Healthwatch England 14 May 2019
Meeting #27 Committee Meeting held in Public
- British Library – Cotton Room - 11am-2pm

Timings **tbc**	**Public Committee Meeting**	Presenter	
	1.1 Presentation from London Healthwatch coordinators	Patricia Mecinska	
	1.2 Welcome and apologies	RF	
	1.3 Declarations of interests	RF	
	1.4 Minutes of the last meeting, action log, review of agenda and matters arising Minutes of the meeting held on 2 April 2019 to APPROVE Business Plan	RF	For APPROVAL
	1.5 Chair's Report	RF	VERBAL
	1.6 National Director's Report	IR	For DISCUSSION
	1.7 Committee Members Update	Committee	VERBAL
	Coffee break		
	1.8 2018/2019 Delivery and Performance Report	IR	For DISCUSSION
	1.9 Audit, Finance and Risk Sub Committee Meeting Minutes including 2018/19 Finance 1.9.1 High Level Risk Register cover sheet High Level Risk Register	DO DO	For DISCUSSION For APPROVAL
	2.0 Intelligence and Policy Report Q4	IR	For DISCUSSION
	2.1 Quality Framework	GM	For INFORMATION
	2.2 Purpose and location of September 2019 Committee Meetings	RF	For DISCUSSION
	2.3 Forward Plan	RF	For INFORMATION
	Questions from the public		

Healthwatch England Committee Meeting
Minutes of meeting No. 26
Location: Manchester

Date: 6 February 2019

Attendees

- Sir Robert Francis – Chair
- Phil Huggon – Vice Chair and Committee Member
- Amy Kroviak – Committee Member
- Andrew McCulloch – Committee Member
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham
- Helen Horne - Committee Member and Chair of Healthwatch Cumbria
- Helen Parker – Committee Member
- Lee Adams – Committee Member
- Liz Sayce – Committee Member
- Ruchir Rodrigues – Committee Member

Apologies

- Andrew Barnett – Committee Member

In attendance

- Imelda Redmond – National Director
- Neil Tester – Deputy Director
- Leanne Crabb – Committee Secretary (minute taker)

	Introduction	**Action**
1.1	**Agenda Item 1.1 – Presentation from Peter Denton on the combined Greater Manchester Healthwatch** Peter Denton, the Greater Manchester Healthwatch Liaison Manager, talked about the challenges and successes of the ten Greater Manchester Healthwatch. The presentation was very well received by the Committee. Peter was asked by the Committee what support would be useful from Healthwatch England. He replied that help with the commissioning of Healthwatch would be appreciated. Imelda Redmond said that £60k will be made available to help local Healthwatch in Greater Manchester with their partnership activities, consisting of £30k contribution from Healthwatch England and £30k from the Greater Manchester Partnership. This was welcomed by all local Healthwatch staff present.	
1.2	**Agenda Item 1.2 – Welcome and Apologies**	

	Sir Robert Francis welcomed everyone to the meeting and thanked Peter Denton for giving his excellent presentation. Apologies received from Andrew Barnett.	
1.3	**Agenda Item 1.3** – Declaration of Interests There were no declarations of interest.	
1.4	**Agenda Item 1.4** – Minutes from October 2018 Committee Meeting The Committee **APPROVED** the minutes. Matters Arising Imelda Redmond said that regarding item 2.3 (Equality, Diversity and Human Rights (EDHR) Policy Update) at the October 2018 meeting there is work going on and she will update the Committee at the next workshop. Helen Horne commented that at the October meeting the Committee talked about empathy in relation to health and social care staff and said that she feels 'kindness' is a better word. Imelda Redmond added that 'compassion' was also a more useful word than empathy. **ACTIONS** • IR to give update regarding work being done on equality, diversity and human rights	IR
1.5	**Agenda Item 1.5** – Chair's Report Sir Robert Francis told the Committee he had met with Sir Thomas Hughes-Hallett from Helpforce who are running a campaign to recruit and support volunteers in the NHS. He added he has met people in leadership positions and had met Lord Ribeiro who is the Chair of the Independent Reconfiguration Panel to discuss how Healthwatch can support their work providing public views. He has also met with the Parliamentary and Health Service Ombudsman and agreed we can help them with their work as the current complaint system needs review and there are big gaps in the process. Sir Robert said he has given evidence in the Paterson Inquiry who are looking at the interface between NHS health services and independent health services. The Committee **NOTED** the report.	
1.6	**Agenda Item 1.6 –** National Director's Report Imelda Redmond introduced the report. **Long Term Plan** - She told the Committee she was proud of the work we have already done on the Long Term Plan. She said that people are really engaging in the NHS grant process which was a credit to local Healthwatch staff and the Healthwatch England team. She highlighted that this is the first time the NHSE has reached out to Healthwatch across the country and it is starting conversations about doing similar in social care which demonstrates the value we have.	

	Hospital Discharge - Imelda talked about hospital discharge work and how this has moved on, NHS Digital will now be publishing data on this topic after analysis. She congratulated the Healthwatch England team for getting the information into the public domain. **Mental Health** - Imelda asked Liz Sayce to update the Committee on the Mental Health Research Project that she Chairs. Liz said that there had been a good response to the survey on maternal mental health. She said we are going to use the data and planning the next phase on mental health and young people. She added that we will also be using the good work being done by local Healthwatch. Imelda advised the Committee that we have had over 3,000 responses to the survey. **Green Paper** - Imelda said that the Green Paper on Social Care should be published in April. **Oral Health in Care Homes** – Imelda said Healthwatch has many reports from the public and from enter and view about poor oral care in care homes. She added that the Care Quality Commission (CQC) are listening and reviewing how they check oral care in their inspections. **New Appointments** – Imelda will be meeting with all senior new appointments in CQC. **Reports Library** – Imelda explained that we code all the reports from local Healthwatch and put them on a single repository, 1,000 have already been uploaded with 3,000 more expected by the end of March. Thereafter all reports published will go directly onto the reports library. She added that we have been testing the system and receiving positive feedback about this new comprehensive resource. She said there is a feedback mechanism for users of the library to note the usefulness of the reports. Helen Parker commented that it would be helpful to get information about planned work into the reports library so that local Healthwatch can easily view if another local Healthwatch is planning work on a topic they are interested in. **Network Funding** – Imelda said that 50 Healthwatch are in an unstable position, we are getting tougher with commissioners and there is a general lack of understanding about how much a local Healthwatch costs to run. We are challenging commissioners to state how a local Healthwatch can run a statutory service including HR costs such as payroll and recruitment, and office costs etc. on a small budget. **Website** – Imelda advised the Committee that the Healthwatch England new website was working well and that some local Healthwatch are starting to move across to the same platform. She stated that we are keeping the website simple. Ruchir Rodrigues said this would be an opportunity consider creating an app in the future. Helen Horne congratulated Imelda for correctly identifying Long Term Plan risks in her report. The Committee **NOTED** the report.	
1.7	**Agenda Item 1.7 -** Delivery and Performance Report Imelda Redmond introduced the report. She said that different reporting methods had been shown to the Committee including the Programme Management Framework and at the last Audit, Finance and Risk Sub Committee (AFRSC) it was agreed that it didn't need to come to the full Committee but used as management tools. She told the	

	Committee that the latest paper shows what we have done to date and what we will be doing in the final quarter. Imelda asked for volunteers from the Committee to help the Healthwatch England team design KPIs reporting that works for the Committee. Amy Kroviak and Ruchir Rodrigues offered their support. A general discussion took place regarding the report. Helen Horne commented that the first part of the report was easy to read. Amy Krokiak asked to have numbers as well as percentages where relevant. Liz Sayce asked how the pilot of leadership training was progressing. Gavin MacGregor responded there had been four NHS leadership sessions which had proved popular. Helen Parker clarified that on the report green shows it is on track, but not completed. Imelda Redmond said that we were over ambitious saying 20 local Healthwatch would take up our digital offer by the end of this financial year and this would most likely be in May now. Danielle Oum asked local Healthwatch staff in the audience about the new website and received positive responses, which included comments on Facebook Workspace. Helen Parker asked how are we describing strategic partnerships. Imelda Redmond responded that the different types of relationships had been segmented as: ongoing; transactional; structured, etc. She advised the Committee that a report will come to them. It was agreed that 2019/20 Business Plan would be discussed by teleconference in early April and the full Committee would be asked to APPROVE it during the call. **ACTIONS** • IR to arrange telecon with RR and AK to design performance reporting • NT to insert numbers as well as percentages in future reports • IR to bring report regarding strategic partnerships to the next full Committee • LC to arrange teleconference of full Committee to APPROVE Business Plan	IR NT IR LC
1.8	**Agenda Item 1.8 –** Committee Member Update Lee Adams said she attended a Richmond Group meeting about public health and prevention including interesting presentations showing the demise of money and that she had slides available. Imelda Redmond said she would distribute the slides to the Committee. **ACTIONS** • IR to distribute slides from Richmond Group meeting to Committee	IR
1.9	**Agenda Item 1.9** – Audit, Finance and Risk Sub Committee (AFRSC) Danielle Oum introduced the minutes of the last AFRSC meeting. Helen Parker is now the interface between the Committee and staff focusing on staff development. Helen Parker said that there was good ownership regarding staff development. She added that the recent mini staff survey results will be coming to the next AFRSC meeting and that once the Business Plan was approved work would start on staff objectives and personal development plans. Danielle Oum said that the AFRSC had looked at performance reports and made the decision that the AFRSC no longer need to see these management tools.	

1.9.1	Regarding risks she said that the AFRSC has asked for greater oversight around the grant giving process and a report would be going to the May AFRSC. Danielle advised the Committee that the AFRSC recommend that the Committee approves the proposed 2019/20 budget. Gavin MacGregor told the Committee that on the risk with contracts for local Healthwatch the work being done with commissioners is paying off. His team have been meeting commissioners and helping local Healthwatch to demonstrate the impact. The risk is still red because it is a volatile situation. Sir Robert Francis asked if we could have one risk outlining what we can do to mitigate it, and one risk showing what is beyond our control. Imelda Redmond responded that this could be looked at. Danielle Oum requested that when the KPIs are clarified the risks are also looked at. **ACTIONS** IR to look at suggestion to have risks separated in to what we can mitigate and what is beyond our control. The Committee **NOTED** the report. The Committee **APPROVED** the risk register.	IR
2.0	**Agenda Item 2.0** – Budget Danielle Oum told the Committee that with the increase in pay there was not much available funds for planned projects and that the budget has a 20% contingency. Danielle also advised the Committee that there would be no underspend at the end of the current financial year due to grant fund allocations. The Committee **APPROVED** the 2019/20 budget	
2.1	**Agenda Item 2.1** – Intelligence Report Q3 Imelda Redmond introduced the report and said it was a credit to Neil Tester's team as they have increased the flow of intelligence. She added that the Health Select Committee and front bench peers will be receiving this report monthly. Sir Robert Francis said that we should be talking to the Care Quality Commission (CQC) about the concerning stories relating to medicine management. Neil Tester responded that his team are in the process of looking at who the follow up actions will be passed on to as a result of the intelligence we are gathering. Helen Horne suggested that Healthwatch could do some work on hard to reach and socially isolated communities. Neil Tester added that it provided good traction for the local Healthwatch network. Lee Adams asked if Healthwatch requests equalities information from the intelligence. Neil Tester responded that it does although the local Healthwatch network does not always capture this and that his team are working on improving this information to fill gaps. The Committee NOTED the report.	

2.2	**Agenda Item 2.2 –** Conference Evaluation Paper There was a general conversation around the conference with comments being made that: • Award winners didn't have much time to get recognition • Consider getting sponsors for awards • Present the shortlisted stories at other forums • Use the shortlist work to reinforce the value of Healthwatch with commissioners (and give commissioners credit where due) • Revisit awards from previous years to see long term impact of the work done Imelda confirmed all these comments would be considered in our current work and for planning the next conference. **ACTIONS** • IR to feedback Committee comments to the conference planning team. The Committee **NOTED** the paper.	IR
2.3	**Agenda Item 2.3** – Succession Planning for the Committee Sir Robert Francis introduced the paper. He asked that all Committee members email him with their views on skill gaps in the Committee. He recommended that a group consisting of himself, Liz Sayce and Andrew Barnett for a meeting to discuss skill gaps and recruitment to the Committee. Andrew McCulloch suggested that once a skills framework had been established an audit is completed and supported Sir Robert Francis' recommendation. Sir Robert agreed with Andrew's comment and assured the Committee they would be consulted and their views considered. **ACTIONS** • All Committee members to email their views on skill gaps in the Committee to RF • LC to set up meeting between RF, LS and AB The Committee **APPROVED** the policy.	**ALL** **LC**
2.4	**Agenda Item 2.4 –** Purpose and location of next meetings The Committee asked for 2020 dates to be decided by end of March. A general discussion was had about format of the meetings. It was agreed that the Manchester format had been successful with visits to services on day one and the Committee meeting on day two. Future meetings were suggested as: • North East (Newcastle, Sunderland or Durham) • London • South West (coastal) • West Midlands	**LC**

	• East Anglia • Liverpool **ACTIONS** • LC to plan 2020 Committee dates	
2.5	**Agenda Item 2.5 -** Forward Plan There were no additions for the forward plan	
	Comments from the public The sound quality of the room was commented on as it was not suitable for people with hearing difficulties. It was suggested that it may be good to have a short break in the middle of the agenda	
	Sir Robert Francis closed the meeting.	

