

Independent Strategic Advisory Body Meeting

Wednesday 5th October 2016, 3-5pm

Brough Business Centre

Agenda

Advisory Body Members: Carol Dyas (CD), Julia Pollock (JP), Sally Burns (SB), Lindsay Cunningham (LC) and Jenny Jenkinson (JJ).

1.	Welcome and introductions		LC	15.00
2.	Election of Chair (the ISAB agreed at its meeting in Oct 2015 to operate on the basis of a rotating chair)			
3.	Apologies for absence		Chair	
4.	Minutes of last meeting (27/07/2016) i. Matters Arising/Action Log	pp. 2-6 p.7	Chair	15.05
5.	Public Questions (submitted in advance)		Chair	15.10
6.	Reports from partners: i. HWE update ii. STP update	verbal attached	SB LC	15.15
7.	Update on strategic plan and current delivery: i. To receive an update on current delivery ii. To approve revised annual workplan for 2016/17	Report to follow pp.9-11	LC	15.40
8.	Governance issues: i. To sign information sharing agreement with Healthwatch England (for implementation of CRM) ii. To approve the revised Hard to Reach Strategy iii. To approve revised Research Ethics review process	p.12 attached pp.13-19 pp.20-23	LC	16.15
9.	Any Other Business (previously notified)		Chair	
10.	Date and Times of future meetings - Wednesday 11 th January 2017 (Beverley, tbc), 3-5pm		Chair	

Agenda Item 4

Minutes of last meeting

Independent Strategic Advisory Body Meeting

Wednesday 27th July 2016 3pm-5pm

Emmaus Room, Beverley Minister, Beverley, HU17 0DP

Minutes

Advisory Body Members: Sally Burns (SB), Carol Dyas (CF), Julia Pollock (JP), Lindsay Cunningham (LC), and Jenny Jenkinson (JJ).

In attendance: Matthew Kay, Research Officer Healthwatch East Riding of Yorkshire (MK); Mike Briggs, East Riding Safeguarding Adults Board Independent Chair (MB); Trevor Collinson, East Riding Safeguarding Adults Board Manager (TC); Sally-Ann Spencer-Grey, Lay Member East Riding of Yorkshire Clinical Commission Group (SSG).

No.	Agenda Item/Subject	Action by
1.	<i>Welcome and Introductions</i> No members of the public were present.	
2.	<i>Election of a Chair</i> Sally Burns was elected as Chair for this meeting.	
3.	<i>Apologies for absence</i> No apologies received.	
4.	<i>Minutes of the last meeting</i> The minutes of the last meeting were agreed. Most of the actions had been completed. Healthwatch East Riding will be attending, as an observer, the next East Riding of Yorkshire CCG's co-commissioning group meeting on the 29 th September. Contact has been made with NLAG discharge group, though work on discharge will not start until September 2016. Discussions are ongoing with Healthwatch North Lincs and North East Lincs regarding sharing of comments and complaints data.	

	<p>Revised workplan and reporting protocols have been disseminated with reporting protocols, and Enter and View protocols, being sent to Healthwatch North Lincs and Hull.</p> <p>LC attended a meeting on the 26th July of the East Riding Equalities Network, where the Hard to Reach Strategy was discussed.</p> <p>LC gave an update on the STP report, which Healthwatch East Riding produced in conjunction with other local Healthwatch (NB feedback received since this meeting has been very positive). In the report Healthwatch highlighted the work they had done, and the themes/issues found, in five areas; Out of Hours Care, Cancer Services, Urgent Care, Acute Care, and Mental Health. Some gaps were identified, especially around Cancer Services. Healthwatch will continue to be involved in the STP process. Concerns were raised regarding the lack of public engagement by the STP team including the lack of CCG lay member involvement up to this point.</p>	
5.	<p><i>Public Questions (submitted in advance)</i></p> <p>There were no questions submitted from the public.</p>	
6.	<p><i>Report from Partners Mike Briggs (MB) & Trevor Collinson (TC) East Riding Safeguarding Adults Strategy 2016-2019</i></p> <p>MB stated that the strategy had been agreed by the East Riding Safeguarding Adults Board in March and thanked Healthwatch for their input.</p> <p>The strategy will be included as part of the Board's business plan and annual report and can be found at:</p> <p>http://www.ersab.org.uk/policy-documents/</p> <p>In order to be accessible for all the strategy contains a 'strategy on a page' section which highlights the vision of the strategy and key objectives.</p> <p>The vision remains the same as always i.e. abuse is not tolerated, everyone works together to prevent abuse, and that services respond effectively when abuse is suspected.</p> <p>MB went on to highlight objectives 5 (increasing service user and carer involvement), 8 (working more with VCS groups), and 9 (increasing awareness of safeguarding in relation to services provided in people's own homes) as the areas where Healthwatch could play a part.</p> <p>MB reflected anecdotal evidence which suggests that, whilst some people do fall through the cracks, most abuse in institutionalised</p>	

