Orders are suspended.

10.1.4 A separate record of matters discussed during the suspension of Committee Standing Orders must be made and must be available to the Chair and Committee members.

10.1.5 The Audit, Finance and Risk Sub Committee must receive a report of every decision to suspend Committee Standing Orders.

10.2 Approval, Variation and Amendment of Committee Standing Orders

10.2.1 Any amendment to these Committee Standing Orders can only be approved if:

- A notice of motion has been given (i.e. at least 10 working days in advance)
- A quorum of Members is present at the time of the vote and no fewer than half the total of the Committee members present vote in favour
- The variation proposed does not contravene a statutory provision or direction made by the Secretary of State

10.2.2 Any amendment must be reported to the Audit, Finance and Risk Sub Committee.

October 2018
Updated: March 2020 (subject to approval from HWE Committee)
To be reviewed March 2022

HEALTHWATCH ENGLANDACCOUNTABILITY FRAMEWORK

Introduction

Healthwatch England (HWE) has operated from 1st October 2012 as the new national consumer champion for anyone who uses health and social care services. HWE has an important role in driving improvement in the health and social care system, at national and local level, for the benefit of users and the public. This document sets out how HWE will operate and how it will be held to account for the delivery of its objectives.
The operating principles in the Department of Health and Social Care (DHSC)/Care Quality Commission (CQC) have been agreed jointly by the Department of Health and Social Care, the Care Quality Commission (as HWE's "host" organisation) and Healthwatch England itself to ensure that HWE has the best chance of success. Each of the parties involved agree to work together to build a constructive and collaborative relationship of trust and respect, in the interests of users of health and social care services and the public. The principle of "no surprises" will operate between them.

1 PURPOSE OF HEALTHWATCH ENGLAND

1.1 Healthwatch England (HWE) has been established under the Health and Social Care Act 2012 to be the new consumer champion for health and social care in England. Its purpose is to strengthen the collective voice of patients and users of health and social care services and of the general public.

1.2 Healthwatch will exist in two distinct forms – local Healthwatch organisations at local level, funded by and accountable to the public via local authorities; and HWE at national level, funded by the Department of Health and Social Care, to enable the collective views of the people who use NHS and social care services to influence national policy.

1.3 HWE is a statutory committee of CQC, supported by CQC's infrastructure and with access to CQC expertise. CQC is therefore legally accountable for HWE. However, CQC and HWE have agreed that they will work together as strategic partners, with HWE operating as independently as possible within the legal constraints. This document sets out the legal arrangements between DHSC, CQC and HWE. There are Memorandums of Understanding (MoU) which describe in more detail the nature of the strategic partnership between CQC and HWE and how it will operate on a day to day basis.

1.4 HWE will set its own strategic objectives after appropriate consultation. It will share drafts of its plans and proposed expenditure with the Department of Health and Social Care before its plans are published and formally approved by Secretary of State. HWE will have its own identity and will speak with an "unedited voice". HWE will be able to analyse and interpret intelligence and data and come to its own judgement on these; and will be able to produce and publish its own reports, independent of CQC.

1.5 The HWE Committee will not have executive powers itself but will have an executive arm, staffed by dedicated HWE staff, recruited for the purpose of enabling the Committee to deliver its priorities and work plan, and reporting to the HWE Director.

2 GOVERNANCE AND ACCOUNTABILITY

2.1 The legal origins of HWE's powers and duties

2.1.1 Healthwatch England's powers and duties stem from the Health and Social Care Act 2012 Part 5 Chapter 1 and the Care Quality Commission (Healthwatch England) Regulations 2012.

2.1.2 HWE's main statutory objective is to be the new consumer champion for health and social care in England. By enabling the views and experiences of users and of the general public to be heard and identifying how services can be improved, HWE will provide a platform for making the NHS and local government more accountable to their local communities for the health and social care services they commission and/or provide. HWE's scope is wider than that of CQC's and includes commissioning, public health, health inequalities and social care arrangements for children and young people.