1.4 Action : COMMITTEE MEETING HELD BY TELECONFERENCE

TO APPROVE BUSINESS PLAN

2nd April 2019, 3pm – 4pm

Minutes of the Committee Teleconference meeting to approve the Business Plan for 2019/20

Attendees:
Sir Robert Francis (RF) – Chair
Andrew McCulloch (AM) – Sub Committee Member
Helen Parker (HP - Committee Member
Phil Huggon (PH) – Committee Member
Liz Sayce (LS) - Committee Member
Danielle Oum (DO) - Committee Member
Andrew Barnett (AB) - Committee Member
Amy Kroviak (AK) - Committee Member
Imelda Redmond (IR) – National Director
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager

Apologies:
Lee Adams (LA) - Committee Member
Ruchir Rodrigues (RR) - Committee Member
Helen Horne (HH) - Committee Member

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:**	

	Robert (RF) welcomed everyone on the conference call to the Committee Meeting. Apologies were noted.	
1.2	**Comments on Business Plan 2019/20** The Committee commented that they liked the idea of the 1 page summarising the business plan and allowed the Committee to focus on the big issues/risks. It also provided a clearer view on what we aim to deliver in Year 2 of the strategic plan In addition, the above comments the following queries were raised with regards to the draft business plan: **Aim 1** • *Brand Awareness* – needs further explanation: is it prompted or spontaneous and what can we really do to drive public awareness? • *Develop and approve a strategy to explore greater public engagement* - **Aim 2** • *50 LHW using the website* - this sounds low? IR explained that we could only go at the pace that the network were able to go at. • Digital plan for the network, sounds good but sceptic about the output/impact… • "*We will have a new network agreement in place*" - check confidence and relevance to avoid setting ourselves up to fail • "*The mutual obligations of Healthwatch and Healthwatch England, including the requirements for the trademark licence and support offer from Healthwatch England will be clear*" - outcome is Healthwatch England is better able to influence nationally from aggregate data and to target resources • *We will introduce "**Making a Difference Toolkit**" (Impact toolkit) Demonstrating Impact*" - Suggest this is "***Showing the difference made***" • "*Staff and volunteers from across the network will develop the skills they need to have greater impact*" - quality and effectiveness increases **Aim 3** • If we are to improve health and care, the NHSE funding/partnership has potential to be game changer. How can we make this explicit? • Would like to see something about a commitment to experiment with different storytelling techniques and outputs. Perhaps the mental health project is the place to experiment. Could we address this by tweaking the mental health objective to say, 'We will publish twice on mental health issues and experiment with	

	new ways to share people's stories'. This also avoids saying 'reports'. **Aim 4** • Liked the idea of the staff development objective that is in the more detailed objectives - but this needs to be added to the top level on the one-page plan. This would show a clear commitment to work on the area that came up top for attention in the staff survey. • "*100% of staff will complete the staff survey*" - is 100% realistic? • "*This will show we have effectively utilised the available resources to achieve the objectives of the organisation*" - we will have made the case for increased budget in following year? • "90% of programme will be on track" - is 90% acceptable? • "*A diverse and highly skilled team will deliver the best possible outcomes for the public*" - diverse thinking and perspectives across all levels leads to increased relevance to public and LHW network • "*We benefit from the broad range of skills and expertise within our network to deliver projects on our behalf where necessary*" - Do we know how far we can push this without destabilising LHW? • "*We benefit from an accomplished and skilled organisation which will enable us to deliver our business plan and strategic aims*" - should progression and succession feature in the outcomes? Committee agreed the draft business plan for 2019/20 pending the agreed amendments. **ACTIONS:** • **SA/IR to take into consideration all the comments made by the committee and amend the draft business plan accordingly.** • **At the committee workshop on the 10th July IR to provide committee with the baseline(?) for our EDHR** • **IR to provide the committee with more details about the "Making a Difference Toolkit". This will take place at either a committee meeting or workshop.** • **Although KPIs are now a management info. RF requested that high risk KPIs be bought to the attention of the committee**	

ACTION LOG

NUM	REFERENCE	LEAD	ITEM	ACTION	DEADLINE	STATUS
1.	CM190206	Imelda Redmond	1.4 To give update regarding work being done on equality, diversity and human rights	This is now on Workshop Forward Plan – from this a plan will be produced	Oct 2019	**In progress**
2.	CM190206	Imelda Redmond	1.7 To arrange telecon with RR and AK to design performance reporting		March 2019	**Complete**
3.	CM190206	Neil Tester	1.7 To insert numbers as well as percentages in future delivery reports		May 2019	**Complete**
4.	CM190206	Imelda Redmond	1.7 To bring report regarding strategic partnerships to the Committee	Brought to April Workshop – more work on this will continue and come back to the September 2019 Committee	September 2019	**In progress**
5.	CM190206	Leanne Crabb	1.7 To arrange teleconference of full Committee to APPROVE Business Plan	Teleconference for full Committee took place 2 April 2019 – Six Committee members and Chair dialled in and APPROVED the 2019/20 Business Plan	April 2019	**Complete**
6.	CM190206	Imelda Redmond	1.8 To distribute slides from Richmond Group meeting to Committee		March 2019	**Complete**
7.	CM190206	Imelda Redmond	1.9.1 To look at suggestion to have risks separated in to what we can mitigate and what is beyond our control	A new Risk Register is being brought to the May Committee for APPROVAL	May 2019	**In progress**

8.	CM190206	Imelda Redmond	2.2 To feedback Committee comments to the conference planning team		March 2019	**Complete**
9.	CM190206	All	2.3 To email views on skill gaps in the Committee to RF		May 2019	**In progress**
10.	CM190206	Leanne Crabb	2.3 To set up meeting between RF, LS and AB for Skills Audit	Being booked for late May	June 2019	**In progress**
11.	CM190206	Leanne Crabb	2.4 To plan 2020 Committee dates		April 2019	**Complete**

AGENDA ITEM: 1.6

AGENDA ITEM: National Director's report
PRESENTING: Imelda Redmond
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in February.
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Since the Committee last met in February we have progressed many of the activities that we set out in the business plan for 2018/9. There is a report looking back at the activities of 2018/20 as part of these papers. The Committee approved the new Business Plan for 2019/20 at their telephone conference on 2 April 2019. Work is underway to develop the team implementation and individual workplans and objectives. This is all on track and will be complete by the end of this month. Work continues to support a number of LHW with their tenders and negotiating budgets. Considering our limited resources I have been impressed by how hard the staff team have worked to build new ways of doing things whilst delivering on the business as usual.

It has been an interesting time for us in the policy and public affairs arena. I have been pleased with the way we have been able to use our insight to contribute to major national initiatives.

1. Influence and Policy and Public Affairs

1.1 Key Government Activity

In a busy period for Government, much of the work of the Department of Health in the last quarter was focused on preparing for 'no deal' Brexit, in particular ensuring the supply of medications in the event of a 'no deal' scenario. The extent of the planning, and the stepped-up communications, was positive to see given the concerns Healthwatch raised with officials in our Q3 report regarding public concerns on this very issue.

Looking beyond the immediate challenges presented by Brexit there were also a number of key announcements in line with the Secretary of States strategy to create a more personalised and digitally enabled NHS.

In late February the Secretary of State announced the creation of a new organisation to take forward the digital transformation of the NHS. Known as NHSX, this new organisation will enable patients and staff to benefit from the latest digital systems and technology. Matthew Gould has been appointed to this role and will be joining the Committee for dinner on 13 may.

In a recent speech the Secretary of State spelt out NHSX's three early priorities:

- Ensuring tech saves time for staff so they can focus on patients
- Giving patients the tools to access information and services directly.

- Creating a system that means patient information can be accessed, safely and reliably, wherever it is needed.

The SoS said in practice this means that there will be:

- Consistent language for all computers so patient records can be shared easily, time spent transcribing notes is cut, and human error is reduced.
- Unique barcodes for every piece of clinical equipment so essential kit can be tracked in real-time, cutting waste and saving hospitals up to £3 million a year.
- Tech experts from NHSX will be embedded in national cancer, mental health and urgent care teams to bring the benefits of modern technology to every patient, clinician, and carer.

Crucially the SoS has also stated on a number of occasions that the needs of users will be at the heart of everything NHSX does "*because the 'X' stands for user experience*".

As well as pushing forward with the digital agenda, the Department has also announced an extension of personal health budgets. Under new proposals, wheelchair users and people who access care under the Mental Health Act will be added to the list of those who are able to use personal budgets to choose their own health and care support including:

- specially adapted wheelchairs designed to maximise independence
- a choice of personal assistants who can be specially trained to meet the individual's needs
- technology, equipment or even an assistance dog to reduce the need for support from a carer

Over 40,000 people currently benefit from personal health budgets, and the government plans to increase this to up to 200,000 people by 2024, offering them to:

- people with ongoing mental health needs
- veterans
- autistic people
- people with learning disabilities
- people receiving adult social care support

2.1 NHS Long Term Plan Update

Since the last Committee meeting we have been focusing on supporting the network to carry out engagement on the NHS Long Term Plan in every local area in England. This activity has been designed to help shape local implementation of the national objectives set out by NHS England in the Long Term Plan document in January.

As the Committee will be aware this work is being funded by a grant **of £504,000** from NHSE/I. We are pleased to report that most of the grant money was allocated and shared out across the network by the end of the financial year, with 44 lead Healthwatch appointed to coordinate activity across their respective STP/ICS footprints.

Healthwatch England has further supported the work to date by producing a range of resources, from supporting low-cost paid for advertising campaigns on social media to providing policy briefings on what different elements of the Long Term Plan mean in practice. We are also providing research support to help ensure the work local Healthwatch generate is of the highest quality.

Local Healthwatch engagement activity itself has also been progressing very well with all 44 lead Healthwatch meeting with their STP/ICS counterparts in March and early April to agree areas of focus for

their engagement. Engagement activity is now in underway and runs up to late May. Activity to date includes:

- Focus groups for people with learning disabilities in Cheshire and Merseyside STP.
- Facilitating an 'ask the panel event' in Northumberland, Tyne and Wear and North Durham STP where young people with mental health challenges were able to ask questions of local system leaders.
- Getting out and about across Gloucestershire and Somerset in the consultation campervan to hear from rural communities.

We don't yet have the total number of engagement events, but we anticipate well over 100. We have had 17,345 responses to the Healthwatch England template survey:

- 12,348 responses to the general survey.
- 4,997 responses to the version targeted at people with specific conditions.
- It is worth noting that the template survey has been used by Healthwatch covering around half of the ICS/STP footprints. A further quarter of local Healthwatch have be running modified versions of the survey and the final quarter have been running their own surveys. Local Healthwatch have also been collecting hard copy responses. This means that the current reach does not yet reflect the total engagement undertaken by Healthwatch across the country. The data that we'll collect through this work will give us depth of insight int how people wish to engage with health and care services but also how they experience using services for specific medical conditions

All this activity means that we are on schedule to deliver against the programme timelines as agreed with NHSE. Just two areas are unlikely to finish their engagement before June and this is down to the request of local STP/ICS partners and has been agreed with NHSE. Therefore, we expect every other area to be producing final reports by the end of June.

In May we expect NHSE to publish an implementation framework for the plan (it was due in April but appears to have been delayed slightly). Using this framework, and the insight gathered by Healthwatch, each STP/ICS will be tasked with producing their local implementation plans by the Autumn.

2.2 Clinical Standards Review

Alongside the Long Term Plan, in the Summer of 2018, NHS England announced plans to conduct a review of some of the core performance targets including 4 hour A&E, 18 week referrals, cancer waiting times and mental health.

Healthwatch originally called for such a review back in our Mandate submission in Jan 2018 so it is positive to see this and we have continued to support NHS England's work in this area.

To coincide with the publication of NHS England's interim report in March, we published a summary of Healthwatch evidence that we have been feeding in. This primarily focused on people's experiences of A&E drawing on two main sources of evidence:

- Feedback gathered by the Healthwatch network from almost **6,500 people** between January 2016 and September 2018, covering A&E departments in 25 different local areas. This showed that:
    - The most common reason for patient dissatisfaction with A&E was the quality of the care/treatment they received.
    - Poor staff attitudes and issues with communication came second. This is possibly linked to the pressure on staff leaving them with less capacity to deliver the sort of care people have come to expect from the NHS. (This issue of a growing lack of empathy was highlighted more broadly in Healthwatch England's Quarter 3 Intelligence Report)
    - Waiting times come up less often but are still an area of concern.

- National polling of a representative group of **2,000 adults** from across the country on what they think matters most when visiting A&E. (Conducted in January 2019).

    - The polling corroborated the qualitative findings, showing that waiting times are important but when compared with other factors their relative importance is significantly lower.
    - For example, 35% of people said waiting times in A&E were very important compared to 85% who said the same about ensuring everyone gets high quality treatment.

NHS England's review drew significantly on our research and has put proposals in place for testing proposed new targets in A&E based on the speed of initial assessment and faster treatment times for the most urgent cases. Importantly, the review also commits to NHS England properly evaluating the impact of the changes on patient experience of care.

The testing will be carried out over the next few months across the following 14 hospitals. We are currently working with NHS England to explore how Healthwatch can support with the testing phase.

- Cambridge University Hospitals
- Chelsea and Westminster Hospital
- Frimley Health
- Imperial College Healthcare
- Kettering General Hospital
- Luton and Dunstable University Hospital
- Mid Yorkshire Hospitals
- North Tees and Hartlepool
- Nottingham University Hospitals
- Plymouth Hospitals
- Poole Hospital
- Portsmouth Hospitals
- Rotherham
- West Suffolk.

2.3 NHS Mandate

In March we made our formal submission to Department of Health and Social Care on the NHS Mandate. This follows discussions over the last six months, with the team feeding in evidence about the issues that matter most to people and how the Mandate can help ensure the NHS focuses on these.

We understand that the DHSC is due to publish the Mandate shortly, with the document extended this year to cover both NHS England and NHS Improvement to create a new 'Joint Accountability Framework'.

The DHSC has made clear that this year's framework will set out priorities for the next 12 months, with the main focus on putting in place the necessary foundations for the success of the NHS Long Term Plan. Our submission included a number of recommendations where we feel NHS plans could be further developed to ensure that they address the issues people have raised with Healthwatch. We also highlighted areas from the previous Mandate which we felt are important not to lose.

We called for the Joint Accountability Framework to:

- **Send a strong message about involving people in NHS decision-making**

    Healthwatch brought 85,000 people's experiences to the table during the development of the Long Term Plan, but this level of involvement needs to become part of the DNA of the NHS, helping to shape plans and to track progress.

- **Make NHS targets more meaningful for people** We urge the DHSC to back the work of the Clinical Standards Review and outline a clear expectation that new performance measures will need to be fully tested with service users to ensure they improve people's experiences of care.

- **Reassert the focus on the NHS being the world's largest learning organisation** Whilst we support the alignment of the joint accountability framework with the NHS Long Term Plan, it is vital that we do not lose important direction set by the existing Mandate about the importance of learning from feedback and complaints.

- **Building public confidence in new technologies** We fully support the Long Term Plan's commitments to grow the use of technology across the NHS, and this is very much in line with what people want. To ensure these initiatives have the trust of the public and achieve the maximum impact in improving care for everyone, they need to be fully user tested. They must also be continually refined in response to user feedback. There is significant opportunity to develop this approach by ensuring public engagement is put at the heart of the way NHSX will operate.