<p>settings i.e. hospitals, care homes etc. does get picked up but with increased moves towards care at home this may become more difficult, especially if those providing care are outside of the CQC remit.</p> <p>TC stated that, over the last year, contacts have been made with various groups, such as community links and church groups, in order to work on objective 8. This also included working with ERVAS to look for funding for a paid staff member to conduct engagement work. Unfortunately this has, so far, been unsuccessful but work is ongoing.</p> <p>TC also expressed concerns that abuse is being under reported in home care settings and wants to work more closely with providers and commissioning units to address this.</p> <p>LC highlighted that Healthwatch Enter and View volunteers do receive safeguarding training and that they are happy to raise the profile of the safeguarding team in their community engagement.</p> <p>JP raised concerns regarding financial abuse of vulnerable people and the difficulties in detecting this. She also expressed concerns at possible gaps in provision as young people move from the remit of the children's safeguarding team to the adult team, especially around e-safety.</p> <p>MB stated that the adults and children's safeguarding teams do work closely together and that in certain circumstances an individual could remain covered by the children's board up to the age of 25. He also showed new leaflets that the safeguarding board have published both for professionals and in an easy read format concerning the different types of abuse.</p> <p>TC informed the meeting that the safeguarding team is working with other organisations to raise awareness of financial abuse.</p> <p>JP, with LC, discussed the issue of feedback from the safeguarding team when Healthwatch have escalated a matter to them and the need for a two way process.</p> <p>Action: Safeguarding Board to have further discussion about feedback mechanisms for Healthwatch and other referring agencies (and individuals).</p> <p>JJ raised the possibility of an Enter and View style assessment of home care services.</p> <p>It was agreed that a representative of the safeguarding board would attend future ISAB meetings (at least once a year).</p> <p>Action Point: Keep safeguarding board informed of future meetings to attend as required.</p>	<p>LC</p> <p>LC</p>
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7.	<p>Update on Strategic Plan</p> <p>LC stated that the Mental Health Directory was complete and was in the process of being printed. The online version is on the Healthwatch website and had received approximately 100 visits in the first week. Work is ongoing regarding the Health Literacy Project with a possibility of holding a regular information session at the Courtyard in Goole.</p> <p>JP asked if Healthwatch had carried out a press campaign regarding the launch of the directory. LC said that some limited press work had been carried out but this would be increased when we have received the printed editions. It was suggested that regular checks be made of the accuracy of the information, perhaps by volunteers. Action: To utilise volunteers/ISAB members for checking factual accuracy of information.</p> <p>LC informed the meeting that Healthwatch have signed up to the National Citizen Service week, which involves working with young people. It is planned for them to carry out a short project on our behalf. Healthwatch are also training young people to conduct Enter and View's as part of an apprentice pilot scheme.</p> <p>LC mentioned that Caroline Frost has left Healthwatch to return to Hull CVS. It was suggested that the board send a letter of thanks to her. Action Point: Write to Caroline Frost.</p> <p>JP highlighted the high number of meetings LC/Healthwatch attends. LC reassured her that she does conduct audits of the value of which meetings to attend and said she would circulate this information. Action Point: Send meeting list.</p> <p>LC stated that our work on carers has started early due to East Riding Council starting work in a similar area, which Healthwatch wished to support. Our work into 'What Matters' to young people has been delayed by other children and young people's work streams taking priority. The residential care report is also slightly delayed due to other project pressures.</p> <p>LC also confirmed that Meeting New Horizons had secured the Healthwatch East Riding of Yorkshire contract. The board commended LC for her part in securing this. LC suggested a possible meeting to discuss contract details.</p>	<p>GP</p> <p>MK</p> <p>LC</p>
8.	<p>Governance Issues</p> <p>LC informed the meeting that David Gamble has stood down as a member of the ISAB. It was suggested that the board sent a letter of thanks to him Action Point: Write to David Gamble.</p>	<p>MK</p>

