

**Healthwatch Leicestershire**  
**Interim Leadership Group**  
**Meeting in Public**  
**Date: Monday 2 September 2013**  
**Time: 11.00 - 1.00pm**

**Venue: Voluntary Action LeicesterShire Offices**

**A G E N D A**

<b>11.00</b>	1. Welcome and Introductions	Vijay Sharma	
	2. Declarations of Interest		
<b>11.10</b>	3. Action notes: Update from the last meeting (31 July 2013)	Vijay Sharma	Paper 1
<b>11.30</b>	<b>4. Healthwatch Representatives' Reports</b> <b>Issues to consider after the Reference and LLR meetings</b>		
	4.1 Urgent Care Board	Dr Pepperman	Oral report
	4.2 Leicestershire Partnership Trust	Vijay Sharma	Oral report
<b>11.40</b>	5. Update on HW Representation at Stakeholder meetings	Vijay Sharma	Oral Report
<b>11.45</b>	6. Update on Draft Protocol on the interface between HWBB, Healthwatch and Overview and Scrutiny Committee	Ivan Liburd	Oral report
<b>11.50</b>	7. Revised Healthwatch Leicestershire Code of Conduct	Vandna Gohil	Paper 2
<b>11.55</b>	8. Healthwatch Interim Chair's Report	Vijay Sharma	Oral
<b>12.05</b>	9. Healthwatch Director's report	Vandna Gohil	Oral
	9.1 Responses to Communications	Steph Hollis	Oral
	9.2 Finance update	Kevan Liles	Paper 3 Tabled
<b>12.15</b>	10. Update from Establishing Substantive Healthwatch Leadership Task Group	John Baker	Paper 4

## **PAPER 2**

### **Summary of the Code of Conduct: working draft**

This Code of Conduct applies to Healthwatch members and people conducting activities on behalf of Healthwatch Leicestershire.

Members must follow the standards of conduct and commitment to public service values as described in the Nolan Principles (see page 2)

This means that a member will:

- value people as individuals
- respect the different cultures & beliefs of others
- always behave courteously towards all people.

This will include:

- listening politely to others
- accepting that others may hold different views to your own
- being prepared to consider others' points of view.

#### **Duties & responsibilities**

As a member of the Healthwatch you should:

1. find out what the people of Leicestershire think and want
2. always present the views of Healthwatch Leicestershire, even when different to your own
3. have the agreement of Healthwatch Leicestershire before speaking, writing or attending
4. meetings on behalf of Healthwatch Leicestershire
5. refuse to disclose confidential information without permission
6. not give advice or guidance to an individual or organization unless qualified to do so
7. ever accept anything, such as money or gifts, that would affect how you think or act
8. not speak to the media (Newspaper/Radio) on behalf of Healthwatch, unless you have the delegated authority to do so by the Healthwatch Chair or Director.
9. not use your membership of the Healthwatch to gain rewards for yourself (or anyone else)



10. inform the Host if you know that another member is behaving in an incorrect manner.

## **Confidentiality**

**Members must remember that:**

- all information must be disposed of in a safe manner
- personal details of other members or the public should be stored safely and, when no longer required, be shredded or given to the Host for safe disposal
- information gained whilst representing the Healthwatch should be shared only with those who need to know it.

## **Conflicts of interest**

Members must always declare if they have any personal or business connection with any matter with which the Healthwatch is dealing.

## **Leaving Leicestershire Healthwatch**

**If you wish to leave the Healthwatch you should:**

- inform the Host
- continue to keep in confidence all Healthwatch related information
- dispose of all Healthwatch related papers.

## **Breaking this Code of Conduct (or any other Healthwatch Policy)**

**By breaking this Code, and depending on the seriousness or number of offences, you may receive:**

- an informal warning
- a formal warning leading to expulsion for a further offence
- suspension from some Healthwatch activities
- complete suspension from the Healthwatch for a certain length of time
- complete removal from the membership of the Leicestershire Healthwatch

## **The Nolan Principles**

Healthwatch Leicestershire has adopted the seven principles of public life, referred to as the 'Nolan Principles.' Members of the Healthwatch consider them to be the fundamental values that underpin all Healthwatch activity. The seven principles are summarized here:

### **Selflessness**

Act only in terms of the public interest, not in order to gain financial or other benefits for self, family or friends.



## **Integrity**

Not be placed under any financial or other obligation to outside individuals or organizations that might seek to influence the performance of official duties.