- **Listen to what people want from the future of the NHS workforce**

  As the NHS finalises the workforce strategy, we encourage the Department to ensure those in charge take on feedback from people about the different types of professionals and peer support services they would like to access. This will be important if the health service is to address people's concerns about continuity of care and the level of empathy services are able to offer.

Our full submission is included in the **Appendix A**. We expect the DHSC to respond to us on how they intend to address each of the points above, even where this falls out of cope of the Joint Accountability Framework.

2.4 Mental Health

In Q4 we completed our fieldwork on maternity and mental health. In total we have gathered 3,408 responses from new parents about their experiences of mental health, supported by a further 107 responses from stakeholder organisations and professionals. Our five local Healthwatch projects on this topic was also completed. All the evidence is currently being analysed for reporting in Q1.

During Q4 we also carried out the first stage of deliberative research finding out what a good mental health services looks like for children and young people. We have attached a summary of the research in the **Appendix B** but key themes were:

1. A strong view that medical professionals are often 'too scientific' when approaching mental health concerns, and that people want more access to people who had been through similar experiences.
2. This led to conversations about the positive power of social media in facilitating peer-to-peer conversations.
3. They talked about wanting more regular mental health check-ups, similar to when people go to the dentist and greater awareness of mental health first aid.
4. They discussed wanting more mental health awareness campaigns (like sports relief) which could help raise awareness and normalise mental health challenges.

5. They also wanted greater focus on mental wellbeing in the school curriculum and from a primary school age onwards.

In addition to the deliberative research we have also analysed the 17 local Healthwatch reports completed on CYP mental health issues in 2018/19, bringing together another 15,000 views, to create a firm foundation for the development of the next phase of the mental health programme.

At our network policy forum event we created an opportunity for NHS England colleagues to engage with the network as part of the development of new targets in crisis support for mental health.

2.5 Social Care

The publication of the Government's Social Care Green Paper continues to be delayed with Government now stating that it will be published "at the earliest opportunity". However, there has been significant speculation in the press outlining potential options for the future of the sector:

- According to a number of reports, the Secretary of State supports a new system of insurance to fund care for older people which could operate in a similar way to the auto-enrollment pension scheme. This would see money taken directly from people's pay packets to cover future care costs. Report from Express HERE

- Former Government Minister, Damien Green MP, has called for the introduction of a flat-rate entitlement, of perhaps £2,000 a month for residential care, or £2,500 a month for nursing care, funded through taxation of the winter fuel allowance and a possible 1% national insurance surcharge for the over-50s. Link HERE

- The charity, Independent Age, has also published a report on ways in which 'free personal care' could be funded in England. This would entitle everyone to free personal care support, either in their own homes or in a care home, similar to the system currently operating in Scotland. However, so called 'hotel costs' would still be covered by individuals. Report HERE

To help further develop Healthwatch's position on this matter, in Q4 we carried out some public polling to understand the reaction to the various proposals being mentioned in the media. We asked a representative sample of 2000 adults in England which of the following funding options they preferred:

- Increased general taxation: 42%
- Compulsory insurance: 20%
- Optional insurance: 9%
- Pay at the point of use if you have assets/savings: 8%
- An additional pay as you earn pension scheme: 2%
- Don't know: 18%
- Other: 1%

This new research, combined with our existing work on social care, has been shared with the Department of Health and Social Care (Appendix C) as well as a range of interested stakeholders, including the Lords Economic Affairs Committee, which is looking in to the issue of social care funding. We have also shared our insight with a new cross sector campaign called 'Health for Care' which is a coalition of 15 health sector organisations led by the NHS Confederation. The aim of the campaign is to provide a united voice on behalf of the health sector calling for a long term solution to the challenges facing social care. Read the letter HERE

2.6 Key Appointments / Resignations

Matthew Gould, the current Director General for Digital and Media at DCMS, was appointed as the new Chief Executive of NHSX. He will take up his new post from July and will have strategic responsibility for setting the national direction on technology across all the family of health and social care organisations. Matthew will be accountable to the Health Secretary, Matt Hancock and Chief Executive of NHS England, Simon Stevens.

2.7 Supporting the Network

There continues to be a large number of LHW whose services go out to be tender in this year. The team are supporting them with their commissioners. There is considerable uncertainty for many as the Government has still not issued the LRVC letter which gives local government the figure that government gives in addition to the funds in the Finance Settlement. This should have been issued before the end of March. We have raised this with the Department of Health and Social Care Sponsorship Team.

We continue to monitor the risks in the network. Committee are aware that the organisation that held the contract for Portsmouth went into administration. This situation has been handled well by all involved including the Commissioner, the staff and Committee and our team at Healthwatch England. As a result, there was minimum amount of disruption to the services. We more detail to the Audit, Finance and Risk Committee.

The Quality Framework is now in testing phase and will be amended as part of this. On the agenda for today's meeting we have a presentation to familiarise the Committee with the Framework and also a presentation from HW Buckinghamshire who are piloting it for us.

We have recently carried out two surveys with the network; one on their views on the services they receive from HWE the second one on the training and development needs of the network so that we can design our support to better meet their needs. I will report back to committee on the findings of the first survey at the next meeting.

As part of our plans for this year we will develop a more comprehensive digital offer to the network. In order to begin this work, we need to do a detailed piece of work;

1) What we want the technology to do
2) What is the level of capacity and capability to respond
3) What are the solutions to help us collect and analysis more high quality data

We have recently appointed two people to carry out this programme, we report back to Committee at a suitable time on the progress we are making.

2.8 Key Meetings Attended since the last Committee meeting

February	
National Health Council Seminar	Seminar on "Citizen Engagement in Health: the experience of National Health Councils" in Lisbon
Sir Thomas Hughes-Hallett, HelpForce	Meeting to discuss volunteering in the NHS

Natalie Koussa, Director of Community Outreach and Partnerships	Meeting held and Buckingham Palace Road to discuss person centred end-of-life care
James Munroe, Care Opinion	Teleconference held
Department of Health and Social Care	Meeting at 39 Victoria Street to discuss no deal scenarios
NHS London Comms Network	Meeting at 12 Upper Woburn Place with NHS London Comms leads
Jonathan Marron, Department of Health and Social Care	Meeting at 39 Victoria Street to discuss NHSE Mandate
NHS STP event	Panel session speaker at event held at Belvedere Road, London
Nuffield Trust's Health Policy Summit	Summit held at De Vere Beaumont Estate Hotel, Windsor
March	
Baroness Barker	Parliamentary engagement meeting at House of Lords
Annual Report follow up meeting with Meg Hillier MP	Chair of the Public Accounts Committee at Palace of Westminster
Integration Partnership Board	Meeting Chaired by Jonathon Marron and Jo Farrar, MHCLG at 2 Marsham Street, Westminster
'The Long Term Plan' World Café Event	Speaking at Event held at Pentahotel, Reading
Social Care Green Paper Expert Panel	Meeting with by Rt. Hon Matt Hancock SoS DHSC
'The Future of Care' Conference	Speaker at the conference held at 11 Cavendish Square, London
NHS meeting with Lord David Prior and Simon Stevens	Meeting held at Skipton House, London
Healthwatch Bristol Annual Conference	Speaking at Conference , Bristol
Jill Morrell, Head of Public Engagement, CQC	Meeting at Buckingham Palace Road, London
April	
Gill Leng, Department of Health and Social Care and Ministry of Housing, Communities and Local Government	Meeting at Buckingham Palace Road
Tim Parkin, Making it Real	Follow up meeting from Quality Matters Board, held at Buckingham Palace Road, London
Dame Gill Morgan, NHS Providers	Meeting held at Buckingham Palace Road, London

Rachel Power, Patients Association	Meeting held at Buckingham Palace Road, London
Catherine Millington-Sanders, Kingston CCG	Discussing end of life care by teleconference
Rosamond Roughton, Department of Health and Social Care. Director of Transformation	Introductory meeting held at Westminster
Annual Report follow up meeting with Baroness Blackwood	Meeting held at Palace of Westminster
National Quality Board	Meeting held at Skipton House
Governor Focus Conference planning, NHS Providers	Meeting done by teleconference
Annual Report follow up meeting with Nigel Edwards, Nuffield Trust	Meeting held at Buckingham Palace Road, London
A 'new deal' for people living with frailty and long term conditions: Implementing the NHS Long Term Plan.	Roundtable held at 1-6 Tavistock Square, London
Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care	Introductory meeting held at Buckingham Palace Road, London
Inaugural Meeting of the NHS Assembly	Meeting held at Carlton House Terrace, London
Liberal Democrat Parliamentarians and staff	Meeting at House of Lords
May	
Secretary of State Health and Care	Meeting as member of the Expert panel on Social Care Green Paper
Department of Health and Social Care Quarterly Meeting	Sponsorship Team
NHS Providers	Speaking at the Annual Governors Conference
The King's Fund Conference on Urgent and Emergency Care	Speaker at Conference held at Cavendish Square, London

AGENDA ITEM No 1.8

AGENDA ITEM: End of Year (Q4) Delivery and Performance Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the performance report for Q3

EXECUTIVE SUMMARY: This paper summarises delivery and performance against KPIs during Q4 and looks

RECOMMENDATION: Committee Members are asked to CONSIDER the attached report.

Background

This report looks back at the period April 2018 - March 2019 in Year 1 of our strategy where we aimed to do more to support people to have their say and ensure their views are heard and have an impact on health and care policy.

To move us towards achieving our strategic goals, our business plan for 2018/19 addressed:

- Initiatives to build a higher profile, both for Healthwatch and the power of the public's voice, so we double our contacts with people to more than one million a year by 2023;
- The sharper use of digital systems to capture people's views and provide a more responsive information and advice service;
- Research to help health and care professionals understand the value of listening to their communities in both quality and monetary terms; and
- Activity to strengthen the impact of the Healthwatch network, the service we provide and improve the skills of our staff and volunteers.

During year 1 we trialled new ways of working while ensuring key deliverables were achieved. The report below highlights:

- Key delivery at the end of year 1 in support of each aim.
- Impacts achieved, so far
- What we can look forward to in Q1 2019/20
- KPIs performance 2018/19
- Update on progress against our delivery plans.

Aim 1: Support you to have your say

Year 1 Delivery Highlights:

- Our coordinated campaign to support local Healthwatch engagement with the Long Term Plan has helped to drive over 18,000 responses to date from the public and been supported by 300+ NHS services, councils and condition specific charities. We project that by the end of the campaign we will have had over 19,000 responses from the public.

- We have piloted and launched a new local Healthwatch website. 14 Healthwatch websites have moved across to the new platform. We have 36 local Healthwatch with allocated slots to adopt the new website in 2019/20

- We have launched a new Healthwatch England website designed to be faster, more engaging and easier to navigate.

- We are producing more advice and information content to attract public visits to our site by filling the information gaps we have identified.

- We have updated the brand resources available to local Healthwatch via the brand centre and are supporting local Healthwatch engagement in the NHS Long Term Plan.

- Resources are now available to help local Healthwatch produce their annual reports and tell their impact stories.

- We used our digital channels to highlight the work of the network showcased at our conference. The reach of our annual conference social media messages was 44% higher and engagement with our social media messages was 77% higher than the previous year.

- We expanded our range of videos to explain our work, encourage people to have their say and promote the advice and information work of Healthwatch. These videos have already been viewed 32,000 times on our digital channels. 17 Healthwatch used the opportunity to adapt them to include local contact information.

- We laid our annual report before Parliament in December and promoted it to MPs and other stakeholders via email and social media. In the month following publication, the report was downloaded more than 1,100 times - 52% up on our previous annual report, on the back of this and from our January Parliamentary event, we have set up a series of meetings for Sir Robert Francis with key stakeholders.

Year 1 Impacts:

- Our new website and investment into social media advertising have resulted to engage communities in over 3,000 people sharing their views with us about their experiences of mental health before, during and after pregnancy and so far over 10,000 people sharing their views on the long term plan. The number of people visiting our website has increased by 17% year on year.

- Our social media campaign to get mums and dads to share their views of maternal mental health resulted in major supporters like Mums Net. As a result of our focus on social media, the reach of our social media messages has increased by 43% year on year, while the number of people following our social channels has increased by 31%.

- Local Healthwatch who have adopted our new website have seen website users increase on average by 31% and website sessions increase by 28% (Nov18 – Jan19 v Nov17 – Jan18). Traffic from organic, referral, direct and social has also increased.

- The number of local Healthwatch using our brand centre has increased by 49% year on year, while the number of branded resources created by local Healthwatch has increased by 141%.

- Significant focus of media activity has also been on trade journals to help reach out to more professionals. As a result, we have seen more mentions in the HSJ than any previous years and built very strong relationships with the likes of Practice Business Magazine and Care Management Matters – reaching out regularly to front line managers in health and social care.

What to look forward to in Q1 2019/20:

- Nine new local Healthwatch websites launched.

- Healthwatch across England supported to launch and communicate their NHS Long Term Plan engagement findings.

- First phase of findings from the maternal mental health research launched.

- New annual report template for local Healthwatch launched.

- Development of 12-month advice and information content plan

- Development of new campaign to encourage more people to share their experiences of care with services.

Aim 2: Provide a high-quality service to you

Year 1 Delivery Highlights

- We have piloted and launched a new on-line community for local Healthwatch staff and volunteers and move 800 users across from the old community.

- We have launched a new version of the Comms Centre enabling local Healthwatch to localise standard brand and campaign materials.

- Secured £500k grant from NHS England to fund Healthwatch engagement programme and put programme management arrangements in place to deliver from Q4 2018/19.

- The Quality Framework has now been completed. 7 local Healthwatch have been identified for testing and several others have expressed interest in using with their board.

- We have now moved the Healthwatch network on-line community from Yammer to Facebook workplace. A new 'Network section' has been launched on our website through which Healthwatch staff and volunteers will be able to access tools and resources.

- We hosted an annual conference in 2018 and shared our conference materials to spread learning and community across the network. Conference evaluation has taken place to inform future planning.

- We presented our annual State of Support analysis to the Secretary of State, setting out risks of resource pressures on the network – highlighted 22% fall in FTE workforce. Positive follow-up meeting held with DHSC in December where they agreed to work with LGA to explore options.

- We developed an induction pack for new Healthwatch staff, volunteers and Board members.
- Delivered 4 pilot leadership training sessions for Healthwatch through the NHS Leadership Academy.
- We surveyed Healthwatch to understand and develop network collaboration.
- We rolled out the CRM import function, enabling all Healthwatch to share the experiences they gather from people with us. 25 Healthwatch have been trained in its use so far. CRM usability improvements are now ready for testing.
- We reviewed all Healthwatch annual reports and extracted information to understand local priorities.