	Recruitment for a new member is underway.	
9.	<p>AOB</p> <p>CD enquired as to the success of the Healthwatch stand at the Driffield Show. MK and LC informed the meeting that during the day we engaged with around 1000 people, of which around 400 took part in our identify health priorities activity.</p>	
10	<p><i>Date & time of future meetings</i></p> <p>Wednesday 5th October at the Brough Business Centre. This will be combined with the workshop to discuss contract details/strategy and forward planning so will start earlier than usual with a lunch at 12:30pm</p> <p>Public meeting will start at 3pm.</p>	

Agenda Item 4(i)

Action Log

Actions from ISAB Meeting 27/04/2016

Action	Person Responsible	Status/Update
Outstanding actions from meeting held 27/04/2016		
Work with HW N Lincs and NE Lincs to follow-up on comments and complaints data (in relation to NLaG).	MK	Ongoing (MK to lead on this work for ERY and NL)
Actions from July meeting held 27/07/2016		
Safeguarding Board to have further discussion about feedback mechanisms for Healthwatch and other referring agencies (and individuals).	LC	Ongoing (LC to raise this at Safeguarding Adults Board)
Keep safeguarding board informed of future meetings to attend as required.	LC/MH	Ongoing
To utilise volunteers/ISAB members for checking factual accuracy of information.	GP	Ongoing (GP aware of offer and will call upon ISAB/volunteers as necessary)
Write to Caroline Frost.	MK	Complete
Write to David Gamble.	MK	Complete
Circulate meeting list.	LC	Complete (recirculated with these papers)

Agenda Item 7(i)
Update on current delivery

Report to follow

Agenda Item 7(ii)

Annual workplan for 2016/17

Background

At its meeting in April, the Advisory Body approved the 2016/17 workplan for Healthwatch East Riding, which is set out below. As requested by the ISAB, the names of the officers responsible for delivery of each workstream are noted on the plan. Slippages/amendments are highlighted in yellow.

Over the next six months, the Advisory Body will be producing a comprehensive strategic plan for developing the organisation over the coming contract period and beyond. This overarching framework will guide the production of future workplans for Healthwatch East Riding.

Recommendation: to approve amendments to the annual workplan for 2016/17.

Reason: to effectively guide the delivery of Healthwatch East Riding against identified priorities.

Report author:
Lindsay Cunningham (Delivery Manager, HWERY)

Annual Workplan 2016/2017

	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March	
Research Themes (Priority areas for issue-based research) - lead officer: MK													
Mental Health	Report		Directory										
Domiciliary Care	Analysis	Report											
Residential Care			Analysis	Report	(slipped due to scheduling of E&V visits and other pressures)								
Hospital Discharge						Planning and initial engagement			Analysis	Report			
Targeted Engagement (Hard to Reach) - lead officer: MF (SM will lead on carers and working-age men)													
Young People and mental health	Planning and initial engagement				Analysis	Report							
Moving into adulthood (LD/SEND)		Survey and engagement		Analysis	Report								
Children & Young People	(slipped to later in year due to other ongoing work)					What Matters V2 Initial Engagement			Analysis	Report			
Carers	(moved earlier to work alongside JSNA/Council)			Planning & Initial Engagement			Analysis	Report					
Working Age Adults (esp. men)									Planning & Initial Engagement				
Follow Up work/Impact assessment - lead officer: MK													
	Outcomes Tool	Dementia	Annual Report	Outpatients	Eating Disorders	Young People (Lifestyle)				Residential Care			

	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March
Strategic Priorities (enabling public engagement with wider system change) - lead officer: LC												
Sustainability and Transformation Plan	Support engagement re: STP				Follow-up engagement on STP				Update as STP themes emerge			
Care Quality Commission	Supporting ongoing inspections (through intelligence sharing and supporting engagement)											
	Humber		HEY									
HW England												
ENABLERS												
Enter and View - lead officer: MH												
	Res Care	MIU		Re-visits (res care)		Hospital discharge			Residential Care			
E&V Apprentices	production/delivery of training			Pilot of Youth E&V Project		Evaluation						
Information & Signposting - lead officer: GP												
Mental Health Directory	Collate	Check	Publish									
Generic Directory								Collate	Check	Publish		
Health Literacy	Continue to train information champions					"Get Online"	1:1 training					
Engagement - lead officer: SM												
Main theme/area of focus		STP		Outpatients (FU)		Hospital Discharge						
	Dementia (FU)				STP							