## **Objectivity**

Make decisions on merit and the basis of evidence.

## **Accountability**

Be accountable for decisions and actions to the public and submit to whatever scrutiny is appropriate.

## **Openness**

Be as open as possible about all decisions and actions. Give reasons for decisions and restrict information only when the wider public interest clearly demands.

## **Honesty**

Declare any private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

## **Leadership**

Promote and support these principles by leadership and example.

## **Grievance procedure**

The Healthwatch Director and a nominated member of the Healthwatch Board will review any grievance; if the matter is not able to be resolved the Healthwatch Chair will act as a final arbiter.

Should the grievance be relating to the Healthwatch Director or Board the matter will be reviewed by a nominated third party.

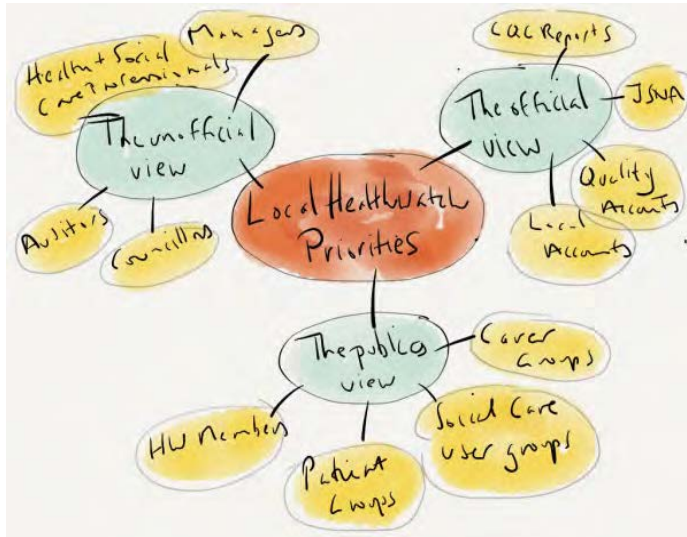
**Date Agreed : 2 September 2013**





**Public Consultation Plan**  
**September - November 2013**  
**ILG meeting 2 September 2013**

# What has informed the draft priority setting?



Gamsu, M, 2013

- Thematic analysis of documentary evidence
- Workshops with ILG and Reference Group – 27<sup>th</sup> July and 16<sup>th</sup> August



# What are the big 'official' priorities?

*NB. These will be reworded for consultation*

- Childhood Health
- Managing the shift to early intervention and prevention
- Older people care and independence
- Improving mental health and wellbeing
- Improvement in patient experience of end of life care
- Quality improvements for nursing home patients
- Reductions in readmissions/support for discharge
- Integration of health and social care
- Reducing Health inequalities

Sources - Health and Wellbeing Strategy, JSNA,



# Headlines from Priorities workshop and Discussion

- Capture “The public view”
- Build process for capturing “locality priorities”
- Engage with range of communities with outreach programme
- Consult on priorities and ranking
- Build membership





# Aims and benefits of Consultation

Aim	Benefit
<ul style="list-style-type: none"><li>• “Bottom up” approach – Gather information and understanding of ‘local’ priorities</li><li>• Share ‘official’ priorities</li><li>• Identification of any issue gaps</li><li>• Capture people’s stories that we can use to aid our work going forward – examples of issues, emerging issues / themes that need to be looked at etc.</li><li>• Rank order of “official” and local priorities</li><li>• Recruitment of active members to HWL</li></ul>	<ul style="list-style-type: none"><li>• Opportunity for ILG and reference group members to meet HWL members and the general public</li><li>• Opportunity for members of HWL and general public to prioritise strategic issues and talk to HWL in more detail about local issues</li><li>• Gather data to provide an evidence base</li><li>• Give HWL members and general public a better understanding of what NHS and LA is currently focused on</li></ul>



# Proposal for consulting with Healthwatch members & the general public on setting strategic priorities

- **7 consultation events**
  - to run October - Mid November
  - 1 in each District of the county
  - Each one 2 hours long and to be interactive



# The Consultation Event Programme

- Welcome
- Speaker
  - Background to HWL
  - Reason we want to set priorities
  - The draft priorities and what we want them to do
- “Official” Priorities
  - Current NHS and LA priorities
- Local Issues Workshop
  - discussing and capturing what issues, why important and their experience
- Feedback from groups
- Recruitment of Active Members



