

Healthwatch England 9th March 2021

Meeting #34 Committee Meeting held in Public

Location: Teams Meeting

13:00	Public Committee Meeting - Agenda item	Presenter	Action
13:00	1.1 Welcome and apologies	Chair - RF	
13:02	1.2 Declarations of interests	Chair - RF	
13:05	1.3 Minutes of meeting held in December, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
13:15	1.4 Chair's Report	Chair - RF	VERBAL
13:30	1.5 National Director's Report	IR	For NOTING
13:45	1.6 Committee Members Update	ALL	VERBAL
13:50	1.7 Reviewed Strategy	IR	VERBAL FOR APPROVAL
14:00	1.8 Annual Plan: a) Annual Plan & KPIs 2021/22 b) Draft Budget 2021/2022	IR	For APPROVAL
15:00	Tea Break		
15:15	1.9 Healthwatch England Support Offer	GM	For NOTING
15:30	2.0 Business Items a) Equalities Diversity and Inclusion Action Report Q3 b) Delivery and Performance Report for Q3/Q4 (Dec 20 - Feb 21)	CM IR	For DISCUSSION
15:45	2.1 Audit, Finance and Risk Sub Committee Meeting Minutes & Risk report	DO	For NOTING
15:55	2.2 Forward Plan	CHAIR	For NOTING
16:00	Questions from the public		
16:05	AOB		
	Date of Next Meeting 9 th June 2021		

Healthwatch England Committee Meeting Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 33 - 9th December 2020

Attendees

- Sir Robert Francis - Chair (RF)
- Phil Huggon - Vice Chair and Committee Member (PH)
- Andrew McCulloch - Committee Member (AM)
- Lee Adams - Committee Member (LA)
- Helen Parker - Committee Member (HP)
- Andrew McCulloch - Committee Member (AM)
- Sir John Oldham - Committee Member (JO)

Apologies

- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)
- Amy Kroviak - Committee Member (AK)

In Attendance

- Imelda Redmond - National Director (IR)
- Gavin Macgregor - Head of Network Development (GM)
- Chris McCann - Director of Communications, Insight and Campaigns (CM)
- Ben Knox - Head of Communications (BK)
- Felicia Hodge - Committee Administrator (minute taker) (FH)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p>Agenda Item 1.1 - Welcome and Apologies</p> <p>The Chair welcomed Committee members and other attendees. Apologies for absence were received from Danielle Oum and Amy Kroviak</p>	
1.2	<p>Agenda Item 1.2 - Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.3	<p>Agenda Item 1.3 - Minutes and actions from 9th September 2020 Committee Meeting</p> <p>The minutes from the meeting held 9th September 2020 were accepted without amendment.</p> <p>The action log was noted - action log</p> <p>IR explained that the outstanding action requesting comments on how people are treated far from home and in closed environments has been put on hold due to COVID, as access cannot be gained now.</p> <p>The review of KPI 1 - <i>Develop and approve a strategy to transform our communications with the public</i>, is being looked at as part of our strategy review.</p> <p>All other actions are complete.</p>	

<p>1.4</p>	<p>Agenda Item 1.4 - Chair's Report</p> <p>The Chair gave a verbal update on his activities since the previous meeting. He paid tribute to IR and the staff at Healthwatch England for working seamlessly and productively from home, and for organising the Healthwatch conference and network awards, which showcased the wonderful work being done by local Healthwatch.</p> <p>The Chair spoke about the disproportionate effect that COVID-19 has had on Black, Asian and Minority Ethnic and other communities and he mentioned the work carried out by HWE on the impact of the policy of rapid hospital discharge. Which had been well received and acted upon</p> <p>He explained that he has written to Ministers on two occasions about the guidance on care home visiting and this has led to constructive dialogue with officials in the department and the issue of new guidance.</p> <p>On 12th November the Chair participated in a roundtable chaired by the Secretary of State on the reforms needed if integrated care systems are to be successful, at which he highlighted the case for Healthwatch presence and involvement, which was well received. In December he took part at another roundtable chaired by the Minister of State for Health on complaints and what needs to be done from the learnings and this sits well with our own report on the need for greater consistency from the learning and transparency. He also raised the need for a non-adversarial process which puts the patient at the centre of it and their involvement throughout, and for better advocacy support on a national basis.</p> <p>The Chair has been engaged in regular meetings with DHSC to discuss our strategy and the place of the Healthwatch network as NHSE moves towards integrated care. These talks have been very constructive.</p> <p>The Chair mentioned that he is due to give evidence at a child sex abuse inquiry, dealing with effective leadership and culture. Although this is not in his capacity as Chair of Healthwatch Committee, he felt that it should be noted.</p> <p>Chair's Action</p> <p>The Chair mentioned that he has taken Chair's action under his delegated powers on two occasions since the last meeting. They are as follows:</p> <ul style="list-style-type: none"> • NHS Mandate He sent a letter to the Secretary of State for Health that covers our contribution to the NHS Mandate. The letter can be found on website • Digital Transformation Programme Following a recommendation from the Audit, Risk and Finance Sub Committee (AFRSC), the Chair authorised the expenditure to carry out the digital programme. This was not in the original budget, but the funds were available. <p>The Committee noted the report.</p>	
<p>1.5</p>	<p>Agenda item 1.5 - National Director's Report</p> <p>IR presented the National Director's report and asked the committee to note the report. The following matters were highlighted:</p> <p>IR informed the committee that she has been working on the strategic plan and thanked them for their input. She is pleased with the direction of travel that is being taken and will have it ready in January and will go into the public domain after that.</p> <p>We have recently undertaken a staff survey, the results of which have been shared with staff and we will be doing a series of workshops that ties in with our strategy and Healthwatch values.</p> <p>Healthwatch England has received information about vaccination roll out and have had briefings on who will be prioritised. Our team are working on the communications plan to the network and the public to ensure they understand how it works and how they will get access to it. We are also working at local level on counteracting anti-vaccination stories.</p>	

	<p>We published a report on Hospital Discharge. This important piece of work was timed to influence planning for hospitals and social care this current winter. The input from the network was incredible.</p> <p>IR also highlighted the work being done on digital exclusion following on from the “Dr Will Zoom You Now” campaign. Grants have been given to five local Healthwatch to work with their primary care networks talking to people over 65, people with disabilities particularly those with sensory impairment, people experiencing language barriers and the economically disadvantaged.</p> <p>We have been working with the NHS Confederation and DHSE on post COVID build back. We have representatives on various groups discussing what we have learnt from COVID and how we take this forward.</p> <p>IR highlighted the move to NHS 111 First by London A&E departments, with others being piloted around the country. It has the potential to transform how we relate to A&E departments. We have had assurance from the NHS that no one will be turned away if they turned up at A&E departments without going through NHS 11 First. Healthwatch will begin a six-week survey to track user experience.</p> <p>The Healthwatch Week conference took place over four days in early November with the highest attendance we have ever had, and some great speakers. Sir Michael Marmot opened the conference and his work on health inequalities set the tone. We also had representation from Caroline Waters, interim Chair of the Equality and Human Rights Commission. The NHS Confederation led on equality and Dr Jenny Harris (Deputy Chief Medical Officer at DHSC) joined us. 136 local Healthwatch took part. We will be evaluating the feedback for future conferences.</p> <p>The sustainability of the network remains a very high priority. We are working closely with all local authorities where the contract is up for renewal to help them commission, including 41 local authorities to extend local Healthwatch contracts. IR also paid tribute to her staff and the network for the important work they are doing in bringing insight to help the health and social care sector understand what is going on in communities.</p> <p>The Committee noted the National Director’s report and commended the way that Healthwatch have picked up the pace and have closer alignment with the network. They asked for further information about integrated care services to enable them to get a deeper understanding of the direction of travel. They also wanted to know if Healthwatch would be tracking the Covid-19 vaccine rollout. IR confirmed that we will.</p>	
1.6	<p>Agenda Item 1.6 - Committee Members Update</p> <p>The Committee members had nothing to report</p>	
1.7	<p>Agenda Item 1.7 - Annual Data Return</p> <p>GM presented the annual data return incorporating a survey with 130 local Healthwatch to understand their priorities. This survey provides a national picture of Healthwatch activity and demonstrate its impact.</p> <p>Key highlights were:</p> <ul style="list-style-type: none"> • Engagement (views shared)- 350,364 - 4% increase on 2018/19 • Engagement during Covid-19 - 590,063 • Information and signposting - 5,337,596 - 72% increase on 2018/19 • Healthwatch relationships with their stakeholders are strengthening, with the strongest being CCGs, health and wellbeing Boards and local authorities. • 34% reported that relationships with CQC had strengthen, but 4% reported a worsening of relationship with CQC. <p>Work priorities were similar to 2018/19 and included mental health, social care, health inequalities and primary care and of course since February 2020 COVID-19</p> <p>GM noted that there is inconsistency across the network when monitoring protected characteristics. More detailed work on Healthwatch approach to equality, diversity and inclusion is being carried out by Joy Beishon seconded to HWE from Healthwatch Greenwich.</p>	

	<p>GM also presented the results of the annual survey on how staff, volunteers and Board members rate Healthwatch England’s support and the extent to which they feel part of the wider Healthwatch network.</p> <p>The highlights were:</p> <ul style="list-style-type: none"> • 432 respondents including staff, Boards and volunteers (2019 - 246 respondents) • 82% reported feeling part of the network (including 90% of CEOs and Chairs) • 61% (including 76% from Chairs), reported support from Healthwatch England was good or very good (9% increase from 2019) <p>The network liked the national campaigns, online training, Facebook workplace, responsiveness of staff and changes to the network team, but wanted improvements in the network site, Board connection and communication and more consistency and good practice guidance. GM confirmed that all these issues are being addressed and that it is good to see that Healthwatch England is in line with the network. There is appetite for local Healthwatch to feel a part of one Healthwatch and we continue to look for opportunities to strengthen this and support the volunteers.</p> <p>The Committee noted the report and praised GM for a good survey with positive indicators. They questioned whether there was intelligence on what was working well with CQC and what needs to be improved. JL confirmed that this data has been collected for five years.</p>	
1.8	<p>Agenda Item 1.8 - Intelligence & Insight Report for Q2</p> <p>CM presented the report setting out a summary of the views people have shared with Healthwatch from July to September 2020 and asked the committee to note the report. The following matters were highlighted:</p> <ul style="list-style-type: none"> • Access to dental care • Care homes • Access to COVID-19 testing <p>CM explained that in the future the report will be published within a 2-3 weeks turnaround as this is of more value to the public and stakeholders to get the insight out as quickly as possible.</p> <p>The Committee noted the Intelligence and Insight report and commended the team on the work done on it. They liked the idea that it would become timelier. They expressed concern on what the public were telling us about dental services. JL confirmed that the British dental Association and local dental committees were aware of the report and did not disagree with the contents. The DHSC has recommended the Chief Dental Officer take our comments on board in the next iteration of guidance to dentists.</p> <p>The committee questioned if the level of negative responses in the report was the result of reporting bias, as they were higher than comparable surveys. CM responded that the results were the views of the public who approached Healthwatch. He did note Healthwatch England’s research team are looking at how best to incorporate data from external sources in future insight products. AM offered to become involved with the triangulation of the data. The Chair noted that there was no reference to the impact these deficiencies were having on the ethnic communities, hard to reach and vulnerable groups. JL explained that although we have some data, it is not consistent, and we are not capturing as much demographic data as we need. There is scope for us to do this from the “Because we all care” campaign data.</p>	
1.9	<p>Agenda Item 1.9 (a) - Equalities, Diversity & Inclusion Action Report Q2</p> <p>CM presented an update to Healthwatch activity on Equalities Diversity and Inclusion Action Plan up to mid-November 2020 and asked the committee to note the report.</p> <p>The report focused on the following concerns:</p> <ul style="list-style-type: none"> • Partners being prevented from attending ante-natal appointments and the impact on new parents • The impact caused by restrictions in visiting older people and working age adults with disabilities living in care facilities • People living in poverty who are heavily affected by health inequalities <p>The Committee noted the report and thanked CM for the excellent work that has been done. They discussed whether the committee members should have EDI and unconscious bias training</p>	