Year 1 Impacts:

- Media/Stakeholder training programme support 30 local Healthwatch in skill development.
- 82% of local Healthwatch used the annual report template we provided. When surveyed over 90% of those who used the resources provided said it had helped them to better communicate their impact.
- The Long Term Plan engagement work has ensured network has a seat at the table on every ICS. Looking to now make this permanent through the proposed changes to the legislation.
- Better intelligence and an increase in data quantity has led to better reporting, analysis and more efficient response to request for information meaning more intelligence is shared more widely.
- Our website hosting and maintenance offer will save many local Healthwatch money compared to what they had been paying.

What to look forward to in Q1 2019/20:

- Published the Network Events and Training Schedule
- We will launch a Healthwatch induction for all staff and volunteers
- Analysed the Network Satisfaction Survey (including Learning & Development survey)
- Tested the first version of the Making a Difference Toolkit with 15 Healthwatch
- We will have appointed two interim members of staff in the intel team to kickstart our digital transformation programme.
- We will be bringing the network on board with a new theme designed for the CiviCRM which will make it easier to use.
- We will have designed a new framework for delivering digital support to our network and process for initiating technical development.
- We will analysis diversity & inclusion data – identify gaps and prepare a strategy to improve clinical standards reviews.

Aim 3: Ensure your views help improve health and care

Year 1 Delivery Highlights:

- Healthwatch England were invited to a range of influential boards and groups including – NQB, the BCF Programme Board, DHSC Cross Sector Strategic Insights Group.
- Our Healthwatch reports library was launched in January. We are continuing to expand the content and seeking further feedback from users.
- We successfully influenced the NHS Long Term Plan (LTP), which has now been published, through sharing 85,000 people's experiences of care – 10 clear policy changes by NHS England link back to the evidence we submitted - e.g. section Mental Health, homelessness, residential care, A&E, carers, care closer to home.
- Published our five tests for the Social Care Green Paper and promoted to key audiences at the NCAS conference and through articles in the House Magazine (MPs and Peers), First Magazine (councillors) and NHS Confederation website (NHS leaders). Also hosted a social care policy forum to build support amongst network and key stakeholders – King's Fund, Competition and Markets Authority (CMA) and CQC.
- Published findings on the experiences of homeless people in two public facing web articles and a targeted briefing as part of the NHS LTP. Secured confirmation NHS England now planning national roll-out of Healthwatch/Groundswell information cards about right to access a GP without proof of address.
- On maternity and mental health, we made grant offers to five local Healthwatch projects and three charities working with service users. Also boosted responses to national survey – now over 2000. Held initial discussions with potential partners about plans for phase on CYP transitions.
- We have written a draft report on learning from complaints and shared it with key stakeholders. The report is due to be published in late summer.
- Draft report on dementia, which we worked jointly on with the policy team at the Alzheimer's Society, was produced in Q3 and shared with key stakeholders. The final report is due to be published in Q2.
- Published our updated work on emergency readmissions in November – securing both national and trade media coverage. In January we had confirmation NHS Digital will start publishing data again from March and plan to investigate how to improve the dataset going forward.
- NHS Digital has started publishing new data on emergency readmissions. As a result of the work we did in this area, we now sit on the advisory group to share how the data is collected and used.
- We have supported the development of the DHSC Feedback Strategy by conducting research on citizen whistle-blowers with acute hospital trusts. We have now drafted a report on and shared it with stakeholders. The final report will be published in Q2 2019/20.

Year 1 Impacts:

- Emergency readmissions project saw data reintroduced by NHSD and commitments to explore how to improve it for the year ahead.

- CQC conducted thematic review in to oral health in care homes. This came from direct recommendation by Healthwatch and locally we help CQC conduct the field work.

- The Parliamentary reception gave 40 local Healthwatch the opportunity to meet with their MP and provided a platform for others to arrange to meet with their MP (either as follow-up or as an alternative for those who couldn't make the event)

- Work informing the social care green paper has provided an opportunity for us to significantly raise our profile in social care - particularly among key national stakeholder audiences. Key products like the complaints statement, part of quality matters, have also provided practical tools for frontline social care professionals.

- NHS Long Term Plan is the primary example – with the 85,000 people's views we shared significantly shaping elements of plan including:
    - CYP Mental Health – both the vastly increased ambition to provide to support to all CYP by end of the plan and the removal of the age limit around transition.
    - Focus on improving access to enhance primary and community care service
    - Exploring new ways of measuring NHS performance – A&E and RTT, as well as the new integration index based on patient experience.

What to look forward to in Q1 2019/20:

- We will undertake a gap analysis to review the data that we hold on BAME groups and developed a process to improve capturing data of this type.

- We will be using Endeca as part of our daily intelligence processing

- We will raise awareness and begin to roll out the research governance framework while doing further work to improve usage of the research helpdesk

Healthwatch England KPIs - Year End 2018/19 (Q4)

Aim 1 - Support you to have your say We want more people to get the information they need to make decisions about their wellbeing, care and the services that support them								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
1	We will see a 5% increase in public recognition of Healthwatch	Annual Tracker	33%	Annual	38%	32%	Red	Margin of error +/- 2.5% so KPI not achieved. Maintained but did not raise awareness while comparator organisations dipped slightly more.
2	We will see a 5% increase in public understanding of the purpose of Healthwatch	Annual Tracker	11%	Annual	16%	32%	Red	Margin of error +/- 2.5% so KPI not achieved. Maintained but did not raise understanding.
3	We will see 35% increase in engagement with Healthwatch England via digital media. Composite KPI:	Google analytics; Sprout social; number of Twitter followers; Facebook likes; number of Twitter retweets and Facebook shares; unique visitors; click	Web visitors Unique visitors Social media reach Engagement with social media (Baseline Total: **3,374,618**)	Quarterly	Overall Total: **4,555,735**	Overall total: **5,032,190**	Green	Achieved 10.4% over target at the end of Q4.
	A. Social following		18,230		24,611	26,618		Achieved 8% over target at end of Q4.

	B. Social reach	rate; content downloads; how visitors arrived at site	3,126,153		4,220,307	4,668,920		Achieved 10.6% over target at end of Q4.
	C. Website visitors		167,264		225,806	195,151		Below target – 13.5% of annual target by end of Q4. However, 16% up from previous year.
	D. Actions taken		18,258		24,648	79,160		Achieved target – 221% above target at the end of Q4.
	E. Number of engagements on social media		44,713		60,363	62,341		Achieved – 3% above target at the end of Q4.
4	We will see 15% increase in media reach of Healthwatch England and Local Healthwatch	Regular tracking of opportunities to see and mentions by national regional and trade, and online	24.75 Opportunities To See	Quarterly	**28.46**	**30.86**	Green	Achieved – 8% above target at the end of Q4. 25% increase from previous year.
5	We will see increase of 20% in the number of people who share their views with the network	Regular Tracking / Annual Return	341,000 sharing views	Annual	409,200	406,567	Amber	Target not achieved. Below target by 2,633 – 19% increase against target of 20%. Reported as red to AFRSC in Q2 as target was not achieved but the AFRSC considered that this should be reported as amber rather than red. Worth noting that this increase was achieved without shifting the overall awareness or understanding scores, suggesting that further success in increasing interaction may come from focusing on reaching the right audiences at the right times rather than crude reach figures.
6	We will see increase of 20% in the number of people who seek information across the network	Regular Tracking / Annual Return	176,000 seeking information	Annual	211,200	707,816	Green	Precise assessment against target not possible. Year on year figures not comparable as this year's figures are broken down (598,233 people visited signposting and information pages and

								60,743 (people contacted their Healthwatch for information directly) and this may mean inclusion of figures not included in previous years. Rated green due to substantial increase in overall figure but more use as benchmark for future assessment than as guide to current performance.

Aim 2 - Provide a high-quality service to you We want everyone who shared experiences or seeks advice from us to get a high-quality service and to understand the difference their views make								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
7	We will see a new agreement in place with 80% of the Network	CRM	0	Quarterly	80%	0%.	Red	Agreement will be completed by the end of March. Take up will now be 2019-21
8	80% of Local Healthwatch, their staff and volunteers will report with good or outstanding satisfaction with the service from Healthwatch England	Composite KPI Events, Training Annual Return	0	Annually	80%	*Please see note*	Amber	Survey delayed. Scheduled to be sent out in April and analysed in May 19.

Aim 2 - Provide a high-quality service to you We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
9	20 Local Healthwatch will take up the new digital offer	Regular tracking	0	Quarterly	20	9	Amber	9 sites live; 13 sites in transition and will be live by June 2019; 29 more signed up in pipeline for 2019/20.
10	We will develop an involvement/contact index to track how engaged Healthwatch England is with Local Healthwatch and Local Healthwatch with each other.	To be developed. (Show variances as well as averages)	0	Quarterly	Yes/No	***See Notes***	Red	Work on Index proved to be too complex and not meaningful. Focus has switched to work on CRM to allow better reporting on involvement. LTP work has ensured we have good understanding of involvement of individual HW.
11	To let people, know the difference their views have made, in year 1, we will analyse all local Healthwatch annual reports and extract the outputs and outcomes to provide a baseline	Local Healthwatch annual reports	0	Quarterly	100%	***See Notes***	Red	Not completed due to resource limitations.

Aim 3 - Ensure your views help improve health and care We want more services to use your views to shape the health and care support you need today and in the future.								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
12	We will develop a new benchmark showing professionals' understanding of the role and effectiveness of Healthwatch. (We will commission a piece of work that will establish a baseline on a range of professionals' views and understanding of Healthwatch at a national and local level).	Annual Tracker to be established. (Show variance as well as averages)	0	Annual	Yes/No	Yes	Green	Completed – Evidence gathered to set baseline of awareness and understanding among professionals and key stakeholders at national and local level. Note, due to resources we will track some elements on an annual basis with more in-depth assessment during year 3 and 5 of the strategy.

Aim 3 - Ensure your views help improve health and care We want more services to use your views to shape the health and care support you need today and in the future.								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
13	We will develop measures to show impact by category at national level and at local level; and report on the volume, nature and source of the impact captured.	Annual Tracker to be established	0	Annual	Yes/No	Yes	Green	Built into engagement programme. Impact toolkit drafted and currently being tested by 15 HW. Toolkit will support Quality Framework, providing annual tracking mechanism.
14	We will see at least three strategic partnerships formed	Regular tracking via CRM	0	Quarterly	3	1	Amber	Now part of NHS Confederation-led Health for Care coalition. Discussing strategic partnerships with Alzheimer Society and the Kings Fund. become formal partnerships. A detailed plan will be in place in September.
15	We will develop the methodology for tracking the use of Healthwatch England and Local Healthwatch findings by national organisations	Regular Tracking	0	Annual	Yes/No	No	Amber	Work started in Q4 and will now be delivered in Q1 2019/20 as agreed in the Business Plan.

Year 1 Organisational KPIs We are a well-run organisation that develops its resources well.								
No.	**KPI Description**	**Data Collection Method**	**Baseline**	**Reporting Frequency**	**Target**	**End of Year Delivery - Q4 (March 2019)**	**Status**	**Notes**
16	We will see 100% of the staff completing the staff survey	Staff Survey (mini-version)	98%	Annual	100%	85%	Red	We fell below our target of 100%. 28 responses received out of 33.
17	The survey to show a 90% positive response	Staff Survey (mini-version)	90%	Annually	90%	80%	Red	We fell below our target of 90% positive response.
18	We will see 100% of the budget spent on agreed priorities	Finance Reports	90%	Quarterly	100%	104%	Green	As at Q4 total budget spent but 4% over annual allocation
19	90% of programmes on track	Leadership Papers. (Show variance as well as average)	80%	Quarterly	90%	41%	Red	The main delay in projects was caused by staffing shortage and some procurement issues. 2 projects (6%) are on hold and the remaining activities will be delivered in 2019/20.

Year 1 Organisational KPIs We are a well-run organisation that develops its resources well.								
No.	**KPI Description**	Data Collection Method	Baseline	Reporting Frequency	Target	Position at Q4	Status	Notes
20	The Committee discharges its statutory responsibilities under Health & Social Care Act and Equality & Human Rights Acts **(Deputy Director)**	Composite KPI: Annual report Quarterly report to AFRSC on discharge of statutory duties	0	Quarterly to Audit, Finance and Risk Sub-Committee from Q2; Annually to Committee	Yes/No	Yes	Green	Reports provided to AFRSC. Annual Report to Parliament delivered in Q3. EDHR policy agreed in Q3.

Healthwatch Business Plan 2018/19

Delivery of Business Plan at Year end 2018/19 (Q4)

Aim 1: Support you to have your say
We want more people to get the information they need to make decisions about their wellbeing, care and the services that support them.