2.1.3 Its specific statutory functions are to:

- provide leadership, guidance, support and advice to local Healthwatch organisations
- escalate concerns about health and social care services which have been raised by local Healthwatch to CQC. CQC will be required to respond to advice from its Healthwatch England sub-committee
- provide advice to the Secretary of State, NHS England, NHS Improvement and to English local authorities, especially where HWE is of the view that the quality of services provided are not adequate. The bodies to whom advice is given are required to respond in writing. The Secretary of State for Health will be required to consult Healthwatch England on the mandate for NHS England.

2.1.4 Healthwatch England is required to make an annual report and lay a copy before Parliament.

2.2 Ministerial responsibility

2.2.1 As a statutory committee of the Care Quality Commission, HWE is accountable to the Secretary of State for Health for discharging its functions, duties and powers effectively and economically. The Secretary of State for Health will account for HWE's business in Parliament.

2.2.2 HWE will account to Parliament for the proper, effective and efficient use of resources and operation of the committee through the Accounting Officer, who in turn accounts to the Permanent Secretary of the Department of Health and Social Care for the proper use of HWE resources.

2.3 The Department of Health and Social Care's Principal Accounting Officer's responsibilities for HWE

2.3.1 The Department of Health and Social Care's Principal Accounting Officer (PAO) is the Permanent Secretary. He has designated the Care Quality Commission's Chief Executive as Healthwatch England's Accounting Officer.[7] However, the Department of Health and Social Care's PAO remains accountable to Parliament for the issue of any grant in-aid to HWE and is required to assure himself that HWE is delivering its

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[7] The respective responsibilities of the AO and Accounting Officers for Non-Departmental Public bodies and other arm's length bodies are set out in Chapter 3 of Managing Public Money, available on the HM Treasury website at www.hm-treasury.gov.uk/psr mpm idex.htm

strategic objectives in a way that delivers value for money and has appropriate governance, risk management and internal controls in place.

2.3.2 The DHSC's PAO is responsible for ensuring that the budgetary allocation to HWE is set out in a separate line in DHSC's budget letter to CQC and for ensuring that arrangements are in place within the Department to monitor HWE's activities on a regular basis.

2.3.3 The PAO will ensure that there is a Departmental Sponsor (also to be the Departmental Sponsor for CQC) to manage the Department's relationship with Healthwatch England on behalf of Ministers. The Department of Health and Social Care's HWE Sponsorship Team is the primary contact for Healthwatch England with the Department on a day-to-day basis. The Sponsorship Team will be in regular contact with HWE to address any issues arising and will be the main source of advice to the Principal Accounting Officer and the Secretary of State on the discharge of their responsibilities in respect of Healthwatch England.

2.4 The CQC Chief Executive's responsibilities as Accounting Officer for HWE

2.4.1 The responsibilities of the Chief Executive of the Care Quality Commission, as Accounting Officer, to the Department of Health and Social Care's Principal Accounting Officer and to Parliament are set out in the DHSC/CQC Framework Document and in HM Treasury's *Managing Public Money*.

2.4.2 The CQC AO's responsibilities extend to HWE for:

- safeguarding the HWE public funds for which he has charge and ensuring propriety and regularity in the handling of those public finds;
- ensuring that HWE's resources are used economically, efficiently and effectively for the purposes intended;
- ensuring that HWE as a whole is run on the basis of standards set out in Box 3.1 of *Managing Public Money* in relation to governance, decision-making and financial management.

2.4.3 The Care Quality Commission's Chief Executive is HWE's Consolidation Officer for the purposes of Whole Government Accounts. The CQC CEO will give evidence, normally with the PAO of the Department of Health and Social Care, when summoned before the Public Accounts Committee on HWE's stewardship of public funds.

2.4.4 The responsibility for managing HWE's resources effectively on a day-to-day basis will be delegated by the CQC Chief Executive to the HWE Director. The Director will ensure that timely forecasts and monitoring information on HWE's performance and finance are available to the AO to enable him to notify the Department promptly of any likely over- or under-spends or any significant problems, whether financial or otherwise, which have been detected.