Agenda Item 8(i)

To sign information sharing agreement with Healthwatch England

Background

Shortly after Healthwatch was established both locally and nationally in 2012, Healthwatch England began to develop a number of tools in order to help Local Healthwatch to be more effective in their roles. This included, for example, a website that could be used by local Healthwatch, templates for local publicity materials and a number of “how to” guides for local Healthwatch to get started. In addition, Healthwatch England began work on creating a bespoke, Healthwatch Customer Relations Management (CRM) system. The system was first launched around 18 months ago with a small number of local Healthwatch as pilot sites. Since then the system has been amended and revised to better suit the differing needs of local Healthwatch.

Healthwatch East Riding has signed up to be part of the next phase (phase 3) of Healthwatch England’s CRM rollout alongside our partner Healthwatch in Hull and North Lincolnshire. Training for staff will take place in November and we should be able to begin using our system locally from then. In order to facilitate the transfer of information into the new system, we need to ensure robust information governance procedures are in place that will comply with the Data Protection Act and the Office of the Information Commissioner.

Recommendation: the Advisory Body are asked to formally sign-off the attached information sharing protocol.

Reason: to ensure effective information governance is in place to enable the rollout of Healthwatch CRM to Healthwatch East Riding.

Agenda Item 8(ii)

To approve the revised Hard to Reach Strategy

Background

At the ISAB meeting on 27th January 2016, there was a discussion regarding who are our “hard to reach” groups and how can we best reach them. This discussion built on the workshop that took place at the HWERY Stakeholder Forum in December 2015, which sought to put together a list of ‘hard to reach’ groups/populations within the East Riding of Yorkshire.

The ISAB asked HWERY officers to bring a draft Hard to Reach strategy based on those discussions to their meeting in April. A draft strategy was reviewed at that meeting and HWERY officers were asked to take the draft strategy out for further consultation with partners - in particular the East Riding Equalities Network (EREN).

This revised version has been amended on the basis of feedback from EREN and other partners and the ISAB are asked to formally approve it.

Recommendation: to approve the revised Hard to Reach Strategy.

Reason: to ensure Healthwatch can effectively engage with hard to reach groups and ensure that lesser-heard voices can also influence the design and delivery of health and care services.

Report authors:

Linsay Cunningham (Delivery Manager, HWERY)

**Healthwatch East Riding of Yorkshire
Hard to Reach Strategy
(September 2016)**

Introduction

The purpose of Healthwatch is to give patients and the wider public a powerful voice, ensuring that their views and experiences are heard by those who plan and deliver health and social care services. Our aim is to give people a real say over how their local health and social care services are run. Healthwatch not only has the ability to influence how services are set up, commissioned and delivered, but it is also able to provide advice and information on health and social care services as well as signpost those wishing to make a complaint about their local NHS services.

In all its activities Healthwatch East Riding of Yorkshire (HWERY) seeks to be open and accessible to all. This strategy document sets out the key principles by which Healthwatch East Riding will be guided and the values that underpin our work. Building on these principles and values, we will take a number of key steps to ensure that all individuals and groups have the opportunity to express their views in a variety of ways. This will include targeted engagement work with individuals and groups with protected characteristics, who are seldom heard, or hard-to-reach, and who do not usually participate.

Vision

Healthwatch East Riding of Yorkshire will be an open and accessible organisation that champions the involvement of *everyone* in the design and delivery of health and care services, particularly those who are seldom heard.

Principles and Values

1. We will create an open and inclusive ethos within our organisation, which will inform everything we do.
2. We will seek to ensure *all* East Riding residents are aware of and able to access the services offered by Healthwatch East Riding and will actively seek to remove barriers to access as we and others identify them.

3. Our research and engagement work will be driven by a desire to seek out the lesser-heard voices and amplify them, ensuring they are heard by those in a position to make change happen.
4. Targeted engagement with 'hard to reach' groups will be a core function of Healthwatch East Riding not an add-on.
5. We will create opportunities for people from all backgrounds to be involved in the work of Healthwatch East Riding.
6. We will seek to ensure that harder to reach groups and individuals will have the opportunity to help set the priorities for our future work.
7. Our approach will be to enable and support people to speak for themselves and ensure their voices are heard.