Ref.	Deliverables	End of Year Delivery - Q4 (March 2019)	Delivery Date	Accountable Owner
1.	Content strategy: Map current content providers, identify gaps and establish partnerships. Trial content syndication.	COMPLETED	Q4	Head of Communications
2.	Digital development: Roll out refreshed website to local Healthwatch. Establish user requirements for future investment case.	COMPLETED	Q4	Head of Communications
3.	Involvement Index: Establish public awareness levels, attitudes and experience of involvement in care. Audience targeting: Put in place tools to improve the targeting of engagement.	IN PROGRESS: • Carried over to 2019/20	Q3	Head of Communications
4.	Review Healthwatch intelligence on advice, information and sign posting to establish common questions the public want answered.	COMPLETED	Q1	Head of Intelligence and Analytics
5.	Standard approach to advice, information and signposting: Develop and roll out common Healthwatch approach to meeting people's information needs.	IN PROGRESS: • Approach for local services will be developed in 2019-20.	Q3	Head of Intelligence and Analytics
6.	Communications and engagement strategy: Establish single campaigns calendar. Map potential community partners and intermediaries. Establish engagement model and baseline effective approaches.	COMPLETED	Q4	Head of Communications

7.	Publish literature review on engagement methodologies; identify relevant collaborative partnerships and design engagement tool kits.	**IN PROGRESS:** • Literature review delivered by University of Plymouth and other activities will be delivered in 2019/20 within the revised engagement programme	Q4	Deputy Director

Aim 2: Provide a high-quality service to you *We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.*				
Ref.	**Deliverables**	**End of Year Delivery - Q4 (March 2019)**	**Delivery Date**	**Accountable Owner**
8.	Create and articulate a clear offer to the network for 2018/19 to include: • Training offer • Support • Data sharing • Licence/Network agreement	**IN PROGRESS:** • Expect to be completed Q1 2019/20	Q4	National Director
9.	Scope and run a programme of work on improving the funding base of LHW.	**COMPLETED** and ongoing	Q2	Head of Network Development
10.	One Healthwatch: Programme of engagement to formalise and agree shared vision, purpose and strategy which is understood by staff and volunteers.	**NOT DELIVERED:** • A programme of engagement was not formally established. However, the Conference was used as the vehicle to drive "One Healthwatch"	Q4	National Director
11.	Complete training needs assessment for the network. Develop a skills framework including a core skills framework for Healthwatch volunteers, staff and leaders. Explore accreditation of training.	**IN PROGRESS:** • Survey is currently out with Network	Q4	Head of Network Development

12.	Develop a plan for engaging with commissioners and local stakeholders • Establish quality key performance indicators. • Provide guidance on Commissioning LHW • Regularly communicate with these key stakeholders.	**IN PROGRESS:** • KPI to be established in 2019/20	Q4	Head of Network Development
13.	Network collaboration: Review regional network activities. Establish new methods of providing support to network on a regional basis.	**IN PROGRESS:** • Survey completed in Feb 2019. Activities following the findings of the survey will be delivered in 2019/20	Q2	Head of Network Development
14.	Single digital platform: Scope and develop new area for local Healthwatch to access resources, data and to collaborate.	**COMPLETED**	Q2	Head of Communications

Aim 3: Ensure your views help improve health and care *We want more services to use your views to shape the health and care support you need today and in the future.*				
Ref.	**Deliverables**	**End of Year Delivery - Q4 (March 2019)**	**Delivery Date**	**Accountable Owner**
15.	Expanding our support base: Automated process established for identifying and engaging broad patient and public involvement (PPI) workforce across health and care.	**IN PROGRESS:** • The plan has changed in relation to engaging PPI workforce. First steps will be delivered in Q4. The rest of the project will be built into future engagement programme 2019/20.	Q1	Head of Policy and Public Affairs
16.	Evaluation of networks contribution to date completed and status of the network mapped out.	**IN PROGRESS:** • Activity reviewed and re-planned to be delivered in 2019/20	Q3	Head of Network Development
17.	Annual tracker survey set up to establish professional and stakeholder attitudes to public involvement.	**COMPLETED**	Q3	Head of Policy and Public Affairs
18.	Value of engagement: Strong economic case for public engagement established and engagement matrix developed	**IN PROGRESS:**	Q3	Deputy Director

	to help stakeholders identify the ROI for different engagement methods.	• Moved into 19/20 as part of the revised engagement programme		
19.	Current NHS targets assessed against patient experience intelligence to make strong case for change in focus.	**COMPLETED:**	Q3	Head of Policy & Public Affairs
20.	Healthwatch Evidence Service: Requirements fully scoped, technology required mapped out and necessary procurement completed. This will also include setting of realistic targets for information sharing over the lifetime of the strategy.	**COMPLETED:**	Q2	Head of Intelligence & Analytics
21.	Robust impact measures in place including methodology for recording and analysing metric around % of recommendations accepted + % recommendations which led to change.	**IN PROGRESS:** • Impact toolkit drafted and currently being tested by 15 HW. To be delivered in 2019/20	Q4	Head of Intelligence & Analytics

AUDIT, FINANCE AND RISK SUB COMMITTEE MEETING

Audit, Finance and Risk Sub Committee (AFRSC) Meeting
Minutes of meeting No. 7
Meeting Reference: AFRSC190502

Minutes of the Audit, Finance and Risk Sub Committee (AFRSC) 2 May 2019 11am-1pm

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

In Attendances:
Imelda Redmond (IR) – National Director
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Leanne Crabb (LC) – Committee Secretary (minute taker)

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:** Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub Committee meeting (AFRSC) No apologies received	
1.2	**Draft Minutes of Meeting of January 2019:** Minutes of the last meeting were agreed	
1.3	**Matters Arising** None	
2. 1	**Finance and Procurement** **Finance:** Joanne Crossley presented the year-end report and highlighted that we spent the budget for 2018-19 as planned, with a small overspend of 4%. PH asked if the 4% overspend would be carried over into the 2019-20 budget. JC responded that there is no carry-over as there is a limited	

	tolerance on overspend, which CQC has approved. The overspend does not affect the confirmed budget allocation for 2019-20. DO asked for clarification on priority 2 overspend. JC explained that the overspends were attributed to additional expenditures on conference where we decided to include digital interaction, design changes to our annual report, and to the extension of our existing digital contract to cover work between April – September 2019 which was accrued for and counted in 2018-19 budget, with approval from CQC Finance. We have established good control mechanisms in place to manage o detailed scrutiny. We are carrying out a detailed review of digital, design and print expenditures and will report back to AFRSC. DO summarised that the Sub Committee NOTE the overspend and reaffirmed commitment to operating within the budget allocation. DO proposed a discussion in Q3 to re-evaluate the budget spend. IR added that there may be some slight amendments to our 2018-19 figures by the CQC once the final accounts are done but this should be minimal. DO said it would be helpful for the Sub Committee to have sight of our internal limits and controls for spending. IR responded that the limits would be brought to the next meeting for the Sub Committee to review. PH asked if the budget is phased and if we could ensure we spend earlier in the year so that there is no underspend at the end of 2019-20. JC responded that at present the budget is split evenly over 12 months and we measure our financial performance against the budget quarterly. We are also planning to procure as early as possible. IR said that we can look at a phased budget and that information could be brought to the next meeting. PH asked if we are getting more money to give out as grants in this financial year. IR responded that there is nothing in the pipeline yet but we will continue to look for opportunities. JC presented a section on grant funding. DO enquired as to why three external providers had been chosen for grants. IR explained that we did a survey on maternal mental health, this was fill gaps in our evidence and three charities were chosen as partners as they had better access to people who could provide us with some good feedback. **Procurement:** JC highlighted key activities during 2018-19 and stated that we will be procuring less in 2019-20 as we have recruited staff based on our business plan to mitigate for any procurement delay.	LC JC JC

	Furthermore, we have a system in place to offer secondments to the local Healthwatch network for discrete work if necessary. Our digital procurement for 2019-21, which is our largest Non-Pay spend, has already been approved by the CQC Resources Board. The lack of flexibility in the procurement process created challenges with delivery timescales, which we have raised with the CQC Head of Procurement. We are awaiting a response from CQC and a follow up meeting to ensure we are heading in the right direction. To provide an example of the procurement process and any delays IR said we will track a recent procurement to monitor the progress and will report back to the Sub Committee. DO asked for a report to come to the next Sub Committee including five key procurements for 2019-20 showing dates and steps from when procurement was initiated to completion with a purchase order number, so that we can present a case to CQC for making procurement more flexible for us if timescales have not improved. **ACTIONS** **LC to add 'Q3 re-evaluate spending' in relation to budget on the forward plan** **JC to provide the Sub Committee with Healthwatch England internal limits and controls regarding spending at the next meeting** **JC to bring suggestions for a phased budget to next meeting** **JC to bring report on procurement showing timescales to the next meeting**	JC
2.2	**Recruitment** JC presented the recruitment report and provided the following summary: • There were two new starters this week in the Intelligence Team covering the post of Senior Research Analyst • Two leavers in the last quarter. JC gave key findings from the December 2018 mini staff survey: • Line managers must ensure regular 1-2-1 meetings take place • Training and career development plans needed for staff • Healthwatch behaviours must be clear and understood by all staff IR said that the Leadership Team have been tasked with taking responsibility for the above actions. IR thanked HP for attending and	

	her presentation about career development at the April All Staff Meeting. IR added that staff gave good feedback from the session. HP said she was pleased 1-2-1s were clearly included in the new Business Plan and that the right actions are being taken to address the issues around training and development. She added it would be good to see more day to day engagement but the Leadership team were responding positively to the survey. IR said she now has regular meetings with middle managers which has provided good support and opportunity to discuss issues at that level. AM commented that the results of the survey are good, when compared to similar organisations. IR said that capability training would be looked at for the middle managers. **ACTIONS** **IR to look at capability training for managers**	IR
3.1	**Risk Review** SA introduced the new draft strategic risk register which has been revised in line with the new Business Plan and strategy. IR said that the risk register has been made simpler to ensure that we concentrate on key risks and that Team Leaders have updated it accordingly. There was a general discussion about the register with the Sub Committee agreeing: • SR10 regarding Premises, SR12 regarding Staff Resources and SR13 regarding Enquires were more operational risks rather strategic risks and should be removed. • SR13 regarding Enquiries needs to be reworded to state 'if we fail to pick up something someone is telling us'. • SR01 regarding Funding to include that the network may not be credible if it reaches tipping point and enough local Healthwatch fail. • It was agreed that on SR09 regarding Staff Resources and SR10 regarding Premises pre mitigation was too high and should be reduced • It was requested that SR09 regarding Staff Resources was split into two to cover both staff retention and staff recruitment separately. SA to make amendments to the risk register and take to the May full Committee for APPROVAL.	SA

	ACTIONS SA to make amendments to the risk register to take to May full Committee	
4.1	**Discharge of the Committee's statutory responsibility** IR introduced the report which was NOTED by the Committee.	
5.1	**Grant giving process** JC introduced the paper explaining it was a summary of the process we used to give out grants for the Long Term Plan. HP said it looked a good and an inclusive process. JC added that there were regular project team meetings throughout and that the slowest part of the process was setting up local Healthwatch onto the purchase order system. She added that now we have gone through the process we have a much better understanding of what is needed so future grants will be easier to process. IR said that there has been some good feedback and lots of information exchanged amongst local Healthwatch. She added that 44 co-ordinators across the network are giving us updates every month so we know how they are getting on and the quality and detail is very good. IR said the process is strong and we are able to make sure the money is being well spent. IR agreed to send examples to the Sub Committee. IR said that information would be brought to the next Sub Committee meeting about the other grants we offered for Mental Health, Toolkit, Research Training and Reports Library. DO stated that feedback regarding this process from the local Healthwatch was really important and that we want good evidence if we are to distribute further grants in the future. IR responded that we are considering having feedback sessions at the Healthwatch conference and possible a separate event for the 44 co-ordinators. Do summarised that the Sub Committee NOTED there is a robust process in place regarding managing the grants and how the money is being spent and that they would be getting feedback from local Healthwatch.	IR IR IR

	ACTIONS IR to send examples of the updates we are receiving regarding the Long Term Plan engagement IR to bring information about non LTP grants to next Sub Committee meeting IR to look at best way to gather feedback from local Healthwatch on the LTP grant process	
6.1	**Forward Plan** AM asked if we get feedback from PricewaterhouseCoopers (PwC) when they do their audit. IR responded that we don't get feedback, but we do see their plan.	
7.1	**AOB** The Sub Committee NOTED that Healthwatch Portsmouth losing its provider was being well managed and commended local Healthwatch and Healthwatch England staff for their hard work.	

SUMMARY OF ACTIONS (LAST UPDATED OCT 2018):						
NUM	**DATE**	**LEAD**	**ACTION**	**UPDATE**	**DEADLINE**	**STATUS**
1.	16/10/18	Neil Tester	To arrange for HWE to ask CQC for feedback regarding discharging the Committee's statutory duties annually	Added to draft CQC HW Update for June CQC Board Meeting	June 2019	In progress
2.	24/01/19	Imelda Redmond	To arrange for an effectiveness survey to go to all members of the AFRSC to review the Sub Committee's effectiveness	This will be sent out on 17th May and is on the forward agenda to discuss results in July AFRSC	June 2019	In progress
3.	02/05/19	Leanne Crabb	To add Q3 're-evaluate spending in relation to budget' on the forward plan		July 2019	
4.	02/05/19	Joanne Crossley	To provide the Sub Committee with Healthwatch England internal limits and controls on expenditures at the next meeting		July 2019	
5.	02/05/19	Joanne Crossley	To bring suggestions for a phased budget to next meeting		July 2019	
6.	02/05/19	Joanne Crossley	To bring report on procurement showing timescales to the next meeting		July 2019	

7.	02/05/19	Imelda Redmond	To look at capability training for managers		July 2019	
8.	02/05/19	Imelda Redmond	IR to make amendments to the risk register to take to May full Committee		July 2019	
9.	02/05/19	Imelda Redmond	IR to send examples of the updates we are receiving regarding the Long Term Plan engagement		July 2019	
10.	02/05/19	Imelda Redmond	IR to bring information about non LTP grants to next Sub Committee meeting		July 2019	
11.	02/05/19	Imelda Redmond	IR to look at best way to gather feedback from local Healthwatch on the LTP grant process		July 2019	

AGENDA ITEM No. 1.9.1

AGENDA ITEM: Draft Strategic Risk Register

PRESENTING: Imelda Redmond

PREVIOUS DECISION: AFRSC reviewed the high-level risk register at the meeting in January 2019 and recommend this to the committee, which committee approved.

EXECUTIVE SUMMARY: AFRSC have reviewed the attached draft Strategic Risk Register at the meeting 2 May 2019 and recommend APPROVAL by the committee.

RECOMMENDATION:
The committee are asked to **APPROVE** the Strategic Risk Register

Background:

A full revised strategic risk register has been drafted for 2019/20 highlighting all the potential risks to the delivery of the strategy and business plan. The register was reviewed by AFRSC on the 2nd May and recommend this to the committee for APPROVAL.

The Committee are asked to **APPROVE** the full revised Strategic Risk Register.

