HEALTHWATCH ENGLAND
COMMITTEE MEETING PAPERS

Thursday 2 February 2017

Leeds

Venue: Park Plaza Leeds, Boar Lane, City Square, Leeds, LS1 5NS

TABLE OF CONTENTS – PUBLIC MEETING

A number of pages have been left deliberatively blank for formatting purposes.

AGENDA ITEM No: 1.2

AGENDA ITEM: Minutes, action log and matters arising

PREVIOUS DECISION: The minutes of the Committee meeting of Wednesday 10 August were agreed as a true record of the meeting

EXECUTIVE SUMMARY: This report reflects the minutes and actions of the Committee meeting of Wednesday 2 November 2016.

RECOMMENDATIONS: The Committee are asked to **APPROVE** the minutes and action log of the Committee meeting of Wednesday 2 November 2016.

Healthwatch England Committee Meeting
Minutes of meeting No. 17

Location: The Italian Community Association - Fleet Way, Peterborough PE2 8DL
Date: Wednesday 2nd November

Attendees:
Jane Mordue (JM) – Interim Chair
Jenny Baker (JB) – Committee Member and Chair of Healthwatch Bucks
Pam Bradbury (PB) - Committee Member and Chair of Healthwatch Dudley
John Carvel (JC) – Committee Member
Deborah Fowler (DF) - Committee Member and Chair of Healthwatch Enfield
Helen Horne (HH) - Committee Member and Chair of Healthwatch Cumbria

In attendance:
Susan Robinson (SR) – Acting National Director
Gerard Crofton-Martin (GC-M) – Director of Quality and Evidence
Neil Tester (NT) – Director of Policy and Communications
Andy Payne (AP) – Head of Network Development
Jacob Lant (JL) – Head of Policy and Partnerships
Georgina Bream (GB) – Training and Co-production Manager
Hollie Pope (HP) – Network Events Officer
Josh Edwards (JE) - Public Affairs Officer
Esi Addae (EA) – Committee Secretary

1.0	**Welcome and apologies**	**Action**
1.1	Opening and welcome The meeting was opened by JM at 11.00.	
1.2	Apologies: Andrew Barnett (AB) – Committee Member Joanne Crossley (JCr) - Acting Head of Operations	
1.3	Confirmation of agenda The Committee confirmed the agenda.	

2.0	**Disclosure of interest**	
2.1	Conflict of interest The Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.17 agenda.	
3.0	**Minutes of previous meeting**	
3.1	Review minutes of previous meeting JM presented to the board the minutes of Wednesday 10 August for approval. The Committee endorsed the minutes of the previous meeting as complete and accurate.	
3.2	Actions arising from the previous meeting The Committee noted the current status of the actions arising from the previous meeting, as presented in item 1.2 of the agenda.	
4.0	**Agenda Item 1.4 – Interim Chair's Report**	
4.1	JM updated that she had written to the Secretary of State for Health earlier in the week, on the State of Support for local Healthwatch. For 2016/17, it was noted that over a third of local Healthwatch have had their budgets decrease by more than £5,000, with a further 55% who reported that their budget had either stayed the same or with less than £5,000 change. For some local Healthwatch (7.5%), there had been an increase of more than £5,000.	
4.2	JC asked for more information on the organisational approach to highlighting the varying levels of engagement as part of the Sustainability and Transformation Plans. Committee Members were updated that there have been a number of events, guidance has been provided and positions had been allocated (one each for Healthwatch England – AP - and local Healthwatch – Julie Fitzgerald) on the Oversight Board.	

4.3	PB requested for a national overview of the issues relating to Sustainability and Transformation Plans (STPs) as well as information available in the public domain to be shared on the Healthwatch England website for the public and local Healthwatch.	(NT)To share a national overview of the issues relating to Sustainability and Transformation Plans (STPs) as well as information available in the public domain to be shared on the Healthwatch England website for the public and local Healthwatch.
4.4	JB encouraged the staff team to continue to engage both nationally and locally with the STP programme.	
5.0	**Agenda item 1.5 – Acting National Director's Report and Report on Delivery – Q1 2016/17**	
5.1	LS noted that there is evidence of good work being undertaken by local Healthwatch to ensure that people in their respective communities are being engaged especially those who may not always have their voice heard and that it would be helpful to consider how equality and diversity is integrated appropriately.	(EA)To schedule a Committee Workshop item on 'Equality and Diversity in relation to the transformation of the health and social care sector'.
5.2	SR updated that Healthwatch England has been invited to sit on the partnership board looking at the development of NHS Citizen, to contribute to the clarity of roles and to share information where appropriate.	
5.3	DF welcomed the work being undertaken by Healthwatch England to educate and support commissioners of local Healthwatch; especially as the State of Support report highlights that there isn't a correlation between the performance of a local Healthwatch and the funding it receives.	
5.4	DF encouraged staff to further explore areas of policy such as 'Health as a Social Movement' (exploring how the health service can move beyond a purely biomedical understanding of health, with prevention at its core) being developed by NESTA (formerly National Endowment for Science, Technology and the Arts) which builds on the agenda set out in the NHS Five Year Forward View.	

5.5	NT updated that the staff team are exploring what the support to local Healthwatch will look like in the 2017/18 financial year.	
5.6	DF asked for information on the development of the Department of Health's programme of work on discharge and were updated that Healthwatch England continues to share information from local Healthwatch and have recently been informed of the senior lead on the project, Clara Swinson and will be working with her in the coming months.	
5.7	JC noted that as the team becomes smaller, staff capacity should be considered during the planning of the 2017/18 business plan.	
5.8	HH raised a question on how the staff team were continuing to maintain a national profile for Healthwatch to provide a platform for local Healthwatch activity. NT explained that while national media activity continued, an increasing proportion of activity intended to support the Healthwatch brand profile now related to specialist media and other channels, as well as to digital and social media activity.	
6.0	**Agenda item 1.6 – Operational Report**	
6.1	Committee Members welcomed the report and no comments were made.	
7.0	**Agenda item 2.1 – Healthwatch Intelligence**	
7.1	HH asked for the time frame for the next phase of the intelligence programme as well as asking how this can support the Committee's decision making. There was a discussion in relation to when local Healthwatch will be able to use the CRM system to undertake their reporting.	
7.2	GC-M assured Committee Members that the recruitment for the Intelligence Co-ordinators and Analyst roles is underway and does not disadvantage staff within the organisational restructuring process.	
7.3	GC-M stated that the staff team to continue to develop the taxonomy (coding) to ensure that the way local Healthwatch and Healthwatch England code intelligence is consistent.	
7.4	PB expressed a concern about the varying levels of understanding about how to identify and address safeguarding issues amongst local Healthwatch. Assurance was given by GC-M that this is being addressed by support and training and in the future perhaps through online training via the CQC Academy.	

7.5	Using the example of the work on dementia, GC-M recognised that the contextual approach (national data sets and existing policy) coupled with local Healthwatch information and priorities, enables the staff team to share information with stakeholders as appropriate. Relatedly, LS encouraged to prioritise working with user-led organisations when liaising with stakeholders as well as with traditional charities.	
7.6	LS highlighted that it would be helpful to know in relation to policy areas, where local Healthwatch have made a recommendation and there has been action, ensuring information is driven by user/patient experiences and views.	
8.0	**Agenda item 3.0 – Public Participation Session**	
8.1	The Committee and the staff team responded to questions asked by members of the public and local Healthwatch.	
9.0	**Agenda item 3.1 - Business analysis and developing a business strategy**	
9.1	PB sought clarification that whilst the analysis mainly pertains to local Healthwatch it may potentially include Healthwatch England. AP updated that the aim of the project will be to develop analysis that enables Healthwatch England to efficiently and effectively support local Healthwatch, having an impact on the business strategy.	
9.2	LS noted that the scope of the project is broad and a key aspect is the return on investment for the network, which was recognised as a difficult area in many sectors to quantify. DF encouraged the use of the Quality Statements as a means of containing the scope of the project and not duplicating previous analysis.	
9.3	**AGREED: Committee Members agreed the approach to the business analysis project and the supporting budget.**	
10.0	**Agenda item 3.2 – Healthwatch 2017**	
10.1	DF asked for confirmation that the membership of the Task and Finish Group would be representative of the different scales of local Healthwatch.	
10.2	LS suggested that it may be helpful when choosing a specific policy area, to consider local Healthwatch contribution and the national policy context as well as user-led organisations working with people with lived experiences.	
10.3	PB emphasised that the staff team needed to be clear about the purpose of each session at the conference.	

10.4	JM asked whether there is capacity for external organisations to be involved and GB updated that this will be explored further with the Task and finish Group.	
10.5	JM updated that there will be invitations to ministers in response to a question from JC.	
11.0	**Agenda item 3.3 – Healthwatch England Governance**	
11.1	PB noted that the Terms of Reference for the Audit and Risk Sub Committee needs to be updated to state that Pam Bradbury is the common member between the Audit and Risk Sub Committee and the People and Values Sub Committee.	
11.2	EA confirmed that the role of the Audit and Risk Sub Committee in relation to the preparation of the Annual Report is to assure itself of the integrity that the list of the statutory requirements for the organisation has been met.	
11.3	**APPROVED: The Terms of Reference for the Sub Committees were approved.**	
12.0	**Agenda item 4.1- Audit and Risk Sub Committee**	
12.1	EA updated that the Audit and Risk Sub Committee will be reviewing the updated Risk Register and the Annual Review of Risk by all Committee Members will take place at the December workshop.	
13.0	**Agenda item 4.2- Finance and General Purpose Sub Committee**	
13.1	DF informed Committee Members that the considerable reduction in procurements was an illustration of the efficient and effective working relationship with CQC and paid particular thanks to JCr for her hard work in managing the budget and the relationship with CQC colleagues.	
14.0	**Agenda item 4.3 – People and Values Sub Committee**	
14.1	PB requested and amendment to the first sentence of the second paragraph of the report. It should state 'Sub Committee Members were updated on the current timeline for sharing the proposed organisational restructure with the Healthwatch England staff team'.	
15.0	**Agenda item 4.4 – Committee Members Update**	
15.1	The report was noted and no comments were made.	
15.0	**Agenda item 5 – Any Other Business and close of session**	

15.1	There being no further business, the meeting was ended. JM thanked everyone for their time and contributions.	
16.0	**Next meeting**	
16.1	Meeting 18 is scheduled for 11.00 on Thursday 2nd February 2017 in Leeds.	

17.0 ACTION LOG

NUM	DATE	LEAD	ACTION	DEADLINE	STATUS
1.	02/11/2016	Neil Tester	To share a national overview of the issues relating to Sustainability and Transformation Plans (STPs) as well as information available in the public domain to be shared on the Healthwatch England website for the public and local Healthwatch	02/02/2017	Completed - On 28 November 2016, Healthwatch England brought together over 130 local Healthwatch and NHS leaders at a conference to review the extent to which local communities have been involved in shaping STPs to date and the opportunities that exist for making sure this happens in the future. Supporting resources and an overview of the meeting is available on the website.
2.	02/11/2016	Esi Addae	To schedule a Committee Workshop item on 'Equality and Diversity in relation to the transformation of the health and social care sector'.	02/03/2017	Completed - A Committee workshop item on 'Equality and Diversity in relation to the transformation of the health and social care sector' is scheduled for March 2017 and will be led by Liz Sayce and Andy Payne.

AGENDA ITEM No: 1.4

AGENDA ITEM: Chair's Report

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report describes the strategic context for our work and how we have made a difference in Quarter 3 2016/17.

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

EQUALITY AND DIVERSITY: My aim is to support the organisation in fulfilling its statutory obligations in respect of equality and diversity. My activity over the quarter has sought to ensure that we are drawing on the full range of experiences from the widest possible group of people.

1. 'Now is the winter of our discontent' might describe the current national debate about the NHS. 'Noises off' was how Jim Mackey, Chief Executive of NHS Improvement, described it when he urged delegates at the NHS Providers Conference which I attended recently to focus on continuing to improve performance. At Healthwatch we face the same challenge - how to make the rich seam of public views heard above the 'noise'. Yes, the public is quick to spot poor practice and waste. But when we ask people, 'what would a great service look like?' they offer ideas which are practical, generous and cost-effective.

2. The first Healthwatch England conference on Sustainability and Transformation Plans (STP) in November highlighted the key role that Healthwatch can play in encouraging just this positive input to both improving quality and saving money. Lord Victor Adebowale (NHS England Board) told delegates that the prize was to have a health and care service that people can understand and use. He called us 'translators', there to help public and providers understand and learn from each other. However, despite the evidence that early involvement of the public yields better, more sustainable plans, there are still too many areas where only lip service is being paid to engagement. I am glad that NHS England's engagement guidance for STP leaders describes the value that local Healthwatch can bring to this process. It's also encouraging that the staff team have been able to build effective links and an increasingly common understanding with the team at NHS England.

3. There is increasing recognition nationally of the value of Healthwatch. Thus, we were pleased to see positive mention of local Healthwatch in the Care Quality Commission's (CQC) 2016 State of Care Report. As the CQC moves to a risk based inspection system, the need for local intelligence only becomes greater. The CQC is keen for Healthwatch to play a regular role in their engagement strategy. I also met with NHS Digital chair, Noel Gordon, and Chief Executive, Andy Williams. They were interested in meeting as their work on opening up the NHS to patients, e.g. via apps, is at a stage where it would benefit from public input.

4. As a statutory consultee on the NHS Mandate, we have continued to work with colleagues at the Department of Health and NHS England on the forthcoming

"refresh" of the Mandate and the update of NHS England's deliverables. As the delivery report says, I have written to the Minister responsible and will keep the Committee informed as the Department's publication plans are progressed.

5. We were also the subject of a debate in the House of Lords in December when peers reviewed support and funding for Healthwatch both nationally and locally. There was welcome support from all sides for Healthwatch and it was helpful to have this recognition of the value put on the work of Healthwatch England and the Healthwatch network. Most importantly, there was an active consensus that the Healthwatch concept is the right one and has real potential as long as the network is well resourced. Peers expressed concerns that the new relationship with CQC should not weaken the Committee's independence and both government and opposition made clear their desire for local authorities to commission and fund local Healthwatch appropriately. The official government view at the end of Baroness Chisholm's speech is that we and local Healthwatch are "powerful champions" for the public voice. Not a bad position overall after a year of transition and a good platform from which to build, as peers clearly expect us to do.

6. And this real value of local Healthwatch was brought home to me when I visited Healthwatch Shropshire where they were clearly working closely with local people and local providers to good effect.

7. Closer to home, I am delighted to report that the leadership of Healthwatch England is now confirmed with Imelda Redmond, CBE, newly appointed as National Director and myself as Chair. Imelda has a strong background in social care and the voluntary sector as a chief executive.

8. I also offer huge thanks to Susan Robinson who has worked with me over the past year and brought us safely and successfully through a period of transition. Thanks to her we face the next phase with a clear focus and a complement of staff ready and fit for purpose.

9. Now that I have been appointed as the permanent Chair and we have a new National Director I think the time is right for us to review our governance arrangements and consider if they are fit for purpose as we move forward. I would like to recommend that we consider:

    - Reviewing the Sub Committee framework, does it work for us now?
    - Are we utilising the skills of Committee Members?
    - Are we focusing on the right issues at Committee meetings?
    - What papers should we receive from the Executive?
    - What new skills should we be looking for in new Committee Members?

    I would like to take a brief paper for comment by email to the Audit and Skills Committee for further discussion and take the opportunity of Committee appraisals in February (these will be scheduled following this meeting)to discuss your thoughts and ideas and then bring some recommendations to our March Committee workshop.

AGENDA ITEM No: 1.5

AGENDA ITEM: National Director's Report

PRESENTING: Imelda Redmond

EXECUTIVE SUMMARY: This report contains reflections on my first few weeks in role.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

1. At the time of writing this report I have just completed by first two weeks as National Director of Healthwatch England. I was lucky enough to have the luxury of having a week long handover with Susan Robinson and I am grateful to her for her time and advice. I have had a gentle start to the role, the staff have welcomed me warmly and have been generous with their time and patient with my endless questions about why do we do this, where can I find that etc. etc.

2. I have met with the Chair, Jane Mordue on a number of occasions and I'm grateful for her support and encouragement.

3. This first two weeks I have attended the Audit and Risk Sub-Committee, the People and Values Sub-Committee and the Finance and General Purposes Sub-Committee. I have had the opportunity to meet all the Committee members, with the exception of Andrew Barnett who has been away. Attending these meetings has helped me to immerse myself in the organisation.

4. My early observations are that the purpose and priorities for the organisation are clear. There is a separate paper on Business Plan and Budget for 2017-18 dealt with later on this agenda (item 3.1). I have reviewed the papers presented to the Committee and I would like to work with you to refine the presentation and make sure you are receiving the right level of detail and analysis to help you govern.

5. I have a series of meetings set up with key stakeholders, many of whom are known to me from previous roles and so it is nice to be meeting them now in my new role. Jane and I have sent joint letters to many key stakeholders, letting them know we are here and asking for meetings.

6. So to sum up, from my perspective, so far so good. I'm really enjoying the role and am beginning to see the potential for future impact.

AGENDA ITEM No: 1.6

AGENDA ITEM: Quarter 3 Delivery Report (October – December 2016)

AUTHOR: Susan Robinson

PRESENTING: Neil Tester

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report provides an operational overview and delivery highlights, as well as reporting progress in delivering business plan activities in Quarter 3. It also updates the Committee on additional delivery during January, emerging thinking and future plans.

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

In Quarter 3 we continued to focus on our three priorities with particular emphasis on the following activity under each priority, as follows.

Priority 1: leadership, support and advice for local Healthwatch

1. We began to make progress with our work to provide support for local Healthwatch to bid for work consistent with but additional to their core activities, to develop an improved understanding of business models across the network and to develop a strategic framework for volunteering support.

2. We delivered a successful event for local Healthwatch and health, local government and voluntary sector partners to shape our work with NHS England on optimising public engagement in Sustainability and Transformation Plans (STPs) and their implementation.

3. We undertook a range of communications activities to entrench the network's position as a key voice on engagement in STPs.

4. We delivered support for local Healthwatch implementing the Quality Statements, including the delivery of peer review training.

5. We held two well-received events for commissioners of local Healthwatch.

6. We published updated guidance for local Healthwatch on funding conversations with commissioners, alongside our annual State of Support report on the resources made available to the network.

7. We laid our annual report before Parliament, with excellent levels of engagement by stakeholders and a supporting template press release that enabled local Healthwatch featured in the report to maximise local media coverage.