2.4.5 The CQC AO has responsibility for ensuring that HWE's proposed plan and expenditure are appropriate and within the budget allocated. It is expected that any differences of view about HWE's proposals will be resolved as the plan and budget are developed. However, as AO, the CQC CEO retains the ultimate right to veto HWE's plan and proposed expenditure if he considers it to be inappropriate. The AO would be required to notify the PAO of his reasons for so doing.

2.4.6 The CQC CEO will be the Principal Officer for handling cases involving the Parliamentary Commissioner for Administration in relation to HWE and will ensure that effective procedures for handling complaints about Healthwatch England are established and made widely known.

2.5 The responsibilities of the HWE Chair to DHSC and Parliament

2.5.1 The HWE Chair has particular responsibilities to Parliament and the Department of Health and Social Care in relation to HWE including for:

- establishing, in agreement with the Department of Health and Social Care, HWE's strategic priorities and business plans, in the light of the Department's wider strategic aims and current PSA(s) and HWE's functions as defined in legislation;
- reporting annually to Secretary of State and to Parliament on the overall performance of HWE compared with its aims and objectives
- meeting regularly with CQC and DHSC to report on HWE's progress

3 ROLE AND RESPONSIBILITIES OF THE HWE CHAIR AND THE COMMITTEE

3.1 Role of the HWE Chair

3.1.1 The Chair of HWE has specific responsibilities for providing leadership to the HWE Committee, ensuring that it meets its statutory obligations and discharges its responsibilities efficiently and effectively; for developing strong links with stakeholders in order to be able to influence national policy; and for overseeing the activity of the HWE Director to ensure that the HWE staff implements the business plans of HWE efficiently and effectively.

3.1.2 The Chair of HWE, who is appointed by the Secretary of State for Health, will also be a Non-Executive Commissioner of the CQC Board. That is, they will be a non-executive member of the CQC Board, with equal status and responsibilities to other Board members, and will be expected to contribute fully to the business discussions and decisions at the CQC Board. The HWE Chair is accountable to the CQC Chair as a Board Member, as are all of CQC's Board members.

3.1.3 When the CQC Board is considering how to respond to HWE advice, the HWE Chair should declare an interest and refrain from discussion.

3.1.4 In relation to HWE, the HWE Chair has responsibility for:

- Setting and monitoring the delivery of HWE's strategic priorities, objectives and budget in line with relevant statutory guidance
- Determining the business priorities of HWE Committee meetings, ensuring that all members are able to contribute effectively to the Committee's discussions
- Ensuring that the HWE Committee, in reaching decisions, takes proper account of HWE's responsibilities set out in the Framework Document, of any relevant statutory guidance and the requirements of the CQC corporate governance framework;
- Promoting the efficient and effective use of staff and other resources, reporting on the performance and finances of HWE to the Department of Health and Social Care
- Providing information to key strategic partners, including the CQC Board, on HWE's performance and providing them with the opportunity to contribute to the proceedings of HWE;
- Delivering high standards of regularity and propriety and ensuring that members of the Committee also deliver these standards; and
- Representing the views of the Committee to the general public

3.1.5 The Chair also has an obligation to ensure that:

- The work of the HWE Committee is reviewed and the Committee is working effectively;
- The Committee has a balance of skills appropriate to directing HWE business, as set out in the Government Code of Good Practice on Corporate Governance
- HWE Committee members are fully briefed on their terms of appointment, duties, rights and responsibilities
- He, together with the other Committee members, receives appropriate training on financial management and reporting requirements and on any differences that may exist between private and public sector practice;
- He assesses the performance of individual Committee members when they are being considered for re-appointment;
- There is a code of practice for Committee members in place consistent with the Cabinet Office model code[8]

3.1.6 Under the HWE Committee's Standing Orders, the Committee may nominate a member as Deputy-Chair for a set period (although he/she can be re-appointed). The duties to be undertaken by the Deputy-Chair are: to chair Committee meetings in the absence of the Chair and otherwise deputise for him/her in his/her absence; to act as a "sounding board" for the Chair on important matters which require reflection and a second opinion; and to represent HWE at public events or other meetings, as agreed by the Chair.