	<p>like that of the staff and the Chair asked that committee members identify any training gaps that they may have. IR mentioned that if the committee wanted to use CQC online training, they would need to have a Healthwatch email address, which can be arranged for them.</p> <p><u>ACTION FH</u> - Arrange Healthwatch email address for committee members who wants it to access CQC training</p> <p>Agenda Item 1.9 (b) - Delivery & Performance Report for Q3</p> <p>IR presented the report summarising the delivery and performance against the Business Plan and KPIs at the end of November (2020/21). The committee were asked to note the report.</p> <p>IR explained the layout of the report and the four purposes that the report covers. She thanked Sandra Abraham who puts the report together to give a true perspective of where we are against what we said we would do. The majority of programmes are on track. There are some minor delays in projects, which we aim to complete at the end of the financial year in Q4 (March 2021).</p> <p>The Committee noted the Delivery and Performance report. They requested a summary page at the beginning, which highlights exceptions. If they required further information, they could then look further into the detailed report. They also suggested that it would be useful if they had the KPI for the current quarter and trends. They were impressed that so much work was on track and paid tribute to Healthwatch England staff on this achievement. IR agreed to review the report with Sandra.</p> <p><u>ACTION IR/SA</u> - To review the delivery and performance report with a view to summarising the highlights and KPIs, particularly exceptions and mitigations for them.</p> <p>The committee wanted to know more about the stakeholder perception survey and the range of stakeholders. They also asked about benchmarking ourselves. IR responded that the key stakeholders consisted of commissioners, parliamentarians of the policy makers and partners from other organisations. JL informed the committee that although we do not benchmark ourselves against stakeholder perceptions, we do benchmark ourselves against other organisations with public awareness tracking.</p>	<p>FH</p> <p>IR/SA</p>
<p>2.0</p>	<p>Agenda Item 2.0 - Audit, Finance & Risk Sub Committee Meeting Minutes</p> <p>PH presented the draft minutes from the Audit, Finance and Risk Sub- committee meeting held in November 2020. The committee were asked to note the minutes.</p> <p>PH highlighted the following:</p> <ul style="list-style-type: none"> • The sub-committee were concerned about the underspend due to the conference and staff working virtually and the lack of travel, but as alluded to in the Chair’s report, it was recommended that £58k and £130k be used to allow the digital programme to begin which is getting plenty of scrutiny by the committee due to its complexity. • The committee is reassured that the grant process has become more transparent and the impact report allowed them to see that invoices had been paid and the impact, delivery and learnings from each project. • The sub-committee will take a closer look at the results of the staff survey at the next meeting. <p>The Committee Noted the Audit, Finance and Risk Sub-committee draft minutes and the Chair thanked the members of the sub-committee.</p>	
<p>2.1</p>	<p>Agenda Item 2.61- Forward Plan</p> <p>There was nothing to add to the forward plan.</p> <p>The committee noted the plan</p>	

	<p>Comments from the public</p> <p>There were questions from Peter Bower (Chair of Healthwatch South Tyneside) in the “chat” section of the meeting asking for the progress on the work being done on the health and wellbeing board and if it would be reasonable to invite the regional link to their Board about the work that Healthwatch and CQC are collaborating on, which is not recognised at local level and the reluctance to invite lay input into key changes and decision making bodies. Peter also asked is Healthwatch England planning any work on the importance of democratic involvement? As Peter had left the meeting, IR agreed to respond to him outside the meeting and get clarity on the democratic involvement question.</p> <p>Karen Kelland questioned why Healthwatch England was not interested in the internal market in the NHS. IR responded that although Healthwatch England are interested, we do not feel that we have to add our voice as there are already very strong voices on this and it would be unusual for people to talk to us about the internal market. She reiterated that the biggest priority for Healthwatch England was in the legislation that comes in January to ensure that public, service user voices are heard at every level of the NHS for the future.</p>	
	<p>AOB</p> <p>There was no other business to discuss</p>	
	<p>The Chair thanked everyone for attending and wished everyone a Happy Christmas.</p> <p>The chair closed the meeting at 15:30 pm.</p>	
	<p>Due to COVID-19 the next meeting will be held via Teams Meeting 9th March 2021. Further details to follow.</p>	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING - ACTION LOG

9th September 2020

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20191113 1.4	Imelda Redmond	Matters Arising: To bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments	CQC are doing some significant work on this and we are in conversation with them. This work has been suspended due to COVID-19.	Mar 2020	Suspended
20200311 2.2	Chris McCann	Review KPI 1 at the Strategy Review in October 2020 - Develop and approve a strategy to transform our communications with the public	This is being looked at as part of our strategy review	Mar 2021	Complete

9th December 2020

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20201209 1.9(a)	Felicia Hodge	Arrange Healthwatch email address for committee members who may want to access CQC training on ED			Complete
20201209 1.9(b)	Imelda Redmond Sandra Abraham	To review the delivery and performance report with a view to summarising the highlights and KPIs, particularly exceptions and mitigations for them and trends	In progress	Mar 2021	Complete

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 December.

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

It is a year now since we met face to face. Our last meet was a two-day event in Liverpool, the transport was terrible, and many didn't make the meeting and joined by phone. We had some excellent visits and speakers, but all that now seems like a lifetime ago. Reflecting on the last year I am pleased with how we adapted and how Healthwatch responded to the pandemic.

On a personal note, I would like to thank the Committee for your support during this year, your quick decision making, and pragmatic approach has really helped us respond to the challenge.

We last met in December and below I set out our major pieces of work we have been engaged in this quarter.

1. Responding to COVID-19

1.1 Covid-19 Stakeholder Updates

Since we last reported to the committee, we have continued to produce regular updates on what we are hearing on covid-19. These have shared early feedback on major service changes designed to support infection control, like the roll out of 111 First, and continued to highlight concerns around longer standing covid-related issues, such as the impact of visiting restrictions in care homes.

However, the main focus of the updates shared in January and February has been the roll out of the vaccine. One of the main issues raised early on was around confusing communications. People were reporting to us that they were finding the letters confusing and it was not clear that they can contact their surgery. In some cases, people have been left with the impression the only option is to go online to book, which is not appropriate in some cases. In some areas GPs have told Healthwatch they are only notifying people by text, not calling them - creating issues for people without mobiles. We have also seen confusing text message

examples where people are being told they need to have a flu jab before they get a covid vaccine.

In our most recent update, we shared some of the early insights from our work on vaccine hesitancy. This work has suggested that while trust issues are a significant factor for certain communities, logistical issues are also a significant challenge. According to our polling, when the results are broken down by ethnicity, respondents from Black communities were 50% more likely to see the location of vaccine centres as a barrier and closer to twice as likely to express a nervousness about using public transport. Read more [here](#).

1.2 Hospital Discharge

We have continued to widely share the findings of the work we did on hospital discharge in Q3. With the significant pressures placed on hospital beds during the second peak, we felt it of particular importance to ensure our findings registered at both national and local level.

We have therefore undertaken a series of stakeholder meetings, both one-to-one and in groups. Together with the Red Cross we presented findings at a parliamentary briefing with MPs and Peers. We had some additional publicity of the findings in the months following publication, with a comment piece in the British Medical Journal, a blog through the NHS managers network, and an article by Sir Robert Francis in Public Sector Focus magazine.

Together with the Local Government Authorities we organised two webinars aimed at commissioners and voluntary sector organisations titled “How can the voluntary care sector support hospitals to discharge patients quickly and safely during COVID-19?”. We presented the findings of our national research and featured a case study presentation from Healthwatch Brighton on their wellbeing check-in service which was also highlighted in our report. These webinars were attended by 400+ local decision makers and professionals with broadly very good feedback.

We also met with Liz Sargeant at NHSE who is the main author of the discharge guidance, along with John Bolton, whose research underpins the pathways model outlined in the discharge policy, to discuss our suggestions for updating/improving the guidance. In particular we discussed the idea of adding a “pathway 0+” to the guidance to ensure that there is clear responsibility within the discharge process for linking people in with voluntary and community services, and making the distinction between those who really need no support after discharge and those that need some support but not necessarily a commissioned health and care recovery package. This suggestion was received very well and are now in further conversation with NHSE about this might work in practice.

We were also pleased to note the inclusion of ‘Discharge to Assess’ in the Government’s White Paper and we are now in discussion with the DHSC team leading on this element of the bill to ensure this draws on our findings. We have also used this avenue to express our support should the Government decide to continue funding immediate post discharge support in social care, which has been such a key component of making things work to date.

1.3 Elective Care Taskforce

We have continued to support NHSE and the Elective Care Taskforce, which is looking at how best to deal with the backlog of elective care and to return the NHS to normal running as soon as possible.

At the end of January this group published a jointly developed guidance and supporting materials, aimed primarily at hospitals, to ensure that “every patient whose planned care has been disrupted by COVID receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.”

This guidance outlines core principles for providers to help deliver personalised, patient-centred communications to patients who are waiting for care. As the NHS manages the immediate challenge of dealing with COVID-19, patients waiting for elective care may experience longer waiting times and changes to their treatment plans at short notice. Constitutional rights around elective care have not changed (e.g. referral to treatment time and patient choice), and there are additional requirements for trusts to undertake validation and clinical prioritisation of waiting lists. This means it is likely that hospitals will need to contact patients more frequently than before the pandemic. As a result, hospitals may increasingly have to communicate difficult messages to patients, such as delays or changes to treatments, and collate specific information from them in order to jointly plan and manage ongoing care. Whilst we recognise that the delays will undoubtedly have an impact on patients, the key thing here was to ensure the NHS is prioritising effectively and that patients understand the decisions being made and the implications. We also worked hard to ensure the guidance emphasised the need to put interim support measures in place for those facing extended waits.

You can read the full version of the guidance and the supporting materials [here](#).

1.4 Care Homes Visits

In partnership with the [Association of Directors of Adult Social Services](#) (ADASS) and the [Care and Support Alliance](#), we have continue to work on this issue, writing to the Secretary of State for Health and Social Care, Matt Hancock, and the Minister

for Care, Helen Whately, to express our concerns with care home visiting guidance published in early December.

Following these letters and our work representing service users on the National Advisory Group to the Government's care home visiting pilot scheme, national guidance was updated to recommend that care homes use a combination of visitor testing, PPE and other hygiene measures to allow for safe and meaningful visits ahead of Christmas.

We had planned to continue working with the Department to improve further elements of the guidance. We also hoped to work with local Healthwatch to influence those local authorities who were still reluctant to encourage visitor testing for meaningful indoor visits in their local areas. However, with lockdown came another change in visiting guidance which no longer recommended indoor visits in care homes.

Local Healthwatch have continued to raise concerns about the emotional impact of blanket bans on visitation and we have continued to share these with Government. We were therefore pleased to hear the Prime Minister prioritise the re-starting of visits to care homes as lockdown begins to ease. We will continue to monitor the situation.

1.5 Vaccines Research

At the request of the Department of Health and Social Care we have kicked off a rapid turnaround project to explore attitudes towards the covid vaccine among Black Caribbean, Black African, Bangladeshi and Pakistani communities.

Existing polling data suggests there is significantly higher levels of vaccines hesitancy among these communities, and early uptake data shows this is resulting in fewer people from these communities taking up their offer of a vaccine.

Working with local Healthwatch, the new NHS Observatory on Race and our research partners Traverse, we will be working with 100 identified members of these communities to explore the reasons behind the hesitancy and to talk about possible ways to encourage uptake. This work aims to report in March/April.

2. Key non-COVID-19 activity

2.1 Quarterly meeting with the Department of Health and Social Care

In January and February, we continue our conversations with our Director General at the DHSC on the role of local Healthwatch at ICS and regional level. This fed in

to broader conversations around the implementation of the Government's White Paper on Integration and Innovation in Health. (See below for more on the White Paper). These meetings continue to be a very positive opportunity for us to have strategic discussions with the Department.

We also shared with the Department the early findings from this year's State of Support report around the ongoing financial picture for local Healthwatch. This shows that while the reductions over the last 12 months have been very restrained thanks to councils protecting budgets in these very difficult times, there are concerns about the delayed decisions around procurements and contract extensions which mean over half the network now face a potential change or cut next year.

2.2 The White Paper on Integration and Innovation in Health

The Health and social Care white paper and NHSE's response to its consultation on ICSs were published on 11 February.

The white paper overall gives more powers to the Secretary of State and is less clear about how people will be engaged at different levels, although there is reference to public/user involvement, and this does mention Healthwatch.