8. We published our dentistry evidence review and our recent network findings on dementia.

Priority 2: bringing people's views to the heart of decisions

1. We began to put the Committee's decisions on our intelligence approach into practice, piloting the new way of working with 3 issues and starting work on the first quarterly review.

2. We published the results of our review of local Healthwatch annual reports, which identified the key priorities for the network in 2017.

Priority 3: developing our effectiveness

1. We took forward the work on equalities discussed at the last Committee meeting by working with CQC colleagues to embed this into the CQC's overall equality objectives and into our own business planning.

2. We developed the business plan for 2017/18 and identified interdependencies with CQC directorates' business plans.

3. We finalised the Healthwatch England staff structure for 2017/18 and began to populate the new structure.

Format for the delivery report

The tables below briefly recap Quarter 1 and 2 delivery and highlight activity in Quarter 3, as well as providing an update on work undertaken between December and the public Committee meeting. There are separate tables for each priority area, highlighting the outcomes for each priority. In each priority, there are comments on the delivery supporting the planned activity as well as any further Committee updates following the end of the quarter and planned future activity.

Column 1 – Activity as stated in 2016/17 Business Plan

Column 2 – Delivery in Quarters 1, 2 and 3

Column 3 – Subsequent delivery in Quarter 4 to date, together with notes on how thinking and planning is developing for particular activities and whether any changes need to be made to delivery timeframes

Column 4 – Tracks delivery status and highlights future activity, indicating the quarters in which agreed business plan deliverables fall due

Where documents are available on the Healthwatch England website, or on other websites, links have been provided in the report.

Delivery report

Priority 1: To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people

Activity

- Develop local Healthwatch learning
- Strengthen relationships between local Healthwatch and decision makers
- Improve quality across the local Healthwatch network
- Support effective governance structures
- Support effective information and signposting
- Awareness of Healthwatch network insight and impact

Outcomes

- Develop local Healthwatch learning
- We will baseline the learning needs of local Healthwatch staff and volunteers and see an increase in positive perceptions of our support
- We will see an increase in local Healthwatch collaboration and sharing of best practice

Planned Activity	Quarter 1 & 2 recap and Quarter 3 Delivery	Committee Update	Delivery status and future activity
1.1 Confirm local Healthwatch learning needs for 2016/17	We have confirmed the learning needs for 2016/17, which include: • Governance and leadership; • Income generation; • Call handling/signposting; • Volunteering;	A learning and development needs analysis will form part of the commissioned business analysis work. This will lead to a business strategy, which will include relevant learning and development activity.	**Deliverable achieved – further activity on track** We will continue to create the tools for which learning needs were identified in Quarter 1. We will also encourage the use of existing tools.

	• Enter and View training. We have had discussions with the CQC Academy to develop a package of learning resources. This will have a Healthwatch branded webpage. We have begun procurement for bid and tender management support for LHW (see 1.15). Following Committee sign-off on the LHW business analysis work we have begun procurement for this project.		We will continue to assess LHW learning needs throughout Quarter 4, via dialogue with LHW and collating the enquiries received.
1.2 Establish a network advisory group to help shape our support for 2016/17	An advisory group has been established and although there is a core of interested members, invitations remain open to network leaders so that anyone can contribute. A Committee member and external guest are present at all meetings. The group met again by teleconference in July. In September, Sir David Behan, CEO of CQC, presented to 44 attendees at a meeting which also continued the discussion about LHW funding, business analysis and next year's conference. Further to the September advisory group meeting, we held a leadership webinar to feed into our tender specification for an analysis of local Healthwatch network	All LHW CEOs and Chairs are now also offered the opportunity to attend network leadership webinars and events. We have moved the planned January meeting to February to provide an opportunity for the new National Director to meet the network and discuss the Healthwatch England business plan for 2017/18. The next meeting/webinar will be used to review the purpose of the Advisory Group including the Terms of Reference.	**Delivery on track** Further meetings scheduled in Quarter 4.

	business models. In December we held a telephone conference to discuss future volunteering support for local Healthwatch, to be delivered as part of an overall strategy.		
1.3 Support a series of network advisory task and finish groups (e.g. joint working with CQC)	We established a number of subject specific advisory groups, including a Sustainability and Transformation Plans Healthwatch Group (20 members), CRM development group, Intelligence group and Healthwatch 2017 group to support us nationally. We discussed the prospect of a task and finish group drawn from the London network to explore orthotics commissioning. Following the delays described in column 3, the work on orthotics moved on in Quarter 3 with NHS England putting forward a number of commissioners across London to work with local Healthwatch. The first Healthwatch STP meeting took place on 26 July to comment upon NHS England's Public Participation Guidance. This led to LHW being mentioned several times in the final guidance. We made arrangements for a LHW Champion to represent the network at the National STP Oversight Group. We carried out a scoping exercise to identify LHW to approach about a group to test experience of changes resulting from the	Due to changes in the way NHS England is now managing the STP process the National STP Oversight Group is no longer active. We are now working closely with NHS England to align our support for the network with their focused programme of work helping 10-12 STPs across the country that appear to have furthest to travel. This will create localised opportunities for local Healthwatch to provide input. Due to reallocation of resources to cover the team's contribution to work on dementia we have shifted the first meeting of the maternity group to Quarter 4 – this will tie in with the NHS Mandate which outlines revised metrics on maternity services. Progress with the orthotics task and finish group had been slow as NHS England had been unable to identify lead commissioners in London in order to identify which	**Delivery on track** Further activity scheduled for delivery in Quarter 4. Work with the orthotics group is continuing at low intensity in Quarter 4. The maternity group will begin work in Quarter 4.

	national maternity review.	LHW would be best placed to lead this work. This raised two important issues. Firstly, the arrangements for commissioning across London militate against realising the benefits of the NHSE guidance. Secondly, this work has raised broader challenges concerning local leadership capacity for policy-related task and finish groups. We now plan to keep these projects far more targeted - for example, working with LHW to inform NHS England guidance on "discharge to assess", or proposals for updating NHS Choices information on dentistry. We are continuing with the current larger-format group on the implementation of the maternity review as a further test of this approach alongside the development of the more targeted way of working. The January meeting of the Healthwatch 2017 group looked at the awards categories and criteria.	
1.4 Develop and deliver x4 training modules to support local Healthwatch	In Quarters 1, 2 and 3 we provided further Enter and View training using the new training materials developed with LHW.	We are currently developing our delivery plan and our procurement processes. This will include	**Delivery on track**

statutory activities (e.g. community engagement)	We delivered an Enter and View train the trainer session, based on the updated training presentation to staff and volunteers, from Healthwatch Birmingham and Luton, which was very well received. These sessions will continue as a module in Quarter 4, alongside materials covering: • **Sustainability**, which includes leadership, governance, relationship management and income generation; • **Infrastructure**, which includes volunteering and call handling/signposting; • **Peer review** (see activity 1.12). We have worked with the local Healthwatch Advisory Group to scope future volunteering support for local Healthwatch to be delivered as part of an overall strategy (see 1.2).	discussions about procuring LHW to deliver training and the setup of an online 'Healthwatch Academy' with CQC. This portal would manage access to our training opportunities; including eLearning (see 1.15). For more information about the work on Sustainability (see 1.14). We have scoped call handing/signposting workshops with the cohort who attended these workshops at the annual conference. The first workshop will be delivered in London in January, with a second workshop delivered in Bolton late Feb/early March. We have invited CQC colleagues who answer the HWE enquiries line to these workshops. One anticipated output of these workshops is a resource on call handling/signposting, to be co-produced with the network.	We will deliver an initial workshop for local Healthwatch who are responsible for volunteers in Quarter 4. We will also deliver 2 call handling and signposting workshops.
1.5 Plan and deliver Healthwatch 2016 event	We delivered a conference to more than 400 people, from 120 LHW. 60 sessions ran over two days, with 16 external organisations exhibiting. The event was well received by the network:	Planning for 2017 has started – content and revision of procedures following feedback from 2016 event is in progress with the development of the Task & Finish Group. Provisional meetings have taken place to define categories	**Delivered and follow-up activity on track**

	• 86% stated that their attendance at the conference will help their organisation work more effectively; • 96% stated that the conference helped them develop their knowledge and skills. Over 120 entries were received for the seven award categories and 39 LHW received recognition for their achievements at the awards ceremony. All post-conference activity has been aligned to the business plan. All the learning from the event was shared with delegates and the wider network on-line. An awards brochure was also produced to highlight the impact of local Healthwatch. This has subsequently been promoted internally within CQC, as well as via weekly stories on our website, supported by social media activity. To date there have been 1,577 downloads of the awards publication.	and criteria for 2017 Awards and further planning taking place with dedicated T&F Group meeting in January. Meetings are being planned with stakeholders/exhibitors from the 2016 conference – to help strengthen relationships with the network. The date for the next conference has been set and shared with local Healthwatch.	
1.6 Plan and deliver x8 policy and communications training events	We identified the learning needs for members of the network communications group. Learning materials from both the Quarter 1 and Quarter 2 sessions have been shared with delegates and the wider network. In Quarter 1 we delivered a session in Leeds on creative communications techniques to 22 delegates from 21 LHW.	We identified the potential learning needs of local Healthwatch communicators for 2017/18. We also identified further resources that they would like us to consider developing. We have identified the need for a clearer strategic focus for the	**<u>Delivery on track with exception of amendment to policy group plans</u>** The training session for Quarter 4 for LHW communications staff will cover data visualisation. In February we will finalise our

	In Quarter 2 we delivered a session in Birmingham for 24 delegates from 24 local Healthwatch on communications evaluation. In Quarter 3 we delivered a session in London on PR skills to 20 delegates from 19 LHW. In Quarter 1 we delivered a policy network session in Sheffield – attended by 18 delegates from 15 LHW. In Quarter 2 we delivered a second policy network session in Bristol for 14 attendees from 12 local Healthwatch, including several local Healthwatch from the South West not previously represented at these meetings. Attendees responded positively to external input from NICE on using NICE guidance and the office of the Children's Commissioner on working with children and young people.	policy group meetings and will be evolving the approach to delivering these. Due to resourcing pressures in the team, we have taken the decision to focus on delivering just one more policy group in 2016/17 – to take place in March. This will focus on social care as the key strategic issue, building on the local Healthwatch priorities list, the work on social care assessments and the work on social care complaints.	communications training and support offer for the next financial year. We will deliver a further policy group meeting in Quarter 4.
1.7 Support x48 local Healthwatch regional networking events	The Development Team facilitated and supported a further 12 network meetings in Quarter 3, taking the total for the year to date to 36. There remained a focus on local Healthwatch involvement in STPs within their 'footprints'. We facilitated the attendance of stakeholders, for example CQC, GMC, British Medical Association (East of England) and Good Governance Institute (London) We represented local Healthwatch and Healthwatch England at Regional Quality Surveillance Groups.	We continue to use regional network meetings to provide leadership and support to local Healthwatch as they look to cement their role and work collaboratively within STP footprints. The form of network meetings is constantly under review and the Development Team will carry out a more formal reflection during Quarter 4.	**Delivery on track**

	We continued the CQC/Local Healthwatch Development sessions programme focussed on improving working relationships with an event with South East London LHW. We continue to support the Greater Manchester local Healthwatch network and have been involved in discussions to agree and sign their MOU (which sets out working relationships between the 10 Healthwatch) and also their successful funding bid to the Greater Manchester Health and Social Care Partnership.		
1.8 Evolve and support our on-line platform for local Healthwatch to learn and share best practice	We rolled out technology to make signing on to Yammer and the Hub easier. We have reviewed the current structure of the Hub and drafted a new structure. We have started to review the current content on the Hub but paused further development work while we undertook a review of Healthwatch digital needs for the next two years.	A decision in principle was made in Quarter 3 to pause future development work to the Hub and Yammer. It has also been decided to maintain Yammer in 2017/18 but to develop a new on-line platform for local Healthwatch communications based on Drupal This move will realise savings in terms of support costs in 2017/18 and 2018/19.	**Delivery complete in respect of Yammer and on track in respect of the Hub except where the approach has been revised and timetable extended to generate future savings (see column 3)** In Quarter 4 we will start work to develop an on-line platform for local Healthwatch for delivery in Quarter 1 2017/18.

1.9 Work with local Healthwatch to identify and share effective ways of engaging in FYFV service change programmes	We shared the Final Report and Summary Report on the Greater Manchester deliberative work on primary care undertaken with LHW in the Greater Manchester region. STPs formed the subject of a keynote session at Healthwatch 2016. In Quarter 2, STP workshops took place in the Yorkshire & Humber, North East, West and East Midlands Healthwatch Networks. In Quarter 3 the November STP event - *Putting People at the heart of STPs* - provided examples of LHW effectively engaging with communities and stakeholders. During Quarter 3 we set up a shared learning session between Healthwatch in the West Yorkshire footprint (led by Healthwatch Kirklees and Healthwatch Leeds) where service change engagement has been positive and Healthwatch in the Milton Keynes, Bedfordshire and Luton footprint where experience has been less positive. During Quarter 3 we also undertook a number of communications activities to promote our annual report key messages. These focussed on the need for the NHS to involve people in STPs and promote local Healthwatch as one way in which this can happen. Activities included:	During Quarter 4 we are looking to invite Healthwatch Cumbria to present their experience of service change to a West Midlands LHW STP meeting. The March health and social care transformation event will demonstrate effective engagement and consultation in practice with an output of case studies that will be shared within the network, discussed at network events and shared with other organisations.	**Delivery on track** We will be hosting another health and care transformation events in Leeds (March 2017). During Quarter 4 we are planning to produce a range of content for the public and professionals to support community engagement in STPs. This content includes: • Blogs setting out why services are being reformed and what the public should expect. • Updated service change video. • Blogs highlighting local Healthwatch involvement in service change. • Promotion of STP consultations.

	• A blog and social media activity related to our annual report content on service change. • PR – securing coverage in the HSJ. • An updated service change section on our website. • Promoting Healthwatch England's approach and network insight in by chairing a session at NHS England's national event for STP communications and engagement leads and national stakeholders.		
1.10 Develop and disseminate service change tools for local Healthwatch	We have targeted individual support to local Healthwatch and have provided initial support materials to the network on STPs, including: • overview briefing; • template letter; • case studies; • mapping of Healthwatch networks within STP areas. We have started to use the map of Healthwatch networks within STP areas at regional network meetings. The mapping helped facilitate a discussion about joint working at the London network and we will continue to expand this to the	We are updating the service change guidance to be published in Quarter 4. This will include case studies on all aspects of service change, i.e. STPs, Vanguards etc., as well as learning and content from the service change events (see 1.9).	**Delivery on track**

	other networks throughout the year. We worked with NHSE to ensure local Healthwatch were put at the heart of the new public engagement guidance for STPs. This included a specific reference to opportunities to commission local Healthwatch to help provide expertise and capacity to support STPs' public engagement. We developed a regional media support package to help LHW manage interest from the press concerning STPs.		
1.11 Deliver x4 regional service change events for local Healthwatch and health and care stakeholders	In Quarter 3 we held our London STP event for LHW and NHS, local government and voluntary sector delegates. 110 local Healthwatch delegates and 20 delegates from other organisations attended.	Outputs and feedback from the November event are being used to form the basis for the March event.	**Delivery on track** As reported previously to the Committee, 4 smaller events have been replaced by 2 larger events. Second event to be delivered in March.
1.12 Embedding the use of Quality Statements (alongside other monitoring tools) through training and supported reviews	70 local Healthwatch have signalled their interest in being involved in the peer review process. The support requirements have been agreed and we have completed the procurement process to create peer review materials (e.g. self-assessment for local Healthwatch being reviewed, key lines of enquiry for local Healthwatch reviewing) which allow local Healthwatch to organise and run peer review. The contractor has run a	The Development Team are working with the cohort who attended the training sessions to support those who are ready to undertake peer reviews as they begin to do so. We are also working with those who may need further support.	**Delivery on track** The LGA have one further session to deliver in Quarter 4 as part of their contract. This will either be a further peer review training session for those who were not able to attend sessions in November, or further support to

	workshop with commissioners, LHW and Healthwatch England to co-create materials and undertook a sense-check with LHW who have undergone a review. The peer review approach is being adapted so it is applicable to other areas of training and support such as Enter and View (see activity 1.4). 4 peer review training days were delivered in November, attended by 28 local Healthwatch and 6 Healthwatch England staff. These sessions were very well received, with 85% of attendees rating the sessions as 'very good' and the remaining 15% rating these sessions as 'good'. We are using the Quality Statements 360 degree review process to support local Healthwatch development. During Quarter 3 we completed a 360 degree review with HW Gateshead and are nearing the conclusion of two other 360 degree reviews for both HW Bury and HW East Riding of Yorkshire.		those LHW who attended an initial session but require further support. There will be an evaluation of the peer review training approach with recommendations for future rollout.
1.13 Plan and deliver best practice x2 (increased to 4) events for local Healthwatch commissioners	We have continued to keep in email contact with all commissioners of local Healthwatch and to invite them to sign up for our Healthwatch England updates. We held the first two regional events for commissioners of local Healthwatch on 6th and 13th October (Leicester and Leeds respectively), which were attended by over 30 local Healthwatch commissioners/contract	We communicated again with commissioners in January to help promote the events planned for Quarter 4. We are looking to change the focus of these events slightly to encompass broader conversations around sustainability.	**Delivery on track** Our next two regional commissioner events are planned for 23rd February (Bristol) and 8th March (London).

	monitoring officers from local authorities. The key topic running through the events was collaboration and we discussed the key drivers such as place-based commissioning and the ongoing funding pressures on local authorities, as well as the challenges and opportunities arising from these. The Good Governance Institute also led a panel discussion on governance and in particular we looked at the governance issues that arise when providers change or merge, as well as how local Healthwatch governance fits in with other organisations' governance structures. Feedback from both events was very positive with: • 85% agreeing that the event had given enough opportunities to hear/share examples of good collaboration between local Healthwatch and commissioners. • 92% agreeing that the event will help them to work more effectively with their local Healthwatch.		
1.14 Support local Healthwatch to identify effective approaches to achieve short and long term sustainability	We delivered 2 sessions at the annual conference looking at the opportunities and challenges for local Healthwatch sustainability. These sessions were supported by Social Enterprise UK. We informed LHW about the opportunity to	We are procuring a sustainability training module and access to Social Enterprise UK resources. We are seeking to procure access for LHW to expertise on bid and tender management.	**Delivery on track**

	become CQC Tell Us About Your Care partners (the tender process closed on 26 July). We published our updated guidance for the network on 'having conversations with your commissioner about funding'. Alongside this we also sent the 2016/17 network finance data to the Secretary of State and published our annual State of Support report. Our letter to the Secretary of State outlined the headline cuts to the network's funding, highlighting how on the whole councils are continuing to invest but that the funding picture for next year looks less positive. A debate also took place in the House of Lords on the independence and funding of local Healthwatch. We provided briefing materials to Government and Opposition peers as requested to ensure they had an accurate view of the activity and resourcing of the network. The debate was very positive from a Healthwatch perspective, with speakers strongly supporting the Healthwatch role and purpose and acknowledging the progress made to date but also noting the very real challenges that face the network in the future. We held an on-line briefing for CQC inspectors on the role and how to form partnerships with local Healthwatch. Over 60 CQC staff attended.	We continue to actively promote local Healthwatch training opportunities to the network through the Network Newsletter, and log information about training offered/sold by local Healthwatch to build up an understanding of what is being developed within the network. We continue to support local Healthwatch in their funding discussions with their commissioner/ local authority and also on broader aspects of sustainability e.g. income generation/stakeholder mapping/communication and engagement planning etc.	