## Event Outcomes?

- A list of five clear priorities
- Examples of what these mean in different areas
- A list of issues to be aware of in the future
- Also promote awareness of membership (expand potential pool for HW Board elections)



# Consultation Timeline

What?	When?
Agree draft priorities	Mid-September
Planning Healthwatch events	Mid-September
Booking and recruitment	September
Events	October to Mid November
Analysis	Mid to Late November
ILG signoff	Late November
Presentation at Healthwatch event	December



# What do we need from you?

## We need you to...

- Member to speak at one or more of the events
- Attend as many of the events as possible to help facilitate and to talk to attendees
- Publicise the events as widely as possible - wherever you and go and with whoever you meet.

*Thank you*



# Feedback from Reference Group on consultation and engagement plan

1. Dates for the events to be circulated asap
2. Events to be repeated year on year to develop awareness and familiarity
3. Events should be at suitable times- e.g. Late afternoon
4. Events could run twice- once early and once late afternoon if room hire allows
5. Change the word 'official' to describe statutory priorities. Generally these are NHS priorities



## Feedback (cont)

6. Online or paper based consultation to run alongside consultation. The 'listening booth' would also be useful. Both would give an opportunity for people to speak out if they aren't comfortable in a group
7. Publicity to be distributed through libraries, community centres, charities, public health leads in the districts
8. Specific scripts are needed for the member leads for each district. This to include Q and A. Material can also be used on the questionnaire and publicity
9. Stakeholders to be aware and publicise in each district.





## Next steps

Healthwatch staff to:

- Book and circulate dates for engagement events
- Finalise consultation materials including a script for members

Healthwatch members to:

- Consider which engagement they can attend



12.25	11. Autumn programme of engagement and consultation on strategic priorities and building membership	Vandna Gohil	Slides Paper 5
12.35	12. Review and agree actions	Ivan Liburd	
12.40	13. Questions from members of the public	Vijay Sharma	
1.00	Close meeting to members of the public		

**Date of next meeting: Monday 30 September 2013 11.00am - 1.00pm**

**B Agenda  
1.0 - 1.30pm**

<b>1.</b>	Safeguarding update	Vandna Gohil
<b>2.</b>	Other matters	Vijay Sharma

**Interim Leadership Group Members:**

- Vijay Sharma - Interim Chair
- John Baker
- Sue Staples
- Bernard Greaves
- Lucy Smith
- Fiona Barber
- Vince Attwood

**Staff Members in attendance :**

- Kevan Liles, CEO, Voluntary Action Leicester
- Vandna Gohil - Healthwatch Director
- Micheal Smith - Outreach Leader
- Ivan Liburd - Policy and Partnerships Officer
- Jenny Darlow - Outreach Officer
- Stephanie Hollis - Communications Officer

**Healthwatch Leicestershire Interim Leadership Group Meeting**  
**Wednesday 31 July 2013**  
**ACTION NOTES UPDATE**

<b>Present:</b>	Vijay Sharma (VS) - Chair	John Baker (JB)
	Lucy Smith (LS)	Sue Staples (SS)
	Fiona Barber (FB)	Vince Attwood (VA)
	Bernard Greaves (BG)	Vandna Gohil (VG) - HW Director
	Micheal Smith (MS) - HW Outreach Leader	Ivan Liburd (IL) -HW Policy & Partnerships Officer
	Jenny Darlow (JD) - Outreach Officer	Stephanie Hollis (SH) - Communications Officer
	Deborah Govender (DG) - HW	
<b>Public</b>	Kevin Blanks (KB) - HW Member	Geoffrey Smith (GS) - HW Member
	Caroline Salinger (CS) - M.E Positive	Gill Wollerton (GW)
	Jennifer Fenelon (JF)	
<b>Apologies:</b>	None	

- Welcome and introductions**  
VS welcomed everyone to the meeting, including members of the public.