*"We know from the vanguard ICSs that taking a joined-up, population focused approach means you cannot see the people that services are meant for as just units within the system - their voice and sense of what matters to them becomes really central. That focus won't come through structures alone of course but working with organisations **such as Healthwatch** there is a real chance to strengthen and assess patient voice at place and system levels, not just as a commentary on services but as a source of genuine co-production."*

The development of ICS NHS Bodies and Health and Care Partnerships may add another layer of complexity to the health and care landscape. Elements of the white paper that we are taking a keen interest in, include:

- The NHS Mandate remains a requirement although it does not need to be reviewed every year, with Healthwatch remaining a statutory consultee;
- Social care is given less detail, although the commitment to Discharge to Assess will provide the opportunity for Healthwatch to contribute its recent research.
- The white paper talks about 'primacy of place' - and will be making ICS boundaries coterminous with local authorities (several local authorities in many cases) - which may provide useful opportunities, although more clarity

is needed about how this will feed into system level decision-making. Links into local authorities and Health and Wellbeing Boards will be important for the network.

The Policy Team has already been in touch with the Bill Team at DHSC and is working with other stakeholders, including NHS Confederation, to work through the main issues. As the bill is likely to start its journey through Parliament before the summer, this will require speedy response. A submission has already been made to the Health and Social Care Committee and Sir Robert will give evidence to the committee on 2 March.

We are also engaging with the network on this issue, with members of the policy team attending network meetings and we will be hosting a dedicated webinar on the white paper.

Sir Robert will be giving evidence to the Health and Social Care Select Committee on 2nd March highlighting the importance of public, patient and service user voice at all levels of health and social service design and delivery.

2.3 NHS 111 First

We updated last time that we would be following closely the roll out of the 111 First programme which was to be introduced nationwide from 1 December. Whilst this is being introduced as a measure to support infection control by reducing crowding in A&E during the pandemic, this is a policy we have previously suggested should be explored so we were keen to see how it was working in practice. Below is a summary of what we heard from a network survey and through some commissioned public polling. We have fed this back to the NHSE 111 team.

Summary: NHS 111 is a well-known service, and the new 111 First options of pre-booked timeslots at A&E and other urgent appointments is useful to patients when it works well. But its full potential for improving patient experience can only be unlocked if more people are aware of the offer, if the roll-out is consistent (ensuring no one gets turned away from A&E) and if people consistently receive high quality care and advice through NHS 111.

Positives:

- **The public have good awareness of NHS 111 and are likely to use it:** The majority (84%) of polling respondents said that they were aware that they could call NHS 111 for urgent medical advice. Almost three-quarters (70%) agreed that they were more likely to call NHS 111 than go straight to an emergency department when they had an urgent medical problem.
- **Getting the right help:** Three out of four people who had used the service (79%) felt they had got the help they needed. People were most likely to say

that they had a very good experience of the service if their question was answered directly by the call handler.

- **Satisfaction with NHS 111:** Almost three quarters (72%) agreed that they generally had positive experiences when they called NHS 111, while 12% disagreed and 13% were neutral.

What could be improved:

- **Confidence in call handlers:** Only 54% of respondents said they felt confident that when they phoned the service, the person they spoke to would be qualified to help. In survey comments people frequently told us they felt frustrated by the service feeling like a call centre.
- **Awareness of new NHS 111 First services is low:** 80% of our polling respondents were not aware that NHS 111 could reserve timeslots at GPs and 73% were not aware they could reserve timeslots at A&E.
- **Ensuring no one gets turned away:** Although the 111 First system is meant to encourage people to call 111 first without changing anyone's experience if they do walk up without an appointment, we heard multiple comments of people being shamed or discouraged when arriving without a pre-booked time slot.

2.4 Access to Dentistry

In December we published our summary of evidence from Q2. The overwhelming theme was around access to NHS dentistry.

Between July and September 2020, we saw a 452% increase in contacts across the network on NHS dentistry and for the first time received reports about this issue from nearly every part of the country.

We analysed 1,313 people's stories and identified the following themes:

- **Access to dental care** - the pandemic has made it difficult for most people to access both routine and emergency dental services, with many feeling unsure about when they would next see a dentist or leaving others to travel long distances to get care.
- **No routine care** - although dental practices have now reopened, people are still unable to get an appointment for check-ups, hygienist appointments or fillings.
- **Limited NHS appointments** - people have reported struggling to access NHS dentistry because practices are either not taking on new NHS patients or have no available NHS appointments.
- **Treatment still on hold** - in some cases, dentists have not been able to continue treatment started before lockdown, meaning people have been left in pain and with unresolved issues, like a broken tooth.
- **Access to emergency treatment** - people have told us they can't get through to their dentist when they need urgent care or are unable to access treatment if they do not meet the criteria for it.

- **Affordability** - our evidence suggests practices are prioritising private patients over NHS ones or are only offering non-urgent treatment if they pay privately.
- **Lack of information** - inaccurate information from the NHS 111, NHS Choices and dental practice websites can leave people frustrated and confused.
- **Confusion about registration** - a dental practice cannot de-register someone, but often people who have had a long gap since their last appointment are told they have been, when really what the dental practice means is that there are no available NHS appointments.
- **COVID-19 measures** - while practices did adapt once they reopened, not all of them understood how COVID-19 measures would impact some groups of people or didn't follow all the measures needed to make people feel safe.

Given the scale of the issue, in January we did a rapid review of the Q3 data and found that the issues have not gone away.

A further 1,129 people's stories revealed that seven in 10 people still find accessing an NHS dentist to be difficult, with some people having to call upwards of 40 or 50 dental practices to find an appointment. We also saw a rise in people reporting that they had been offered private treatment instead.

Both the December report and the January update resulted in blanket media coverage in national print and online media, key broadcast including BBC Radio 4 Today Programme, regional BBC radio stations and Sky News, and extensive local coverage.

We have embarked on a series of stakeholder engagement meetings with the DHSC, NHSE and the Chief Dental Officer, CQC and representatives from the dental profession to explore ways forward on dentistry. See more on our latest intervention [here](#).

2.5 Access to GPs

Prior to the pandemic, access to GPs was already the most common topic shared with local Healthwatch across the country. However, during the pandemic the volume of feedback about GPs has increased even further, with more experiences shared in the first eight months of the pandemic period than the preceding 12-months.

Healthwatch England will be sharing a summary of this feedback, along with the results of a national representative poll in an upcoming report on GP access. The report draws on almost 200k people's experiences and will take a look at what we were hearing pre-pandemic, shine a light on some of the positives to come out of the last year (such as the growth of remote care services), and will explore some of the issues people have faced in accessing their GP.

While we know from the qualitative feedback from those receiving care from their GP that they continue to be grateful for the service when they get it, we have definitely seen a rise in negative sentiment around people's experiences of accessing the GP. This is seemingly being driven by more of the administrative side of accessing care. We know this has changed significantly (and potentially permanently) and therefore the report will make recommendations for a formal national review of GP access arrangements as an opportunity to learn from people's experiences.

Early findings from the work have already been shared with the DHSC, NHSE and CQC, and presented to a wider group of stakeholders at the cross sector Primary Care Quality Board. Publication of the report is expected in late March and we will update the committee on stakeholder engagement at the next meeting.

2.6 Parliamentary Engagement

There have been a number of mentions of Healthwatch in Parliament since the beginning of this calendar year:

- House of Commons Debate on 'Covid-19 - Dental Services' (15th Feb 21):
 - **Stephen Morgan (Portsmouth South) (Lab)** mentioned that he had a meeting with his local Healthwatch - he referred to an anecdote from us about people pulling their own teeth out due to being unable to register with an NHS dentist.
- House of Lords Parliamentary Question (9 Feb 21):
 - **Lord Beecham (Lab)** tabled the following PW specifically on a HW report: *"To ask Her Majesty's Government what assessment they have made of (1) the report by Healthwatch What people are telling us, published on 9 December 2020, which found that people are struggling to access NHS dentistry"*.
- House of Commons Parliamentary Question (15 Feb 21):
 - In response to our report on dentistry and covid 19, **Sarah Olney MP (Richmond Park) (Lib Dem)** tabled the following PQ: *"To ask the Secretary of State for Health and Social Care, with reference to the finding by Healthwatch England in the update to its report on Dentistry and the impact of covid-19 dated 8 February 2021, that access to dentistry remains difficult for more than seven in 10 people, what assessment his Department has made of the implications for its policies of that finding; and what steps his Department is taking to improve access to dentistry"*.
- House of Lords Written PQ Answer (22 Feb):
 - The **Rt Rev. the Lord Bishop of Durham (Bishops)** tabled this PQ: *"To ask Her Majesty's Government what funding has been provided to*

local authorities (1) to support (a) asylum seekers, (b) refugees, and (c) migrants, to register with a GP, and (2) to ensure that those people are factored into COVID-19 vaccination plans”.

- **The Minister, Lord Bethell** mentioned Healthwatch in his response: *“The COVID-19 vaccine is available free of charge to anyone living in England, including those here without permission. The terms under which general practices are commissioned to deliver vaccination services enable practices to vaccinate unregistered patients. Individuals who are not registered with a practice will therefore be able to access the vaccine in line with the priority groups outlined by the Joint Committee on Vaccination and Immunisations (JCVI). However, we would strongly encourage everyone to register so that they may be more easily invited for vaccination. NHS England and NHS Improvement are working with local government, voluntary, community and social enterprise partners and Healthwatch England on a campaign to support all people, particularly those in inclusion health groups, to register with a general practitioner (GP), which supports the identification of those who should be prioritised for the vaccine”.*

3. Support to the Network

3.1 Healthwatch funding.

Support has continued to be offered to both local Healthwatch and local authorities on commissioning - totalling 32. Earlier work to develop a resource to support effective commissioning has paid off, with Knowsley, Middlesbrough, Coventry and Herefordshire as examples of incorporating the Quality Framework into specifications and contracts. All local Healthwatch have been contacted to confirm funding for 2019/20 which are included in Healthwatch England’s State of Support briefing on Healthwatch funding and informs our future engagement programme.

3.2 Equality diversity and inclusion

Healthwatch England seconded Joy Beishon, Chief executive of Healthwatch Greenwich to lead a programme to better understand the approach of local Healthwatch to equality, diversity and inclusion. To date a third of Healthwatch have engaged with the programme through activities such as action learning sets, focus groups and a new Black staff network. Key learning to date:

- Much good work is going on by local Healthwatch, although it is not necessarily being captured because of how Healthwatch work is measured, including by Healthwatch England

- Healthwatch work on equality, diversity and inclusion is not always clearly articulated in strategies and workplans
- Healthwatch recognise this is an area that can be challenging and would value more support from Healthwatch England.

Healthwatch England has extended the secondment for a further six months and equality, diversity and inclusion features prominently in Healthwatch England's refreshed strategy.

3.3 Digital

Healthwatch England has grant funded 10 local Healthwatch to pilot two digital engagement platforms with a view to Healthwatch England investing in the future as part of our Digital Transformation Programme. We are testing whether such platforms allow deeper engagement with the public and make it easier for Healthwatch to keep people informed about the difference made by sharing their views and experiences.

3.4 Quality Framework

Healthwatch England introduced the quality Framework to enable local Healthwatch to self-assess their effectiveness. Currently, 26 local Healthwatch are in the process of completing it with all Healthwatch being invited to complete it by March 2022. Regional Managers will meet with each Healthwatch to review their action plans and offer support where needed. The process of completing it has been well received by staff and Boards.

3.5 Impact

Healthwatch identified that they needed support on understanding and communicating the difference they make. 65 local Healthwatch have so far engaged with Healthwatch England's Impact Programme with 78% rating their confidence in this subject area as having increased. New resources have been developed to support local Healthwatch, including an Impact tracker. Healthwatch England is capturing the difference our Impact Programme is making. Here are two examples:

The templates give us a complete journey from theory, to concept, to delivery, to finished report and influencing. We feel we have a much more professional approach, and this has helped us when collaborating with other stakeholders.

Following two impact coaching sessions, (our local Healthwatch) issued a new promotional publication and could brief the council on specific priority areas of work for the next year.

3.6 Training and Resources

Healthwatch England has worked with local Healthwatch to develop resources which support the various elements of the quality Framework. We seconded Margaret Curtis from Healthwatch Sunderland to develop resources particularly focused on governance and decision-making. All Healthwatch England resources have been mapped against the Quality Framework and will be available through a revamped Healthwatch network website.

Other resources launched include an online induction for new Chief Officers (16 completed it with 8/10 rating); 636 staff and volunteers have now completed an induction module; a new induction module will be shortly launched for new Board members. Healthwatch staff who manage volunteers will shortly be testing new resources covering all aspects of volunteer management, including a template volunteer handbook drawing on practice across the network. We have developed a facilitated Board Development Session to support strong governance and decision-making.

Our shift to online delivery of our Learning and Development Programme continues to be popular with 233 people participating in 15 sessions during January covering areas such as research skills and communicating impact.