1.15 Identify effective local Healthwatch approaches to influencing, develop and deliver, training and resources	We have continued to collect case studies and examples of effective influencing. These will support our work on sustainability and in particular on leadership.	We are engaging with the NHS Leadership Academy, NHS Improvement, the Health Foundation and CQC to understand the scope of current leadership programmes and how the network can tap into resources currently available or work alongside current programmes in a way that would be mutually beneficial to these programmes. We have had initial conversations with local Healthwatch who have been part of either the Patient Champion Programme (held in Quarter 4 of 2015/16) and/or the NHS Leadership Academy who have advised as to how we can continue this work. They have confirmed that ongoing support through face to face workshops would continue to be very beneficial, with some further support to be able to cascade learning to their staff teams and volunteers. Following a meeting with the Healthwatch Academy in December to scope the initial offer to the network, we will also be involving more local Healthwatch leaders in national projects.	**Delivery on track**

		Additionally, we have started conversations with Care England about how local Healthwatch can more effectively engage with providers of social care. We are working with local Healthwatch to produce a leaflet that helps care providers to better understand Enter and View, and hope to roll this out to all the major care provider membership organisations. We have now had conversations with local Healthwatch who are interested in this area who have inputted into a draft of this leaflet, which we will discuss with Care England in Quarter 4. We have received positive feedback from the reviewed and updated Enter and View training presentation, with some local Healthwatch using the content to produce training manuals for volunteers.	
1.16 Identify effective local Healthwatch governance approaches, develop new governance tool and deliver training for local Healthwatch	The conference session identified a number of products to support effective governance, which include: • A governance matrix based on the quality statements; • A governance matrix for NHS	The procurement of the governance products has been delayed due to resource issues in CQC.	**<u>Delivery timetable revised and delivery partially at risk</u>** Due to procurement delays there is now a risk that the governance

	organisations, identifying where LHW can support effective governance; • A collaboration governance pack to support collaborative working between LHW. We have continued to work closely with the Good Governance Institute, presenting at their festival, and they have presented at network meetings. They also supported our commissioner events in October.		products may not be delivered in Quarter 4.
1.17 Baseline the current information and signposting services and share best practice	We delivered 2 sessions at the annual conference looking at local Healthwatch experience of delivering signposting services and call handling. A need for further support and training was identified (see 1.4). Through support from committee member Pam Bradbury, we have identified the following areas of work: • An advisory group of local Healthwatch, which could also be used as a peer support group to discuss calls and contacts that local Healthwatch have found challenging; • Call triaging resource (developed from existing resources); • Potential training on call handling	We are waiting for feedback from SCIE on the potential Safeguarding training. In the meantime, we will discuss with CQC potential access for LHW to Safeguarding training/resources through the Academy. The Department of Health is considering its plan for a review of signposting services across England. Healthwatch England will be providing up to date information on the network's role in this service and the difference this is making for members of the public. The timeline for this DH work is still not clear but we remain in contact with DH colleagues pending ministerial	**<u>Delivery on track</u>** A series of call handling/signposting workshops will be trialled in Quarter 4.

	skills. In Quarter 3 we had initial discussions with SCIE about potential Safeguarding training they might be able to provide.	decisions.	
1.18 Publish and promote toolkit on complaints handling	We have shared the toolkit and resource pack with LHW. We published the toolkit on our website along with a supporting blog to explain how our national policy work has moved into providing support for local scrutiny by LHW and to illustrate the nature of this support. To date the toolkit has been downloaded 252 times. We have also shared the toolkit with all NHS and local authority complaints managers and advocacy providers through their professional networks. We shared the toolkit with the Good Governance Institute as part of the work they are undertaking to develop an NHS complaints handling guide. We have started further work with local Healthwatch on extending the toolkit specifically to cover social care complaints. This has developed out of a number of programmes, including the DH cutting red tape review, the local authority complaints managers group's work on a standardised taxonomy, and NHS England's care home data programme – both of which are looking to improve complaints handling in social care.		**Delivered**

	We have worked with the DH to advise on the need for a programme of activity on complaints to be included in the refreshed NHS Mandate for next year. This is likely to focus on primary care and specialised commissioning. We wrote to NHS England to outline how local Healthwatch can support this programme through local adoption of the toolkit.		
1.19 Review current local approaches to sharing complaints advocacy information sharing and promote best practice	We held preliminary meetings with advocacy providers.	As part of the Leadership Team's mid-year review of planned activity, it was determined that as we had moved the complaints work stream out of the national space and into supporting local Healthwatch activity, the capacity required to deliver this activity would be better used elsewhere. We will monitor developments in relation to the Draft Public Service Ombudsman Bill and undertake appropriate activity.	**Delivery halted** As previously reported to the Committee, this had been due for delivery in Quarter 3 but will not now take place in 2016/17.
1.20 Establish a complaints advocacy community of interest and support the development of guidance		This activity has also been halted for the reasons set out in 1.19 above.	**Delivery halted** As previously reported, this had been due for delivery in Quarter 3 but will not now take place in 2016/17.

1.21 Deliver Healthwatch England annual report to Parliament and support delivery of x148 local Healthwatch annual reports	The Healthwatch England annual report synopsis and delivery plan was agreed by the Healthwatch England Interim Chair, National Director and Committee. The report and publication plan was drafted. A review of local Healthwatch reports in two regions established that nearly 80% (51 of 65) of local Healthwatch used the template provided by us to produce their annual report. The supplier for the local Healthwatch 2016/17 report was appointed. We laid the Healthwatch England annual report before Parliament in Quarter 3. A copy of the report was sent to local Healthwatch, as well as our statutory partners and key MPs, Peers and stakeholders. Awareness of the report key messages has been supported by ongoing digital promotion. To-date our report has been downloaded over 1000 times. Our regional template press release enabled a number of local Healthwatch to generate media coverage following the inclusion of their work in our national report to Parliament. In Quarter 3 we discussed with the Committee		**Delivery on track** Support for LHW annual reports to be delivered in Quarter 4.

	the potential messages for our annual report for 2016/17. In Quarter 3 we also reviewed the support needs for local Healthwatch annual reports in 2017.		
1.22 Publish a series of themed reports on Healthwatch insight findings	We published our local Healthwatch evidence review on dentistry bringing together findings from 30 local Healthwatch over the last two years on people's experiences of NHS dentistry. The review was welcomed by key stakeholders such as the Chief Dental officer and the BDA. Through stakeholder channels it has been shared with all dental providers across the country leading to 400 downloads of the report in the first two weeks. We also developed and published a series of related content designed to promote the report and raise awareness amongst the public of how to access a dentist and how to complain. We also moved ahead with our work on dementia. Initial analysis of intelligence was presented to the Committee in November where it was decided that while what local Healthwatch had found was useful it was broadly supportive of existing understanding of patient experience around dementia. It was therefore decided to share our findings as a simple briefing in accordance with category 1 as outlined in the influencing strategy.	In January we published our dementia briefing. This includes follow-up interviews with local Healthwatch to highlight the impact their work has had at local level. This intelligence will be shared with stakeholders involved with dementia and used to provide us with an evidence base for comment on dementia issues.	**Delivery on track**

1.23 Provide training to local Healthwatch to improve media coverage and establish regional spokespeople	As an interim measure we published a short media guide on how to handle press enquiries relating to the publication of STP plans. This was extremely well received by the network, with positive feedback by email, at network meetings and at the Committee. We put procurement in place for 4 regional training sessions to train 44 LHW media spokespeople, loosely based around the STP footprints. This training is designed to help boost the skills of the network and to help LHW respond collectively to regional issues.	Our intention was to promote this activity during Quarter 3 for delivery in Quarter 4. However further procurement delays outside Healthwatch England's control have continued to put this activity at risk, despite us continuing to press hard so that this support could be provided during Quarter 4. We considered the alternative of delivering the training in-house but concluded that this would unacceptably affect delivery of other activity. Since we cannot now promote the training to LHW with enough notice to enable them to take part in Quarter 4, we have agreed not to proceed with delivery this year.	**Delivery halted** We will continue to push this work through the final procurement stage in order to maintain the option for 2017/18.
1.24 Resources to support the development of the Healthwatch brand and network communications	We have developed a photo and infographic bank and shared with local Healthwatch. We have undertaken polling on public attitudes to involvement with organisations such as Healthwatch and shared a presentation on insight into local Healthwatch audiences with the network. We have developed a new photography consent form so local Healthwatch can take a consistent approach to consent and are able to share photography with other local Healthwatch. We held a meeting of local Healthwatch		**Delivery on track** In Quarter 4 we will: • Develop more brand assets for local Healthwatch to support volunteering and public engagement. • Further develop the proposal for a joint Healthwatch awareness

	communication leads to explore the potential for a joint awareness event in 2017. This proposal was presented to the December local Healthwatch Communications group and was further developed. We further developed our communications resources for local Healthwatch in Quarter 3 by: • Developing the communications centre and providing social media templates. • Publishing 'How to' guides on planning communications, as well as structuring reports. • Expanding our infographic bank.		event in 2017 • Organise a new year communications social media drive with the network to encourage more people to share their experiences in 2017 • Produce a draft tone of voice document for the Healthwatch brand.

Priority 2: Bringing the public's views to the heart of national decisions about the NHS and social care

Activity

- Support local Healthwatch to capture and share service user experience information
- Drive up the quality of information captured by local Healthwatch
- Maximise use of Healthwatch intelligence by national decision makers
- Work with statutory and other partners to ensure that key national policies and plans take into account the views of consumers

Outcomes

- We identify policies and programmes where Healthwatch evidence and insight can add value
- We see more partners using our insight and evidence to drive improvements in health and care
- We see an increase in public involvement in major health and social care reforms

Planned Activity	**Quarter 1 & 2 recap and Quarter 3 Delivery**	**Committee Update**	**Delivery status and future activity**
2.1 Host, develop and continue to roll out a CRM for local Healthwatch	In Quarter 1 the 76 LHW on the CRM recorded 16,547 actions following contacts and 2,731 pieces of feedback they had received. In Quarter 2 there were 81 LHW using the CRM and those LHW recorded 16,274 actions following contacts and 2,441 pieces of feedback they had received. In Quarter 3 there were 86 LHW using the CRM and those LHW recorded 19.063 actions following contacts and 3,420	All LHW that have been identified as being low users of the CRM system are being contacted so we can understand the reasons for this and then systematically provide support to overcome any barriers. We are already aware of cases where LHW staff turnover has generated additional training requirements and this is shaping our training plans.	**Delivery on track** The CRM will be made available to local Healthwatch that require it. We are awaiting notification from local Healthwatch considering adopting the CRM which would result in a total of 95 local Healthwatch using the system by 31st March 2017. A demo site for HWE staff has been built to enable agreement of final usability and functionality with HWE teams prior to build and roll out in Quarter 4.

	pieces of feedback they had received.		
2.2 Deliver CRM training and support to local Healthwatch	Training videos and guidance for LHW are available. 3 types of training are available for local Healthwatch: • Training for new users. • Refresher training for current users. Retraining for current users where trained staff have left.		**Delivery on track**
2.3 Review future CRM requirements and resourcing 2017-2020	Working with a group of local Healthwatch, the CRM requirements were agreed and specifications were developed. The required budget for the CRM for 2017-19 has been identified and approval has been secured from the CQC investment committee.	We expect to start procuring suppliers to support the Civi CRM system for 2017-19 in Quarter 4	**Delivery on track**
2.4 Scope and baseline current quality and consistency	CRM data is being gathered from 67 LHW and processed along with reports from all local Healthwatch. All CRM data that is shared through the live feed from local Healthwatch has now been processed and entered into	The Code of Practice and quality controls have now been drafted in collaboration with the Intelligence Reference Group and we are working on defining activity and setting up a recognisable 'research'	**Delivery on track**

	APEx, giving a baseline data for this year. The coding process considers indicators related to quality and we have identified a number of areas for improvement and support, including information governance which also involves a clear consent process for acquiring, collating and disseminating data. Development needs around Safeguarding and sharing CPI (confidential personal information) are being identified, logged and supported.	environment. Work also continues on developing the concept of a Charter that will promote a centre of excellence alongside the research training course (see 2.5 below).	
2.5 Develop and pilot a research skills support package for local Healthwatch	The Intelligence and Informatics Reference Group have met throughout the year and are advising on what is required from the support package. The most suitable package was then identified and adapted to make it more focussed for local Healthwatch needs. 4 LHW have been advising us on the development of key data management and security policies. A briefing on the	Regional LHW trainers are being identified and will be trained in the first instance. This will then be followed by a new 'Introduction to Evaluation and Research' course that provides an end to end overview of the research process. The intention is to make this available to all Healthwatch staff and volunteers so they are familiar with the methods that need to be employed in undertaking their core business. However, authorisation from CQC	**Delivery now behind schedule** The identified research course will be piloted and reviewed in Q4, subject to procurement.

	National Data Guardian's review of consent, which includes data security, has been shared with LHW, together with information about identifying personal information.	colleagues is still needed, delaying the procurement and delivery of the training. The Development Team will also undertake the training to provide additional resilience and continuity. We are currently agreeing licensing arrangements and procuring this work.	
2.6 Baseline intelligence requirements of major Healthwatch England stakeholders	Meetings have taken place with over 60 LHW and over 20 other stakeholders including all major stakeholders. A comprehensive user requirement of the stakeholder intelligence needs was considered at the August Committee Meeting when the Committee agreed the future intelligence approach.	The user requirement will continue to be refined and developed as the intelligence framework rolls out and feedback is collected.	**Delivered**
2.7 Establish best practice approaches and develop and test an intelligence framework for collaborating and sharing information with stakeholders	We garnered learning from other federated organisations and integrated this into the development phase of the project. These include Citizens Advice, Age UK, Homeless Link. The Committee determined the Operating Model for intelligence at the August meeting.	We will continue to discuss the development of a collaborative intelligence approach in partnership with CQC and NHS England – NHS Citizen. The decision making process has been incorporated into operations as a shadow structure, which will gain	**Delivery on track**

	The Committee also considered the related decision making process at its September workshop and in November agreed the approach to the pilot on dementia. In Quarter 3, we started to pilot 3 further approaches and issues and work started on the first quarterly review – based on the first 1,000 issues received through the CRM.	integrity as the intelligence begins to flow and the right personnel are in place. We have now recruited into one Intelligence Coordinator role. Offers have been made in relation to a Senior Analyst role and 2 further Intelligence co-ordinator roles. This increased capacity will enable further testing to better inform the decision making process. We will begin to code policy and engagement intelligence to create context and evaluate and review other data sources beginning to formulate some key intelligence resources in support of the Research Helpdesk.	
2.8 Systematically gather and analyse information on health and social care issues from local Healthwatch	380 of approximately 600 reports received in 2016 were processed in Quarter 1. By 31st December (end Quarter 3), we had received 820 reports from local Healthwatch of which 740 had been coded into APEx reducing the backlog from 140 to 80 reports. Live data is being pulled through	We will have eliminated the backlog of local Healthwatch reports in Quarter 4. The second phase of consultation and engagement with the network to promote the intelligence process, standards in quality for research and the use of the CRM is ongoing and continues into Quarter 4.	**Delivery behind schedule but will be completed**

	the CRM from 67 LHW and is being coded in APEx. The second iteration of the Healthwatch England taxonomy coding is being used and is being consulted on, including at 7 regional local Healthwatch meetings. The codes will be continuously developed over time and increase in sophistication.		
2.9 Commission further research to support local Healthwatch insight	We undertook polling to track public awareness of the Healthwatch brand in Quarter 3.	Research needs will only be identified as intelligence flows through the new system. Future decisions to commission additional resource will be made only when the Committee agrees this is the appropriate response to initial analysis. We are currently working with the CQC to appoint contractors to provide analysis and literary reviews of our historic evidence base so that we can develop an effective baseline for decision making. We are awaiting procurement decisions in support of this.	**Delivery now behind schedule**
2.10 Produce and disseminate intelligence outputs including	We published briefings and network insight on pharmacy,	In January we published the briefing on dementia and	**Delivery on track**

reports, briefings, good practice to stakeholders	patient data, and how the network is supporting inspections. Our work on pharmacy ensured that DH's assessment of the impact of forthcoming changes to community pharmacy took account of network insight into people's views and experiences. On patient data, we publicised the DH consultation in publicly accessible terms and provided DH with the results of our online survey. We also shared the results through our website. We disseminated key findings on Children and Young People mental health services, dentistry, maternity, and primary care. We shared good practice on complaints and hospital discharge through toolkits and our stakeholder engagement programme. During Quarter 3 we published an evidence review sharing Local Healthwatch intelligence on dentistry, in the context of several programmes undertaken by statutory partners in which	continued to pilot the intelligence model looking at three further areas and a review of the first 1000 issues from the CRM.	

	we are involved. We have been working with DH and NHS England colleagues to inform the refresh of the deliverables relating to the NHS Mandate. This work has focused on patient engagement in service change, on using discharge as a metric for integration, and on highlighting how the NHS can tell people how it has changed things following feedback.		
2.11 Evaluate with partners the effectiveness of sharing Healthwatch insight to date	We have used our intelligence stakeholder meetings to understand their experience of previous insight-sharing and their views on what would make future sharing most effective. We heard of the need for our evidence to be based on the information people share with LHW, and the need for consistent approaches and quality controls to make it usable. Based upon feedback we have developed a new user requirement for Healthwatch England intelligence signed off at the August Committee meeting.	This work will be incorporated into our ongoing learning and development as we fine tune our information sharing processes.	**Delivered**