DRAFT Healthwatch England Strategic Risk Register 2019-20 (Q1)
Last updated 07/05/2019

No.	Category	Risk	Potential Causal Factors	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations) (Please state, in brackets, the deadline when actions will be completed)	Post-Mitigation Rating	Committee Appetite for Risk (Low, Medium or High)
STATEGIC RISKS										
SR01	FUNDING	Failure to provide the Network with sufficient support and advice to help them make their case against funding challenges, risks a reduction in their funding, which could affect their viability and ability to operate effectively. The Network may not be credible if it reaches tipping point because enough local Healthwatch fail due to their Provider organisations not being financially viable.		Head of Network Development	2	5 (Imp) 5 (Lh) 25 (V. High)	• Network funding and contract status, risk matrix, register and mitigation plans in place • Scheme of delegation in place • Support offer to network in place • Communication to wider network of how we are working with local Healthwatch • Business case for investment and engagement programme with commissioners • Impact report and current grant agreement in place • Risk identification and mitigation including scrutiny by Funding Task Force Group are in place	• The Quality Framework will be rolled out to local Healthwatch and some commissioners • Support offer to network in place • Regular Communication with commissioners and continued challenge when there is a reduction in funds • Greater use of brand licence • Roll out impact took-kit and research tool-kit •Carry out a bi-annual review of local Healthwatch host organisations' audited accounts	5 (Imp) 4 (Lh) 20 (High)	
SR02	ENGAGEMENT	Failure to engage with more health and care professionals, risks that they will not see the value of people's views to improve services resulting in services that don't reflect the needs of the people.		Head of Policy and Public Affairs	3	4 (Imp) 4 (Lh) 16 (High)		• Develop an approach to target more front-line professionals. (Sep 2019)	4 (Imp) 3 (Lh) 12 (Medium)	

No.	Category	Risk	Potential Causal Factors	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations) (Please state, in brackets, the deadline when actions will be completed)	Post-Mitigation Rating	Committee Appetite for Risk (Low, Medium or High)
SR04	ENGAGEMENT	Failure to effectively communicate and engage with the public including diverse groups, risks the public not sharing good quality feedback on their health and social care and gaps in our knowledge among diverse groups.		Head of Communication	1	3 (Imp) 4 (Lh) 12 (Medium)	• Detailed communication plans are in place • Two public facing campaigns are planned • A programme management approach will monitor progress	• Develop a strategy to transform our communication with the public. (Nov 2019) • Develop a strategy to explore public engagement. (Dec 2019)	3 (Imp) 3 (Lh) 9 (Medium)	
SR11	PROCUREMENT	Due to CQC procurement processes being too complicated for our small organisation, there is a risk that our procurements for small sums could take just as long to go through the system as large purchases resulting in delays to our business plan.		Head of Operations	4	3 (Imp) 3 (Lh) 9 (Medium)	• Regular meetings with procurement • Use of secondments • Grants in and to local Healthwatch • Sub Committee (AFRSC) scrutiny • Collaborate with CQC on their existing contracts to achieve value for money and reduce lead times	• In discussions with Head of Procurement to review procurement limits to enable greater anatomy over our procured spend	3 (Imp) 3 (Lh) 9 (Medium)	
SR07	BRAND	Due to inappropriate actions/behaviour of Healthwatch network staff or volunteers, there is a risk of damage to Healthwatch brand or reputation.		Head of Communication	2	5 (Imp) 3 (Lh) 15 (High)	• Regular reporting on risks profile of each local Healthwatch • Monitoring media (including social media) and intelligence from the network • Crisis management plan in place to enable prompt action to address and minimises the impact of any issues. • Local Healthwatch brand licence agreement in place if further action is required	• Review and update network/brand licence agreement and introduce new induction for Healthwatch staff and volunteers. • Scheme of delegation • Ability to withhold or remove Brand licence • We have developed a contact & engagement with local Healthwatch grid where we can target communication with local Healthwatch who do not engage.	4 (Imp) 2 (Lh) 8 (Medium)	

No.	Category	Risk	Potential Causal Factors	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations) (Please state, in brackets, the deadline when actions will be completed)	Post-Mitigation Rating	Committee Appetite for Risk (Low, Medium or High)
SR08	IMPACT	Inability to quantify, track and communicate our impact and the broader value of our work.	Lack of shared understanding of impact across the network and poor processes in place to capture. Local Healthwatch does not provide timely useful data.	Deputy Director	3	4 (Imp) 3 (Lh) 12 (Medium)	• Regular intel briefings. • Wide circulation of regular insight bulletins	• Developing models for recording and reporting impact. • Developing impact assessment tools. • Roll out models for recording impact assessment tools.	4 (Imp) 2 (Lh) 8 (Medium)	
SR03	DIGITAL	Failure to provide a suitable and secure digital system, risks a data protection breach resulting in reduced confidence from the network and reputational damage.		Head of Intelligence & Analytics	3	4 (Imp) 4 (Lh) 16 (High)	• Regular testing conducted on CRM • All data coming in from LHW is screened • Regular advice and guidance given to LHW on data • Support provided on implementation of GDPR	• Internal testing to be conducted on the new CRM system before it is rolled out to LHW (May - Sept 2019) • Roll out of the new CRM to LHW will be done in 3 stages with further checks done at each stage. (Early Q3)	4 (Imp) 2 (Lh) 8 (Medium)	
SR09	STAFF RESOURCES	Due to recruitment lead times, there is a risk of delays in delivering our business plan which would impact on our strategic goals.		Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium)	• Use of secondments from LHW • Monthly review of programme management framework • Run recruitment campaigns in parellel with CQC redeployment process.		4 (Imp) 2 (Lh) 8 (Medium)	

No.	Category	Risk	Potential Causal Factors	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations) (Please state, in brackets, the deadline when actions will be completed)	Post-Mitigation Rating	Committee Appetite for Risk (Low, Medium or High)
SR10	STAFF RESOURCES	Due to high staff turnover, there is a risk that staff are being pulled in too many directions resulting in poor performance, low morale, loss of focus on more important issues and missed opportunities.		Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium)	• Regular 1:1s to manage staff workload & personal development • Clear objectives		4 (Imp) 2 (Lh) 8 (Medium)	
SR12	ENQUIRIES	Due to poor information management processes, there is a risk that we fail to react appropriately to serious incidents or issues (e.g. safeguarding) raised by the public resulting in a loss of trust in the brand amongst the public and stakeholders.		Head of Operations	4	3 (Imp) 4 (Lh) 12 (Medium)	• Clear safeguarding policy in place • Clear whistleblowing policy in place • Line management arrangements set clear aoooountability for acting on information • Healthwatch England has strong links with relevant statutory bodies e.g. CQC, GMC, NHSE & NNSE • The prooess on how NCSC deals with Healthwatch England enquiries has been reviewed and updated	• Staff will be given training on how to handle difficult calls (Sept 2019).	3 (Imp) 2 (Lh) 6 (Medium)	
SR05	INDEPENDENCE	Our independence is called into question because we receive funds from external organisations to carry out specific pieces of work		National Director	3	3 (Imp) 3 (Lh) 9 (Medium)	• Clear agreement put in place that emphasises our independence is in place for existing grant • Regular meetings with NHSE emphasis our independence	• All offers will be scrunitsed for conflict of interest • Agreements will state that Healthwatch England and LHW findings will be reported independently • Think through people's perception	2 (Imp) 2 (Lh) 4 (Low)	

No.	Category	Risk	Potential Causal Factors	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations) (Please state, in brackets, the deadline when actions will be completed)	Post-Mitigation Rating	Committee Appetite for Risk (Low, Medium or High)
SR06	INFLUENCE	Due to a political or legislative change, there is a risk that we could lose key political relationships and be unable to influence decision makers. Risk applies at both national and local level.		Head of Policy & Public Affairs	3	3 (Imp) 3 (Lh) 9 (Medium)	• Plan in place to develop relationship with key politicians. This will continue regardless of political change	• Regularly keep key politicians informed of our findings (ongoing) • Continue relationship building approach (ongoing)	3 (Imp) 1 (Lh) 3 (Low)	

LEGENDS - Risk Ratings

Impact	Risk Ratings based on Scores				
5 - Very High	5	10	15	20	25
4 - High	4	8	12	16	20
3 - Medium	3	6	9	12	15
2 - Low	2	4	6	8	10
1 - Very Low	1	2	3	4	5
	1 - Very Low	2 - Low	3 - Medium	4 - High	5 - Very High
	Likelihood				

Legends
Very High
High
Medium
Low

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING

AGENDA ITEM 2.0

AGENDA ITEM: Quarterly Intelligence and Policy Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: What People Have Told Us – a review of evidence. This report covers quarter 4 2018/19

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

Summary

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

Since October 2018 our Quarterly Report has been promoted in different ways via digital, social media and email marketing. We are doing more to improve the number of NHS staff and professionals who access and download the report.

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

What people have told us about health and social care

A review of our evidence - January to March 2019

Contents

Overview of what we've heard this quarter

People want health and social care support that works for them – helping them stay well, get the best out of services and manage any conditions they face. Our job is to find out what matters to the public and to help make sure their views shape the support available.

Between January 2019 and March 2019, Healthwatch England received reports of 22,513 people's views and experiences of health and social care from our network. Each quarter we share what we've heard and what it tells us about what people think of services.

What did people speak to Healthwatch about this quarter?

Below is a summary of the issues – new and established – that we identified this quarter. We share more detail about what people told us later in the report.

GPs, dentists, pharmacists, and other primary care support

What's new this quarter?

- GPs aren't always equipped to provide support for mental health conditions or challenges.
- People are not always referred to secondary services in a timely manner and many end up chasing up appointments themselves.

What we continue to hear:

People often find it difficult to get an appointment with a GP.

People would prefer to keep seeing the same GP but struggle to.

GPs don't always communicate clearly with patients.

GPs sometimes show a lack empathy towards patients.

Patients experience delays collecting prescriptions, and sometimes find prescriptions have been stopped without notice.

It can be challenging to register with a dentist, particularly ones offering NHS services.

Patients often aren't clear about payments for dental care, especially when they need further treatment.

Hospital care including urgent and emergency care

What's new this quarter:

Correspondence concerning people's medical results, diagnosis and prognosis is not always sent to the patient or relevant health professional.

What we continue to hear:

People are waiting too long for appointments and operations, sometimes facing multiple cancellations.

Quality of care can be affected by poor communication between hospital staff and patients.

When people are discharged from hospital, they do not always get clear and timely communication about their ongoing care and the support available.

People attending A&E during a mental health crisis do not always get the mental health support they need.

People have difficulty accessing interpreters for hospital appointments, and it can be unclear whose responsibility it is to arrange them.

Social care

What's new this quarter?

Some dental surgeries don't support visits to care homes to provide checkups and treatment.

Dental surgeries are sometimes unequipped to serve people with dementia or other disabilities.

People in care homes want more personalized care, and to be able to make choices about things such as their clothes and meals.

What we continue to hear:

People want easy access to information about how they can access social care support for themselves or a relative.

People aren't always clear what a social care assessment is or how it can support them or the person they care for.

People have trouble accessing home care support or finding an appropriate care home for themselves or a relative.

People want more consistency when being cared for at home. The time care workers arrive and the standard of care offered all vary too much.

There is also variation in the quality of care for residents living in care homes, especially when it comes to cleanliness and the activities on offer.

There are mixed levels of training and awareness among care home staff, notably concerning dementia.

People don't have clear information about care home costs, particularly 'living costs'.

It can be difficult for families to have their relatives' care packages reviewed when their care needs appear unmet.

Mental health

What's new this quarter?

People seeking mental health support sometimes find the professionals who are there to help them dismissive and uninterested in their needs.

Families and friends want to be more involved with their loved ones' care and for professionals to take their views into account.

What we continue to hear:

There rarely appears to be a straightforward route to mental health support.

Adults and young people often wait a long time for formal assessments and follow-up treatment.

Waiting times can be longer for people with multiple mental health diagnoses, a severe mental health condition/s, or for people who don't speak English.

People who are waiting for a diagnosis or treatment don't always get enough support and information in the meantime, and many end up chasing services themselves.

Carers for people with mental health challenges can struggle to coordinate care when they are given contradictory advice by different mental health support teams.

People have difficulty contacting mental health crisis services by phone.

Healthcare professionals do not all have a strong understanding of mental health conditions and the services available to people.

Where does our data come from?

Our evidence this quarter contains data from 150 publications collected from 51 Healthwatch and includes the views of at least 18,963 people.

Our insight is also informed by an additional 3550 individual pieces of feedback received directly from the public. These include views people shared with 42 Healthwatch at engagement events, or shared over the phone, online or in person. The amount of feedback we are receiving continues to increase.

What are people telling us about primary care?[1]

Over the quarter 30 Healthwatch reports were published about primary care. They incorporated the views of 3863 people.

In addition, we received 1492 individual pieces of feedback from members of the public about primary care through the Healthwatch network. As usual this represents the largest category of feedback received, comprising 39% of our total dataset.

GP surgeries

19 of the 30 reports Healthwatch shared included feedback from more than 2353 people about GP surgeries*. We also received 1207 individual pieces of feedback about GP surgeries which accounted for 81% of overall feedback regarding primary care. This represents over a third (34%) of the overall individual feedback we've received this quarter, which reflects our average trend for data of this type.

What's new this quarter?

A lack of knowledge about mental health conditions and challenges amongst GPs

We've heard before from people concerned about a lack of awareness amongst GPs about mental health. We've also heard more positive feedback about the way in which doctors have dealt with people who have presented with mental health challenges or concerns.

This quarter the balance has tipped once again with some people saying that their GPs have been unsupportive and unable to provide the right support, and that they do not listen to them when they talk about their mental health conditions.

People also said that they felt their mental health condition can act as a barrier to a diagnosis for a physical health problem, as GPs consider their symptoms to be related to their mental health condition. People have said they want a more caring, understanding service from GPs and receptionists, which links to our focus last quarter on the role empathy plays in providing quality care.

Personal stories: Confusing physical and mental health

"Someone with a learning disability reported [...] that they were unhappy with a diagnosis they had received from their GP. They experienced physical pain and were prescribed pain killers but were told that the cause was anxiety. The physical pain continued and they visited A&E for it. But they were referred to a mental health service [...] by the GP (practice unknown) which they do not think is an appropriate step as they are still experiencing pain."

Healthwatch Lambeth

[1] The following services are included in the primary care category; General Practice, Dentistry, Pharmacy, NHS 111 and Opticians. The majority (86%) of our primary care feedback relates to GP services.

"'I am writing to raise a concern I am having with my GP, I have been seeing her for around four years. Always if I go there with any physical problems she refers it to my mental health and being a very stressed person. I don't have the impression she actually checks any other symptoms or excludes any physical conditions."

Healthwatch Birmingham

A lack of timely communication between GPs and hospitals: We heard from 22 people this quarter that they have had issues with delayed referrals from GPs to hospitals and specialists. They told us they had no communication from their GP during the waiting period so they had to get in touch to ensure the referral was submitted.

What we continue to hear:

Difficulty getting appointments: We have continued to hear about people struggling to get GP appointments. Not everybody can access online booking systems, so appointments get taken by those who can.