Since April 2020, we have seen nearly 2000 staff and volunteers sign up to the 112 events we have run for the Healthwatch network.

3.7 Network Communications

Engagement with our network website and online Workplace community has remained strong throughout 2020-21. To date we have seen:

- A 179% increase in visitors to the network site to access news and resources and book onto events (17.3K Apr 20-Jan 21 V 6.2K Apr 19-Jan 20)
- A 90% increase in page views on the network site (80K Apr 20-Jan 21 V 42K Apr 19-Jan 20)
- A 108% increase in actions (such as downloading guidance) taken on the network site (23.8K Apr 20-Jan 21 V 11.4K Apr 19-Jan 20)
- An average of 500 staff members visiting workplace at least once a week (the network is estimated to have 530 full time equivalent staff).

4. Supporting more people to have their say

We have continued our work to reach more people, support them in sharing their experiences and, ensure they can access high-quality advice and information during the COVID-19 period.

4.1 Advice and information

We introduced a national advice and information service on our website in 2018, and it has since become the most popular section of our website. In the first full year of operation (2018/19), our advice and information content were accessed by over 113,000 people. This year, demand for our advice and information has increased substantially. From April 2020 - January 2021, our advice and information content has been accessed by over 350,000 people. This is 213% higher than all the advice and information views we had in the whole of the last financial year.

Part of this increase is likely to result from work we have done to make our content easier to find online, such as ensuring the structure and keywords are optimised for search engines.

The most popular content relates to key COVID-19 issues and other issues that are likely to be linked to the interruption to health and care services. This content includes:

- How to find an NHS Dentist
- Understanding shielding from COVID-19
- Understanding terms like self-isolation
- Help travelling to NHS appointments
- How to register with a GP, and
- How pharmacists can help versus seeing a GP
- How to make a complaint

The analysis of our advice and information content is now used to help inform our insight into key issues that are concerning people. For example, the rise in people looking for help getting a dentistry appointment helped prompt us to look at this issue in more detail.

We have also tested a new system which enables people to rate our advice in terms of usefulness. To date, the average score for our advice is 4 out of 5, with most people rating our content as either useful or very useful.

4.2 Public feedback campaigns

At the early stages of the pandemic, we partnered up with the Care Quality Commission to launch the #BecauseWeAllCare Campaign. The aim was to ensure that people who are more likely to use health and social care services were encouraged to share their experiences so that local and national decision-makers could be alerted to issues.

The digital campaign, which has targeted older people, individuals with long-term conditions and carers, was launched in July 2020. To date more than 10,000 people have shared their views via the Healthwatch England website.

We are in the process of conducting a review of the campaign with CQC. However, initial findings indicate that this is our most successful campaign to date in terms of:

- Partnership support - The campaign launch was supported by 400 partners, and each subsequent drive has been supported by a range of charity, NHS and other partners. For example, our latest focus on carers in January involved 84 external organisations. To date, our stakeholder toolkit has been accessed over 6,000 times.
- Social reach and engagement - The campaign has supported a 203% increase in the reach of our social media messages (10M Apr 20-Jan 21 V 3.3M Apr 19-Jan 20) and a 315% increase in engagements with our social media messages (370K Apr 20-Jan 21 V 89K Apr 19-Jan 20)
- Website visitors - Traffic to our public website is at an all-time high and has grown 156% (608K Apr 20-Jan 21 V 238K Apr 19-Jan 20)
- People sharing their views- To date, we have seen a 30% year on year increase in people sharing their experiences (13.7K Apr 20-Jan 21 V 10.6K Apr 19-Jan 20)

As well as using the campaign to target specific audiences, we have also used #BecauseWeAllCare to engage people on particular issues such as NHS111 and hospital discharge. The campaign has also generated insight that has helped us raise awareness of the issues people face with policymakers and the media. For example, in December and February, we secured significant coverage on the issues people face accessing NHS dentistry. Coverage included:

- 387 items of national, regional and local coverage with an audience reach of 85 million.
- Titles such as the Guardian, Times, Sunday Times, Mirror, Mail, Sun, BBC Radio 4, BBC Radio 2 and Sky News.

5. Supporting Healthwatch to engage their communities

5.1 Communications support

All our advice and information and public feedback campaigns work has included support to help local Healthwatch engage their communities. For example, in our most recent campaign spike focussed on carers, 74 local Healthwatch services used the campaign to engage local carers. The #BecauseWeAllCare campaign toolkit for local Healthwatch services is also the most viewed single item of guidance so far,

this financial year. As part of the campaign, we have been able to collect, and share with local Healthwatch, experiences from every single community we serve.

In terms of broader support, we have continued to provide local Healthwatch with resources via our brand centre (the use of which is on track to pass 2019-20 levels) and run monthly training sessions on a different communications topic. The most recent of these has been a series of online workshops to see how we can strengthen campaigning at a regional level. We have also published our campaigns calendar for 2021.

5.2 Digital support

We have continued to improve our estate of over 60 local Healthwatch websites to improve users' experience. For example, users can now translate the content of any web page into a range of languages.

We are also planning further developments, including:

- The introduction of a new benchmarking tool that local Healthwatch can use to understand which communication channels and what website content are helping to engage their local communities and stakeholders.
- Working with local Healthwatch communication leads to help establish and provide guidance on which channels Healthwatch can utilise best online to help reach different sections of their communities.

5.3 Brand support

Following an audit to take stock of how we and a sample of 30 local Healthwatch services are using our shared brand, we have started three streams of work to strengthen the brand in 2021-22, especially when engaging local people. This work includes:

- Simplifying the visual guide for our brand so it is easier to apply
- Developing an updated brand promise, personality and values, which will then inform a new tone of voice guide.
- Providing more guidance to help local Healthwatch services provide a more consistent experience for local people.

To help inform the development of the brand values, we have held six workshops attended by nearly 100 staff and volunteers to help identify the values and personality we want to communicate.

Key Meetings Attended since the last Committee meeting

December	
HWE - DHSC quarterly strategic meeting	
Introductory meeting with DHSC Director General for Adult Social Care	Michelle Dyson
Meeting with Nutricia	Kate Hall
Meeting- NHSI/NHSE / re Assembly position on ICSs	Sara Geater
Social Care Stakeholder Taskforce Group Meeting	
CRS Update Meeting with Professor Stephen Powis	
Quarterly DHSC Sponsor Team	
Build back fairer: Inequalities and COVID-19 in England webinar	
Meeting with DH&SC, HWE and NHSE&I - Future Policy intentions	
Virtual coffee - NHSEI/Healthwatch - People plan	Em Wilkinson-Brice
CQC	
DHSC Follow Up meeting	Rebecca Chaloner, Michael Van Straaten
Covid-19 Support Taskforce / Social Care	
Healthwatch and Race and Health Observatory	
Meeting to discuss DHSC proposals re Healthwatch England	
CQC/ADASS/TUC/Unions meeting	
Video to the network	
DHSC Sponsor Team	
Elective Task Force	
Commitment to Carers Oversight Group	
January	
Follow up meeting with DHSC re Healthwatch England	Aidan Fowler
Interview with ITV	
Meeting - NHS Transformation Unit work with NHS X	Julia Simon & Charley Ward
Review of the NHS Health Check Programme	
Welcome back video message to network	
Adult Social Care Stakeholder Discussion	Tom Surrey
Social Care (Covid - 19) Stakeholder Group Meeting	Chaired by Sir David Pearson CBE
-	
Address to the board of the Church Urban Fund about 'voice'	

NIHR SSCR Advisory Board meeting	
NQB PPV Interviews	
DHSC/HWE Phone Call	Tracy Parker
Volunteer Passport Partnership telephone call	Jeremy Hughes
Race and Health Observatory	
HWE/ADASS meeting	
Integrated Care Delivery Partners' Group	
Interview with The Observer - dentistry	James Tapper
Social Care (Covid - 19) Stakeholder Group Meeting -	Chaired by Sir David Pearson CBE
EI Action	Yvonne Coghill
Elective Task Force	
Health for Care Coalition	
Patient and Public Voice Experts	
NHSE /NHSI Specialised Commissioning stakeholders	
February	
HWE/ADASS meeting discuss vaccine hesitancy	Fazeela Hafejee
Meeting re Vaccine Hesitancy	Tim Spensley
NHSE	Frances Newell
Zoom Call Paul Burstow	
NHS Assembly meeting	
Introduction to Lord Patel	
Live interview with SKY News	
National Quality Board	
NHSE Covid -19 Vaccination Briefing	
Social Care Advisors	
Hunter Healthcare	Janice Scanlan
Patient Groups - Health and Care White Paper	Edward Argar
Social Care (Covid - 19) Stakeholder Group Meeting -	Chaired by Sir David Pearson CBE
CQC	James Turner
Carers UK	
HWE - CQC Quarterly	
HWE-DHSC Quarterly Strategic	
Denplan	
Social Care (Covid - 19) Stakeholder Group Meeting	
NEPTS	

AGENDA ITEM: 1.8(a)

AGENDA ITEM: Healthwatch England Annual Plan 2021-22

PRESENTING: Imelda Redmond

PREVIOUS DECISION: Business Plan 2020/21 agreed by committee on the 11th March 2020

EXECUTIVE SUMMARY: The attached Business Plan 2021/22 outlines the top line deliverables we aim to deliver in year 1 of our reviewed strategy.

RECOMMENDATIONS: Committee Members are asked to **APPROVE** this report

Background

Attached is the Annual plan for 2021/21. This has been developed with staff throughout the organisation and the committee.

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

At the next meeting we will reflect back on the achievement of this year.

Healthwatch England Annual Plan 2021-22

Directorate: Healthwatch England

Approved by: Healthwatch England Committee

Date: Present to HWE Committee for approval, 9th March 2021

Version: Final Draft

Outcomes we are planning to achieve against our new strategy objectives



Healthwatch England - Business Plan 2021-22

Section 1: Outcomes & KPIs against our Strategy Objectives

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)	KPI Delivery Date
1	A sustainable and high performing network	<ul style="list-style-type: none"> Healthwatch understand and value of the Healthwatch England support offer set out in the Annual Network Plan and value our online platforms. Healthwatch can make their case for support through evidencing their impact and effectiveness through the Quality Framework. Local government commissions effective Healthwatch and income is protected by recognising the value of Healthwatch and reflect this in contract arrangements. We will continue to grow our income generation opportunities for local Healthwatch. Local Healthwatch people (Boards and staff) have the core skills to deliver an effective Healthwatch; they are more diverse and Healthwatch value diversity Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems Healthwatch understand and align to our updated brand purpose and values. Local Healthwatch have increasing focus on equality, diversity and inclusion in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty. Local Healthwatch have increased confidence in holding local commissioners, providers and systems to account. 	<ul style="list-style-type: none"> 67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good 100% of local Healthwatch have signed up to our brand licence and year on year use of our brand resources increases. 	<ul style="list-style-type: none"> Q4 Q4

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)	KPI Delivery Date
2	Seeking the views of people on their experience of needing or using health, public health and social care services	<ul style="list-style-type: none"> Healthwatch England will remove the barriers so all Healthwatch can meet their requirement to share data with Healthwatch England. Healthwatch England has built and piloted the infrastructure to support digital engagement and easy sharing of data by local Healthwatch with Healthwatch England. We set up a campaigns infrastructure that works at a national, regional and local level to increase awareness and engagement with priority audiences. We address the public's top NHS, social care and public health advice and information questions including in partnership with external organisations. 	<ul style="list-style-type: none"> Report on pilot of digital engagement platform 4 in 5 people rate our advice and information content as useful. 	<ul style="list-style-type: none"> Q3 Q4
3	Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements	<ul style="list-style-type: none"> We will improve our capability and understanding of health inequalities experienced by seldom heard ethnic groups. We will achieve this through a network wide flagship campaign. We will have greater understanding of the barriers which mean certain groups go unheard and the unique role Healthwatch can play in addressing these. Our campaigns increase engagement with audiences who are least likely to share feedback with Healthwatch (e.g. ethnic minorities) 	<ul style="list-style-type: none"> Increase the proportion of data we gather from Black, Asian and Minority Ethnic groups through the webform from 4% (including white Irish) to 15% All our policy and research work will have an equalities focus which secures one policy change 	<ul style="list-style-type: none"> Q4 Q4
4	Acting on what we hear to bring about improvements in health and care policy and practice	<ul style="list-style-type: none"> We will influence the delivery of access to GPs (professional focused) and dentistry (policy focused). We will get in depth insight on three research projects (e.g. Digital Health and Equalities in Secondary Care/remote monitoring, Supporting the Covid Vaccinations Roll-out, Review of Policy Position on Social Care) We will be responsive to the priorities of the Health and Care system and carry out reactive research, influencing and communications activity to ensure changes are user focused - e.g. Social Care Reform. 	<p>Stakeholders Perceptions KPI (measured every 2 years)</p> <p><i>Note: The Stakeholder Perception is done biennial. A report on the following % will be provided at the committee meeting on the 9th March.</i></p> <ul style="list-style-type: none"> % of stakeholders saying they value Healthwatch will increase by 5 points 	<ul style="list-style-type: none"> Q4 Q4