2.12 Develop a shared understanding with key partners of when and how Healthwatch insight can be most valuable and influential	We have developed this understanding from the stakeholder meetings informing our intelligence proposals. Based on this, a comprehensive user requirement was drafted for consideration at the August Committee Meeting. We have also developed and shared with Healthwatch staff a new guide on forming partnerships. We have worked with a group of communications and insight colleagues from DH and ALBs to identify effective insight-sharing opportunities and processes, for adoption across the Department and its ALBs through the Health Hub communications governance structure.	Once DH officials have been confirmed in post following the departmental restructure, we will begin a programme of meetings to help them understand when and how Healthwatch intelligence can assist with policy challenges.	**Delivered**
2.13 Scope emerging policy issues and priorities to enable effective prioritisation of Healthwatch network activity	We continue to keep the external policy context under close review and are ensuring that this horizon-scanning is being brought into intelligence meetings. As live data from the CRM has come on-stream from Quarter 2 onwards, supplementing information from LHW reports,	This programme of activity will be supported by expanding on existing pieces of work such as the social care assessments work (which received submissions from 10 local Healthwatch), and the appendix to the complaints toolkit focusing on social care, as well as by looking in more detail at some of the themes coming	**Delivery on track**

	from Quarter 3 we have begun to map this intelligence against what we know about policy initiatives and opportunities across health and care to enable effective prioritisation decisions. Our review of local Healthwatch annual reports revealed that mental health is still the number 1 issue for the network for the coming year. However, social care, in particular domiciliary care, is clearly a rising issue and has moved from 9th to 3rd on the list in two years. We issued a press release for the New Year to provide a platform for us to build on in 2017 on social care.	out of enter and view reports (in particular those on domiciliary care) and the CRM. The briefing on dementia will also link in with this. The aim will be to culminate in the policy network day in March on social care to help set a more detailed work programme with the network for 2017/18.	
2,14 Monitor effectiveness of public engagement in the FYFV reforms and provide feedback to partners	We presented to the FYFV People and Communities Board in May, explaining our service change work. We have contributed regular updates at the National STP Oversight Group, including insight from the network. We developed relevant case studies to share with key stakeholders as part of our meeting programme.	We are continuing to develop our relationship with other stakeholders in the third sector, including National Voices and the Richmond Group. We are also now working with the People and Communities Board and a number of other stakeholders to take these issues forward.	**Delivery on track**

2.15 Share the views and experiences of consumers at key events and decision making bodies	We shared network intelligence on maternity, primary care and hospital discharge with multiple select committees. We secured a seat on the National Oversight Board for the implementation of the STPS. We fed back experiences of consumers of CYP mental health services to the national board and key stakeholders on progress of the Local Transformation Plans. We attended the first meeting of the GP Regulation Review Board. This is a key part of the GP Forward View programme and builds on the positive relationship developed with CQC colleagues during our work on the Dental Regulation Review Board. We have taken up a seat on the external reference group for the implementation of the National Maternity Review. We have been commissioned by the National Information Board to work with the People and		**Delivery on track**

	Communities Board, NHS England and others to develop a patient, carer and service user vision as part of the programme governance of the NIB's strategic delivery. Committee member, Liz Sayce, attended a workshop as part of this development work and fellow Committee members, John Carvel and Pam Bradbury, have also provided advice. We have also joined the NIB's new national advisory group on the digital agenda in social care, which met for the first time in Quarter 3. We fed into the CQC Deaths Review. Our feedback contributed significantly to ensuring the report put patients and families front and centre. It also highlighted the need for investigations and findings to be fully transparent so families gain closure and organisations are able to learn. We also supported the development of the National Quality Board's work on the need to include a patient view alongside clinical visions of		

	quality to ensure that improvement work meets the needs of users. The NQB included the need for greater patient engagement in its quality improvement strategy. We took up our seat on the NHS Citizen Board, helping to highlight the need for joint work between HWE, CQC and NHS England to take a holistic view of the experiences people share with each organisation. The board agreed that it cannot just look at NHS England business plan priorities and should be drawing out the issues that matter the most to people. We used our seat on the GP Regulation Review Board to highlight the need for LHW enter and view activity to be factored into the review of how services are monitored and regulated by national, regional and local bodies.		
2.16 Implement legacy work with stakeholders and national programmes from the hospital discharge special inquiry and other	We met with DH to discuss use of discharge statistics as an indicator of integration across health and social care.	We are working with DH and NHSE on related aspects of the refresh of the NHS Mandate deliverables (see 2.10 above).	**Decision to place deliverable activity (toolkit and sector round tables) on hold**

projects	We promoted the NHS Quick Guide on discharge to care homes, which in turn promotes, LHW, including through a blog on the NHS England website. We supported the development of both the PHSO report and NAO report on discharge. We submitted evidence to the Public Accounts Committee on discharge. We submitted evidence including positive progress made by local Healthwatch to the Public Administration and Constitutional Affairs Select Committee. PACAC drew heavily on Healthwatch insight and evidence in its report on the PHSO's review of unsafe discharge. We published a blog on the origins and development of our complaints programme and the transition into supporting local Healthwatch to provide greater scrutiny at a local level. We also published a blog to mark the closedown of our successful national work on gender identity	We will review and update the LHW hospital discharge toolkit once DH's new arrangements for oversight of its discharge programme are underway. As reported previously, we have decided to put the proposed sector round table sessions on hold until we have reviewed the toolkit and DH have published their sector-wide discharge plans. We have identified possible future work with RCN to explore the data recording issue behind the 'midnight discharge' problem. We continue to be approached by stakeholders keen for us to share network intelligence on discharge. We are partners with the King's Fund and NHS Improvement in a forthcoming event on discharge in February.	

	issues and explain how we are linking NHSE with local Healthwatch working on this issue.		
2.17 Support national partners to strengthen patient communications on priority issues	We supported NHS England's announcement of the GP forward view through media and social media activity. We supported publication of CQC strategy through media and social media activity. We promoted the work of the DH programme board on discharge through successful influencing of the PHSO report and through our blog for NHSE. We successfully refocused relevant elements of the DH and ALB shared communications plan. In July we supported the publication and dissemination of the National Data Guardian's review on use of patient data with our media and social media activity. We continued to support the consultation over the summer. We have scoped out the National Dental Regulation Review		**Delivery on track** Our work during Quarter 3 on the National Information Board patient, carer and service user vision will ensure there is a clear articulation of what people should expect the NIB's work streams to deliver by 2020 in relation to a number of issues raised by the Healthwatch network.

	Board's public communications activity, for implementation in Quarter 3 and Quarter 4. We worked on a joint toolkit with local Healthwatch to support the roll out and implementation of the Accessible Information Standard. We began work with DH on the annual process of informing the NHS Mandate refresh The Interim Chair wrote to the Minister responsible for the NHS Mandate to update him on the issues considered with officials in the positive discussions to date. We also started working with DH and NHSE communications teams to share patient insight on innovation work. Our work during Quarter 3 on the National Information Board patient, carer and service user vision is helping to ensure there will be a clear articulation of what people should expect the NIB's work streams to deliver by 2020 in relation to a number of issues raised by the Healthwatch network.		

	We supported communication on the CQC's State of Care report and it's Deaths Review. We helped to communicate the importance of public engagement and involvement in STPs through strategic interventions in the media, providing constructive challenge where appropriate while remaining committed to the FYFV. We led on the communications for the Dental Regulation Review Board's work on complaints. We developed a cross-sector statement on complaints to create a uniform approach which has now been shared with all dentists and will form part of the CQC inspections of dentists to ensure all patients are able to raise issues and concerns when treatment does not go according to plan.		

Priority 3: To build and develop an effective learning and values based Healthwatch England

Activity

- Gain efficiencies by more closely integrating our work with CQC
- Develop a new five year strategy for Healthwatch England
- Support the Committee to discharge their statutory functions
- Develop effective and flexible ways of working that deliver value for money
- Make our information more accessible

Outcomes

- We will successfully integrate with CQC, using their relevant processes, resources and procedures, whilst maintaining our independence
- We will have a more effective and collaborative Committee that delivers statutory obligations
- We measure, evaluate and implement learning in our people and across our projects and programmes
- We will have robust planning mechanisms leading to clarity about our programme of events and delivery
- We will be an organisation that uses resources effectively, efficiently and economically
- We will be a caring and trusting organisation that promotes a healthy work/life balance

Planned Activity	**Quarter 1 & 2recap and Quarter 3 Delivery**	**Committee Update**	**Delivery status and future activity**
3.1 Move office accommodation to new CQC premises	We completed our move to the Buckingham Palace Road office on 9 May.		**Delivered**
3.2 Recruit and induct a new Chair and National Director of Healthwatch England	The permanent Chair was confirmed and offers the organisation stability. The National Director role was also confirmed.	Imelda Redmond arrived in post as National Director on 9th January to ensure that there was a smooth handover before the departure of the Acting National Director.	**Delivered**
3.3 Implement new governance	Updated Corporate Governance		

framework for Healthwatch England Committee	documents were approved at the November public meeting. This included the updated Terms of Reference for all Sub Committees as well as the forward plan of dates and agenda items for Sub Committees.		**Delivered**
3.4 Put in place a rolling programme to identify opportunities with CQC for efficiencies and closer collaboration	We have adopted the CQC travel and accommodation booking process. This has enabled staff to input their individual travel and accommodation requirements directly to the centralised booking team at the NCSC. We have had a number of useful discussions with CQC procurement, engagement, communications, intelligence, policy and strategy colleagues to identify scope for closer collaboration and potential future shared resource. In Quarter 3 we drew upon the work to date to identify relevant interdependencies between the Healthwatch England and CQC directorate business plans as they are developed. This will ensure we maximise operational efficiencies.	Following the appointment of the National Freedom to Speak Up Guardian, we will also continue to explore opportunities for efficient collaboration with her team. We will continue to keep the delivery schedule for this activity under close review as organisational change continues through the year. We will also have further discussions with CQC directorates where business plan interdependencies have been identified. We are working with CQC to ensure that our commitment to Equalities and Human Rights is directly affiliated to the CQC's agreed organisational Equality Objectives. This is managed through attendance at the CQC	**Delivery on track**

		Equalities and Human Rights Board and developed through a series of workshops that will look at each of the objectives in turn and how we and CQC will meet them. We have drafted a clear commitment of purpose to articulate how we will support the Healthwatch network to deliver their duties as well as our own and we have begun to develop the activities we will undertake to achieve the Equality Objectives. This includes ensuring that the new business plan reflects our intentions and commitment as well as the ongoing implementation of the new intelligence approach. We will be undertaking an Equalities Impact Assessment to underpin the business plan and are again working with CQC to achieve this. Committee member Liz Sayce is working with us to develop a Committee workshop session on these issues.	
3.5 Develop, consult upon and launch our strategic priorities for 2016 – 2021		We had previously been developing a proposal for a 360-degree stakeholder review of Healthwatch England. In its mid-year review of future delivery	**Delivery halted**

		plans, the Leadership Team identified that this activity would be more usefully undertaken as a forward-looking exercise following the establishment of the permanent Chair and National Director.	
3.6 Plan and deliver x4 public Committee meetings along with supporting activity	The third public Committee Meeting of 2016-17 was held on Wednesday 2 November in Peterborough. Committee Members were joined by representatives from 16 local Healthwatch in the area. The Committee forward plan of meetings, workshops and Sub Committee meetings has been completed and was shared at the November public meeting.	The final public Committee Meeting of 2016/17 is scheduled for February 2017.	**Delivery on track**
3.7 Support Committee to develop their knowledge and skills via x2 workshops and other activities	The final Committee workshop of 2016/17 took place on 8 December where there was discussion of the business plan for 2017/18, organisational structure and risk. The Committee also considered early learning from implementation of the influencing strategy.		**Delivered**
3.8 Put in place a procurement pipeline to support the delivery of	The procurement pipeline for the financial year was put in place	We keep the pipeline under regular review with the CQC	**Delivered and subsequent activity**

our business plan	with the CQC Commercial and Contracts Team in Q1. In Q2 the pipeline has been updated and shared with Commercial and Contracts Team. The Leadership Team has also reviewed current procurement plans to build a baseline for budget planning and business activities for 2017/18.	Commercial and Contracts Team.	**ongoing to end March 2017**
3.9 Identify staff learning needs for 2016/17 and put in place a learning programme	Staff training and development needs for 2016-17 were identified as scheduled in Q1. In Q2 CQC HR advised that learning programmes will be tailored for our needs and will be made available on the ED online system. Any mandatory courses on ED will be notified to staff during the course of the year.	Line managers will continue to ensure that their teams have undertaken training and development as agreed in their PDR set at the start of the 2016/17 year.	**Delivery on track**
3.10 Review organisational development needs and put in place a rolling improvement plan	The training needs analysis was undertaken. The People and Values Sub Committee discussed the training needs analysis on 20 July. The improvement plan is underway.	Negotiations have started with the CQC academy to see what support is available to staff in Healthwatch England and in the network.	**Delivered**
3.11 Monitor use of resources and report progress towards achieving the business plan	A financial update was provided to the Finance and General Purposes Sub Committee and is subject to a further report in the		**Delivery on track**

	Operational Update.		
3.12 Support work of staff through support of CQC central service (e.g. National Customer Service Centre - NCSC)	NCSC took on the delivery of the HWE Enquiries Service. Over Quarter 1 the service handled 1,437 contacts, of which 862 were by email and 572 were calls. 96% of calls were answered within 30 seconds, compliant with the Service Level Agreement. In Quarter 2, the service handled 1,331 contacts, of which 719 were by email and 612 were calls. 98.6% of calls were answered within 30 seconds, compliant with the Service Level Agreement. In Quarter 3, the service handled 1,342 contacts, of which 808 were by email and 534 were calls. 94% of calls were answered within 30 seconds, compliant with the Service Level Agreement.	We are looking to make the CQC Safeguarding tool used in the NCSC available for the network through the CRM. We are considering aligning with CQC security processes in areas such as the CRM.	**Delivery on track** We will keep under review the NCSC handling of enquiries to Healthwatch England.
3.13 Maintain and develop our digital channels for communicating the work of the Healthwatch network and supporting engagement with local Healthwatch	We have continued to invest in developing our digital content and communication channels. Traffic to our website and engagement with content continues to rise.	Our plan to undertake user testing of the proposed navigational structure in Quarter 3 has been delayed as a result of CQC procurement delays.	**Paused** Our digital review identified a number of steps to strengthen our website. However, this work will be delivered in

	During Quarter 1-Quarter 3 we had: • 104,000 visitors to our website - 1% up on the same period in 2015. • 71,000 events (downloads, clicks to related content and other actions) – 57% higher than the same period in 2015. A review of our website data, as well as internal workshops with staff has helped to establish a potential new navigational structure for our website.	Our digital review has established the need to develop our website further in 2017/18.	2017/18.
3.14 Support the further improvement of local Healthwatch digital channels	We have held an on-line focus group with local Healthwatch digital leads to discuss future requirements. We have also reviewed the data of 9 local Healthwatch sites to understand how people visit their sites, as well as engagement levels. As part of the digital review a decision was taken to develop a new website template for local	Our digital survey was delayed in Quarter 3 But will now take place in Q4.	**Paused** Our digital review identified a number of steps to strengthen our digital support for local Healthwatch. However, this work will be delivered in 2017/18

	Healthwatch, as well as other support including hosting, but to package this up with the CRM offer for local Healthwatch in 2017/18.		
3.15 Support the printing of Healthwatch information		This is ongoing background activity concerning general office printing.	**Delivery on track**

AGENDA ITEM No: 1.7

AGENDA ITEM: Operational Report (Quarter 3 - 2016/17)

PRESENTING: Joanne Crossley

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details the operational functions which ensure that we are an effective and efficient organisation.

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

Financial Position

1. At the end of Quarter 3, we recorded spend to date of £2,077,302 against a year to date budget of £2,389,088 reporting underspend of 13.1%

2. We have spent 69.2 % of the Annual Budget as at end December for Q3.

3. There is an underspend of 29.6% in Non-Pay due to key activities which were planned during Q3 not yet underway. This is due to delays in the procurement pipeline awaiting approval from CQC before we can undertake the work.

4. On Pay costs there is a very small underspend of 4.6% as at end Q3. However, we are projected to spend close to the total budget by the end of the financial year.

5. Based on expenditure to date, our projected spend to year end is estimated at **£2.781m,** which equates to 92.4% of the Annual Budget.

6. A further backlog and delay has built up toward the end of Q3 for approvals from Commercial and Contracts. We are now at risk of not completing some work in time for financial year end, but we will continue to procure and schedule work in as soon as they are approved. We are reviewing our priorities to see whether we should to aim to complete the work before year end, or to move these activities over to the next financial year. We continue to have regular meetings with Commercial and Contracts to discuss our procurement pipeline going forward to end March and requirements for 2017-18 as per the business plan.

Procurement activity

Spend under £5k	**Number of Purchase orders**	**Total Value Purchase Orders**
£0-4,999	7	£7,214
Over £5k	1	£6,582
Total Spend Q3	**8**	**£13,796.34**

Details of purchase orders over £5k raised during Q3

Supplier	Description	Amount	Procurement Process	Required for	Priority Code
Electric Putty	Annual support 1 year domain name renewal -Virtual server hosting - Development work	£6,582	STA	Q3-Q4	P35775
Total		**£6,582**			

7. A further backlog has built up toward the end of Q3 for approvals from the CQC Commercial and Contracts team due to various absences. We are now at risk of not completing some work in time for financial year end. We are reviewing our priorities to see whether we continue to aim to complete the work before year end, or to move these activities over to the next financial year. We continue to have regular meetings to discuss our procurement pipeline going forward to end March and requirements for 2017-18 as per the business plan.

HR

8. The Healthwatch Chair and National Director roles have been confirmed.

   At the end of Quarter 3 (30 September) we had:

   - 18 staff members permanently employed;
   - 13 staff members employed on a fixed term contract;
   - 3 vacancies in the quarter

   Total: 34 roles

9. The formal consultation period for the organisational restructure began in October 2016. This was preceded by 1-1 meetings between all staff and the Acting National Director, staff meetings, as well as discussions with the CQC HR Business Partner and Union Representative. The organisational restructure document was shared with Committee Members for comments. The final structure has since been shared with Committee Members and staff.