Personal story: Limited access to appointments

"Surgery only releasing 2 weeks of appointments in a block. If you aren't at the surgery at 8.00am on the morning they release them, all the appointments are gone and you have to wait another 2 weeks. Not everyone can get there at that time."

Healthwatch York

Continuity of care and accessing the GP you want to see: People struggle to see the same doctor each time, which means they have to repeat their medical history to each GP at each visit.

GPs can lack empathy towards their patients: People have told us they have often felt that their GP can be dismissive of their worries. People want a more empathetic approach and to feel listened to by their GP.

People are unclear about what happens next after leaving their GP appointment: People have told us that they sometimes leave appointments feeling confused because their issue or treatment plan was not discussed properly. They've been left unsure who to contact after their GP appointment and say they would like more information and guidance.

Healthwatch in practice

Healthwatch Redbridge conducted 45 Enter and View visits to GP practices across Redbridge to investigate whether the Accessible Information Standard (AIS) had been implemented effectively across the borough. They collected feedback from 88 members of staff and 134 patients using questionnaires and semi-structured interviews.

Only 41% of practices had provided staff members with training about communicating with people with communication impairments. Less than half of the GP practices had trained staff to use the hearing loops that enable people with hearing aids to receive clearer information. Additionally, 91% of GP practices have a computer system that identifies when a patient presents with a communication impairment, however, only 53% used the system. Nevertheless, although the findings varied across GP practices, the report highlighted good practice, such as GP surgeries displaying information posters, and practices frequently assessing staff members' knowledge of AIS.

Healthwatch Redbridge made several recommendations as a result of their work and some practices have now introduced a Communication Book to make it easier for patients with a sensory impairment to communicate with staff. There has also been a 35% increase in the number of GPs who are providing necessary information in accessible formats.

Other primary care services

The other Healthwatch reports we received this quarter which discussed people's experiences of primary care included feedback about dentistry (4) and pharmacy (5), incorporating feedback from 1503 people. We also received 285 individual pieces of feedback from members of the public through the Healthwatch network, the majority of which (68%) related to dental services.

What's new this quarter?

Dental surgeries inaccessible for people with disabilities: This quarter we have heard that some dental surgeries are not accessible for people with disabilities. People have spoken about dental surgeries refusing to provide British Sign Language (BSL) interpreters for people who are deaf or who have communication difficulties. This has led to people who require a BSL interpreter either not being able to have a dental appointment or having to cover the costs themselves.

Lack of privacy in pharmacies: People have told us that staff have discussed sensitive issues, medication and personal details loudly in areas of the pharmacy that could be overheard by others. In a report from Healthwatch Hartlepool people suggested the use of a queue barrier to retain some privacy, as they have been made to feel uncomfortable when confidentiality has been breached.

What we continue to hear:

No available local NHS dentist: Our feedback on dental services talks about how people struggle to find local NHS dentists taking new patients. As a result, people are forced to get private treatment or wait excessively to gain access to an NHS dentist. Some NHS dentists have changed to only offer private treatment without informing their patients, which leads to confusion when people are asked to pay for their treatment.

Personal story: Trouble accessing local care

"The patient is unable to find an NHS dentist in Cornwall. They had a problem with a tooth and decided to go private but still had to wait more than 3 weeks in considerable pain for a private appointment. Approximately 9 months ago they made four 10-hour round trips to a dentist out of county who treated them before they moved to Cornwall."

Healthwatch Cornwall

Cancellation of dental appointments: People have told us that when they do eventually get an appointment, it's sometimes then cancelled. Furthermore, some people have been told their dentist will no longer treat them on the NHS because they haven't had an appointment within the practice's time limit, even though this has happened due to cancellations the patient did not bring about.

Personal story: The impact of cancellations

"Patient's follow up appointment was cancelled by their dentist and another was not rebooked. When they rang to book a checkup, they were told they'd been taken off the books as they hadn't been seen there for 6 months, even though it was the dentist that cancelled the appointment. They contacted at least a dozen dentists at the time and none were taking on NHS patients. Consequently, the patient and their spouse have not had a dentist for approximately 2 years resulting in emergency dental appointments and gum problems and loss of teeth."

Healthwatch Cornwall

Pharmacies not delivering medication on time, if at all, and prescribing the wrong medication: We have heard that people are still having problems receiving their medication in a timely manner from their pharmacy. Some people have found that when it does eventually arrive, their medication is incorrect. In other cases, people have had their repeat prescription stopped without notice.

Patient story: Waiting for medicine

"Ten days wait for a prescription to be authorised and when it was finally sent electronically to the chemist next door, they only had one of the five items in stock!"

Healthwatch Bucks

What are people asking us about primary care?

This quarter we reviewed 175 questions people asked us about primary care services. These are the most common questions Healthwatch are asked about primary care:

How to find a GP.

How to register with a practice.

How to change to a new practice.

How to complain about their GP.

How to access a relative's medical records.

How to find mental health-friendly GP services.

What are people telling us about secondary care?[2]

As usual, we heard a lot of feedback this quarter about people's experiences of going to hospital and other specialist facilities. We received 26 reports from Healthwatch which included feedback from at least 689 people.

We also received 1220 individual pieces of feedback in this area. This accounted for 34.4% of all the feedback we received, making it the second most common area people commented on.

Urgent and emergency care

Healthwatch have produced five reports this quarter about urgent and emergency care services, informed by at least 22 people's experiences. We also received 148 pieces of individual feedback about these topics, representing 12.1% of secondary care feedback. People shared their experiences of ambulance services (23%), A&E (51%), NHS 111 (12%), and urgent care services (11.5%).

What's new this quarter?

[2] Secondary care services relate to A&E and urgent care services as well as hospital services such as maternity, ophthalmology, cancer services and cardiology.

Ineffective communication between services: Correspondence concerning people's medical results, diagnosis and prognosis is not always communicated effectively to people or to the relevant health professional. For example, people have reported that the results from medical examinations, tests and scans conducted in A&E have not been sent to them, their GP or their care homes (4%). This means that people are left to chase up their results, delaying subsequent treatment for their conditions.

Personal story: Poor communication

"Client visited A&E in Kent on a Saturday as felt unwell. She has a long-term neurological condition and had more scans completed via A&E. There were then delays in communication with London Hospital where the results had been sent for specialist advice from a consultant at XXX's. Still no response by the evening so client went home without any treatment.

Delays in accessing specialist advice from the neurological department who received the scans from hospital in Kent. Client waited by the phone throughout Sunday, no telephone contact from the hospital. Monday morning client rang consultant's secretary, and this secured a response from the consultant. Advised she needed to be admitted for treatment at Southampton hospital asap. Client drove herself there same day."

Healthwatch Kent

What we continue to hear:

Staff attitudes: 7% of the individual feedback we received in Q4 shows people have felt that health professionals don't always show the level of empathy they expect. This is a theme that recurs across the urgent care services, including A&E ambulance services and NHS 111. For example, people have felt that their problems are not considered serious enough to be treated in A&E and are left feeling belittled.

Personal story: Lack of empathy

"I attended A&E in March 2019. The receptionist was incredibly rude, abrupt, had a poor attitude, lacked any professionalism and customer service, very dismissive...The nurses in A&E that I encountered were very, very dismissive, lacked any empathy or patient interpersonal skills whatsoever. No one that we approached was willing to help with our enquiries or concerns, not due to being busy, but through lack of care. You are treated as irritants to their shift. One nurse (1st point after reception) had a bad attitude and wrongly misinterpreted my concern for my own health as being rude. The person in question then raised their voice and verbally tried to silence me."

Healthwatch Hillingdon

Long waits in A&E: Some of the feedback we receive states that people felt they have waited too long to be seen for an assessment in A&E. We have heard from individuals with dementia who find this wait for an initial assessment particularly difficult as this can be a confusing and distressing time.

Poor communication and information sharing: People have reported that some staff in urgent care services, including A&E, communicate information ineffectively to patients who are waiting for assessments and treatment. People are often left confused about waiting times and next steps, with many having to chase staff for information.

Inadequate mental health care in A&E: People attending A&E in a mental health crisis often struggle to get the support they need. We received reports that mental health crisis teams were regularly unavailable in A&E departments or too busy to spend more than 10 minutes with patients. This can lead to only physical

symptoms being treated, which further contributes to the inequality of care between mental and physical health.

Hospitals

We received 21 reports from Healthwatch this quarter, which shared at least 667 people's experiences of hospitals. We also received 1073 individual pieces of feedback, covering 54 hospital services. This represents 88% of individual feedback received about secondary care.

What's new this quarter?

We identified no new themes in the intelligence we received this quarter, as most of the feedback we received related to issues that have been raised before.

What we continue to hear:

Waiting times for appointments: People are waiting too long for outpatient appointments and operations, sometimes facing multiple cancellations beforehand. We have heard that people have waited longer than 18 weeks to have an appointment. This could be due to the notifications about appointments not being sent in a timely manner and missing referral notes and patient records. People have told us they have received letters on the day of their appointment or have arrived at hospital to be told that their appointment or operation has been cancelled.

Poor communication: Quality of care can be hindered by poor communication between hospital staff and people. This includes information about treatment, especially for aftercare and surgery. Additionally, communication and information sharing after a patient is discharged from hospital and returned to their community can be delayed, vague and limited.

Access to interpreters: People have difficulty accessing interpreters and they have reported that services put the responsibility on them to get an interpreter. This information is sometimes only given to people when they arrive at hospital.

Difficulties parking: People have told us they struggle to find a parking space, particularly disabled bays, when they attend hospital appointments. It has also been mentioned that the cost of parking has increased with complicated parking machines and procedures requiring different technological capabilities.

Healthwatch in practice

Healthwatch Kent conducted three investigations into how easy it would be to attend a hospital appointment with a visual impairment, dementia and learning disabilities.

They worked with relevant organisations and charities to involve people who could identify the areas in which hospitals were lacking awareness and support for disabilities. They recommended that staff be trained to support patients with additional needs and the Accessible Information Standard (AIS). They also suggested a fast-track appointments system to reduce stress and anxiety caused by waiting times. Service providers have developed action plans to address these issues, and follow-up investigations are scheduled in the next year to evaluate the impact this report has had.

What are people asking us about hospitals, urgent and emergency care?

This quarter we reviewed questions that 90 people asked us about hospitals and urgent and emergency care. These are some of the questions Healthwatch have been asked:

How do I access support for long term conditions outside of hospital?

What do I do if I have been waiting a long time for a referral or operation?

What are the contact details for local hospital services?

How do I make a complaint about hospital services?

What type of support is available following discharge from hospital?

What support is available for expectant mothers?

How do I get information about dementia support?

How do I get medical treatment without going to A&E?

What are people telling us about social care?[3]

We received 61 reports relating to social care, capturing the views of at least 828 people. This included 55 reports about visits to care homes. We also received 220 pieces of individual feedback from members of the public about social care. Most of our feedback in this area is about either care homes (27%) or care provided in people's own homes (29.5%).

What's new this quarter?

Reluctance from dental surgeries to treat people with disabilities and dementia: We have continued to hear throughout the year that people generally have struggled to access dental services. In relation to social care this quarter we received feedback that some dental surgeries do not have the appropriate facilities for people with disabilities and dementia and therefore to treat residents in care homes. Seven Enter & View reports identified difficulties getting dentists to visit care homes to provide treatment and check-ups. In addition, a report from Healthwatch Dorset investigating NHS dental services in care homes found that 49% of care homes said dentists were not willing/able to treat residents with disabilities and 45% weren't willing/able to treat residents with dementia.

Personal Story: Inaccessible dentists

"Our residents struggle to access any of our local dentists. The one they prefer to go to has a significant number of steps that they find very difficult to ascend and descend. There are no travelling services which would make a big difference to our residents and families. We also struggle to get appointments that work around our staff getting residents."
Healthwatch Dorset

A lack of 'home from home' experience in care homes: In the Enter & View reports we received this quarter, people from 16 care homes had issues with residents being dressed in the wrong clothes, despite their own clothes being clearly labelled. They state that residents have a lack of meal choices at dinner times, which detracts from the 'home from home' experience.

[3] The following services are included in the social care category; care homes, home care, assisted living, social care assessment and equipment services.

What we continue to hear:

A lack of timely and consistent home care: We continue to hear about a lack of consistency in care agency staff and issues with punctuality and the timing of visits. This includes care agency staff visiting people's homes late, changing visiting times without notice, and failing to administer medication during visits.

These issues can cause disputes between families and care agencies and lead to families changing care provider altogether. This causes additional stress and places further pressures on unpaid carers to fill the gaps in care. It also delays people receiving the crucial support they need to help them live independently at home for longer.

People want to know that the care delivered in their home will be consistent - especially those who are vulnerable - and that their basic care needs will be routinely met, particularly in relation to washing and dressing.

Personal story: Impact of inconsistency

"Last night I had no care. I was supposed to have someone give me a bath, help me go to the toilet and put me to bed. No one came. At 11.15 I rang XXX. They didn't even answer the phone. I haven't been to the loo since 5 o'clock yesterday."

Healthwatch Islington

Quality of care and engagement in care homes: We continue to hear about the lack of planned activities and stimulation for care home residents, and that things don't always happen as advertised. People also continue to speak to Healthwatch about a mixed level of training and awareness among care home staff, particularly in relation to dementia.

Social care costs and care plans: People spoke to us about the lack of transparency when it comes to care home costs, with continuing healthcare and 'lifestyle payments' being unclear to many. We also heard from families struggling to get care home packages reviewed when their personal care needs are not being met.

Healthwatch in practice – Enter & View

Healthwatch Doncaster reported on good practice in care homes, where the independence of residents was promoted by providing them with the option to eat their meals in their rooms or in the lounge or dining room. This contributed to giving residents a 'home from home' experience as they can be in control of their day to day activities.

Healthwatch Halton and Healthwatch Rochdale have highlighted cases of good practice in their Enter & View reports, where care home staff have trained to become Oral Health Champions. This allows staff to put processes in place so that oral health care plans are followed, leading to better oral care for care home residents.

Healthwatch Derbyshire successfully encouraged care home staff to develop a training course to cover several care subjects. This included oral hygiene care to allow staff to keep a record of their residents' teeth status.

What are people asking us about social care?

This quarter we reviewed questions that 79 people asked us about social care support. These are the most common areas Healthwatch are asked about:

How to access home care services.

How to choose the right care home.

How to get equipment installed or repaired in the home.

How family carers can access respite care.

How to get information about care packages.

How to access supported accommodation.