3.2 Role of the HWE Committee

3.2.1 The HWE Committee will consist of a maximum of 12 Members plus the Chair. The Committee Members will have a balance of skills and experience appropriate to directing HWE and will include up to 4 members who are directors of local Healthwatch organisations.

3.2.2 The HWE Committee will be responsible for:

- acting as the national consumer champion for people who use, or may use, health and social care services, ensuring that their views and experiences are reflected in all of its considerations
- taking forward the strategic aims and objectives of HWE consistent with its overall strategic direction in its Business Plan and Strategy and within the policy and resources framework determined by the Secretary of State;
- ensuring that the Secretary of State and the CQC Board are kept informed, via the HWE Chair, of any changes which are likely to impact on the strategic direction of HWE or on the attainability of its targets, and determining and implementing the steps needed to deal with such changes;
- ensuring that any statutory or administrative requirements for the use of public funds are complied with; that the Committee operates within the limits of its statutory authority and delegated authorities from the Department of Health and Social Care and the Care Quality Commission, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the

[8] The HWE Members' Code of Conduct is included in the HWE Standing Orders

Committee takes into account guidance issued by the Department of Health and Social Care

- ensuring that the Committee receives and reviews regular financial information concerning the management of HWE; that it is informed in a timely manner about any concerns about its activities; and provides positive assurance to the Department and CQC that appropriate action has been taken on such concerns;

- ensuring that effective arrangements are in place to provide assurance on risk management, governance and internal control of HWE's business. The Committee is expected to assure itself of the effectiveness of the internal control and risk management systems, including by using CQC's Audit and Risk Assurance Committee to help HWE to address key financial and other risks.

3.2.3 Individual Committee Members should:

- comply at all times with the HWE Conflict of Interest policy, which sets out the rules relating to conflicts of interests;

- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations;

- comply with the HWE Committee's rules on the acceptance of gifts and hospitality, and of business appointments;

- act in good faith and in the best interests of HWE.

3.3 Terms of HWE Committee Appointments

3.3.1 The HWE Chair is appointed for a period of up to four years by the Secretary of State.

3.3.2 The HWE Committee Members will be appointed by the HWE Chair in accordance with the requirements of the Code of Practice of the Officer of the Commission on Public Appointments and requirements set out in Regulations. Four of the Committee Members will represent local Healthwatch. The HWE Chair will be responsible for ensuring that, in accordance with the Regulations, the membership of the HWE Committee is diverse, with members having the expertise and knowledge necessary to deliver the statutory functions of Healthwatch England.

3.3.3 The term of Committee appointments will be specified in the letter of appointment issued to individual Committee Members, each appointment will be for no longer than four years. Members may be reappointed for a further term but are not eligible for further reappointment until a term has elapsed.

3.3.4 The HWE Chair is able to remove a Committee member if the Chair believes they are unable or unfit to carry out the duties of that office; or are failing to carry out their duties or are disqualified under the Regulations.

3.3.5 The Committee will also be able to co-opt members to ensure that the Committee has access to specialist expertise when needed.

3.3.6 The HWE Chair will notify the CQC Board and the Secretary of State once the appointments have been decided.

3.4 Dispute resolution

3.4.1 The HWE Committee and CQC Board have agreed to work together openly and positively. Should any difficulties arise e.g. the HWE Chair believes they are unable to deliver the HWE business plan or the Chief Executive has concerns that the HWE plans are undeliverable within budget, a resolution to any difficulties should be sought as close to the "source" of difficulty as possible through open and frank discussion.

3.4.2 In the unusual event that this does not happen, the issue can be raised with the Minister of Health who can meet with the various parties concerned. The Minister for Health will ultimately be responsible for securing a resolution and their decision will be final.