Internal Audit

10. Information Governance –12 of the 14 recommendations following an internal audit on Information Governance in February 2015 including all those rated as high and moderate have been completed. The first remaining recommendation relates to ongoing development of a compliance regime for Information Governance, the programme of Information Governance procedures is being established with support from CQC. The second relates to security system accreditation of the CRM system which is underway.

11. The Financial Planning and Management audit took place in March 2016, of which there were 4 recommendations (2 medium and 2 low). 2 out of 4 recommendations have been completed and the remaining 2 recommendations relate to:

1.

a. Continue to monitor delivery of the business plan, the adequacy of resources to deliver it and the financial position on an ongoing basis.

b. If the business plan changes as a result of the new Strategy, develop an updated financial plan to supersede the budget against which the actual outturn can be monitored.

c. Ensure HWE has access to sufficient procurement advice and support to undertake timely procurement in order to be able to deliver its plan.

2.

a. In future, HWE should adopt CQC's business plan guidelines and then update or add an addendum to the document to cover its own budget setting process. This should include the relevant HWE priorities, consideration of risks, key tasks involved, staff member responsibilities and timescales.

b. If available, HWE should also adopt CQC guidelines for the budget monitoring throughout the budget period, highlighting the frequency of progress meetings and identifying the reports analysed during the monitoring process. The document should also cover the process in place to ensure that any actions agreed during these meetings to address the variances are duly documented and properly followed up.

AGENDA ITEM: 3.1

SUBJECT OF REPORT: Business Plan 2017/18

PRESENTING: Imelda Redmond

PURPOSE: To inform the Committee of the progress that has been made on the development of the Business Plan, to explain the context in which we are presenting this to you.

RECOMMENDATIONS: That the Committee approve:-

1. the draft Business Plan
2. that the sign off of amendments and National Director's Introduction is delegated to the Chair
3. that we plan a review at the end of quarter 1 with a particular emphasis on reviewing the revised Performance Indicators and Targets

RESOURCE IMPLICATIONS: This is dependent on the final sign off on budget allocation from CQC.

RISK AND MITIGATION: Risk addressed in the risk register in *Risk 2016/17-042*

EQUALITY AND DIVERSITY: Integrated throughout the Business Plan

Background

At the meeting in December 2016 the Committee discussed and approved the key priorities and activities for the attached draft Business Plan

Using that framework and the template from CQC the Senior Team drafted a Business Plan. You will see that the National Director's introduction still has to be completed and further work is needed on the performance indicators and targets.

We have been working to an indicative budget of £2.8 million and have just received verbal confirmation that this will be confirmed soon. This is subject to the overall approval of the CQC budget by Department of Health.

The plan has to go to the CQC Board on 22nd February as part of their Business Plan and Budget papers which is before this Committee meets again.

We recommend that you approve the draft Business Plan (subject to the amendments agreed at this meeting) and delegate to the Chair the sign off of the National Director's Introduction.

At end of quarter 1 we will bring a paper to the Committee that reviews the Business Plan and performance indicators and targets. By then we will have received confirmation of the budget and I will have been in post for three months and can be clearer with Committee that the activities are doable within the budget and that they will are the most effective way of delivering the priorities approved by the Committee.

The Committee is asked to **APPROVE** the draft plan.

Healthwatch England Business Plan 2017/18

Directorate: Healthwatch England

Approved by:

Date: 24th January 2017

Version: V1.5

Contents

Introduction

1.

To be completed by the new ND in January.

Part 1 – Deliverables

	Priority 1: To provide leadership, support & advice to local Healthwatch to have greater influence and impact				
	Budget: £278,000 Cost Centre P35776				
Ref	**Deliverables**	**Delivery Date**	**Accountable Owner**	**Healthwatch Dependency**	**CQC Dependency**
	Understand the future learning, development and support needs of the Healthwatch network. Develop and implement a delivery plan in response to these needs.				
1	Finalise and share the business analysis of Healthwatch network.	Q2	Head of Network Development	Communications Intelligence and policy	D: Procurement
2	Use the intelligence from the business analysis to produce a business strategy for supporting the further development and sustainability of the network.	Q2 – Q3	Head of Network Development	Communications Policy	
3	Plan and deliver the Healthwatch 2017 conference for local Healthwatch leaders and staff.	Q2	Head of Network Development	All	D:Procurement .
4	Identify approaches to delivering effective information and signposting services to the public. Share good practice on information and signposting with the network.	Q3	Head of Network Development	Communications Intelligence	D: Procurement & Academy. L: Department of Health national review of sign-posting services.
5	Provide CRM systems and training to more local Healthwatch to increase	Q1 – Q4	Director of Quality &	Intelligence Development	D: Procurement,

	the capture of patient experience information.		Evidence	Communications Policy	Academy and Engagement L: State of Care, Inspections programme
6	Review the future website support needs of local Healthwatch and put in place a new digital offer , which supports CRM integration and our hosting needs.	Q2 – Q4	Director of Quality & Evidence	Intelligence Development Communications Policy	D: Procurement and Engagement
7	Make improvements to our communication channels with local Healthwatch covering our digital platform, on-line discussion forum and email marketing.	Q1 – Q4	Director of Policy and Communications	Communications Development Operations	D: Procurement and Engagement
8	Provide guidance and support that enables local Healthwatch staff to improve their research and analysis skills to improve the quality of patient experience information captured.	Q1 – Q4	Director of Quality & Evidence	Intelligence Development Communications Policy	D: Procurement & Academy.
9	Provide support to improve recruitment, retention and management of volunteers through a transparent recruitment processes, ensuring diverse representation of local communities.	Q1 – Q4	Head of Network Development	Communications Policy & Public Relations	D: Procurement, Academy & Engagement.
10	Establish common metrics for understanding and demonstrating the impact of the Healthwatch network.	Q2 – Q3	Director of Quality & Evidence	Development Intelligence Communication Policy	D: Planning and Performance.
	Support local Healthwatch to better engage their communities and encourage the greater use of the public's views by strategic partners to drive improvements in care				
11	Provide support to build awareness and engagement with local Healthwatch by CQC and other partners, including local authorities & NHS England.	Q1 – Q4	Head of Network Development	Communications Intelligence	D: Procurement and Engagement

12	Facilitate the effective involvement of local Healthwatch in the sustainability & transformation plans.	Q2 – Q4	Head of Network Development	Communications Policy & Public Relations	D: Procurement and Engagement
13	Provide communications guidance, training and support for local Healthwatch to better engage the public and communicate people's views to stakeholders. Identify and share good practice in the engagement of communities, including hard to reach groups and those that fall within the protected characteristic groups.	Q1 – Q4	Director of Policy and Communications	Communications Intelligence Development Operations	D: Engagement and Procurement
	Support local Healthwatch to comply with legislation.				
14	Provide support to local Healthwatch to manage information appropriately, effectively and securely.	Q2 – Q4	Director of Quality & Evidence	Development Communications	D: Procurement, Information Governance, Academy and IM&T
15	Provide guidance and support to local Healthwatch to meet Equality, Diversity and Human Rights legislation and the requirements that impact on them.	Q1 – Q4	Director of Quality & Evidence	Development Communications	D: Legal, EDHR lead.
16	Support local Healthwatch to meet the statutory activities and legislative requirements set out in the Health and Social Care Act 2012.	Q1 – Q4	Head of Network Development	Communications Intelligence	D: Legal team
	Support the sustainability of the network.				
17	To provide an annual analysis of the network's resource.	Q3	Head of Network Development	All	D: Engagement
18	Establish and deliver a programme of activity with local Healthwatch commissioners to support the further development and sustainability of the network.	Q2 - Q4	Head of Network Development	Communications Intelligence	D: Engagement

19	To provide access to social enterprise and business expertise to build the capacity and infrastructure of local Healthwatch.	Q1 – Q4	Head of Network Development	Operations	D: Procurement

	Priority 2: Bringing the public's views to the heart of national decisions about the NHS and social care				
	Budget £434,000 Cost Centre P35777 (includes CRM Budget of CRM £215,000)				
Ref	**Deliverables**	**Delivery Date**	**Accountable Owner**		**Dependency**
	Implement, evaluate and refine the (a) refreshed model for gathering and analysing patient experience information and (b) the strategy for influencing its use by health and social care decision makers.				
20	Continue to develop the systems and capacity to effectively collect local Healthwatch intelligence that identifies the public's views of health and social care. Identifying, adopting and sharing techniques that are used to access harder to reach communities including those in the nine protected characteristics groups and fill known intelligence gaps.	Q1 – Q4	Director of Quality & Evidence	Development Policy Communications	D: Procurement, Information Governance, Academy and IM&T
21	Test and operationalise the new intelligence approach to identify the public's health and care priorities.	Q1 – Q4	Director of Quality & Evidence	Development Policy Communications	D: Policy, Engagement, Intelligence and Legal
22	Develop and disseminate robust intelligence products for national decision makers and other stakeholders to ensure the views of the public are understood. Initiate a stakeholder engagement programme to support this work. Develop systems for tracking the use and impact of Healthwatch network intelligence.	Q1 – Q4	Director of Quality & Evidence	Communications Development Policy Operations	D: Inspection, Intelligence, Policy, Engagement and Procurement.
23	Develop and deliver a communications strategy to raise awareness amongst the public about issues they have shared with the Healthwatch network and the impact that these views have had. Continue to develop and evolve our digital channels to increase public engagement.	Q1 – Q4	Director of Policy and Communications	Communications Development Policy Operations	D: Engagement and Procurement

	Priority 3: To build and develop an effective learning and values based Healthwatch England				
	Budget £126,000 Cost Centre P35775				
Ref	**Deliverables**	**Delivery Date**	**Accountable Owner**		**Dependency**
	Support the Healthwatch England Committee to discharge their statutory functions				
24	Provide the Committee with the information it needs to prioritise what people want from health and social care services. Support the committee to strengthen the use of this insight in the planning, commissioning and delivery of services by statutory partners and other stakeholders.	Q1 – Q4	Director of Quality & Evidence	Intelligence Policy Development Operations	D: CQC Board, Strategy and Intelligence, Department of Health Sponsor Team, Engagement.
25	Support the Committee to develop an approach that sets out the application of its statutory powers and tracks the impact of its work on health and care services.	Q1 – Q4	National Director	All	D: CQC Board, Strategy and Intelligence, Department of Health Sponsor Team, Engagement.
26	Review, plan and deliver public Committee meetings along with supporting activity.	Q1 – Q4	Acting Head of Operations	All	D: CQC Board
27	Develop, publish and communicate Healthwatch England's annual report to Parliament.	Q3	Director of Policy and Communications	All	D: CQC Board, Engagement

	Continue to develop effective and flexible ways of working that deliver value for money.				
28	Establish and deliver a pipeline of procurement activity.	Q1 – Q4	Acting Head of Operations	All	D: Procurement
29	Continue to integrate with CQC policies and procedures.	Q1 – Q4	Acting Head of Operations	All	D: CQC Governance Team, Business Continuity Steering Group
30	Identify opportunities to gain efficiencies by sharing resources and systems with CQC and other partners.	Q1 – Q4	Acting Head of Operations	All	D: Procurement, CQC Finance
	Develop a refreshed long-term strategy for Healthwatch England.				
31	Develop and maintain an organisational approach to embedding equality, diversity and human rights to underpin the business planning process, work programmes and strategic activity carried out by the organisation.	Q1 – Q4	Acting Head of Operations	All	D: Equalities team
32	Support the Chair and National Director to develop a refreshed long-term strategy, which takes into account the views of the public and stakeholders.	Q2– Q3	Director of Policy and Communications	All	D: Procurement, Engagement
	Continue to build and maximise the capacity of the organisation				
33	Develop and test new ways of working that maximise the potential of the new organisational structure.	Q1 – Q4	National Director	All	D: Procurement. Academy.

34	Put in place a programme of work to ensure staff are supported to develop their skills to help deliver our business plan in accordance with the Equality Objectives. Continue to ensure that organisational learning is captured and used.	Q1	Acting Head of Operations	All	D: Procurement. Academy.
35	Review our approach to ensure that we maximise our use of the expertise within the Healthwatch England Committee.	Q2	National Director		D: Procurement. Academy.

Part 2 – Directorate Risk Profile

HWE Ref	**Description of Risk 2016/17**
SR 1	We do not influence or have an impact on people's experiences of health and care.
SR 2	We are unable to deliver our commitments to the public, patients and local Healthwatch as a result of capacity issues.
SR 3	A change of external environments in health and social care or more widely has implications for HWE's role which we fail to respond to.
SR 4	We are unable to deliver a strategy because we are unable to agree or deliver joint approaches with our partner organisations, including local Healthwatch.
SR 5	We do not effectively collect, process and disseminate the information that accurately reflects the status of current health and social care delivery, enabling Healthwatch England to be an effective evidence based organisation.
SR 6	We do not have the skills, diversity and capability we need to deliver HWE's business plan, including support for local Healthwatch.
SR 7	We do not respond adequately where our people feel we are not developing and embedding our values and a high performing culture across the organisation.
SR 8	We are not able to report or understand our performance so we do not take action to improve our value when we need to.
SR 9	The profile of the HW brand is too low, so the public do not share feedback or engage with the Healthwatch network.
OR 10	We do not discharge our statutory powers in an effective, timely manner.
OR 11	Our methodologies, processes, infrastructure or systems are not well designed/difficult to operate/take too long to adapt.
OR 12	We are unable to manage our costs within our budget and we overspend or underspend our budget.

OR 13	We do not manage procurements well or get value from our contracts.
OR 14	We are not protecting or securely managing our information in accordance with legal requirements.
OR 15	We are not able to measure our costs and demonstrate better efficiency and value for money.

Part 3 – Performance Indicators and Targets – summary table

Area	Measures	17-18 Outcomes
Priority 1: To provide leadership, support & advice to local Healthwatch to have greater influence and impact		
Finalise and share the business analysis of Healthwatch network.	Business Analysis shared with stakeholders in Q2	Shared understanding across the network and with stakeholders of the strengths and weaknesses of the network, as well as future opportunities and threats.
Use the intelligence from the business analysis to produce a business strategy for supporting the further development and sustainability of the network.	Business Strategy published in Q3	The network, stakeholders and partners understand the focus of the strategy and the subsequent deliverables.
Plan and deliver the Healthwatch 2017 conference for local Healthwatch leaders and staff.	Over 90% of LHW attend. Over 80% of delegates agree that event (a) improved their knowledge and skills and (b) will help them run their organisations better.	Over 90% attendances. Over 80% of delegates agree that event (a) improved their knowledge and skills and (b) will help them run their organisations better
Identify approaches to delivering effective information and signposting services to the public. Share good practice on information and signposting with the network.	3 workshops delivered to produce guidance and support, sharing good practice. Over 80% of LHW agree that guidance and support (a) improved their knowledge and skills and (b) will help them run their organisations better.	Local Healthwatch report confidence in information and signposting services. Increase in correct handling of safeguarding issues.

Provide CRM systems and training to more local Healthwatch to increase the capture of patient experience information.	100 LHW are using the HWE CRM All other LHW are providing HWE with data that can be pulled into the HWE CRM. 36 training courses are delivered across the year with 90% attendance at courses	Increased use of CRM by local Healthwatch staff to capture people's experiences. Increase in the number of sections of the community engaged. More local Healthwatch reports meet quality values. Increase in use of local Healthwatch intelligence to target inspections. Increased number of providers accepts local Healthwatch recommendations.
Review the future website support needs of local Healthwatch and put in place a new digital offer covering platform, integration with the CRM and hosting needs.	Over 80% of LHW agree that guidance and support (a) improved their knowledge and skills and (b) will help them run their organisations better.	We have a digital support offer that meets local Healthwatch requirements within the resources available. The support is aligned with future digital approach required of Arm Length Bodies.
Make improvements to our communication channels with local Healthwatch covering our digital platform, on-line discussion forum and email marketing.	Over 70% of local Healthwatch staff and volunteers rate our channels as good or average.	We see a growth in the number of local Healthwatch staff and volunteers signing up to our channels.
Provide guidance and support that enables local Healthwatch staff to improve their research and analysis skills to improve the quality of patient experience information captured.	Training courses delivered with 90% attendance at courses. Over 80% of LHW agree that guidance and support (a) improved their knowledge and skills and (b) will help them run their organisations better. 95% of information shared with HWE meets our quality requirements, so it can be used as part of HWE's evidence base.	Local Healthwatch report that support and guidance has helped them improve their skills. More local Healthwatch reports meet the quality values.

	100% of Safeguarding issues are identified by LHW <1% of CRM issues contain CPI. 95% of contacts to the research held desk responded to in 3 days.	
Provide support to improve recruitment, retention and management of volunteers through a transparent recruitment processes, ensuring diverse representation of local communities.	An 10% increase in the number of reported local Healthwatch volunteers recruited Confidence in managing volunteers.	Healthwatch is seen by the public as a brand, which provides excellent volunteering opportunities.
Establish common metrics for understanding and demonstrating the impact of the Healthwatch network.	Metrics published in Q3 to measure progress of the next Healthwatch England strategy.	We have clear measures to benchmark and then measure progress of the next Healthwatch England strategy.
Provide support to build awareness and engagement with local Healthwatch by CQC and other partners, including local authorities NHS England & third sector.	10% increase in reported good relationships with CQC and other partners.	Local Healthwatch report a stronger relationship with CQC and other partners. Local Healthwatch intelligence is used more to inform CQC and other partner activities.
Facilitate the effective involvement of local Healthwatch in the sustainability & transformation plans.	80% of local Healthwatch report they have been provide with the appropriate support to undertake their role.	Local Healthwatch activity has supported local people to be heard, involved and informed.
Provide communications guidance, training and support for local Healthwatch to better engage the public and communicate people's views to stakeholders. Identify and share good practice in the engagement of communities, including hard to reach groups and those that fall within the protected characteristic groups.	Four training courses delivered. Use of brand resources increases by 10% year on year. Over 80% of LHW agree that HWE support (a) improved their ability to collaborate (b) help communicate people's views to stakeholders.	More consistent use of the Healthwatch brand and increased brand awareness

	20% of people in England are aware of Healthwatch	
Provide support to local Healthwatch to manage information appropriately, effectively and securely.	All LHW registered with Office of the Information Commissioner. 100 LHW using the Civi CRM to securely hold information. <1% of CRM issues contain CPI.	Local Healthwatch are aware and comply with legal requirements (e.g. registered with Information Commissioner). More local Healthwatch seek external accreditation (e.g. Cyber Essentials).
Provide guidance and support to local Healthwatch to meet Equality, Diversity and Human Rights legislation and the requirements that impact on them.	Over 80% of LHW agree that guidance and support (a) improved their knowledge and skills and (b) will help them run their organisations better.	Local Healthwatch demonstrate their commitment with EDHR and comply with legal requirements.
Support local Healthwatch to meet the statutory activities and legislative requirements set out in the Health and Social Care Act 2012.	5% increase in the % of LHW using the resources we provide to deliver their annual report on time. 100% of LHW publish their annual reports on time. 100% of LHW engaged annually? Delivery of 48 regional network meetings 90% of LHW attend regional meetings.	Local Healthwatch deliver their statutory activities correctly and comply with the requirements set out in legislation. For example: Annual reports are published on time and correctly.
To provide an annual analysis of the networks' resource.	Annual analysis of the networks' resource will be published in Q3. 100% of LHW provide information returns.	This will replace the current funding statement with a more comprehensive understanding of the networks available resources.
Establish and deliver a programme of activity with local Healthwatch commissioners to support the further development and sustainability of the network.	Over 80% of LHW commissioners agree that the programme of activity (a) improved their knowledge and skills and (b) will help them develop and sustain their LHW.	Shared understanding across commissioners of the opportunities and approaches available to support sustainability.
To provide access to social enterprise and	Over 80% of LHW agree that the activity (a)	Local Healthwatch report confidence in the

business expertise to build the capacity and infrastructure of local Healthwatch.	improved their knowledge and skills and (b) will help them run their organisations better.	support and there is an increase in value of commissioned activity.