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)	KPI Delivery Date
		<ul style="list-style-type: none"> Healthwatch England have increased confidence in holding local commissioners, providers and systems to account. Our policy and campaigns work will increase engagement with priority corporate and sectoral audiences and result in more stakeholders accessing evidence and data from us on specific policy priorities. 	<ul style="list-style-type: none"> % of stakeholders saying they think Healthwatch has impact will increase by 5 points 	
5	Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector	<ul style="list-style-type: none"> Common understanding of approach and value offered by HW in engagement. We will have a solid understanding of the 'engagement market' - with our potential competitors and partners mapped and potential for revenue generation fully assessed. We will have greater understanding of the Network's current network strengths and weaknesses on engagement and a plan in place to meet strategic objective on engagement. 	<ul style="list-style-type: none"> Establish a benchmark to enable us to understand progress 	<ul style="list-style-type: none"> Q4
6	We are a strong and well governed organisation that uses its resources for greatest impact	<ul style="list-style-type: none"> Our governance structures and processes are fit for purpose. We will evidence Return on Investments (ROI) for our budget. We will have a plan in place to support and develop our people. We will identify our impact through our Programme Management Framework. We will have strong values emphasising our commitment to equality and diversity issues, we will live these values in all we do. Our culture will be inclusive, and we will demonstrate we have a learning culture. 	<ul style="list-style-type: none"> 2 reports (bi-annual) produced showcasing the impact Healthwatch England has made against our strategy. 95% of staff report feeling involved in Healthwatch England overall objectives. 95% of staff feel they make a difference through their role 100% of projects will have EIA completed. 	<ul style="list-style-type: none"> Q4 Q2 Q2 Q4

**Activities we will undertake to achieve
the outcomes**



No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
Objective 1 - A sustainable and high performing network				
1.	Healthwatch understand and value the Healthwatch England support offer set out in the Annual Network Plan and value our online platforms.	<ul style="list-style-type: none"> Promotion of Healthwatch England Support Offer to local Healthwatch setting out against the Quality Framework Domains with key dates Digital communications programme to improve the targeting of our content and accessibility of our systems including: <ul style="list-style-type: none"> Updating the network site functionality Improving the use of workplace Rationalising and strengthening our guidance Introducing a marketing system to improve engagement Satisfaction survey for local Healthwatch to rate Healthwatch England support delivered in 20/21 	Head of Network Development	Q1
			Head of communications / Communications Manager (Digital Systems)	Q1
			Programme Events Manager	
2.	Healthwatch can make their case for support through evidencing their impact and effectiveness through the Quality Framework.	<ul style="list-style-type: none"> Impact Programme supporting HW to understand, plan for, evidence and communicate their impact and pilot reporting to Healthwatch England, including promotion of planning tool Development and delivery of research support materials and training to the network in line with differing level needs Quality Programme to ensure % of HW are using the Quality Framework by Mar 2021 to understand their effectiveness and to improve and the learning is informing Healthwatch England 	Impact and Regional Network (North West) Manager	Q1-4
			Research and Insight Manager	Q1-4
			Quality Assurance and Regional (North East) Manager	Q4
			Deputy Head of Engagement and Sustainability	Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> Collectively and individually HW can communicate and evidence their case for support Risk identification and mitigation to prevent business disruption and reputational damage State of Support reporting on the funding of local Healthwatch to DHSC and stakeholders Evidence and impact communication programme to support local Healthwatch to improve their annual reporting of the difference they have made 	<p>Deputy Head of Network Engagement and Sustainability / Regional Managers</p> <p>Deputy Head of Engagement and Sustainability Communications Manager (Brand and content) Impact Manager</p>	<p>Q1-4</p> <p>Q4</p> <p>Q1 & Q4</p>
3.	Local government commissions effective Healthwatch and income is protected by recognising the value of Healthwatch and reflect this in contract arrangements.	<ul style="list-style-type: none"> Engagement Programme with local authorities to support protection of HW income and effective commissioning of HW, including outcomes focus 	Deputy Head of Engagement and Sustainability / Regional Managers	Q1-4
4.	We will continue to grow our income generation opportunities for local Healthwatch.	<ul style="list-style-type: none"> National projects with local Healthwatch as delivery partners funded through small grants Mapping of local Healthwatch involvement and outcomes achieved Brokerage of funded projects and partnerships 	<p>Policy/ Collaboration and Regional Network (South) Manager</p> <p>Deputy Head of Engagement and Sustainability/ Collaboration and Regional Network (South) Manager</p> <p>Collaboration and Regional Network (South) Manager / Regional Managers</p>	<p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p>
5.	Local Healthwatch people (Boards and staff) have the core skills to deliver an effective Healthwatch; they are more diverse and Healthwatch value diversity.	<ul style="list-style-type: none"> Delivery of Blended Learning and Development Programme based on HW needs, strategy and horizon scanning Commissioning, production and promotion of resources/tools etc to support Learning and Development Project focusing on strengthening communications and Board effectiveness, culture of equality, diversity and inclusion and supporting diversity in recruitment 	<p>Learning and Development Manager and relevant Managers</p> <p>Learning and Development Manager and relevant Managers</p> <p>Secondee / Head of Network Development / Communications ??</p>	<p>Q1-4</p> <p>Q3-4</p> <p>Q3-4</p> <p>Q1-4</p>

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> Facilitation of professional networks: Comms, Engagement; Research and Insight, Black staff Network; Diversity, volunteer Managers Volunteer Programme to celebrate volunteering and impact and support staff managing volunteers effectively Healthwatch Week providing local Healthwatch with opportunity to learn, share and network National Awards that celebrate the difference made by Healthwatch people 	<p>Learning and Development Manager: Various Managers</p> <p>Volunteering and Regional Network (London) Manager</p> <p>Programme Events Manager</p> <p>Programme Events Manager</p>	<p>Q1-4</p> <p>Q3</p> <p>Q3</p>
6.	Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems.	<ul style="list-style-type: none"> Mobilisation if required to support proposed structure for regional working Influence the development of legislation to ensure that the core role, purpose and function of the Healthwatch network's existence is reflected in any changes/reform to health and social care. 	<p>Head of Policy, Public Affairs and Research and Insight / Head of Network Development</p> <p>Head of Policy, Public Affairs and Research and Insight / Public Affairs Officer</p>	<p>Q3-4</p> <p>Q1-Q4</p>
7.	Healthwatch understand and align to our updated brand purpose and values.	<ul style="list-style-type: none"> Strengthen the core brand by delivering an updated brand promise, values, tone of voice and guidelines Improve the consistent use of the brand by rolling out: <ul style="list-style-type: none"> Updated brand licence and framework to all Healthwatch Updated brand resources to reflect brand changes Training to support core communication skills and improved customer experience Engagement with local Healthwatch so they understand and align with refreshed Healthwatch England brand and values, including re-sign of trademark licence 	<p>Head of Communications Brand and content manager</p> <p>Head of Communications/ Head of Network Development / Programme Events Manager</p>	Q2-3

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> Engagement with local Healthwatch to ensure all sign up to Data Agreement, report their compliance with GDPR and any support issues are fed into Learning and Development Plan 	Director of Communications, Campaigns and Insight / Programme Events Manager	
8.	Local Healthwatch have increasing focus on EDI in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty.	<ul style="list-style-type: none"> EDI project that supports local Healthwatch confidence and identifies local Healthwatch strengths in working with seldom heard groups and supports local Healthwatch culture of diversity and understanding and application of local Healthwatch's public equality duty 	National Programme Lead - Equality, Diversity, Inclusion / Head of Network Development	Q1-2

Objective 2 - Seeking the views of people on their experience of needing or using health, public health and social care services