3.4.3 The Health and Social Care Act 2012 makes provision for Secretary of State to issue conflicts guidance if needed.

3.5 Lobbying Parliament or Government

3.5.1 HWE will not use public funds to employ external public affairs or consultants to lobby Parliament or Government with the principal aim of altering Government policy or to obtain increased funding.

4 HWE's COMPLIANCE RESPONSIBLITIES[9]

4.1 Annual Report and accounts

4.1.1 HWE's audited accounts will be published within CQC's audited accounts after the end of each financial year. The rules governing the external audit of CQC, as set out in the DHSC/CQC Framework Document, will apply to HWE and CQC's Governance Statements will also make reference to HWE.

4.1.2 HWE is required to publish its own annual report which outlines its main activities and performance during the previous financial year and sets out in summary form forward its plans. A draft of the report should be submitted to the Department and to the CQC Board at least 10 working days before the proposed publication date.

4.1.3 The report and accounts will be laid in Parliament and made available on HWE's website.

4.2 Corporate Governance

4.2.1 HWE is expected to comply with the principles of good corporate governance, set out in the CQC Corporate Governance Framework. A key purpose of the Corporate Governance Framework is to provide assurances and evidence, when required, that the right things are being done in the right way at the right time. These include: arrangements for business planning; budgeting principles; risk management; internal audit; and performance reporting.

4.3 Strategic and Business Planning

4.3.1 HWE will prepare and publish a strategic plan and an annual business plan which reflects HWE's statutory duties, has regard to DHSC policy and includes a budgeted work programme for that year. The HWE plan will be produced in accordance with the Department's business planning guidance and Managing Public Money and will

[9] How HWE will comply with its requirements is set out more fully in the HWE Standing Orders, Standing Financial Instructions and Policy Handbook which covers business planning, business continuity, communications, managing complaints, risk management and information governance

demonstrate how HWE is contributing to the achievement of the Department's objectives.

4.3.2 The Accounting Officer will confirm that the proposed plan and budget are within approved funding provision for HWE, meet HWE's statutory role and contribute to the achievement of DHSC's objectives. The AO may veto anything in HWE's business plan which he believes is not a proper use of HWE's funds.

4.4 Budgeting Procedures

4.4.1 Unless agreed by the Department of Health and Social Care and, as necessary, HM Treasury, HWE shall follow the principles, rules, guidance and advice in *Managing Public Money*. The HWE Director will refer any difficulties or potential bids for exceptions in the first instance to the CQC Accounting Officer and then to the Sponsorship Team for CQC in the Department of Health and Social Care.

4.4.2 Each year the Department will send the Care Quality Commission a formal statement of the annual budgetary provision allocated by the Department for HWE in the light of competing priorities across the Department and any forecast income approved by the Department. Any grant-in-aid provided by the Department of Health and Social Care for the year in question will be voted in the Department of Health and Social Care's Supply Estimate and be subject to Parliamentary control.

4.4.3 Once the budget has been approved by the Department of Health and Social Care and subject to any restrictions imposed by statute, HWE shall have authority to incur expenditure approved in the budget as long as HWE remains within its delegated authorities.

4.4.4 At the start of the financial year, HWE will profile expected expenditure and drawdown of any Departmental funding/other income over the year. HWE will comply with the general principle that there is no payment in advance of need. Cash balances accumulated during the course of the year from grant-in-aid or other Exchequer funds shall be kept to a minimum level consistent with the efficient operation of HWE. Grant-in-Aid not drawn down by the end of the financial year shall lapse. Subject to approval by Parliament of the relevant Estimates provision, where grant-in-aid is delayed to avoid excess cash balances at the year-end, the Department will make available in the next financial year any such grant-in-aid that is required to meet any liabilities at the year end, such as creditors.

4.4.5 In the event that the Department of Health and Social Care provides HWE separate grants for specific (ring-fenced) purposes, it would issue the grant as and when HWE needed it on the basis of a written request. HWE would provide evidence that the grant was used for the purposes authorised by the Department. HWE shall not have uncommitted grant funds in hand, nor carry grant funds over to another financial year.