Item No	Heading	Details	Action	Outcome/Updates
2.	Declarations of Interest	VS asked members of the meeting if they would like to declare any declarations of interest. VS made available her register of interest form for members of the meeting to view at any time.	ILG members to provide declarations of interest to HW staff by September.	VS to update at meeting
3.	Notes from the last meeting and Actions	VG updated the group on the actions from the last meeting held on Wednesday 26 June 2013 and were noted by the group.	ID badges for ILG members and a few Reference group members will be ready by w/e 10th August.	Complete - additional badges requested for advisor to Healthwatch
4.1	District Councils Chief Executives Network meeting (6 June 2013)	Each borough council would like Healthwatch representation for the council meetings. Kevin Blanks (KB) already has representation at Hinckley & Bosworth district council meeting. FB and KB are currently drafting a role profile this volunteer role.	MS & SH - Advert to be put in the newsletter requesting representation.	Completed
4.2	Social Care Task Group update	FB and JD have met to discuss the set of the	JD to contact Mick Connell's PA to	The cycle of meetings is as follows: 21 October 2013,

		social care task group, also for the task group to have an input at the quarterly meetings with Mick Connell.	arrange dates for quarterly meetings.	13 <sup>th</sup> January 2014 14 <sup>th</sup> April 2014 14 <sup>th</sup> July 2014
4.3	Cares Task Group meeting (19 June 2013)	JD informed the group the she has been invited to sit on the County Carers Board due to the work of the HW Carers Task Group.	Next meeting of the task group 14 <sup>th</sup> August.	Feedback notes reported to Reference Group meeting 28/8/13 and available on website
4.4	Enter & View Task Group meeting (10 July 2013)	<p>The task group asked for delegation of authority for the Enter &amp; View programme. Guidelines from the LINKs will be used once agreed.</p> <p>Invitation has been extended to Rutland HW. The group asked if this invitation could be extended to Leicester HW.</p>	<p>(a)- Group to become working group/hub to provide oversight on E&amp;V job role and volunteer recruitment</p> <p>(b)- ILG to receive TOR and guidelines for working group</p> <p>(c) Contact CQC asking if HW members can shadow CQC on inspections</p>	<p>a) No action required</p> <p>b) TOR currently under review. Guidelines sent to 30 September ILG meeting</p> <p>c) Referred to E&amp;V working group</p>
4.5	Francis & Winterbourne View Task Group meeting (9 July 2013)	GS spoke of Healthwatch being the conscience of Francis and Winterbourne. The task group has promoted additional	Liaise with UHL complaints team to avoid duplication	No action required at the moment

		involvement through the website. Members of the task group will be attending an event Responding to the Francis Report on 7 <sup>th</sup> August in Birmingham.		
4.6	CQC Central team meeting (12 July 2013)	<p>HW staff and Chairs held an introductory meeting with CQC officers.</p> <p>Discussion around the open event being held at the Bradgate unit, Glenfield Hospital, on Saturday 3<sup>rd</sup> August.</p>	<p>(a) - Letter to CQC (David Behan) on how HWL is not involved in meeting with commissioning and safeguarding leads (refer to previous LINKs work)</p> <p>(b)- Include in the letter lack of advance notice on actions they take and ask if HW rep can attend review visits as part of building relationships and learning</p> <p>(c)- Letter to LPT on how they are going to respond to the CQC warning for the</p>	<p>a) This is being progressed with the Central CQC team</p> <p>a) and b) Letter not sent as subsequently we learnt that that issue was not about CQC not engaging with LHW as they had to inform LPT 7 days before the inspection, LPT had then issued a press release early. This is not allow CQC to contact LHW for any local intelligence. Therefore the issue was around the LPT press release rather than lack of engagement from the CQC.</p> <p>c) Completed - Interim Chair seeking a meeting with Pro David Chiddick</p>

			<p>Bradgate Unit notice their action plan.</p> <p>(d)- Send details of the Friends and Family open day at the Bradgate Unit on 3<sup>rd</sup> August to Andy Murtha</p> <p>(e)- SS to re-send Safeguarding flowchart</p>	<p>d) Event was cancelled and Chair expressed concern regarding this</p> <p>e) Completed and referred to E&amp;V work group</p>
4.7	Kettering General Hospital CQC report - update	<p>HWL staff approached CQC to enquire what there next steps are with Kettering hospital.</p> <p>- There has been no response as yet.</p>	<p>ILG to ensure a letter is sent to the CQC regarding Kettering hospital and to make every effort to ensure they respond within reasonable timescales. The letter to also include the request that HWL attend a review with the CQC for learning.</p>	<p>Response from Tim Birtwisle. Further inspections held and the CQC report published on 8<sup>th</sup> August. Enforcement Action has been issued against KGH on Care &amp; Welfare of People.</p> <p>For full report see - <a href="http://www.cqc.org.uk/directory/rnq01">http://www.cqc.org.uk/directory/rnq01</a></p> <p>It was agreed at LLR meeting 28 August that Eric Charlesworth will write to ELCG and that we will be writing to HW Northants on what actions they are taking further to the enforcement action.</p>
4.8	Keogh Mortality Review (published 16 July 2013)	HWE responded to the Keogh review, which was released on the 16 <sup>th</sup> July.	SH to put a call out in the newsletter for members of the public to feedback	Update at meeting under <u>agenda item 9.1</u>