9.	Healthwatch England will remove the barriers so all Healthwatch can meet their requirement to share data with Healthwatch England.	<ul style="list-style-type: none"> Engagement with local Healthwatch to understand and address data sharing barriers and responsibilities + encourage them to share data 	Research and Insight Manager / Digital Systems Delivery Manager / Regional Managers	Q1 - 4
		<ul style="list-style-type: none"> Roll-out new upload function to the reports library 	Research and Insight Manager	Q2 - 4
10.	Healthwatch England has built and piloted the infrastructure to support digital engagement and easy sharing of data by local Healthwatch with Healthwatch England.	<ul style="list-style-type: none"> Running and evaluation of pilot (both for the network and Healthwatch England research and insight function) and subsequent procurement and roll out of digital engagement platform 	Campaigns and Regional (Central) Manager / Digital Communications/Research and Insight Manager	Q2-4
		<ul style="list-style-type: none"> Ensure digital engagement platforms are integrated with HWE research function 	Lead - Director of Communications, Campaigns and Insight (procurement) Research and Insight Manager/Digital Systems Delivery Manager	Q2-4
		<ul style="list-style-type: none"> Support to local Healthwatch with accessing Digital Fund with transition to new system 	TBC	Q4
		<ul style="list-style-type: none"> Developing and rolling out the feedback module to all nationally supported local Healthwatch websites 	Digital Systems Delivery Manager Communications Manager (Digital)	Q2 - 4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
11.	We set up a campaigns infrastructure that works at a national, regional and local level to increase awareness and engagement with priority audiences.	<ul style="list-style-type: none"> • Brand awareness and engagement programme including: <ul style="list-style-type: none"> ○ Agree priority public and professional audience segments ○ Deliver an integrated media, social and partnerships programme to engage priority public and professional audiences. • Public feedback programme including strengthening our internal campaigns approach by: <ul style="list-style-type: none"> ○ Updating our annual campaigns calendar ○ Formalising the role of campaigns and communications leads ○ Establish and train a network of regional spokespeople ○ Supporting regional campaigns • Digital engagement programme including: <ul style="list-style-type: none"> ○ Rolling out adoption of a new digital communications benchmarking tool to Healthwatch to identify strengths and weaknesses ○ Introducing a digital communications framework to improve best practice ○ Rolling programme to improve user experience across all our channels ○ Updating the technology that drives our national and 62 local public websites. 	<p>Communications Manager (Brand and Content) Communications Manager (Digital) Media Manger</p> <p>Media Manager, Campaigns and Regional Development Manager, Communications Manager (Digital)</p> <p>Communications Manager (Digital)</p>	Q1-Q4
12.	We address the public’s top NHS, social care and public health advice and information questions including in partnership with external organisations.	<ul style="list-style-type: none"> • Advice and information programme including the delivery of: <ul style="list-style-type: none"> ○ 12-month content plan covering NHS, social care and public health content ○ Review and update of our accessibility policy and tools ○ Piloting of content partnerships to increase content quality and accuracy 	Head of Communications Communications Manager (Brand and Content)	Q1-Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
Objective 3 - Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements				
13.	We will improve our capability and understanding of health inequalities experienced by seldom heard ethnic groups. We will achieve this through a network wide flagship campaign.	<ul style="list-style-type: none"> • Public feedback programme including: <ul style="list-style-type: none"> ○ Developing national campaign co-designed with local Healthwatch and tested with partners and the public to increase feedback from priority target audience and increase our understanding of engaging seldom heard communities 	Head of Communications Head of Policy and Research	Q1-Q4 Q3
14.	We will have greater understanding of the barriers which mean certain groups go unheard and the unique role Healthwatch can play in addressing these.	<ul style="list-style-type: none"> • Undertake any necessary additional policy or comms research to understand the barriers and support the flagship campaign • Ensure all research and engagement activity across HWE is focused on the issue of equality and ethnicity. 	Research and Insight Manager Communications Manager (Brand and content) Research and Insight Manager	Q1-4 Q1 - 4
15.	Our campaigns increase engagement with audiences who are least likely to share feedback with Healthwatch (e.g. ethnic minorities, people on lower incomes).	<ul style="list-style-type: none"> • Deliver public feedback programme including • Running reactive campaigns to target specific communities about specific issues (b) Supporting the national and local flow of feedback by: • Delivering campaign spikes targeting priority audiences (e.g. people from an ethnic background, people on low incomes etc.) • Working with CQC and other partners to widen the promotion of public feedback by NHS, social care and third sector • Programme to promote and support local Healthwatch to participate in Healthwatch England campaigns 	Head of Communications, Media Manager / Campaigns and Regional (Central) Manager	Q1-4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice				
16.	We will influence the delivery of access to GPs and (professional focused) and dentistry (policy focused).	<ul style="list-style-type: none"> • Deliver campaigns on: <ul style="list-style-type: none"> ○ GP Access in partnership with the Practice Managers Association to tackle common issues around primary care access. ○ A joint national and local campaign to push for improved access to dentistry services. 	Senior Policy Analyst	Q1-Q2 Q2-Q3
17.	We will get in depth insight on three research projects (e.g. Digital Health and Equalities in Secondary Care, Supporting the Covid Vaccinations Roll-out, Review of Policy Position on Social Care).	<ul style="list-style-type: none"> • Deliver research projects on: <ul style="list-style-type: none"> ○ Digital health and equalities: <ul style="list-style-type: none"> ▪ Extend project on primary care to look at changes in secondary care ▪ Review changes in mental health services ○ Vaccines and outreach to seldom heard in partnership with DHSC/NHSE and a focus on Black, Pakistani and Bangladeshi communities ○ Review our current evidence and policy position on social care reform. Carry out any necessary primary research to fill gaps. 	Senior Policy Analyst/Research and Insight Manager Head of Policy, Public Affairs and Research and Insight Senior Policy Analyst/Research and Insight Manager	Q1-Q2 Q3-Q4 Q1 Q2
18.	We will be responsive to the priorities of the Health and Care system and carry out reactive research, influencing and communications activity to ensure changes are user focused - e.g. Social Care Reform.	<ul style="list-style-type: none"> • Engage with Government social care reform agenda and deliver a national campaign/research project. • Conduct an evidence review of our insight to identify lessons learned from the pandemic to support influencing activity and any potential public inquiries. • Report insights gathered by the network and HWE in an agile and responsive fashion. • Integrate analysis and use of external data sources in our day-to-day work. 	Senior Policy Analyst/Research and Insight Manager External Affairs Manager/Public Affairs Officer/Research and Insight Manager Research and Insight Manager/Stakeholder Manager Research and Insight Manager/Stakeholder Manager	Q3-Q4 Q2 Q1 - 4 Q1 - 4
19.	Local Healthwatch and Healthwatch England have increased confidence in holding local commissioners, providers and systems to account.	<ul style="list-style-type: none"> • Commission local Healthwatch to work with Healthwatch England on a new resource to 	External Affairs Manager / Senior Policy Adviser	Q3-Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		support local Healthwatch's function of holding to account and is rolled out to local Healthwatch with support		
20.	Our policy and campaigns work will increase engagement with priority sectoral audiences and result in more stakeholders accessing evidence and data from us.	<ul style="list-style-type: none"> • Evidence use programme including: <ul style="list-style-type: none"> • Review of integrated approach to targeting priority professional audiences via email, stakeholder engagement, PR and social media • Exploring new approaches to sustain engagement, such as a new marketing database • Deliver the Public Affairs plan: <ul style="list-style-type: none"> ○ Modes and channels for regular stakeholder engagement reviewed and refined informed by stakeholder perceptions research ○ Increase frequency and depth of our interactions with key institutional stakeholders ○ Ensure each policy campaign and research project has a defined and delivered stakeholder engagement plan ○ Implement our parliamentary and political engagement plan. ○ Delivery of trainings for network to develop stakeholder analysis and skills for engagement with local decision makers 	<p>Communications Manager (Brand and content) Communications Manager (Digital)</p> <p>External Affairs Manager</p> <p>Public Affairs Officer</p> <p>External Affairs Manager/Public Affairs Officer</p> <p>Public Affairs Officer</p> <p>External Affairs Manager</p>	<p>Q1-Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Objective 5 - Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector				
21.	Common understanding of approach and value offered by the local Healthwatch in engagement.	<ul style="list-style-type: none"> • Engagement Plan will set out work with the local Healthwatch and stakeholders to identify HW core proposition - linked into case for support 	Deputy Head of Engagement	Q3-4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
22.	We will have a solid understanding of the 'engagement market' - with our potential competitors and partners mapped and potential for revenue generation fully assessed.	<ul style="list-style-type: none"> Engagement Plan to set out stakeholder mapping and cultivation 	Policy/Deputy Head of Engagement	Q2
23.	We will have greater understanding of the local Healthwatch current network strengths and weaknesses on engagement and a plan in place to meet strategic objective on engagement.	<ul style="list-style-type: none"> Engagement Plan will set out approach to meet desired outcome 	Deputy Head of Engagement	Q2

Objective 6 - We are a strong and well governed organisation that uses its resources for greatest impact

24.	Our governance structures and processes are fit for purpose.	<ul style="list-style-type: none"> Carry out a governance review of our committee to ensure that committee members get the support and training they need to carry out their functions. Carry out a skills audit of the committee to maximises their input and expertise in our programme of work. Review CQC policies and produce an abridged version suitable for Healthwatch England. Review Healthwatch England processes to ensure they are fit for purpose and embedded. 	Head of Operations & Strategy Planning and Performance Manager	Q4
25.	Evidenced Return on Investments (ROI) for our budget.	<ul style="list-style-type: none"> We will carry out a value for money review of our contracts and reduce them by 10%. Will we reduce our management costs by at least 10%. We will carry out an audit and a value for money review on grants. We will ensure that the financial information is accessible to Leadership Team and managers and that Leadership Team are regularly held to account on spend. 	Head of Operations	Q2 Q3 Q3 Q1

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
26.	We will have plan in place to support and develop our people.	<ul style="list-style-type: none"> We will invest in staff training and development. Identify new and smarter ways of working. Carry out a skills audit of staff to maximises their input and expertise in our programme of work and provide opportunities for staff to lead of pieces of work. We will produce an accessible training and development plan for the staff and committee The Operations Team will work across teams and the network providing support and good practice e.g. producing and sharing planning tools. 	Head of Operations	Q4 Q3 Q1 Q4 Q4
27.	Programme Management Framework that helps us identify impact.	<ul style="list-style-type: none"> We will capture our impact within the performance reports and produce bi-annually reports that showcases the impact we have made on Health and Social care issues. 	Strategy, Planning and Performance Manager	Q4
28.	We will have strong values emphasising our commitment to equality and diversity issues, we will live these values in all we do.	<ul style="list-style-type: none"> We will be working to refresh and embed our values that will underpin our work We will embed the Equality Impact Assessment (EIA) into all programmes of work. 	Head of Operations	Q3 Q2
29.	Our culture will be inclusive, and we will demonstrate we have a learning culture.	<ul style="list-style-type: none"> We will further develop the relationship between the Committee and the staff. We will create opportunities for people from across the organisation to get to know each other through collaborative working. We will review the diversity of our staff team and committee and we will strive to make sure our staff and committee are diverse to reflect the population served. 	Head of Operations	Q4 Q4 Q4

Section 3: Budget

Budget 2021-22	Amount (£)
Total Pay	£2,184,593
Total Non-Pay	£1,184,851
Variance	£27,865
Total Healthwatch England Annual Budget	£3,397,309

Detailed Budget Breakdown	Amount (£)
Salary Costs	£2,184,593
Staff Travel and Subsistence	£15,000
Staff training	£35,865
Office supplies	£4,000
Printing and Design costs	£74,500
Digital Marketing Subscriptions and Licences	£56,426
Campaigns	£38,000
Policy and Research	£150,000
Professional and Trade Subscriptions	£12,000
Training and Events (Network Facing)	£100,000
HWE hire of meeting rooms	£15,000
Civi-CRM and Web hosting maintenance and development	£170,563
Digital transformation	£128,000
Grants	£130,000
Internal charges	£283,362
Total Non-Pay	£3,397,309

Section 4: Commercial and Contracts

Contract (2021-22 FY)	Supplier	Service provided	Estimated Date (when goods/services needed)	Estimated Value in 2021-22 (£)
Media Cuttings (includes books, journals and subscriptions)		-	April 21-March 22	£18,000
Conference 2021 (if held online)		Conference Online	April 21-March 22	£50,000
Healthwatch CIVI CRM Lot 4 Training	Northbridge Digital Ltd	Civi CRM	April 21-March 22	£32,742
Healthwatch CIVI CRM	Circle Interactive Ltd	Digital Transformation	April 21-March 22	£312,407
Facebook Workplace	Facebook Ireland Ltd	Website	April 21-March 22	\$49,000
Care Opinion Service Agreement	Care Opinion Limited		April 21-March 22	£12,972
HWE Branding Review	I E Design Consultancy Ltd		April 21-March 22	£28,785

Strategic Risk Register will be presented as a separate document

AGENDA ITEM No 1.8 (b)

AGENDA ITEM: Draft Budget 2021/22

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper sets out the draft budget for 2021/22. It is based on the following assumptions:

1. That the end of year projected outturn for this year will be carried forward for next year.
2. We are assuming a similar pattern of working in the coming year as this year, mostly working online, no face-to-face conference.
3. That we will have 14 desks at Stratford, though I think that is too many, we're negotiating. Over-head costs will be reduced
4. That there will be a full complement of staff for the full year. This won't be the case, there is bound to be staff turnover during the year and so we will have additional funds to allocate at a later date
5. Staff pay rise @ 2.5%
6. We will have a 2% cut to our budget
7. That for the coming year we will double run our Computer contracts whilst we pilot the new ways of working

We are presenting a breakeven budget to you

RECOMMENDATION:

Committee to **APPROVE** the draft budget recommended by AFRSC

Budget Plan for 2021-22



Budget Summary 2020-21 vs Draft Budget 2021-22

Budget Allocation by Activity	Annual Budget 2020-21 £	Projected Forecast 2020-21 £	Draft Budget 2021-22 £	Variance Annual Budget 20-21 vs Draft 21-22 £
Total Pay Budget	2,400,319	2,063,081	2,184,593	-215,726
Total Non-Pay Budget	620,596	827,678	929,354	308,758
HWE Recharges	451,328	451,328	283,362	-167,966
Total HWE Core Income	3,472,243	3,342,087	3,397,309	-74,934

Income	Amount 2021-22	Detailed breakdown	CQC Budget codes	Comments	LT Owner
Total Core Income	£3,377,309.00				Joanne
Integration Index Project	£20,000.00				Jacob
Total Budget	£3,397,309.00				

Expenditure (including bullet points of breakdown)	Annual Budget 2020-21 £	Projected Forecast 2020-21 £	Draft Budget 2021-22 £	Detail	QC Budget codes	Comments	LT Owner
Total Salary Costs							
Total Salary costs	£2,400,319	£2,063,081	£2,184,593			Assumption full complement of staff, 2.5% pay rise	
Staff Travel and Subsistence	£60,000	£4,835	£15,000		7270	Higher than current year spend but based on the assumption that some travel will come back during the year	Joanne
Staff training	£50,000	£56,526	£35,865		7300	Previously this was rolled in with LHW training which caused confusion. We have some development for managers and professional courses to pay for	Joanne
Office supplies	£3,000	£1,200	£4,000		7210, 7211	This includes miscellaneous stationery items	Joanne
Printing and Design costs	£65,000	£47,368	£74,500		7220, 7724	Design, video and content allowance to support annual reports,	Ben

Expenditure (including bullet points of breakdown)	Annual Budget 2020-21 £	Projected Forecast 2020-21 £	Draft Budget 2021-22 £	Detail	QC Budget codes	Comments	LT Owner
						evidence & impact communication and brand	
Digital Marketing Subscriptions and Licences	£50,000	£46,122	£56,426		7251 & 7371	Digital marketing system subscriptions, analytics & paid-for search and social	Ben
Campaigns	£42,000	£9,912	£38,000		7249	Public feedback campaign costs and media relations and monitoring systems	Ben
Policy and Research:	10,000	£11,271	£150,000		7251	Polling and research activities	Jacob
• Polling				£25,000	7251		
• Research activity for the flagship campaign on Equalities				£65,000	7251		
• Research activity on social care reform				£30,000	7251		
• Research activity on digital health equalities next phase				£30,000	7251		
Professional and Trade Subscriptions	£15,000	£13,041	12,000		7222	Trade journals; media cuttings	Joanne
Training and Events (Network Facing):	£159,000	£33,866	£100,000		7300, 7302	Regional Network Meetings (assume no F2F in 21/22)	Gavin
• Learning and Development				£60,000			
• Healthwatch Week				£40,000			
HWE hire of meeting rooms	0	0	£15,000		7319	Allowance for room hire for Healthwatch staff events	Joanne
Civi-CRM and Web hosting maintenance and development:	£166,596	£205,537	£170,563		7371		Chris/Ben