4.5 Internal Audit

4.5.1 The CQC has entered into arrangements for internal audit which satisfy HM Treasury's requirements (set out in the DHSC/CQC Framework Document). As a statutory Committee of CQC, HWE will be subject to review by CQC's internal audit. Any internal reports relevant to HWE will be submitted to the HWE Committee to decide action and monitor progress against agreed actions.

4.6 Risk Management

4.6.1 In accordance with HM Treasury requirements, HWE must ensure that the risks it faces are identified and dealt with in an appropriate manner. Risks will be identified as part of its strategy setting and business planning processes and monitored on a regular basis. The HWE Committee will be able to seek advice from CQC's Audit and Risk Assurance Committee which also has responsibility for scrutinising the internal controls operated by HWE to provide assurance to the HWE Committee and to the Accounting Officer that HWE is managing risk effectively.

4.6.2 HWE will also adopt and implement CQC policies and practices to safeguard itself against fraud and theft.

4.7 Performance Reporting

4.7.1 HWE will operate management, information and accounting systems that enable it to review in a timely and effective manner its financial and non-financial performance against the budget and any targets set out in the corporate and business plans.

4.7.2 HWE will provide financial and non-financial performance information to the Audit and Risk Assurance Committee who will have a role in scrutinising HWE's performance and providing assurances to the HWE Committee.

4.7.3 HWE will also be required to provide financial and non-financial performance information to the Department of Health and Social Care. Officials of the DHSC Sponsorship team will liaise regularly with HWE officials to review HWE's financial performance against plans, achievement against HWE targets and HWE expenditure. The Sponsorship Team will also take the opportunity to inform HWE of any wider policy developments that might have an impact on HWE and actions the team has taken or plans to take in respect of those.

4.7.4 HWE's performance will be discussed as necessary at the CQC's Quarterly Accountability Reviews with the Department, attended by the CQC Chief Executive in his capacity as Accounting Officer for both CQC and HWE.

4.8 Information Governance

4.8.1 HWE will comply with CQC's polices on Information Governance which ensure that:

- Patient, personal and/or sensitive information within HWE's care is well managed and protected through all stages of its use

- HWE's compliance with good information governance practice will be included as part of CQC's compliance statements

- HWE meets its legal obligations for records management, accountability and public information by complying with relevant standards on confidentiality, security and records management.

4.8.2 CQC's Senior Information Risk Owner will be HWE's SIRO. The Committee will appoint an HWE officer to act in the capacity of Caldicott Guardian.

5 HEALTHWATCH ENGLAND STAFF

5.1 HWE staff will be formally employed by CQC on the same terms and conditions as CQC's staff. A detailed statement of terms and conditions is set out in the CQC Employee Handbook.

5.2 CQC HR policies apply to HWE staff including the requirement to undertake training which is mandatory for CQC staff. The policies and training materials are available to all staff via the CQC intranet.

5.3 The code of conduct for staff in place for CQC staff, based on the Cabinet Office's Model Code for Staff of Executive Non-department Public Bodies, in Chapter 5 of Public Bodies: A guide for Departments, will apply to HWE staff.

5.4 Subject to its delegated authorities, HWE shall ensure that the creation of any additional posts does not incur forward commitments that will exceed its ability to pay for them.

6 DELEGATED AUTHORITIES

6.1 The delegation from Department of Health and Social Care to HWE will be included in the CQC budget notification. This cannot be altered without prior approval from the Department.

6.2 CQC's Scheme of Delegation includes a delegation from the CQC Chief Executive to the HWE Director of the HWE budget.

October 2018
Updated: March 2020 (subject to approval from HWE Committee)
To be reviewed March 2022

Back to main agenda

AGENDA ITEM: 2.7

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 next 8 months
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

2.7 Healthwatch England Public Committee Meeting Forward Agenda 2019/20

June 2020 Public Meeting	• 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 ○ Digital Requirement – Response to recommendation • Questions from the Public
Sep 2020 Public Meeting	• 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	• 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 • Annual Report • Annual Data Return • Questions from the Public