Priority 2: Bringing the public's views to the heart of national decisions about the NHS and social care		
Continue to develop the systems and capacity to effectively collect local Healthwatch intelligence that identifies the public's views of health and social care. Identifying, adopting and sharing techniques that are used to access harder to reach communities including those in the nine protected characteristics groups and fill known intelligence gaps.	100 LHW are using the HWE CRM All other LHW are providing HWE with data that can be pulled into the HWE CRM. 95% of LHW reports coded within 7 days 100% CRM issues reviewed with 24 hours 95% of information shared with HWE meets our quality requirements, so it can be used as part of HWE's evidence base.	We have systems that enable access to robust data from local Healthwatch so that public health and care priorities can be identified.
Test and operationalise the new intelligence approach to identifying the public's health and care priorities.	Publication of quarterly oversight reports 90% of intelligence on emerging issues published within 60 days. 80% of stakeholders agree that the information and advice we give has helped them in their work. 95% of contacts to the research held desk responded to in 3 days.	We are able to accurately identify what local Healthwatch data tells us about patient experience. The wider context of this intelligence is understood and enables intelligence to be prioritised. This is supported by a clear and auditable decision making processes and informs the wider business planning process.
Develop and disseminate robust intelligence products for national decision makers and other stakeholders to ensure the views of the public are understood. Initiate a stakeholder engagement programme to support this work. Develop systems for tracking the use and impact of Healthwatch	80% of stakeholders engaged agree that the information and advice we give has helped them in their work. Delivery of tracking system demonstrating how LHW information has been used.	More stakeholders make use of local Healthwatch intelligence to inform national decisions about health and care.

network intelligence.		
Develop and deliver a communications strategy to raise awareness amongst the public about the role of Healthwatch, the issues they have shared with the Healthwatch network and the impact that these views have had. Continue to develop and evolve our website digital channels to increase public engagement with Healthwatch.	20% of people in England are aware of the Healthwatch brand. Social media reach increases by 30% year on year. Visitors to our website increase by 10% year on year. Engagement with our digital content increases 5% year on year. Visitors using our 'Find your local Healthwatch' website page increases by 10% year on year.	Increased public awareness of the role of Healthwatch and the impact that sharing views and experiences has in terms of health and care. More people trying to find their local Healthwatch via our website.

Priority 3: To build and develop an effective learning and values based Healthwatch England		
Provide the Committee with the information it needs to prioritise what people want from health and social care services. Support the committee to strengthen the use of this insight in the planning, commissioning and delivery of services by statutory partners and other stakeholders.	Publication of quarterly oversight reports Publication of intelligence on emerging issues	Committee are able to make the strategic decisions necessary to discharge their role.
Support the Committee to develop an approach that sets out the application of its statutory powers and tracks the impact of its work on health and care services.	A clear audit exists of when and why the Committee exercised its powers. The impact of the use of statutory powers is tracked and measured.	Use of Healthwatch intelligence by partners. Formal responses received from statutory partners.
Review, plan and deliver public Committee meetings along with supporting activity.	Delivery of 4 committee meetings. Increased public engagement levels with Committee meetings.	Committee delivers their statutory requirements to meet in public. Committee decision making is clear and transparent. Awareness of committee decisions increases.
Develop, publish and communicate Healthwatch England's annual report to Parliament.	The report is published on time and to budget. Levels of audience engagement with our communications.	Audience engagement.
Establish and deliver a pipeline of procurement activity.	% of procurements delivered in their target month >5% budget variance on non-pay	We develop more effective and flexible ways of working that deliver value for money.

Continue to integrate with CQC policies and procedures.	Staff completion rates for mandatory training We provide internal and external assurance. FOIs responded to within 21 days 95 % of calls to HWE Enquiries number answered within 30 seconds. <5% of calls to HWE Enquiries numbers are unanswered. 100% safeguarding issues identified and acted on same day. 90% of correspondence to Enquiries email responded to within 10days.	Audit and risk
Identify opportunities to gain efficiencies by sharing resources and systems with CQC and other partners.	Financial savings generated	We gain efficiencies by sharing more resources and systems with others.
Develop and maintain an organisational approach to embedding equality, diversity and human rights to underpin the business planning process, work programmes and strategic activity carried out by the organisation.	Equality Analysis completed Gap analysis completed	Deliver Public Sector Equality Duties
Support the Chair and National Director to develop a refreshed long-term strategy, which takes into account the views of the public and stakeholders.	We develop a refreshed long-term strategy for Healthwatch England that is understood and supported by the public and stakeholders.	Audience engagement. Feedback levels.

Develop and test new ways of working that maximise the potential of the new organisational structure.	90% positive feedback in staff survey.	
Put in place a programme of work to ensure staff are supported to develop their skills to help deliver our business plan in accordance with the Equality Objectives. Continue to ensure that organisational learning is captured and used.	100% of development needs identified in the staff objective setting process met during the financial year. 90% positive feedback in staff survey. <5% Time lost to staff sickness (rolling 12 months April – March) <5% staff turnover (rolling 12 month average) April – Mar) Number of grievance and disciplinary issues.	Staff satisfaction
Review our approach to ensure that we maximise our use of the expertise within the Healthwatch England Committee.	Governance review completed Skills audit completed	

Part 4 - Procurement Activity

Existing contracts (2016/17 FY)	Any requirements in 2017/18	Estimated Value in 2017/18 (£)
CRM Contract – Circle Interactive, Compucorp Ltd, Northbridge	yes	£215k
Calders – mandated supplier for booking meetings	yes	£240k
Redfern – mandated suppler for booking travel and accommodation	yes	£180k
IM Group – Yammer & Hub support for local Healthwatch Trustmark SharePoint licences	Yes but support contract under review with C&C for next FY	Potential costs £30K support £29k - £33K licences
Williams Lea – mandated suppler for printing	Yes but contract under review with C&C	£50k
Capita Business Services – mandated supplier for learning and development	Yes but contract under review with C&C	£100
Gorkana – monitoring services	Tbc – CQC have existing contract in place which will cover HWE. HWE may have to contribute % to total contract cost for next FY	£15k
New supplier services/goods (2017/18 FY)	**Estimated Date (when goods/services needed)**	**Estimated Value in 2017/18 (£)**
CRM contract (as above)	Q1-4 - ongoing	£215k

AGENDA ITEM No: 3.2

AGENDA ITEM: Healthwatch England Risk Tolerance Statement and Strategic and Operational risks

PRESENTING: Gerard Crofton-Martin

PREVIOUS DECISION:

The Committee has not previously agreed a risk tolerance statement.

EXECUTIVE SUMMARY:

This report sets out:

- A Risk Tolerance Statement for the Committee to **APPROVE**.
- Strategic and Operational risks which the Committee are asked to **DISCUSS** and **APPROVE**.
- An update on the next steps to provide assurance on risks which the Committee are asked to **NOTE**.

The risk tolerance statement is the framework for how we manage our strategic risks. Once agreed, this will be used to set targets for our strategic risks which the staff team will manage and report against, using the risk register.

RESOURCE IMPLICATIONS:

There are no new resource requirements.

RISK & MITIGATION:

If we set the wrong targets for our levels of risk, then we will either be exposed to greater levels of risk than we want, or miss opportunities because we are too risk averse. It is therefore important to make sure the risk tolerance statement correctly sets out the Committee's appetite for risk.

To mitigate choosing the wrong levels of risk, the Committee has been involved in helping to create the risk tolerance statement.

EQUALITY & DIVERSITY:

The strategic risks recognise equality and diversity components, including but not limited to risks 5 and 6.

1. Background:

As a statutory Committee of the Care Quality Commission (CQC), the Committee is responsible for ensuring that effective arrangements are in place to provide assurance on risk management, governance and internal control of Healthwatch England'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 Corporate Governance Committee to help Healthwatch England to address key financial and other risks.

2. Risk tolerance:

Risk tolerance is the amount of risk that, on a broad level, an organisation is willing to accept in pursuit of its purposes. By agreeing a risk tolerance statement the Committee will help the staff team to improve consistency of decision making by providing a framework that enables calculated risks to be taken or more cautious approaches adopted where appropriate. This will enable risk to be managed according to the amount of risk the Committee are willing for Healthwatch England to carry.

The Committee is asked to **APPROVE** the following risk tolerance statement:

Risk Tolerance statement for Healthwatch England.

We are charged with ensuring that the voices of people never again go unheard by those responsible for delivering health and social care. This requires moral courage but tempered with respect for everyone involved. We are a public body responsible to the tax payer for the use of funds. This means that we will seek to mitigate risk wherever possible but not be afraid to speak the truth.

Public Confidence - LOW

We rely on our reputation in order to influence and secure the engagement of local Healthwatch, politicians, health and care professionals and the public, all of whom we want to have confidence in Healthwatch England. We will adopt a low risk tolerance to any loss of our independence or damage to high levels of confidence in our organisation. We will seek a balanced position, working collaboratively with stakeholders using well developed evidence to bring about change but taking the risks necessary to give voice to people's concerns and aspirations.

Operational Risk - MEDIUM

Healthwatch England works in collaboration with local Healthwatch, providing advice and guidance to the network. Healthwatch England provides information and advice to our statutory partners based on the views of the public and people using health and care services, which are shared with local Healthwatch. We will take every opportunity to capture key information about poor quality care and safety concerns and take appropriate action. We will adopt a medium risk tolerance, accepting some operational risk as we attempt to develop new and better approaches, or reprioritise or deprioritise work as we take advantage of new opportunities that present themselves.

Safeguarding Risk- LOW

Healthwatch England provides information and advice to our statutory partners based on the views of the public and people using health and care services, which are shared with local Healthwatch. We will adopt a low risk tolerance on areas where we have a duty of care to act on certain information such as safeguarding.

Information Risk - LOW

Healthwatch England is reliant upon information and data to be able to operate effectively. The information and data we hold may be sensitive and we must manage this information appropriately. The accidental or deliberate wrongful disclosure of sensitive or restricted information has the potential to erode trust, damage our reputation and ultimately prevent us from being able to function. Failure to appropriately share information we hold will limit our effectiveness or may result in an issue not being appropriately addressed. We will adopt a low risk tolerance to information risk.

Fraud and corruption – LOW
Healthwatch England is funded from a grant from the Department of Health to the CQC and being averse to the risks of internal fraud and fraudulent behaviour we will adopt a zero tolerance to fraud or corruption.

Financial Risk - MEDIUM
We recognise that we are funded through taxpayers' money and therefore need to manage our finances prudently as well as achieving value for money. We cannot take financial risks which would result in us overspending the total budget which we have been allocated and have to manage our finances in an open and transparent way, complying with procurement controls and meeting accounting standards. Healthwatch England will adopt medium risk tolerance to financial risk being willing to spend on innovative programmes in order to optimise our performance.

Legal Risk - LOW
Healthwatch England has legal duties which we must deliver although some duties such as Equalities are discharged through the CQC. If we do not deliver these duties effectively then we expose ourselves to other potential risks. We must be able to demonstrate that we have complied with the law and made the best decision based on the information and evidence we had at the time. We will adopt a low tolerance to legal risk.

3. Strategic and Operational Risks

In order to reduce the redrafting of risks, the following key strategic and operational risks have been developed which have checked against the current Risk Register.

The Committee is asked to **DISCUSS** other strategic risks that they would like to be included and **APPROVE** the strategic and operational risks to be managed by Healthwatch England. The risks below are not ordered according to seriousness of the risk, while Appendix 1 shows our Business priorities where these risks are most likely occur.

SR 1	We do not influence or have an impact on people's experiences of health and care.
SR 2	We are unable to deliver our commitments to the public, patients and local Healthwatch as a result of capacity issues.
SR 3	A change of external environments in health and social care or more widely has implications for HWE's role which we fail to respond to.
SR 4	We are unable to deliver a strategy because we are unable to agree or deliver joint approaches with our partner organisations, including local Healthwatch.
SR 5	We do not effectively collect, process and disseminate the information that accurately reflects the status of current health and social care delivery, enabling Healthwatch England to be an effective evidence based organisation.
SR 6	We do not have the skills, diversity and capability we need to deliver HWE's business plan, including support for local Healthwatch.
SR 7	We do not respond adequately where our people feel we are not developing and embedding our values and a high performing culture across the organisation.
SR 8	We are not able to report or understand our performance so we do not take action to improve our value when we need to.
SR 9	The profile of the HW brand is too low, so the public do not share feedback or engage with the Healthwatch network.
OR 10	We do not discharge our statutory powers in an effective, timely manner.
OR 11	Our methodologies, processes, infrastructure or systems are not well designed/difficult to operate/take too long to adapt.
OR 12	We are unable to manage our costs within our budget and we overspend or

	underspend our budget.
OR 13	We do not manage procurements well or get value from our contracts.
OR 14	We are not protecting or securely managing our information in accordance with legal requirements.
OR 15	We are not able to measure our costs and demonstrate better efficiency and value for money.

4. Next steps

The Committee are asked to **NOTE** the next steps.

Healthwatch England will use the Risk Tolerance Statement as the framework to assess each of the agreed strategic and operational risks for both the current level and the target level of risk that we wish to accept.

Healthwatch England will then develop an overview of each risk, identifying key factors affecting the risk and setting out the controls and mitigations. An example is given in Appendix Two.

These risks will be presented to the Audit and Risk Sub Committee in the standard risk register format, with a confidence level for each risk – indicating how well risk owners believe the delivery of the mitigations and controls are progressing against the target for that risk.

5. Recommendations

The Committee are asked to:

- APPROVE the Risk Tolerance Statement.
- DISCUSS and APPROVE the Strategic and Operational risks.
- NOTE the next steps to provide assurance on risks.

Appendix 1: Healthwatch England Strategic and Operational Risks

1. To provide leadership, support & advice to local Healthwatch to have greater influence and impact.	SR 1: We do not influence or have an impact on people's experiences of health and care.	SR 2: We are unable to deliver our commitments to the public, patients and local Healthwatch as a result of capacity issues.	SR 4: We are unable to deliver a strategy because we are unable to agree or deliver joint approaches with our partner organisations, including local Healthwatch.	SR 9: The profile of the HW brand is too low, so the public do not share feedback or engage with the Healthwatch network.
	OR 10: We do not discharge our statutory powers in an effective, timely manner.			
2. Bringing the public's views to the heart of national decisions about the NHS and social care.	SR 1: We do not influence or have an impact on people's experiences of health and care.	SR 2: We are unable to deliver our commitments to the public, patients and local Healthwatch as a result of capacity issues.	SR 4: We are unable to deliver a strategy because we are unable to agree or deliver joint approaches with our partner organisations, including local Healthwatch.	SR 5: We do not effectively collect, process and disseminate the information that accurately reflects the status of current health and social care delivery, enabling Healthwatch England to be an effective evidence based organisation.
	OR 10: We do not discharge our statutory powers in an effective, timely manner.		OR 11: Our methodologies, processes, infrastructure or systems are not well designed/difficult to operate/take too long to adapt.	
3. To build and develop an effective learning and values based Healthwatch England	SR 3: A change of external environments in health and social care or more widely has implications for HWE's role which we fail to respond to.	SR 6: We do not have the skills, diversity and capability we need to deliver HWE's business plan, including support for local Healthwatch.	SR 7: We do not respond adequately where our people feel we are not developing and embedding our values and a high performing culture across the organisation.	SR 8: We are not able to report or understand our performance so we do not take action to improve our value when we need to.
	OR 12: We are unable to manage our costs within our budget and we overspend or underspend our budget.	OR 13: We do not manage procurements well or get value from our contracts.	OR 14: We are not protecting or securely managing our information in accordance with legal requirements.	OR 15: We are not able to measure our costs and demonstrate better efficiency and value for money.

Appendix 2: Illustrative example of risk overview

Strategic Risk	Potential Causal factors	Risk owner	Link to business plan	Initial risk rating	Controls and mitigations	Post mitigation rating	Levels of confidence managing the risk/update	Previous confidence level	Date of review
SR 1. **We do not influence or have an impact on people's experiences of health and care.**	Healthwatch England fails to base its intelligence on people's experiences of health and care, or fails to identify key issues from people's experiences, including those affecting particular groups, limiting our influence. Healthwatch England has a poor understanding of the wider policy and political environment or	National Director	Priority 2	15 I=5 L = 3	**Controls -** Intelligence model including horizon scanning, influencing strategy, corporate performance reporting, feedback from LHW and stakeholders, Governance arrangements which enable HWE to act independently. **Mitigating actions** Demonstrate impact through our reports and briefings	4 I= 4 L=1	Confidence is MEDIUM The Intelligence model is being tested with the published work on dementia, three other topics and the review of the first 1,000 CRM issues. Stakeholder engagement continues to include regular contact with senior decision-makers across ALBs and there is regular communication with key stakeholders and involvement in the development of findings and providing early sight of draft reports for their input. Horizon scanning is conducted to ensure findings and reports are published to support work of the system and maximise influence on decision making. A collaborative approach to working with stakeholders is resulting in realistic	MEDIUM	Jan 2017

	our timing, content or tone is ineffective resulting in a failure to secure influence. Healthwatch England's independence is not maintained resulting in reduced, influence and damaging our reputation.				including our annual report. Engagement with stakeholders, building confidence. Review of the actions we have taken and evaluation of pieces of work. Supporting LHW to engage with people, and their representatives to ensure we hear and reflect their views about the quality of care.		expectations for change and providing insight to help them understand where positive change is being achieved to reinforce good practice. Active use of our membership of key networks including the NIB and the Health Hub meeting of DH ALB comms directors keeps us in close touch with other organisations' changing plans and perceptions of risk.		
Key I = Impact L = Likelihood									

AGENDA ITEM: 3.3

SUBJECT OF REPORT: Healthwatch Intelligence

PRESENTING: Gerard Crofton-Martin and Amie McWilliam-Reynolds

PURPOSE:
- To present the initial findings from the first 1000 CRM activity reports that have been processed.
- To outline the purpose and scope of the Healthwatch England Quarterly Insight.
- To gather the Committee's perspective on the information we are developing to help inform the identification and dissemination of useful and usable intelligence.