Who is 'Hard to Reach'?

We use the term 'Hard to Reach' to cover a diverse collection of individuals and groups that, for whatever reason, are unable to access the opportunities available to influence decisions about health and care services.

There are many reasons why particular individuals or groups may be unable to make their voices heard or views known when it comes to shaping health and care services and these can shift and change over time. Therefore it is not possible, nor is it particularly helpful, to create a list of "hard to reach" groups as this risks marginalising others not included on the list at any given time. Instead, Healthwatch recognises a hard to reach group or individual by recognising the barriers that exist to prevent someone from participating in decision-making.

These barriers might include, for example:

- **Insufficient information** and/or ineffective communication by decision-making bodies. As a result, people do not know about opportunities to shape decision-making or are unable to understand the process.
- **Lack of time.** Many people are time-poor and are unable to seek out opportunities to engage and share their views and ideas about healthcare.
- **Lack of trust.** Some communities have historically distrusted statutory bodies and therefore might be unwilling to engage with them and/or with Healthwatch.
- **Lack of interest.** People have many competing draws on their time and may not see engaging with Healthwatch as a priority. Nevertheless, their views on health and care services are still valuable and should still be sought.
- **Discrimination** or perceived discrimination. The Equality Act 2010 identified eight protected characteristics upon which organisations must not discriminate (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation). It is vitally important for Healthwatch that no one is denied the opportunity to engage in decision-making

about health and care services or to share their views and ideas because of any of these characteristics.

- **Isolation.** Particularly in a large rural area like East Riding, people may be disconnected from opportunities to engage. People may be isolated for many reasons (not just geographical distance).

As an organisation, we will prioritise the identification of such barriers and putting in place work to mitigate them. Our aim is to ensure that those with least access still have opportunities to participate and share their views. We will evaluate our contact log on a regular basis to identify which groups and population types are contacting Healthwatch most and where there are potential gaps and target our marketing and outreach accordingly. In addition, we will maintain a database of groups and organisations with links to 'Hard to Reach' groups to ensure we can effectively reach out to people who may face barriers to engagement.

How will we reach them?

Every year as part of HWERY's priority setting process, the Independent Strategic Advisory Body will approve a 'Hard to Reach' engagement plan for the next period of operation. This will be a living document that can be updated and amended at any time; however, it will be part of the annual planning process to ensure it is given the time and attention it deserves. This plan will be co-produced with our partners in the voluntary and community sector to ensure it properly reflects the needs and aspirations of the diverse communities of the East Riding.

The 'Hard to Reach' engagement plan will identify who our 'Hard to Reach' groups are, where HWERY's activities should be focused for the period covered by the plan (i.e. which groups and themes) and who our key partners will be when putting the plan into action. The plan will be reviewed on an ongoing basis to ensure that we have an accurate and up to date appraisal of our 'Hard to Reach' groups and key partners for engaging with them.

Delivery of the 'Hard to Reach' strategy will be the responsibility of the whole Healthwatch East Riding team but will be overseen by a dedicated staff member. This officer will be responsible for building and maintaining strong relationships between Healthwatch East Riding and key partner organisations and groups. This will include providing HWERY representation on partnership bodies such as the East Riding Equalities Network (EREN), the Disabilities Advice and Monitoring Group (DAMG) and the Children's Trust Board. They will also be responsible, alongside the Information and Signposting Officer, for maintaining information on and links with groups representing and supporting those with protected characteristics under the Equality Act 2010.

How HWERY engages with specific groups and which groups it chooses to prioritise at a particular time will be continually reviewed as part of setting the 'Hard to Reach' engagement plan each year. This engagement plan will be owned by the Advisory Body, which will include

representation from the East Riding Equalities Network (EREN), the Voluntary and Community Sector and, ideally, at least one representative under 30, in order to ensure proper scrutiny and accountability of HWERY's efforts to reflect the views of everyone in the East Riding, particularly those who do not usually participate.¹

Wherever possible, our approach will be to involve the 'Hard to Reach' or seldom heard groups and individuals directly in the design and delivery of Healthwatch activities. Working with VCS and statutory sector partners will be crucial in this regard to build trust and access to the hardest to reach groups (such as gypsy and traveller communities; BME communities; asylum seekers and refugees). Language, cultural and other barriers to engagement can often be overcome by identifying and spreading awareness through natural community leaders who have the trust and confidence of their communities and can bridge cultural gaps.