Expenditure (including bullet points of breakdown)	Annual Budget 2020-21 £	Projected Forecast 2020-21 £	Draft Budget 2021-22 £	Detail	QC Budget codes	Comments	LT Owner
• Web development				£20,910	7371		Ben
• Civi CRM and Web hosting and maintenance				£63,605	7371		Chris
• Civi development				£20,000	7371		Chris
• Civi Training				£22,848	7371		Chris
• Support Civi/Web/reports library				£43,200	7371		Chris
Digital transformation	0	£153,000	£128,000		7371	Any costs relating to future investment in Engagement Platforms, Central Data Store etc	Chris
Grants:	0	£245,000	£130,000		7249, 7251, 7300	Secondments, national projects etc	Joanne
• Board Development				£40,000			
• Engagement				£30,000			
• Managing contracts				£60,000			
• Integration Index Project Expenditure					7251		Jacob
Total Non-Pay	620,596	£827,678	£929,354				
Internal charges	£451,328	£451,328	£283,362		7800	This may come down if we have fewer desks	Joanne
Total Budget	£3,472,243	£3,342,087	£3,397,309				

AGENDA ITEM No:1.9

AGENDA ITEM: Healthwatch England Support offer

PRESENTING: Gavin Macgregor, Head of Network Development

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: Healthwatch England want to set out the full support offer available to local Healthwatch in one document to help them assess what help would best support them, how to access it and help us improve how we support them. The attached document is an early draft based on the needs identified by local Healthwatch and incorporating work relating to delivery of Healthwatch England's Strategy and Business Plan 2021-2022

RECOMMENDATIONS: The Committee are asked to note the draft document



Healthwatch England Support Offer to Local Healthwatch

2021/22

Healthwatch England is here to support local Healthwatch to be effective and make the biggest difference. Below, we're setting out what support you can expect from Healthwatch England if you need it.

This is based on what Healthwatch have told us you need through the Annual Survey, Satisfaction Survey and Learning Needs Survey and other mechanisms such as staff and regional networks.

It is also informed by Healthwatch England's strategy which has six objectives:

- A sustainable and high performing Healthwatch network
- Seeking the views of people on their experience of needing or using health, public health and social care services
- Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements
- Acting on what we hear to bring about improvements in health and care policy and practice
- Being leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector
- A strong and well governed organisation that uses its resources for greatest impact

First port of call

Your [Regional Manager](#) will check in with you and can support you on matters on running your Healthwatch and connect you with the right person at Healthwatch England. They take a lead on funding and any matters that might affect your Healthwatch's reputation or effective service delivery.

Key sources of support

Network site - Our Network site has a wealth of resources and guidance to help you, as well as the latest news and upcoming training and events. The resources supporting the various parts and domains of the Quality Framework are set out here for easy reference.

Find out more: network.healthwatch.co.uk

Facebook Workplace - [Workplace](#) is our private online community for those across the Healthwatch network to ask questions, share resources and collaborate. If you need an account, just contact hub@healthwatch.co.uk.

Communications Centre -The [Communications Centre](#) has a range of resources and templates to help you create branded resources quickly and easily. From posters to

email headers, graphics and social media templates, there's plenty here to support you.

Key dates

Healthwatch told us they want advance notice of key dates

<p>Annual Survey: This provides Healthwatch England with a picture of the Healthwatch Network: number of staff and volunteers, your overall reach and engagement and your work and organisation priorities.</p> <p>We use it for example for our annual Report to Parliament and showing the value of the Healthwatch Network to potential partners and funders.</p>	<p>Sent: June 2021</p> <p>Deadline: July 2021</p>
<p>Satisfaction Survey: An opportunity for your staff and Board members to tell us about the support we provided over the past year and how it can be improved.</p>	<p>Sent: April 2021</p> <p>Deadline: end of May</p>
<p>Local Healthwatch Annual Reports</p>	<p>30 June 2021</p>
<p>National Campaign: Each year we will run a national campaign with a theme and designed with Healthwatch. We expect the campaign for 21/22 to focus on some aspect of inequalities.</p>	<p>September - November 2021 (details to be confirmed)</p>
<p>Healthwatch Week</p>	<p>November 2021</p>

Commitment to improvement, feedback and complaints

We want to provide the very best support to your Healthwatch and welcome feedback at any time. We carry out an annual satisfaction survey to find out we can improve and make changes to the support we provide.

When we get things wrong, we want to hear about them so we can put them right. Contact your regional Manager in the first instance to raise any concerns and we'll try to resolve them speedily. You can use our [complaints process](#) if you want to raise matters formally.

Healthwatch England Support

Our support is arranged across the six domains of the Quality Framework which sets out the key ingredients for running an effective Healthwatch. Over last two years we have developed resources and tools to support Local Healthwatch in areas where they have identified they would like to improve.

Quality Framework



Focus on equality, diversity and inclusion

Healthwatch England is seeking to gain a better picture of local Healthwatch equality, diversity and inclusion successes and support needs across all the functions - which is reflected as cross cutting in the table below

Seondee Joy Beishon, CEO, Healthwatch Greenwich is supporting Healthwatch England by:

- Creating a baseline of Healthwatch activity across protected characteristics and seldom heard groups
- Identifying positive examples of what works and why
- Understanding shared values, beliefs and assumptions in relation to equality, diversity and inclusion and how they are applied across the functions of a Healthwatch
- Offering peer support to tackle challenges
- Sharing learning and expertise from outside of the Healthwatch network

[Read more about the work](#)

Healthwatch England Support against each Quality Framework Domain

Leadership and Decision-Making	People: Staff and Volunteers	Sustainability and Resilience
Equality, Diversity and Inclusion		
<ul style="list-style-type: none"> • Trademark licence and Data Sharing Agreement: enables your organisation to work under the Healthwatch brand and share data with Healthwatch England • Quality Framework to enable your Healthwatch to understand its effectiveness and areas for improvement • Online Inductions for new Board members and Lead Officers • Good governance resources including decision-making, code of conduct and conflict of interest 	<ul style="list-style-type: none"> • Learning and Development Calendar: training events at a glance • Online induction for staff and volunteers • Professional networks: to support sharing information and practice: Regional, Engagement Leads; Research and Insight; Volunteering Leads; Black Staff Network • Volunteering: support for staff managing volunteers, including handbook • Healthwatch Week to learn, share and network • Kings Fund conference 	<ul style="list-style-type: none"> • Funding: support from your Regional Manager for Healthwatch approaching contract changes and tendering, • Support on any organisational and contract matters from your Regional Manager to support your effectiveness and prevent interruption to business continuity and/or damage to reputation, including communications support.
Collaboration	Engagement, Involvement and Reach	Influence and Impact
Equality, Diversity and Inclusion		
<ul style="list-style-type: none"> • National projects with opportunities for local Healthwatch to be delivery partners funded by small grants • National campaign focusing on an aspect of inequalities to improve reach and individually and collectively achieve better health and care outcomes • Supporting Healthwatch working with ICSs 	<ul style="list-style-type: none"> • Research support, including guidance and the research helpdesk for queries and two peer reviews of your research proposals, methodologies and/or report writing • Advice and Information content for your website • Communication support • CRM (database) support 	<ul style="list-style-type: none"> • Policy resources to keep you informed and opportunities to feed up local issues and feed in national trends • Support on impact to help with understanding, capturing and communicating the difference you make • New resource on holding to account to be co-designed with Healthwatch to

	<p>In pipeline</p> <ul style="list-style-type: none"> • Engagement programme to understand, share and promote Healthwatch’s approach to engagement including with seldom heard people, including models of engagement with grants • New digital systems Healthwatch England is investing in new infrastructure to support Healthwatch gather and share insight 	<p>support holding to account function, including Equality Impact Assessments</p> <ul style="list-style-type: none"> • National Awards to celebrate the difference Healthwatch make
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AGENDA ITEM 2.0 (a)

AGENDA ITEM: Update on HWE Plans to fulfil our Equalities and Human Rights Duty

PRESENTING: Chris McCann

PREVIOUS DECISION: To refresh our Public Statement on Equalities Diversity and Inclusion and publish a workplan setting out our activities in the area for 2020/21

EXECUTIVE SUMMARY: This paper sets out our activity on Equalities Diversity and Inclusion up to mid-February 2021.

RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In August we published our Equality Diversity and Inclusion (EDI) workplan for 2020/21, it outlined two key programmes of work which have a specific focus on equalities and also articulates how we will place an equalities lens on our approach to the entirety of our work throughout the year.

It's important to note that workplan is only related to work that we will be undertaking in this financial year and that we will build on this foundation in future years.

Strategic Plan

While we will continue to place an EDI lens on all our work, we have also included a specific Strategic Objective in this area in our refreshed strategy which articulates our ambitions in this area.

This states that: "We will seek the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements."

We are developing KPI's to ensure to we deliver on this objective in our business plan for 2021/22.

Policy and influencing

General work on equalities:

- We held our second meeting with the NHS Observatory on Race to develop our plans for a strategic partnership for next year's focus on equality and ethnicity.
- We have been rolling out the GP registration cards - developed as a partnership between Healthwatch, Groundswell and NHSE - which are designed to help homeless people, and other inclusion health groups register with a GP.

On Vaccinations

- We have produced two briefings on what Healthwatch are hearing about the vaccine programme. This included significant focus on attitudes and views shared by Black, Asian and Minority Ethnic communities. Key issues highlighted include the location of vaccination centres, transport to them and the general trust in the vaccine.
- We have also identified and escalated specific concerns around unpaid carers being denied the vaccine without ID. This has resulted in revised guidance being put out to GPs by NHSE Carers Team.
- Our calls to improve the data collection around the vaccine process to understand who is being reached have been acted on by NHSE, who have agreed to start capturing demographic data at vaccine centres. To support this, we have joined the NHSE's Covid Vaccination Inequalities Data Task and Finish Group and we will

be using the data reports produced to help local Healthwatch understand who is and who isn't being vaccinated in their area.

- We have also commissioned a specific piece of rapid research, which will feed in to the DHSC vaccine monitoring, to look at the specific views of Black, Bangladeshi and Pakistani communities and their solutions to making the vaccine roll out more inclusive. This will be delivered by the end of the quarter.

Working with the network

Project to identify best practice on equality, diversity and inclusion in local Healthwatch and support the network to understand their duty in the areas of EDI project.

- A series of workshops, working, action learning sets and focus groups have taken place to build a picture of the opportunities and challenges facing LHW addressing EDI.
- Black staff network has been organised
- 1:3 LHW have been involved so far this project.
- Key findings
 - Local Healthwatch are keen to improve their capability and increase their focus EDI
 - Good work is happening but sometimes goes under the radar of commissioners and HWE because of the way we capture and measure (e.g focus on data).
 - EDI is often a HW priority, but not always clearly articulated as such in strategies and workplans so value may be going unrecognised
 - Many LHW are looking for support, including from HWE
 - Two areas for us to consider - helping LHW in developing strategy; helping LHW on how to reach out to communities
- The findings from this project are being used to inform our Business Plan for 21/22.

How we communicate

- **Content accessibility:**
 - We have continued to roll out our website for local Healthwatch that meets W3C AA standards for accessibility. This is now being used by over 61 local Healthwatch services.
 - We have introduced a translation tool across all our websites, so that content can now be translated by a user into over 50 languages
 - We have continued to ensure that our reports and videos are made available in accessible format such as in large print and with subtitles
 - We have undertaken, as part of our brand review, an audit of issues like accessibility by looking at 30 local Healthwatch services. The findings will inform future improvements, like simplifying our visual guidance to local Healthwatch to ensure we continue to make our information accessible.
- **Campaigns:**
 - We have reviewed the views collected so far as part of the "Because We All Care" campaign in terms of demographics. The campaign focussed on the following targeted audiences: older people, people with long term health conditions, unpaid carers and people with disabilities. To date over 10.7K people have shared their views. We have performed well when it comes to encouraging older people, carers and those with a disability and long-term conditions to share their views when compared to the general population.

○

Characteristic	% of campaign respondents	% of population	% difference
Unpaid carers	29% of respondents	8% (UK wide)	+262%
Long Term Condition	64% of respondents	26% (England wide)	+146%
Aged over 50 years	80% of respondents	24% (England and Wales)	+233%
Has a disability	36% of respondents	22% (UK wide)	+64%

As an employer

- All staff have completed their e-learning on Equality, Human Rights and Diversity. This was done in June and will be repeated again for completion by end March 2021.
- The Equalities Impact Assessment Template has been completed and available for use in our programmes of work.
- Managers have a deadline to complete their unconscious bias training by end March 2021 and will be reminded to complete this as soon as possible.
- Staff have a deadline to complete their mandatory objective by end March 2021. Staff are being reminded to complete this as soon as possible.