			their experiences with the trusts named in the Keogh report.	
4.9	Urgent Care Board	<p>PP &amp; MP reported that the Urgent Care Board has a current focus on the Emergency Department. The single front door policy at the A&amp;E department is in its infancy however the early signs show a positive impact on the effectiveness of A&amp;E and the urgent care centers.</p> <p>UHL will be submitting a paper to NHS England the new measures of the front door policy and the early figures.</p>	<p>(a)- SH to put a call out in the newsletter for members of the public to feedback their experiences of the new single front door system at the Royal Infirmary.</p> <p>(b)- weekly reports to be circulated to ILG members</p>	<p>(a) Complete</p> <p>(b) Collated and reported to the LLR meetings</p>
4.10	HW Representation at Stakeholder meetings	<p>Principle of 3 separate HW (Reflecting different communities, outlooks and needs).</p> <p>Requests for representation should be considered by the</p>	Add as a standard item on the ILG agenda.	See <u>agenda item 5</u>



		<p>interim Leadership Groups. It may be appropriate, or pragmatic or practical that on occasions, the 3 HWs might agree on 1 rep, or City and County might agree on 1 rep to represent both the City and County and Rutland to have a separate rep, or it may be appropriate for three HWs to have a representative each. The situation to be kept under review.</p> <p>This is a measure that the HWL Board can review when established.</p>		
5.	Draft Protocol on the interface between HWBB, Healthwatch and Overview and Scrutiny Committee	<p>After reviewing the document with IL and making only cosmetic amendments, GS told the group that the protocol was a sensible way forward.</p> <p>The protocol is due to be presented at the</p>	Protocol agreed by ILG	See <u>agenda item 6</u>

		HWBB on 5 September for agreement.		
6.	<p>Review and update on Healthwatch Protocols</p> <p>6.1 County Council Adults &amp; Communities</p> <p>6.2 County Council Adult Social Care and Health Services Overview Committee</p> <p>6.3 University Hospitals of Leicester NHS Trust</p> <p>6.4 Leicestershire Partnership NHS Trust</p> <p>6.5 East Midlands Ambulance Service</p> <p>6.6 West Leicestershire CCG</p> <p>6.7 East Leicestershire &amp; Rutland CCG</p>	<p>As part of the transition it was agreed to re-brand all the protocols listed as Healthwatch Leicestershire and re-issue to the stakeholders as interim arrangements until either side wanted to review.</p> <p>NHS Leicestershire Partnership Trust would like to revisit the protocol currently in place.</p> <p>Defer consideration of protocol with NHS Commissioning Board/LAT office for a latter date.</p>	<p>IL to report back to ILG the outcome of the meeting with LPT.</p>	<p>Meeting with LPT took place on 2 August to review protocol.</p> <p>LPT to feedback on any revisions.</p> <p>ILG will be updated on suggested changes</p>

7.	Draft Healthwatch Leicestershire Code of Conduct	<p>VG asked the ILG to agree the code of conduct that was brought over from the LINKs.</p> <p>Any grievance should be considered by HW Director with HW Board member and if conflict not resolved, the HW Chair will act as the final arbiter.'</p>	<p>(a)- Agreed with the addition of grievance procedure.</p> <p>(b)- Revised version to be circulated to HWL reps and ILG members and posted in the website</p>	<p>a) See <u>agenda item 7</u></p> <p>b) Further revision received and incorporated to working draft on contact with the media</p>
8.	Healthwatch Interim Chair's Report	<p>VS informed the meeting that John Adler had asked for Healthwatch representation to the following:</p> <ul style="list-style-type: none"> <li>- the single door policy,</li> <li>- relocation of outpatients from LRI to General</li> <li>- redesign of the emergency department</li> <li>- Discharge pathways</li> </ul>	<p>a. Dr Pepperman as HWL rep for Urgent Care Board and Redesign E&amp;D.</p> <p>b. Eric Charlesworth as HWL rep on the Discharge Pathways</p>	