The core value guiding our 'Hard to Reach' approach will be to "enable and support people to speak for themselves and ensure their voices are heard". Specific examples of potential approaches to 'Hard to Reach' engagement are set out in Annex 1 to this strategy document.

Approach and Accountabilities

We will create an inclusive and welcoming environment within the organisation to encourage involvement from many different individuals and groups. All staff and volunteers of Healthwatch East Riding will undertake mandatory training in the Equalities Act and work in an inclusive manner.

The Healthwatch Delivery Manager will be responsible for ensuring that the principles and values set out in this document guide the day to day operations of the organisation.

The Independent Strategic Advisory Body (ISAB) will be responsible for ensuring these principles inform their decision-making about how to prioritise programmes of work and the future strategy of Healthwatch East Riding of Yorkshire.

Other Relevant Documents

Healthwatch East Riding of Yorkshire Governance Framework (Revised August 2015):
http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/appendix_1_governance_framework_0.pdf

¹ These are proposed changes to our Governance Structure that have yet to be formally agreed and implemented. It is hoped these will be delivered in 2016 (subject to agreement from the ISAB).

Annex 1: Examples of our approach

It is impossible to set out every aspect of the work we undertake in relation to 'Hard to Reach' groups. For each new piece of work, a bespoke engagement plan will be developed with VCS partners and representatives from that target group wherever possible. The following are given as examples, in order to demonstrate our wider approach to targeting particular groups with activities and engagement that is appropriate and effective.

Children: 0-8 – “You Choose”

We propose to use a variety of resources to engage with young children who may also have views and opinions on how they would like their health and care services to look and feel. One method we will use will be to produce a picture book that we can use when talking for example with young patients using hospital services to tell us about what is good and bad about the service and how it makes them feel. The book would have lots of pictures under various themes and ask some very simple and direct questions, for example: “When you get hungry, what would you eat?”; “What would you do for fun?”; “Who would look after you when you’re feeling unwell?” This would help to guide conversations between the children and the HWERY staff/volunteers working with them to get a clear sense of what is important to those children.

Working age men – “Healthwatch Lunchtimes”

One initiative we propose to use to engage working age people and in particular working age men in the work of HWERY is “Healthwatch Lunchtimes”. We will work with major employers in the private and public sector across the East Riding, including for example, East Riding Council, BAE Systems, Tesco and other large private sector firms. We will set up a series of lunchtime roadshows in canteens, common rooms and entrance foyers of large employment sites to promote HWERY and its services to employees during their working day. We will demonstrate how quick and easy it is for them to leave feedback on their local services via our Feedback Centre, how to access the Information and Signposting service if they ever need to and how engaging with HWERY can make a difference to the quality and experience of local services.

Deaf and hard of hearing – “Citizen Researchers/Experts by Experience”

In order to undertake a review of the ways in which people who are deaf and hard of hearing experience health and care services, we would recruit a small team of deaf and hard of hearing volunteers. We would offer training and support to enable them to work with us to design and deliver the investigation from the early planning stages right through to publication of the report. The citizen researchers would work with HWERY staff to set the terms of the investigation, they would then plan and deliver any required engagement events, undertake other investigative activity (for example, Enter and View visits) and then work with the HWERY staff team to produce the final report. The report would be produced primarily in British Sign Language (BSL) with a printed copy available too for ease of distribution. This not only provides new and interesting volunteering opportunities but also gives HWERY a unique perspective on the issue under investigation. This example highlights the core value of our 'Hard to Reach' approach – enabling and supporting people to speak for themselves and ensuring their voices are heard. This particular approach could be used with many different 'Hard to Reach' groups and if successful will form a key part of HWERY's engagement toolkit.

Agenda Item 8(iii)

To approve revised Research Ethics review process

Background

Local Healthwatch organisations conduct a wide variety of research activities: from investigations into specific services, to Enter and View visits, to targeted engagement of vulnerable and/or hard to reach groups. It is imperative that at all times Healthwatch conduct our research in an ethically appropriate way.

In order to ensure we are doing so and to provide greater transparency to our research procedures, we are recommending the introduction of a formal internal ethics review process.

The proposed process and requisite forms are attached below.

Recommendation: to approve the revised Research Ethics review process.

Reason: to ensure Healthwatch East Riding conducts its research activities in an appropriate and ethical manner at all times.

Report author:

Matthew Kay (Research Officer, HWERY)