Please refer to slides at the end of this document.

AGENDA ITEM No: 5.1

AGENDA ITEM: Healthwatch 2017 Conference update

PRESENTING: Georgina Bream

PURPOSE: The purpose of this presentation is to update the Committee on the planning of the Healthwatch 2017 annual conference

RECOMMENDATIONS: For Committee Members to **NOTE** the report.

RESOURCE IMPLICATIONS: The costs for 2017 were agreed at the August 2016 meeting, there is a continuous effort to make efficiences and reduce costs where possible.

Please refer to the slides at the end of this document.

AGENDA ITEM No: 6.1

AGENDA ITEM: Audit and Risk Sub Committee Meeting Minutes

PRESENTING: John Carvel

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meeting of Tuesday 10 January 2017.

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

Audit and Risk Sub Committee Meeting

Minutes of meeting No. 25

Location: By teleconference in Room T.203, 151 Buckingham Palace Road, SW1W 9SZ
Date: Tuesday 10 January 2017

Attendees:
John Carvel (JC) - Chair

Pam Bradbury (PB) - Sub Committee Member

Deborah Fowler (DF) - Sub Committee Member

In attendance:

Imelda Redmond (IR) - National Director

Sandra Abraham (SA) - Business Manager Planning and Performance

Esi Addae (EA) - Committee Secretary

Gerard Crofton-Martin (GC-M) - Director of Quality and Evidence

Joanne Crossley (JCr) - Acting Head of Operations

1.0	**Welcome and apologies**	**Action**
1.1	Opening and welcome The meeting was opened by JC at 11.00	
1.2	Apologies: N/A	
1.3	Confirmation of agenda The Sub Committee confirmed the agenda.	

2.0	**Disclosure of interest**	
2.1	Conflict of interest The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.25 agenda.	
3.0	**Minutes of previous meeting**	
3.1	<u>Review minutes of previous meeting</u> JC presented to the board the minutes of Thursday 17 November 2016 meeting for approval. An amendment was made to the minutes for clarity.	
3.2	The sentence in Item 2, paragraph 2 was updated to state *It was discussed that given that all staff on Fixed-Term-Contracts have been extended to 31 March 2017, that this risk should be reviewed with a reduction to the likelihood resulting in a reduced risk'.*	
3.3	DF asked if there were any recommendations in previous internal audits which would be reviewed in an upcoming audit. A question was made to find out CQC's audit plans for the remainder of 2016/17 and 2017/18.	To request for a copy of the CQC internal audit timetable for 2016/17 and 2017/18 (if available) and share with Sub Committee Members.
3.4	GC-M updated that as Healthwatch England is a Committee of the CQC, we are able to ask for specific audits as well as integrating within existing audit plans which are reviewed at each CQC Audit and Corporate Governance Committee meeting.	
3.5	JC highlighted that the Customer Relationship Management (CRM) project is incredibly important to the organisation and sought assurance about how the CRM system is reviewed through the internal audit process. GC-M updated that the next internal audit review would update on the information governance elements of the CRM, rather than an evaluation on its functionality and how fit for purpose it is.	
3.6	<u>Actions arising from the previous meeting</u> The board noted the current status of the actions arising from the previous meeting, as presented in attachment 1.2 of the agenda.	

4.0	**Agenda Item 2: Risk Review**	
4.1	GC-M shared an update on the strategic and operational risk register. Risk 2016/17-001 - PB expressed a concern that the risk was not only about staff capacity but ensuring that the organisation has the right skills and competencies to deliver to the business plan and that the wording should be updated. JC appreciated that risk 2016/17-005 – continues to reduce in risk rating with the arrival of Imelda Redmond as National Director and the announcement of Jane Mordue's role as permanent Chair.	
4.2	Penetration testing of the CRM system was one of the recommendations from the previous information governance internal audit and the business case for procurement is currently with the Department of Health for approval.	
4.3	5 outstanding procurement requests totalling £179k were expected in Quarter 3 and at the meeting date only 2 had been approved. JCr updated that there are a number of factors including CQC staffing issues and a delay in starting procurement with a mandated supplier. A particular risk which was highlighted related to the media training programme for local Healthwatch as there is a concern that this will not be achieved in the current financial year. JCr further updated that the current procedure for monitoring expenditure states that if 80% of a project has been completed by year-end, the project will be recorded as completed and the expenditure in this case will be reflected in the 2016/17 financial year.	
4.4	Sub Committee Members expressed a concern about remaining projects which may not be able to meet the 80% target and probed how the implications of an under spend may in turn affect delivery of projects and implications for the 2017/18 budget. Staff were of the understanding that the procurement delays have been communicated to the CEO of CQC by the outgoing National Director and in turn will be highlighted by IR at the next available opportunity as well as to the ACGC.	
4.5	The staff are discussing with CQC finance and procurement colleagues about how projects which cannot be completed this financial year due to delays can be accounted for in the next financial year.	

4.6	DF questioned whether any of the procurement delays have affected the ongoing procurement of the CRM project. They were updated that it hasn't as the procurement business case is currently with the Department of Health for approval. Whilst new providers for the CRM project are affected by the procurement delays, the current providers have contracts in place and are paid in line with our control and authorisation process.	
4.7	JC asked to what extent the procurement delays are affecting CQC, staff shared that they had assumed that the delays affecting the Commercial and Contracts team were affecting the entire organisation. DF requested that John Carvel (Chair) highlights Healthwatch England concerns about procurement delays at the next CQC Audit and Corporate Governance Committee meeting (currently scheduled for April 2017) where HWE is present.	
4.8	GC-M and JC shared that the learning from this experience has resulted in earlier planning, aiming for larger and longer contracts and linking more with existing CQC contracts/subscriptions to avoid delays having significant effects on the ability to deliver to the business plan on time.	
4.9	Risk 2016/17-038 - Sub Committee Members expressed that this risk could be better articulated to reflect the risk to Healthwatch England which is related to the understanding, awareness of local Healthwatch funding, the actions which are taken and how effective this is. It was suggested that the income generation element should be removed.	
4.10	There was an overall request from PB for risk owners when updating the risk register to make mitigations more concise, detailing what procedures and controls are in place, processes, how they are analysed and evaluated.	
4.11	PB asked for an update on the transition between the current risk register and the proposal. GC-M confirmed that the intention is that when the overarching strategic and operational risks are agreed and moved into the risk register, the related controls and actions will be updated and moved to the new version. The focus would be to concentrate on these key risks and determining the level of risk that the organisation is managing these risks to. Assurance was given from GC-M that the new risk register adopts current CQC processes and minimizes the reporting duplication which currently takes place. In addition the risk register will mirror the format presented by CQC colleagues to the Audit and Corporate Governance Committee and in turn the CQC board. The new format has been tried and tested by CQC colleagues and is part of the reporting framework.	

4.12	IR and PB suggested that for the risk tolerance statement, there shouldn't be ambiguity in relation to the classification of appetite. Rather than a range, a specific rating of low, medium or high should be applied.	
4.13	IR recommended that specific risks such as fraud and financial risk are separated so that a more accurate risk appetite rating can be given.	
4.14	**AGREED: Subject to comments from IR, Sub Committee Members agreed the risk tolerance statement and proposed change to the risk register for formal agreement at the February Committee meeting.**	
4.15	JC asked GCM to share a draft of the paper for the HWE Committee with the ARSC.	(GCM)To share a draft Committee Paper with ARSC
7.0	**Other business**	
	N/A	
8.0	**Next meeting**	
	Meeting 26 is scheduled for Tuesday 4 April 2017, 10.30 – 12.30 in Room M.318, 151 Buckingham Palace Road, SW1W 9SZ	

AGENDA ITEM No: 6.2

AGENDA ITEM: Finance and General Purposes Sub Committee Meeting Minutes (Chair approved draft)

PRESENTING: Deborah Fowler

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the minutes of the meeting of Tuesday 24 January 2017

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

Finance and General Purpose Sub Committee Meeting

Minutes of meeting No. 8

Location: Room T.208, 151 Buckingham Palace Road, SW1W 9SZ
Date: Tuesday 24 January 2017

Attendees:
Deborah Fowler (DF) – Chair

Helen Horne (HH) – Sub Committee Member

Liz Sayce (LS) – Sub Committee Member

In attendance:

Imelda Redmond (IR) – National Director

Joanne Crossley (JC) – Acting Head of Operations

Esi Addae (EA) – Committee Secretary

1.0	**Welcome and apologies**	**Action**
1.1	Opening and welcome The meeting was opened by DF at 11.00	
1.2	Apologies: N/A	
1.3	Confirmation of agenda The Sub Committee confirmed the agenda.	
2.0	**Disclosure of interest**	

2.1	Conflict of interest The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.8 agenda.	
3.0	**Minutes of previous meeting**	
3.1	Review minutes of previous meeting DF presented to the Sub Committee the minutes of the 24 January 2017 meeting for approval. The Sub Committee endorsed the minutes of the previous meeting as complete and accurate.	
3.2	HH queried the note in the minutes stating that '3 competitive quote are also required for procurements under £5k'. JC explained that this is a policy that applies to all CQC directorates as a result of increased scrutiny. HWE aims to procure from companies on the approved Crown Commercial Service framework as it provides additional security. IR suggested that as increased compliance from HWE continues, there should be discussion with CQC Senior Finance and Procurement colleagues to discuss HWE having more ownership of the procurement process.	(IR) To have an introductory meeting with senior finance and procurement colleagues to reassess HWEs procurement procedures.
3.3	Actions arising from the previous meeting The board noted the current status of the actions arising from the previous meeting, as presented in attachment 1.b of the agenda. DF asked about the status of the webcast contract. EA updated that an extension for recording (but not live webcasting meetings) had been requested by CQC to cover both CQC and HWE meetings until December 2017. EA updated that the contract could be transferred to other Healthwatch England events and not used just for Committee meetings.	(EA) To present a paper to the April FGP meeting on webcast costs and viewing statistics.
3.4	**AGREED: Sub Committee Members agreed to take a recommendation to the May Committee meeting re: live webcast of HWE Committee meetings.**	

3.5	DF raised that there are two separate actions related to commissioning. One relates to how HWE commissions local Healthwatch for projects and the other relates to procuring on behalf of local Healthwatch. DF stated that the action related to the commissioning of local Healthwatch for projects is sensitive and would need to be balanced carefully, fair and transparent if progressed.	
3.6	IR stated that the action relating to procuring on behalf of local Healthwatch had previously been discussed at the People and Values Sub Committee meeting where it was discussed that a business support offer may be an option. IR suggested that how professional services such as guidance on HR; leadership training and development are provided to local Healthwatch should be considered as part of the strategy development. IR mentioned that the questions to be asked during the consultation as part of the strategy development should be discussed at the March Committee workshop.	(EA) To update the action and to schedule a discussion at the Committee workshop in March on the commissioning of local Healthwatch for specific projects.
4.0	**Agenda Item 2: Procurement and payments update – Quarter 3**	
4.1	JC updated that there have been procurement delays which are now having effects on HWEs ability to complete work within the financial year. It is probable that the media training programme is unlikely to be delivered in 16/17. JC mentioned that the delays have often stemmed from staffing shortages and absences in the CQC staff team. IR mentioned that it would be worth raising with CQC about staff capacity in the procurement team during the introductory meeting. DF noted that that the previous problem with Priority 3 spending (which had an action point) had been resolved as having been an Excel coding error that had been rectified.	
4.2	DF suggested that staff enquire about how CQC plan to increase capacity within the procurement team and how this has affected their risk and is reflected in their risk register.	(EA) To check within the CQC risk register how the risk of procurement delays is captured and rated.

4.3	DF raised a question that HWE currently doesn't pay for the procurement support provided by CQC, and the delays will have had cost implications for HWE and this may be a service that HWE pays for in the future. That it would be helpful to note the effects of procurement delays on HWEs ability to deliver the business plan. DF noted that the implications of the CQC procurement delays have affected HWE's ability to procure as planned and therefore our ability to deliver our planned work. The Sub Committee was very concerned about this. JC offered to provide an overview of procurement for 2016/17 to highlight the learning over the year.	(JC) To provide an overview of procurement during 2016/17.
5.0	**Agenda item 3: Procurement pipeline – 2016/17**	
5.1	IR questioned the level of information required by the Sub Committee, noting that it may be worth moving to exceptional reporting and highlighting the areas of concern. JC and DF outlined the reasons for the degree of detail provided. However, Sub Committee Members were happy for this to be reviewed now that the HWE part of the procurement process is much better managed than before.	
5.2	LS questioned learning over the year and was updated by JC that this would include starting procurements at the end of the financial year ahead of the new one, and that the spending profile of new projects needs to be noted earlier. There is also the aim of procuring larger contracts and combining more with existing CQC contracts and subscriptions where relevant. This work is already underway.	
5.3	HH asked about the effects of procurement delays on the CRM project and was updated by JC that the business case is currently with the Department of Health for approval IR informed the Committee that the restructure was discussed at the People and Values Sub Committee (SCM170119) where IR raised her concern about the current structure that combines Analytics and Policy into one post. LS welcomed this change in direction and was updated that a summary actions and next steps would be included in the National Director's update to the Committee in February.	(IR) To send an update to Committee Members ahead of the February Committee Meeting on changes to the restructure.

5.4	DF asked for further detail of the work that will inform the programme 'Local Healthwatch Insight' which at present looks like there is duplication.	(IR) To update the procurement pipeline with the detail of supporting 'Local Healthwatch Insight'.
5.5	HH questioned the delay to the recruitment of Committee Members and IR updated that the Chair now that she has taken up the permanent role will be considering governance issues after the February Committee meeting. That this will inform the skills needed on the Committee to inform the recruitment plan.	
6.0	**Agenda item 4: Quarterly accounts – Quarter 3**	
6.1	LS asked if the final forecast was based on completing all projects and was updated that the 92.5% projected spend against Annual Budget reflected the worst case scenario. JC further updated that if 80% of projects are completed with evidence by the end of the financial year the expenditure will be reflected in the same financial year.	
6.2	JC stated that due to treasury regulations underspend is re-assigned to HM Treasury at the end of the financial year. Some of the current underspend in the budget has been redirected to CRM (£15k); STP support (£30k) and Business Analysis (£49.5k). JC assured attendees that underspend will be reduced by expenditure within all 3 projects. Underspends greater than 20% will be returned to the Treasury. Our projected underspend has increased from 5% to 7.5%, mainly due to CQC procurement delays.	
6.3	HH and DF noted a number of inaccuracies with Subjective code 7310 (Legal/Professional fees) and 7355 (Computer Software/License).	(JC) To check the subjective codes 7310 and 7355 and present an update at the April meeting.
6.4	IR noted that in addition to the Quarterly accounts, it may be helpful to provide a summary of key financial risks for Sub Committee Members to discuss.	
7.0	**Agenda item 5: Budget 2017/18**	
7.1	JC updated that the team are currently working to a budget of £2.8m for 2017/18 and that CQC colleagues have indicated that budget allocation is to be confirmed by the end of January 2017.	

7.2	The Business Plan and budget for 2017/18 will be presented to the Committee on 2nd February and ratified by the CQC Board on 22nd February. This leaves limited time for the budget to be finalised and so the suggestion is that we present a draft budget and Business Plan to be reviewed at the end of 1st quarter.	(JC) To include a narrative to the temporary 2017/18 budget updating Committee Members on next steps for approval.
8.0	**Agenda item 6: Finance related risks**	
8.1	DF suggested that Risk *2016/17-042* is updated so that the controls and mitigations are concise.	
8.2	IR asked about the approach the external risks to HWEs budget and the impact of cuts in the health and social care sector. LS suggested that this is included in the risk register.	(EA) To include an action for the Audit and Risk Sub Committee to include a risk related to the impact of public sector cuts to Healthwatch England.
9.0	**Agenda item 7: Forward Agenda**	
9.1	DF suggested that it would be helpful to have a rolling agenda for the whole year.	(EA) To include a full forward agenda at future FGP meetings.
9.2	IR suggested that the Annual Financial Statement for 2016/17 is presented to the audit and risk Sub Committee for sign-off to ensure that the organisation is transparent abut expenditure. This is to be included as part of the Annual Report when laid before parliament, Sub Committee Members were strongly in favour of this.	(EA) To produce the Annual Financial Statement for consideration at the July Audit and Risk Sub Committee Meeting.
10.0	**Other business**	
	There being no other business, the meeting was closed.	
11.0	**Next meeting**	
	Meeting 9 is scheduled for Thursday 19 April 2017 in Room T.208, 151 Buckingham Palace Road, SW1W 9SZ at 14.00.	

AGENDA ITEM No: 6.3

AGENDA ITEM: People and Values Sub Committee Meeting Minutes

PRESENTING: Pam Bradbury

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the minutes of the previous People and Values Sub Committee meeting of Thursday 19 January 2017.