		<p>c. Discussion around relocation of patients from LRI to the General and the need to find out implications for patients re: travel time/ parking/ how they got there.</p> <p>d. The meeting noted that Sue Staples nominated to the EM Pharmaceutical Group - awaiting confirmation</p>	c. SH Relocation of outpatients - call for volunteers via e-news	c. Not completed pending details on role of rep
9.	Healthwatch Director's report	<p>Kevan Liles tabled Q1 budget with actual spend to date noting a health warning that coding needs to be reviewed to give a more accurate picture. Overall HWL is in a good place and the spend profile will even out.</p> <p>Meeting noted that any under spend will not clawed back by the Council, part of contract with VAL.</p>	<p>(a)- ILG to receive a revised financial report with allocations for work streams and projects underway including forward projection and commissioned projects</p> <p>(b)- KL to Identity permanent underspend so that this can be re-allocated before the year end</p>	a) and b) See <u>agenda item 9.2</u> at the meeting

10.	Signposting Update	<p>Incoming calls have dropped in July, which could be due to a combination of the holiday season and the fact that the marketing of the service has not been at the forefront of activities.</p> <p>There were discussions around how we use the information or issues that are raised via the helpline.</p>	<p>(a)- check Helpline answer phone on messages to correct defaults to VAL message</p> <p>(b)- MS to work with FB on process for issues received and create signposting pathway.</p>	<p>a) Completed</p> <p>b) Initial discussion began with MS and FB, to be picked up on MS return from annual leave.</p>
11.	Engagement Update	Discussion around how HW gets information about the various events by different stakeholders and community groups.	MS and JD to meet with VA to discuss CYP engagement and marketing	Pending
12.	Communications Update on Phase 1 (April - June 2013) and Phase 2 (July - December 2013)	Discussion around the identified underspends from the LINKs and stepping the intensity of the marketing for HW as well as the recruitment of a permanent Chair.	<p>(a)- ILG Write to commissioners for process to drawdown £19,923 unspent LINKs monies.</p> <p>(b)- SH to redraft the slogans and mock up adverts with dual aims ( brand</p>	<p>a) Request submitted</p> <p>b)Completed</p>

			<p>awareness and membership ) for ILG by online agreement.</p> <p>(c)- Chair's recruitment costs to be sourced from non comms budget</p>	c) See <u>agenda Item 9.2</u> on the agenda
13.	<p><b>Establishing Future Healthwatch</b></p> <p>13.1 Chair and Board Members recruitment</p> <p>13.2. Targeted Outreach and recruitment of Members</p> <p>13.3 Identifying an initial set of Healthwatch priorities</p>	<p>Discussion about the future set up of the ILG and the process behind how and when the board members and the chair are recruited. Also who should be on the panel when recruiting for positions and to possibly include an informal aspect to the interview process?</p> <p>VS reported to the meeting that she wanted to expand the reference group to bring in individuals that could benefit the work of HWL in the interim phase. Their role would be as advisors, ambassadors and</p>	<p>(a)- The recommendations from the Task Group to be reported and presented to the VAL Trustees meeting on 7 August that sets out name, size, composition and model for the HWL Board, the proposal for the selection panel for the appointment of the Chair and timescale for recruitment of the Chair and Board members.</p> <p>(b)- The ILG agreed that the Substantive Task Group goes ahead with the</p>	(a)-(c) See <u>agenda item 10</u>

		<p>supporters - not representatives.</p>	<p>Chair's appointment via external advert and to put plans in place for Board members elections by the membership during the autumn so that new board established in time for Member and stakeholder conference at beginning of December.</p> <p>(c)- The Task Group to consider members involvement for the Chair's selection process.</p> <p>(d)- Paper on engagement plan at the next ILG meeting</p> <p>(e)- Paper on phase 1 of identifying priorities at the next ILG meeting</p> <p>(f)- Invites to David Kirkwood, Colin</p>	<p>(d)&amp;(e) See <u>agenda item 11</u></p>
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			<p>Headley and Paul Ward for the August follow up workshop on scoping strategic priorities.</p> <p>(g)- VS to report on meetings with Margaret Bellamy and Gill Wollerton</p>	<p>(f) Complete</p> <p>(g)Update under <u>agenda item 8</u></p>
14.	Questions from members of the public	<p>Papers from the meeting to be published on the website before the meeting.</p> <p>The allocation of 10 minutes for questions from the public does not seem enough time.</p>	<p>(a)- ILG agenda and papers to be posted on the website</p> <p>(b)- Increase question time to 20 minutes</p>	<p>(a) Completed</p> <p>(b) Completed - See <u>agenda item 13</u></p>