How to get a social care assessment.

What are people telling us about mental health?

This quarter we received 12 reports including at least 12,893 people's views on a range of mental health services. We received 185 individual pieces of feedback about mental health, which represents 4.2% of our overall feedback received.

What's new this quarter?

Family involvement: We have received feedback about relatives wanting to be more involved in mental health care for their loved ones (3%). This theme recurred across most mental health services, including child and adolescent mental health services (CAMHS) and community mental health services. Parents of children accessing CAMHS were often not consulted during assessments and felt that clinicians did not consider relatives' or teachers' experiences. Furthermore, relatives of older adults felt that health professionals did not consult with them about diagnoses and ignored relatives' concerns over medication levels, despite them witnessing the side effects daily.

Empathy is key to good quality care: We have heard that some people feel that mental health professionals lack empathy (10%). This has been spoken about across multiple mental health services, including Psychiatry, Crisis Services, Learning Disabilities Services, Community Mental Health Teams and CAMHS. People feel that they are not taken seriously and that clinicians do not understand the issues they face.

Some people said that their health professionals made them feel that they were 'attention seeking,' which made them feel belittled, not listened to and that their issues were not important enough to warrant help.

What we continue to hear

Rarely a straightforward route to support: People have found accessing mental health services difficult due to complicated pathways and problems navigating them. There have been reports that young people are experiencing problems with their diagnosis and subsequent support due to this. People told us that being passed between services means they end up waiting a long time to get the mental health support they need.

Long waiting times: Adults and young people often wait a long time for both a formal assessment and for follow-up treatment, with little or no interim information or support. We have continued to hear that long waiting times have led people to seek alternative support, such as private mental health treatment. Having complex mental health needs or not being able to speak English often makes it difficult to find the right service that offers the appropriate support.

Limited and inconsistent advice and guidance: People have told us that healthcare professionals don't always have a strong knowledge of their mental health conditions or of the support available. Furthermore, carers for people with mental health conditions have reported that they struggle to

coordinate care as they are given contradictory advice by different mental health support teams and professionals. This highlights that there is a lack of integration between services and limited communication between support teams.

Access to crisis services: Throughout the year we have heard that people have difficulty accessing mental health crisis services. People have found contacting crisis services over the phone increasingly difficult, leaving people in desperate need without support.

Healthwatch in practice

Healthwatch Darlington has spoken to people with a history of substance misuse about their experiences of accessing mental health services. People said it's particularly difficult to get help when you have complex needs, that they are often passed around services, and that they feel hopeless and unsupported during long waiting periods. They also said they don't feel listened to by health professionals and that they are treated differently.

As a result of these findings, Healthwatch Darlington has worked with Tees, Esk and Wear Valleys NHS Foundation Trust and NECA to involve service users in the development of a new information pack containing details about complaint procedures, care plans, keeping well plans and more. Healthwatch Darlington are also sharing information about service user opportunities to attend the Dual-diagnosis network and to be a volunteer peer mentor, to help make sure people with complex needs get the right support.

What are people asking us about mental health?

This quarter we reviewed the questions that 38 people asked us about mental health care. Here are some of the most common questions Healthwatch are asked:

How can I get help to understand the pathway for mental health support?

How do I find out about CAMHS?

How do I get an early diagnosis for an eating disorder?

How do I access non-medical support for mental health conditions?

What support is available for veterans and victims of trauma, including bereavement and sexual abuse?

How do I complain about mental health services?

How do I access befriending services?

How do I get support in my own language?

In focus: Patient transport

Whilst compiling our Q3 report, we noticed that lots of people have been speaking to Healthwatch about the difficulties they face travelling to and from healthcare appointments. Since then, we have analysed this in more detail. Here we share what we have heard so far about this issue.

What people have told us

Whilst people often have positive things to say about the quality of care they receive from the NHS and social care services, they're often far less positive about how easy it is to access care in the first place.

We've heard many times before that poor communication combined with complicated administrative systems make accessing appointments difficult. But more and more we're also hearing that physically travelling to services presents a challenge for people too.

Issues people have raised with us include:

Poor parking facilities.

Lack of public transport options for those who don't have access to their own car.

Poor awareness of the support the NHS offers with transport.

The quality of support from patient transport services (PTS).

Particular challenges for rural communities.

Getting to and from healthcare appointments

It's vital that people have access to accessible, efficient and affordable transport to and from health and social care services.

It encourages people to stay healthy by making it easier for them to go to routine appointments at local clinics or GP practices, and to collect prescriptions from pharmacies. It also helps alleviate stress for people who need to travel for specific treatment or support for an ongoing condition.

Although there are services and support available – such as Patient Transport Services and the Healthcare Travel Costs Scheme – we've heard that there is not enough clear information shared with people about their options.

We've heard from people who go to enormous efforts to visit various healthcare settings, often on a regular basis, for treatment such as blood tests, radiotherapy or chemotherapy. This is exacerbated when services make people attend multiple appointments which could have been grouped together into a single visit.

This is not just about convenience for patients. Some of the people we've heard from simply cannot get to appointments without help. We've heard that:

Some people with disabilities, a medical condition or frailty, cannot get to services by themselves. This is a particular problem for people who live on their own.

Although the NHS is free at the point of use, getting there is not. People have told us about the difficulties they face paying for transport to get to appointments.

People living in rural areas face all the same challenges outlined above but they're made worse by the distances they need to travel, frequency of public transport services and the reduced range of transport options available.

Difficulties using public and private transport

Affordability can play a big role in people's decisions about which transport they'll take to get to and from an appointment. Research by the Health Foundation shows that people on the lowest incomes take nearly three times as many bus trips as those in the highest income group[4]. We've seen in our feedback that it is often people who rely heavily on public transport who are the most likely to report difficulties relating to the frequency, reliability and convenience of services.

[4] The Health Foundation, Transport and health: https://www.health.org.uk/infographic/transport-and-health

We've also heard from people who've felt vulnerable and confused after leaving hospital without any help to get home. This is worse for people who can't afford a private taxi but are discharged late at night or early in the morning when public transport services aren't operating or are running less frequently.

We've consistently raised this issue for the past few years in our work on hospital discharge processes[5]. We've highlighted the connection between poor discharge support and emergency readmissions (people returning to hospital for further unplanned treatment within 30 days of leaving). There has been significant and positive focus on getting people out of hospital quickly, which is good, but we need to see as much emphasis on making sure they get home safely, and this includes transport support.

Meanwhile, people who can travel to hospital by car say they face problems too. In our Q3 report we included some of the concerns we've heard about parking at hospitals and other healthcare settings. We often hear complaints from people about struggling to find a parking space, including disabled bays, which can lead to stress, annoyance and late arrival to appointments.

Issues with hospital parking are often greater for people needing regular treatment because what people consider to be 'high parking charges' present a significant cost burden. Others, such as people visiting A&E, have told us they've worried whilst waiting for treatment about whether they've put enough money on the parking meter. We've also heard from people who find new parking payment systems complicated and that it presents a problem when they don't accept cash.

Poor communication and awareness about the support services available

People do not always have enough information about Patient Transport Services (PTS) when they need them. People have told us they would benefit from having proper information from the very beginning about what to expect when travelling to and from different healthcare services and how they could receive travel assistance if they ever needed it.

We've also heard about poor communication about the Healthcare Travel Costs Scheme, which entitles people to claim back health related transport costs if they're in receipt of income-based benefits, although visits to GP surgeries and dentists for routine care and check-ups and most A&E attendances are not included[6].

Greater awareness of the Healthcare Travel Costs Scheme is vital. When people aren't aware of the support they're entitled to, they may end up missing appointments because they can't afford to get there. Likewise, we've heard about the burden travel costs present to family members and friends who accompany people who can't travel alone to their appointments. Although these people may be eligible to receive a reimbursement for their travel costs, it is dependent on the eligibility of those they're accompanying. Again, clarity regarding entitlements is essential.

Issues using the Patient Transport Service

One of the biggest issues people have raised with us about using PTS is having to wait too long to be taken to and from appointments.

Healthwatch Coventry found that while actual travelling times were usually acceptable and that staff were kind and helpful, many people found themselves waiting well beyond their arranged collection time - up to two hours in some cases. This meant that people weren't just late to their appointments but sometimes they missed them altogether. Similarly, Healthwatch Brighton and Hove heard from people about inconsistencies in PTS pick up and drop off times and failures to keep people updated about changes.

---

[5] Healthwatch England, Safely home: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/final_report_healthwatch_special_inquiry_2015_1.pdf

[6] NHS, Healthcare Travel Costs Scheme: https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/ & Help with travel costs: https://www.gvh.nhs.uk/wp-content/uploads/2015/09/Help-with-travel-costs-all-areas.pdf

Regardless of how well healthcare services operate, it is important that people can travel to and from them safely and in a timely manner, irrespective of their health condition/s or where they live.

Personal stories

"I have no immediate family close by which makes life very difficult at times, and accessing hospitals is very hard as I live in a rural community."
Healthwatch Suffolk

"Last year I was having chemo and radio therapy. Every day for about 2 to 3 months and visits to the doctors etc. But since then I have to attend Papworth and Addenbrookes to see doctors and have scans. My daughter and son have arranged to take me, but if I find it difficult, I have to get the bus. I can't always get there and need help."
Healthwatch Suffolk

"The cost of parking at the [name of hospital] is disgraceful and the new way of paying is complicated and relies on patients remembering their number plate. Technology is too complex for some people."
Healthwatch Cheshire West

The policy context: Improvements must have people at their heart

The NHS is recognised as offering some of the best healthcare in the world, with access to high-tech equipment, the latest medications, and cutting-edge clinical expertise. But in cases where people still need to physically access a building to benefit from them, these advancements are only of benefit if people can get there.

This is important to note, as the NHS and social care sector is going through a major period of change, with a clear policy aspiration to provide more services where people are, rather than making them travel to access care. This will mean more services being delivered in people's homes and in their local communities, supported by efforts to create a more digitally-enabled NHS.

However, even with more care delivered outside of hospital, the issues people have raised about transport will continue to affect people unless they are addressed. Take, for example, the development of the new Primary Care Networks (PCNs), which are designed to ensure a whole range of enhanced primary and community services can be delivered at scale across communities. This means surgeries will increasingly be sharing services across multiple sites which may well require patients to travel to different areas to access care. Engaging with local communities will help PCNs work out how best to deliver services across their areas in ways that make best use of the existing transport infrastructure. Likewise, Integrated Care Systems will also need to consider such challenges but across a broader geographical area.

The growing improvements in data sharing and analysis across the NHS and social care sector provide interesting opportunities for improvements. For example, by understanding where a patient lives in relation to services, and factoring in data about their transport options, there is the potential to create smarter appointment booking systems. These systems could use the data to identify slots that are most convenient for people, both in terms of time and costs involved, and that they're therefore more likely to be able to attend. This could help reduce the number of missed appointments, and the need for people to spend time rearranging timings that don't work for them.

Although not drawn from the evidence we have gathered this quarter, this example from Healthwatch North Yorkshire's report on hospital transport illustrates why this would be helpful:

"One of the key areas for concern in terms of hospitals is Upper Wherfedale.

The only reasonable window over 4 hours for access to a hospital is the Royal

Lancaster. While this does provide potential for appointments between 10.35am and

and 3.45 pm even this would require a 12-hour round trip leaving at 7am in the

morning. All other hospitals were only accessible within a 2-4-hour window. It should also be of interest to commissioners that for wards in this area it seems apparent that, via public transport at least, facilities such as the Royal Lancaster that are geographically further away are more easily accessible than those such as Skipton and Castleberg which may appear closer."

Healthwatch North Yorkshire report 2017.

Finally, we need to collectively start considering transport and its links with the prevention and public health agenda. Good transport enables people to function freely within society, whether it is used to collect food shopping, socialise with family or friends, or to access greater job prospects. These are all a vital part of helping people to live independent, fulfilling and healthy lives and can help reduce burdens on costly health and social care services. The Government is currently developing a Green Paper regarding prevention and it will be important to see how this has been taken into account.

To support further understanding of people's experiences of transport in relation to health and care, Healthwatch England is conducting additional research and will be publishing a fuller briefing in 2019.

AGENDA ITEM No 2.1

AGENDA ITEM: Quality Framework
PRESENTING: Gavin Macgregor
PREVIOUS DECISION: None
EXECUTIVE SUMMARY: This paper shows our Healthwatch Quality Assurance Framework that will be used to give guidance to local Healthwatch
RECOMMENDATION: Committee Members are asked to NOTE the attached report.

Background

We have been working on a Healthwatch Quality Assurance Framework to give guidance to the local Healthwatch who have to work in very different environments to each other.

Appendix i shows the Framework including: context; enablers; approach; core work and purpose.
There will be a presentation of the full Framework at the meeting from Gavin Macgregor.

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

AGENDA ITEM No 2.2

AGENDA ITEM: September Committee Meeting
PRESENTING: Imelda Redmond
PREVIOUS DECISION: None
EXECUTIVE SUMMARY: This paper sets out a suggested plan for the Committee's September meeting
RECOMMENDATION: Committee Members are asked to **APPROVE** Newcastle as the next location and discuss ideas for the agenda.

Background

The Committee is due to meet on 3 and 4 September.
The Committee previously expressed a wish to hold the next meeting in Newcastle.
It is proposed that a similar format to May is used with the first day giving an opportunity to meet and visit with people who influence the health and social care services in Newcastle.
Day two will be the formal Committee meeting held in a venue in central Newcastle.

Future dates for the full Committee meetings:

2019
3rd & 4th September
12th and 13th November

2020
10th & 11th March
9th & 10th June
8th & 9th September
8th & 9th December

Healthwatch England Public Committee Meeting Forward Agenda 2019/20

May 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Annual Delivery and Performance Update • AFRSC Minutes – including 2019/20 Budget • Annual Intelligence Report • Questions from the Public
Sep 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • LTP update • AFRSC Minutes • Intelligence Report • Questions from the Public
Nov 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Annual Report

	• Annual Data Return • Questions from the Public
March 2020 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
June 2020 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • Review Standing Orders • AFRSC Minutes • Intelligence Report • Questions from the Public

Healthwatch England Workshop Forward Plan

July 2019	• Social Care • Early discussion on the development to transform our communications with the public
Oct 2019	• Early discussion on the development of a strategy to explore greater public engagement • How to grow/spread uptake
Nov 2019	• Early findings of the digital review • Early discussion on the development of a new competency framework based around the quality framework