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

People and Values Sub Committee Meeting

Minutes of meeting No. 7

Location: T.203, 151 Buckingham Palace Road, SW1W 9SZ

Date: Thursday 19 January 2017

Attendees:

Pam Bradbury (PB) – Chair
Jenny Baker (JB) – Sub Committee Member

In attendance:

Imelda Redmond (IR) – National Director
Esi Addae (EA) – Committee Secretary
Gerard Crofton-Martin (GC-M) – Director of Quality And Evidence

1.0	**Welcome and apologies**	**Action**
1.1	Opening and welcome The meeting was opened by PB at 11.00	
1.2	Apologies: Jane Mordue (JM) - Chair of Healthwatch England and Sub Committee Member Andrew Barnett (AB) – Sub Committee Member Maureen Sango-Jackson (MS-J) – HR Business Manager	
1.3	Confirmation of agenda The Sub Committee confirmed the agenda.	
2.0	**Disclosure of interest**	

2.1	The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.7 agenda.	
3.0	**Minutes of previous meeting**	
3.1	Review minutes of previous meeting PB presented to the board the minutes of the 10th October 2016 meeting for approval. The board endorsed the minutes of the previous meeting as complete and accurate.	
3.2	Actions arising from the previous meeting The action log was considered, up to date staff information is available on the Healthwatch England website, updated by the Digital Communications Officer, and it was recommended that the action is closed. There was discussion about having staff photos on the website. IR suggested that as a public funded organisation that staff have the opportunity to opt-out of having their photo on the website. Assurance was given that staff photos are available on the Healthwatch intranet – Yammer.	(EA) To update the website with staff photos with the option to opt out.
4.0	**Agenda Item 2: HR Issues - update on organisational re-structure**	
4.1	GC-M updated on developments since the last P&V meeting in October • Following the consultation period, the structure document had been shared with staff. • The matching process had been completed. • Competitive recruitment for certain roles would be ring-fenced initially for Healthwatch England staff followed by CQC staff and finally externally.	
4.2	PB reiterated that it was essential that the process needs to be followed to ensure fairness and transparency for staff affected by the change.	
4.3	IR introduced an amendment to the organisational structure. This would bring back a defined policy and public affairs team which would be responsible for relationship management with stakeholders.	
4.4	JB agreed stating that HWE has an influential role in facilitating relationships with national organisations especially the voluntary sector.	

4.5	PB and JB supported the proposed change but questioned the process post consultation with staff and also the affordability of the change. IR would be seeking advice from HR and Finance when the relevant personnel return from leave on Monday 23rd Jan. They asked for an update following the meetings and IR agreed to provide a post meeting briefing email. PB suggested that when costs are known that it may be helpful to discuss this with the CEO of CQC if there was insufficient budget to cover the cost.	(IR) To provide an update to the Committee (via email) following meetings with HR and Finance colleagues.
4.6	**AGREED: Sub Committee Members NOTED the suggested changes to the organisational structure and APPROVED for IR to begin discussions with the leadership team, HR and Finance.**	(IR) To include an update on proposed changes to the restructure as part of the National Director's report to the Committee for the meeting in February.
5.0	**Agenda item 3: Update following Mid-Year Reviews (Staff review/appraisal process) and Performance Management policy and update**	
5.1	GC-M updated that all staff have completed their mid-year reviews and preparations are underway for end of year reviews and objectives for 2 These objectives will be linked to the 2017/18 Business Plan. IR indicated that planning for the new HWE strategy will begin in February and that 2018/19 objectives will be linked to the new strategy.	
5.2	IR suggested that for reporting purposes, a dashboard with key performance indicators (KPIs) will be shared at the next P&V meeting. This would include measures such as the number of staff completing mandatory training etc.	(IR) To provide a dashboard on HR activity.
5.3	PB and JB noted the policies and approach to performance management.	
6.0	**Agenda Item 4: Succession planning for the network**	
6.1	PB raised the topic of succession planning as a result of discussions taking place with regional committee members that raised the question of the role of HWE in providing development opportunities for LHW staff.	
6.2	IR suggested that it would be helpful to consider succession planning at another occasion in relation to HWE Committee Members and staff.	

6.3	All present appreciated that by developing leaders within the network, Healthwatch stands to benefit from having advocates across the health and social care sector.	
6.4	Mandatory training support for local Healthwatch via a CQC online platform is currently being investigated by the Training and Co-Production Manager.	
6.5	IR suggested that how professional services such as guidance on HR; leadership training and development are provided to local Healthwatch should be considered as part of the strategy development. Consultation on what local Healthwatch require and if they would be willing to purchase training packages from HWE.	
7.0	**Other business**	
7.1	JB asked about Committee development in relation to appraisals and the link to succession planning for Committee Members. EA updated that a proposal for a governance review is due to be presented to the Committee in February.	
8.0	**Next meeting**	
8.1	Meeting 8 is scheduled for 10.30 on Wednesday 5 April 2017 in Room T.305, 3rd Floor, 151 Buckingham Palace Road	

AGENDA ITEM No: 6.4

AGENDA ITEM: Regional Committee Members Meeting Minutes

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: These minutes reflect discussion at the Regional Committee Members meeting of Thursday 5 January 2017.

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

Regional Committee Members Meeting

Minutes of meeting No. 5

Location: Y.214 Yellow Zone, 2nd Floor, 151 Buckingham Palace Road, SW1W 9SZ
Date: Thursday 05 January 2017

Attendees:
Jane Mordue (JM) – Chair
Pam Bradbury (PB) – Sub Committee Member
Deborah Fowler (DF) – Sub Committee Member
Helen Horne (HH) – Sub Committee Member

In attendance:
Susan Robinson (SR) – Acting National Director
Andy Payne (AP) – Head of Network Development
Esi Addae (EA) – Committee Secretary

1.0	**Welcome and apologies**	**Action**
1.1	Opening and welcome The meeting was opened by JM at 13.30	
1.2	Apologies: Jenny Baker (JB) – Sub Committee Member	
1.3	Confirmation of agenda The Sub Committee confirmed the agenda. DF asked for an update on the Business Analysis work.	
2.0	**Disclosure of interest**	
2.1	The Sub Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the meeting No.5 agenda.	

3.0	**Minutes of previous meeting**	
3.1	Review minutes of previous meeting JM presented to the Sub Committee the minutes of the Monday 10 October 2016 meeting for approval. The Sub Committee endorsed the minutes of the previous meeting as complete and accurate.	
3.2	Actions arising from the previous meeting The action log was considered and HH requested an update on the letter received in October from the Greater Manchester local Healthwatch network. A response had been drafted for JM to send and PB raised a concern that the content of the letter highlighted that key messages need to be communicated clearly with local Healthwatch.	(AP)To share the letter to the Greater Manchester local Healthwatch network with Regional Committee Members.
3.3	The discussion also focused on how local Healthwatch is funded to act on its statutory activities including listening to the public's views on local health and social care services through local Healthwatch.	
3.4	PB stated that action 'To share the Guidance on Income Generation with Regional Committee Members when completed' was inaccurate as the document was an example of how HW Dudley operates and should not be used as a national guidance. Therefore this should be updated to reflect changes to the status and the next steps. It should be guidance co-produced with local Healthwatch to enable decision making at board level. AP updated that this will be completed in conjunction with the support being given by Social Enterprise UK to local Healthwatch. In addition tender writing support is currently being procured for local Healthwatch, to enable them to bid for projects.	(EA) To update the action to reflect reflect changes to the status and the next steps.
3.5	DF suggested that an adapted version of the Confidential Personal Information (CPI) guidance is circulated amongst local Healthwatch Chairs and Board Members. The aim of this is to highlight that the protection of CPI is a critical aspect of the non-executive director role and they have a role in ensuring that their staff have appropriate measures in place, manage and mitigate risks.	

3.6	DF had requested an update on the business analysis programme of work. AP updated that there has been a delay in procurement due to staff illness, leave as well as a number of ongoing delays in the CQC Commercial and Contracts team. The business case has been sent to the Department of Health (as procuring a specialist contractor) and the team are awaiting a response.	
3.7	Due to the scale of the project, DF suggested that the tender requirements should clearly detail that the capacity of the chosen supplier is of critical importance. HH suggested that the chosen supplier should have an understanding of the health and social care landscape that local Healthwatch and Healthwatch England operate in. In addition there was discussion that the first part of the project should be a scoping project, to determine which parts of Healthwatch work will be analysed. The results of the initial findings will feed into preparation for Healthwatch 2017.	
4.0	**Agenda Item 2: The role of Regional Committee Members**	
4.1	HH asked about the role and functions of network meetings as they vary in structure, composition etc. across the country. AP gave a short update how of network meetings emerged organically at a time when Healthwatch England was also in setup stage and did not have the resources to support local Healthwatch.	
4.2	DF suggested that it is important that network meetings are functional and effective, that each area is content with the outcomes of meetings and that Healthwatch England has the opportunity to contribute during the meetings. JM highlighted that part of the role of Regional Committee Members is to relay messages from Healthwatch England Committees meetings at network meetings.	
4.3	AP and SR updated that the new organisational structure will result in an Engagement Manager and Engagement Lead in each of the 4 regions. The aim is to ensure that there is strategic support locally to both local Healthwatch and to Regional Committee Members. HH welcomed this and stated that this would allow for Healthwatch England to develop its role as a facilitator of relationships and for closer working relationships between Regional Committee Members and Engagement Managers.	

4.4	PB raised the issue of the geographical distance between network meetings. It was accepted that this was evident in the North, South and Central regions where there is a difficulty for the Regional Committee Member to attend all the network meetings in their area. In regards to this, there was a more general question about the value that Regional Committee Members add to meetings.	
4.5	PB stated that part of her objectives which were set with the previous Chair included attending local Quality Surveillance Group meetings. At the time the Healthwatch England approach stated that local Quality Surveillance Groups offer an opportunity for local Healthwatch to gather information and evidence what is happening in each region, with the Regional Quality Surveillance Groups offering an opportunity to offer overarching regional intelligence about the issues escalated to the national level, Regional Committee Members were encouraged to attend. Further discussion is needed regarding the value of attending.	
5.0	**Agenda item 3: Succession planning**	
5.1	SR updated that this agenda item stemmed from a discussion with a couple of local Healthwatch applicants to the National Director role. They had expressed concerns about a glass ceiling for local Healthwatch lead officers. SR suggested that this could be of benefit to Healthwatch England in terms of support and to local Healthwatch leaders in helping them develop skills for national level roles.	(EA) For the People and Values Sub Committee to consider the proposal for Healthwatch England to develop a leadership network for local Healthwatch lead officers.
5.2	DF questioned whether this was the role of Healthwatch England and that if pursued consideration should be given to ensuring effective use of limited resources.	
5.3	SR indicated that her aspiration was for the ever growing advisory group to be taken over by a leadership network of lead officers of local Healthwatch. PB suggested that if Healthwatch England choses to go ahead, the programme should be more than traditional mentorship and should empower people to lead on national programmes alongside Healthwatch England colleagues.	

5.4	AP updated that the Training and Co-Production Manager is currently coordinating with CQC to enable local Healthwatch to access mandatory training (safeguarding, information governance etc.) PB also mentioned that there had been slow progress in linking Healthwatch England and local Healthwatch into the work of the NHS Leadership Academy. SR responded that Gerard Crofton-Martin (GC-M) -Director of Quality and Evidence, was investigating this further.	(GC-M) To share an update on how HWE and LHW can access NHS Leadership Academy programmes.
6.0	**Agenda item 4: The relationship between engagement and intelligence**	
6.1	JM acknowledged that engagement is a powerful tool and public services should involve people more widely and the next stage is to develop new thinking and aspirations to improve quality which is led by the public. JM reiterated that with more information coming in from the CRM and others sources, Healthwatch England is in a strategic position to share best practice about engagement.	
6.2	DF suggested that it may be helpful to have a session at the next conference where local Healthwatch discuss the different methodologies that they have employed, discussing both successful and unsuccessful engagement campaigns.	
7.0	**Other business**	
7.1	The meeting closed at 15.30 and the next meeting of RCM was scheduled for 5 April 2017.	
8.0	**Next meeting**	
8.1	Meeting 6 is scheduled for Wednesday 5 April at 13.30 in Room O.316, 3rd floor, 151 Buckingham Palace Road, SW1W 9SZ.	

AGENDA ITEM No: 6.5

AGENDA ITEM: Committee Members Update

PRESENTING: Committee Members

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report aims to highlight Committee Members' contributions since the last Committee Meeting in November 2016. The report is a summary of contributions from Committee Members. Individually, Committee Members provide a voice for key groups in communities and bring forward the challenges and concerns they have heard. They also engage with local Healthwatch through events and regional meetings.

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

Supporting Healthwatch England

1. Liz Sayce continues to provide staff with strategic support and advice in relation to the equalities and diversity programme of work. Liz proposed at the workshop in November 2016 that part of Healthwatch England's unique selling point is enabling people who often do not have a voice to have that voice; and proposed that the Committee holds a future workshop discussion on Healthwatch England's approach to equality and diversity overall, which was agreed (currently scheduled for March 2017). Liz Sayce has advised on equalities issues, including liaising with colleagues (Andy Payne and Jacob Lant) and has been briefed on local Healthwatch issues e.g. gypsies and travellers and monitoring issues they face. This is so that they can be raised at the Equality and Diversity Council on which she sits on behalf of Healthwatch England when it meets in the next quarter to support Healthwatch England to promote its unique role in enabling people to have a voice who are sometimes marginalised.

2. John Carvel attended a Healthwatch conference on Putting People at the Heart of Sustainability Transformation Plans, held on November 28th. This brought representatives of local Healthwatch together with other stakeholders to discuss the opportunities and barriers to effective engagement in the next stages of health and care reform.

3. Jenny Baker was the Committee's representative on the Task and Finish Group of local Healthwatch (by teleconference) advising on the agenda for the 2017 national Healthwatch conference. Jenny also continues to advise on volunteering, including how best to support the network in optimising volunteer development as a sustainable resource. This included participating in a network webinar dedicated to volunteering.

Regional Events

4. Helen Horne attended a network meeting in Darlington in October for Chief Executives in the region. A number of issues were discussed including funding and appropriate support and guidance was given from the Healthwatch England Development team. During the meeting, Healthwatch Gateshead shared an interesting and successful engagement activity utilising several volunteers to carry out a Mystery Shopping Project, exploring meaningful patient engagement and information sharing in Gateshead GP Practices. Another benefit described was the opportunity to identify good practice and areas where improvements could be made.

5. Helen also attended two Cumbria Health Scrutiny meetings where Sustainability Transformation Plans (STP) was discussed. As the meetings are means for the review of the provision and operation of healthcare services in Cumbria, as well as the opportunity to review any relevant issues concerning health care, Helen reflected that, it was a good forum to raise public concerns about of the new models of care.

6. Jenny Baker represented the Committee at the quarterly South West Peninsula local Healthwatch meeting in Plymouth. Within Healthwatch England's strategic commitment 'to deliver leadership support and advice to local Healthwatch' there was a call for the national team to provide guidance on the principles and practice of good patient and public engagement together with a definition of the role of local Healthwatch in the context of STP development and delivery.

External Events

7. Helen Horne is a member of the Cumbria Third Sector Executive and attended their Annual General Meeting and also a stakeholder's event as part of the consultation on STPs in the area. Concerns raised at the meeting related to transport difficulties in such a rural county and how this will have the greatest impact on those already disadvantaged by low income and rural isolation. Many voluntary sector organisations rightly pointed out that, proposals to provide care 'closer to home' are reliant on a social care system already under significant strain. A response has been drafted by Cumbria Third Sector Executive encompassing all concerns.

8. Helen has had an invitation to join the Lancaster University Innovation and Development Board. The purpose of the Board is to drive the delivery of the vision for the Health Innovation Campus as a world-class centre of excellence to transform healthcare and change practice regionally, nationally and internationally.

9. During this period Liz Sayce has had a number of meetings in her Disability Rights UK role where it has been possible to raise Healthwatch issues – for instance, she spoke at a global congress on disability on the subject of independent living and social care; and is a member of the government's work and health expert advisory group. Liz also met senior colleagues from the Equality and Human Rights Commission and was able to talk about the work of Healthwatch with them.

10. John Carvel spoke at the Patients First conference organised by the Association of Medical Research Charities as part of a panel discussion on the rights and wrongs of using patients' data to achieve better care.

11. John Carvel also took part in a seminar with clinicians and genetic scientists on October 18th to explore the limits and opportunities of data sharing to support NHS clinical genetics and genomics services.

12. Pam Bradbury attended the Aspiring Chief Executive programme viva panel. The programme is a collaboration between the NHS Leadership Academy, NHS Improvement and NHS Providers as part of a fully resourced, strategic response to the challenge of how the most senior leaders are identified, developed and deployed. In addition Pam in her role as a People Champion as part of the NHS Leadership Academy attended the Health Education England advisory group meeting and continues to highlight the importance of patient and user representation in their programmes.

Department of Health (DH) Arm's Length Bodies (ALB) Chairs and Non-Executive Directors events

13. Committee Members attended the Policy Context Seminar: Transforming out of Hospital Care presented jointly by NHS England and the Department of Health. Their shared vision, strategy and delivery plan were presented as well as updates and discussion on New Care models, STPs, and the Mental Health Five Year Forward View. Helen Horne reflected that attendees were presented with a very wide ranging and optimistic look at how Arm's Length Bodies were building relationships around a shared vision for the population. It was also pointed out that the new Care Models have implications for the future of regulatory and commissioning functions. This prompted Helen Horne to ask a question at the Cumbria Scrutiny meeting about the progress of new commissioning approaches. Helen reflected that there is a difference between reflections at regional and at national level.

14. Jenny Baker attended a Cyber Security Briefing led by Templar Executives who are certified by the Government Communications Headquarters (GCHQ) to provide specialist briefings in cyber security, and have experience in delivering training at the highest levels of government. The session provided latest knowledge on the evolving cyber security threat landscape and stressed the critical oversight role of Non - Executive Directors to ensure that their committees and boards meet their obligations, have appropriate measures in place, and manage and mitigate cyber and information risks.

Sub Committees

Audit and Risk

15. John Carvel and Sub Committee Members have worked with the staff team to recast the Healthwatch England risk register. The aim is to focus attention more rigorously on the problems that we have the power to address and the benefits that we have the opportunity to seize. They have also begun to consider Healthwatch England's risk appetite and relating this to business planning for future years. This work has been done, with considerable staff support, partly in the Audit and Risk Sub Committee with fellow members Deborah Fowler and Pam Bradbury, and partly with the Committee as a whole at its quarterly meeting in Peterborough on November 1st 2nd.

16. John also took part in the conference of audit chairs of Arm's Length Bodies in health and care at the National Audit Office in October. John continued to stress that the big system changes envisaged in the Five Year Forward View will benefit from effective engagement with local Healthwatch. He reflected that is heartening that this message is becoming better understood.

Finance and General Purpose

17. With other Finance and General Purpose Sub Committee members, Liz Sayce mentioned that they have seen clearer financial information and tracking following advice given to the executive team. This means the Committee has sound information on its financial position and projections.

People and Values

18. Pam Bradbury and Sub Committee Members continue to oversee the process of change for the organisational transformation programme. In addition Pam Bradbury supported the Acting National Director in the development of a leadership development strategy.