<b>Name of Meeting:</b> Interim Leadership Group
<b>Date of Meeting:</b> 2 <sup>ND</sup> September 2013
<b>Subject:</b> Update from Establishing Substantive Healthwatch Leadership Task Group
<b>Author:</b> John Baker
<b>Status:</b> For Information

### **Summary Overview**

This paper provides an update on the discussions and activities of the Substantive Leadership Task Group.

The role of the Task Group is to explore make recommendations on the substantive HW Leicestershire Group - its size, composition, structure, skills, election and selection process.

The members of the group are: John Baker - Chair of Group, Bernard Greaves, Geoff Smith, Colin Headley, Vijay Sharma and Vandna Gohil .

### **Recommendations**

**The meeting is asked to:**

1. Note the developments with the recruitment of the Chair and HWL Board.
2. Note the timeline for the Chair's appointment

## **Introduction**

1. At the last ILG meeting it was agreed that the Task Group progress activities for the recruitment of the Chair and Board members aligned to the timeline to have established the substantive Healthwatch Board by December 2013.

## **Name, Size and Composition**

2. The Task Group reviewed recommendations from the workshops, ILG and Reference Group meeting and confirmed the following :
  - Establish the Healthwatch Leicestershire Board (HWL Board) as the name for the group
  - Agree the size of the Board as 12 members to include
    - Independent Chair, recruited by external advert
    - 2 x Vice Chairs,
    - 4 x Board members,
    - VAL Trustee,
    - HW Director,
    - 3 co-options ( to be recruited by the Board)
  - In addition HW Chairs from Rutland and Leicester would be invited as non voting ex-officio members
  - The Chair would be unpaid with out of pocket expense reimbursed

## **Chair Role description**

3. An application pack is in development for the Chair that describes the functions of Healthwatch, arrangements with the VAL as the contract holder together with the role and responsibilities of the Chair including core competencies.
4. Comments on the draft include the importance to reflect the relationship to VAL Trustee Board and Healthwatch England. The application pack to also emphasize collaboration working with VCS, neighbouring HW and independent role alongside monitoring and challenge functions of health and social care. The role and relationship to the Quality Surveillance Group and other key bodies also to be emphasised.

## **Timeline for Chair's recruitment**

5. The Task Group have agreed the following timeline to ensure that sufficient planning time and promotion of the role noting that the interview date is a key driver as follows :
  1. September 6<sup>th</sup> - Sign off application pack including job role and person spec
  2. w/c September 9<sup>th</sup> - Advert in agreed media - 1x Leicester

Mercury, local county papers, website, piggy backing via news channels etc .

3. Monday 23<sup>rd</sup> September Closing date for applications
4. Shortlisting panel convenes- to review CV and personal statements ( 2 sides A4)
5. w/c 30 September - Applicants notified
6. Wednesday 9th October- Interviews held
7. w/c 21 October - Appointment confirmed

### **Selection panel**

6. The following was agreed as the Panel members

1. Interim Chair - Vijay Sharma
2. Former LINKS Chair - John Baker
3. VAL Chair - Linda Jones
4. VAL CEO - Kevan Liles
5. HWE rep - Dag Saunders
6. HWL Member \*

7. \*The HWL member would be picked by random selection following promotion for interest in the recruitment exercise via e-newsletters.

### **Election process for 6 Board members**

8. The election of the 6 Board members to be promoted during the Autumn consultation programme so that former and new members invited to stand for election in November.
9. The role of Board members setting out responsibilities including role of Vice Chairs to support the Chair especially externally facing representations to be finalised alongside the Chair's application pack

### **Summary/Conclusion**

10. A number of scenarios were discussed by the working group as follows:
  - no applicants or no- one shortlisted - this would be referred to the task group to review
  - In a case of tie scoring the panel would need to re-score
  - Board members to be selected unopposed if less than 6 nominations are received and a further election to be referred to the new Chair and Board
11. To ensure continuity alongside the Director a transition plan to be developed if no-one from the ILG is appointed/elected.