AGENDA ITEM No: 2.0 (b)

AGENDA ITEM: Delivery and Performance Report - Q3/Q4 (Dec 20 - Feb 21)

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q2 (2020/21)

EXECUTIVE SUMMARY: This paper summarises the delivery and performance against our Business Plan and KPIs at the end of February (2021).

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

APPENDICES:

1. Progress of our business plan activities (2020-21)
2. February highlights & what to expect at year end

Background

The report below provides an update on our delivery and performance at the end of February 2021. The update includes:

- Summary of KPIs and exceptions affecting our Business Plan deliverables
- Performance updates against KPIs
- Progress against business plan deliverables
- Highlights on what we have delivered since the last report to end of February and what we aim to deliver at year end Q4 (March).

We have taken on board your comments of this report being too long and have amended to this new shorter version.

Delays to our work including delays caused by Covid-19, have been indicated in red text.

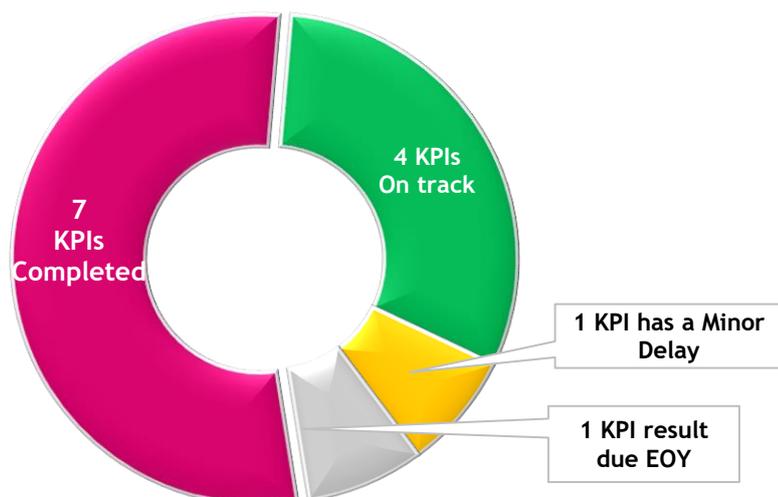
The committee are asked to note this report.



Healthwatch England
Performance Report
February 2021



KPI Summary - February 2021



Delayed KPI:	94% of programmes on track
EOY Target: (March 2021)	94%
Progress at end of Feb	80%
Reason for delay	9 projects on hold due to Covid-19

Exception Reporting on Progress

Aim 2 - Providing a high-quality service to you:

- We have previously identified issues with demographic data shared by the network. We have been slightly delayed in rolling out updates to the CRM to address this, but these are on track to be delivered by end of March. We have identified inconsistent sharing of data with Healthwatch England by Healthwatch and are putting together a plan to address. The project to simplify process for local Healthwatch uploading their own reports will now be delivered in Q1 due to capacity of the developers and other priorities around the digital transformation programme. We will continue to manage this in the Research team for the time being.
- Covid and other pressures mean local Healthwatch may struggle to complete Quality Framework in 21/22.
- Due to our pivoting to address the Covid-19 Pandemic last year we probably a little behind with the digital transformation project from where we planned to be at this stage. The digital transformation project was effectively paused from April to July 2020.

Aim 3 - Ensuring your views help improve health and care:

- Leadership Team took a decision earlier in the year to delay our partnership with the Practice Managers Association until 21/22 but we have been doing significant prep work looking over all our evidence on GPs over the last two years which we will publish in Q4.
- We have paused work on collecting and analysing data from other stakeholders for the year due to the need to prioritise other work on Covid-19
- Our programme to step up our political engagement to build awareness is a little behind schedule because our Public Affairs officer was seconded to Test and Trace for 3 months, but this is now back on track.

Aim 4 - Organisational Management, we will be a well-run high-performing organisation:

- We have paused work on our staff usability of our CRM system pending a review of its purpose
- We may have an underspend on our budget at year end. At the end of January 75% of our budget was spent.

**Progress on
Key Performance Indicators**

February 2021



Healthwatch England - Performance Report (End of February 2021)

RAG Status:

Complete

On Track

Minor delay

Severe delay

SECTION 1 - KEY PERFORMANCE INDICATOR SUMMARY

No.	KPI Description	Target	Q1/Q2 Progress (May-August)	Q2/Q3 Progress (September-November)	Q3/Q4 Progress (December-February)	Lead
1.	Brand awareness programme. Public brand awareness will increase by 3% year on year	39% increase	Paused due to Covid-19	Brand Research results expected in Q4	Results due EOY (March)	Head of Communications
2.	Advice and information programme. Website views of Healthwatch England advice and information content increases by 10% year on year	20% increase (154k)	77% (130k) Above target Compared to: April - July 2019 - 38k	177% (314k) Above overall target Compared to: April - Dec 2019 = 85k April - Nov 2020/21 was 200% higher than the whole of 2019/20	276% (354k) Apr 20- Jan 21) Compared to: April 2019 - Jan 2020 = 94k Website views of Healthwatch advice and information content to date are nearly three times higher than 2019/20)	Head of Communication
3.	Public Feedback Data. 100% increase in people sharing their views with Healthwatch England year on year.	Target 100% increase (30k views)	7% (3.5k views) Compared to: April - July 2019 = 4.2k	35% (10.4k views)	46% (13.7k views) Apr 20- Jan 21) Compared to: April 2019 - Jan 2020 = 10.6k	Head of Communications
4.	Additional list of demographic categories to be used by local Healthwatch in both the Civi-CRM and the reports library	30 local Healthwatch	Minor delay in reporting	Minor delay Results due EOY (March)	On track to be completed by end of March	Director of Communications, Insight & Campaigns
5.	Sustainability Programme: Healthwatch England have engagement plans	100%	100%	100%	100%	Head of Network Development

No.	KPI Description	Target	Q1/Q2 Progress (May-August)	Q2/Q3 Progress (September-November)	Q3/Q4 Progress (December-February)	Lead
5.	Sustainability Programme: Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions	100%	100%	100%	100%	Head of Network Development
6.	Impact and Quality Programmes: 40 Healthwatch reported on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England Intervention	40 Local Healthwatch (local Healthwatch)	20 local Healthwatch	Results due EOY (March)	40 Completed	Head of Network Development
7.	Create a baseline of staff and volunteers who report feeling part of one Healthwatch	Not set	Results due Q2	80% report strongly agree or agree with feeling part of the network	Completed in November	Head of Network Development
8.	2 research projects successfully completed to influence national policy thinking	2	0 On track	1 Digital Research Project	2 Completed (Digital Research Project & Hospital Discharge)	Head of Policy, Public Affairs and Research and Insight
9.	Healthwatch England successfully influence 2 health and care sector issue	2	0 On track	0 Results due in Q3 On track	2 Completed	Head of Policy, Public Affairs and Research and Insight
10.	100% of budget allocation spent	100%	28%	50%	75%	Head of Operations

No.	KPI Description	Target	Q1/Q2 Progress (May-August)	Q2/Q3 Progress (September-November)	Q3/Q4 Progress (December-February)	Lead
11.	94% of programmes on track	94%	91% (5 projects are on hold due to Covid-19)	91% (5 projects on hold due to Covid-19)	80% (9 projects on hold due to Covid-19)	Head of Operations
12.	100% of staff completing the staff survey	100%	Results due in November	Completed 78% staff participation (Below target)	Completed in November	Head of Operations
13.	95% of staff engaged with the overall objectives of Healthwatch England	95%	Results due January 2021	Results due January 2021	Completed 97% of Staff was fully engaged in producing the objectives for our reviewed strategy.	Head of Operations

Further information on the progress of our business plan activities can be found in appendix 1 and highlights achieved in February can be found in appendix 2.



Progress on our Business Plan Deliverables (2020-21)





SECTION 2 PERFORMANC REPORTING AGAINST BUSINESS PLAN 2020-21

RAG Status:

Complete

On Track

Minor delay

Severe delay

Aim 1: Support you to have your say - Transforming our communications with the public

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
<p>New cross team campaigns approach and Priority Policy Campaigns increases brand awareness.</p> <p>The design and implementation of campaigns programmes will facilitate the Healthwatch network and their networks to participate in campaigns</p> <p>Implementation of Priority Policy Campaigns will increase public feedback.</p>	<p>We have continued with the delivery of the Because Following the launch in July 2020, we have or are panning several audience specific spikes:</p> <ul style="list-style-type: none"> - Over 55s (November) - Unpaid carers (January) - People with learning disabilities (March) - Black Afro-Caribbean (March) <p>We have also used the campaign to reach out on specific issues including: Hospital discharge, NHS 111 and COVID-19 vaccines</p> <p>Exception: Because the start of our public feedback campaigns started later due to COVID-19 we will not reach our target of doubling public feedback year on year.</p>	<p>Performance overall: To date we have 13.7K views shared via our national surveys from April - January. This is 7% higher than the whole of 2019-20.</p> <p>Performance first month: From 8 July - 7 August the campaign had:</p> <ul style="list-style-type: none"> -13.6m social reach - 23 media coverage - support from 395 partners - 277k social engagement - 54k website visits - 6.5k views shared -107% increase in people looking for local Healthwatch <p>18% of external partners created their own content, and our biggest supporters came from the Third Sector.</p>	Head of Communication	Minor delays

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
		<p>68% of views shared were driven by social media, with paid advertising playing a big role in this.</p> <p>Main respondents included women (79%), White British (74%), carers (25%), long term condition (64%), aged 50+ (82%) - which covers our core audiences.</p> <p>Other outcomes: Insight collected by the campaign has helped to highlight issues with Hospital Discharge, NHS 111 and NHS dentistry.</p> <p>A full review of the campaign will be undertaken in March.</p>		
<p>We will increase use of our Advice and Information programme.</p> <p>We will develop and syndicate to Healthwatch network content that people can find via search & social, driving uptake through new campaigns approach.</p>	<p>We have continued to roll out update advice and information relating to COVID-19 and have started planning for our 2020-21 activities.</p> <p>Potential plans include:</p> <ul style="list-style-type: none"> • Identifying gaps in our existing content topics • Forming more content partnerships • Exploring potential advice covering public Health 	<p>Our advice and information have been accessed online by over 350,000 people this financial year. The majority of users rate our content as useful or very useful. We have achieved our target to increase by 20% year on year the number of people accessing our advice content.</p>	Head of Communication	Complete

Aim 2: Providing a high-quality service to you Deliver on the transformation plan to help the network to be more effective				
Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
The review of digital requirement is complete in March 2020. We will consider the recommendations and respond. Our response will be reported to Committee in June 2020.	<p>Following the review of Local Healthwatch and Healthwatch England digital requirements, we have embarked on a programme of digital transformation.</p> <p>Approval was given to Healthwatch England to proceed with the development of a suite of digital tools for collecting, managing and sharing data to deliver the functionality that both Healthwatch England and Local Healthwatch require. The scope of this work was drawn from the findings of the Wildman and Herring report which identified a hybrid model consisting of a survey/feedback set of tools plus a centralised data store for HWE to capture and analyse the data.</p> <p>Exceptions: Due to our pivoting to address the Covid-19 Pandemic last year we probably a little behind where we planned to be at this stage as the digital transformation project was effectively paused from April to July 2020</p>	<p>There are three key strands to this programme</p> <ol style="list-style-type: none"> 1. Engagement and Research Pilot - Citizen Lab/Engagement HQ 2. Central Datastore and Feedback Module 3. Upgrade of the existing Healthwatch England websites to Drupal 9 <p>We are currently in the development and piloting phase of our digital transformation programme and have a roadmap of how we will progress. The new systems will begin have impact on our work in the second half of the coming financial year.</p>	Director of Communications, Insight & Campaigns	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
<p>We will improve the quality and volume of evidence we collect from the network with focus on equality and diversity data.</p> <p>We will review the type of data we collect from the network via the CRM and assess if this is fit for purpose.</p> <p>We will maximize the use of existing systems to ensure we are collecting good quality insight from the network to inform our influencing activities.</p> <p>We will also focus on our feedback loop to the network and the public.</p>	<p>We continue to roll out simplified training and guidance to support local Healthwatch develop their research skills and the quantitative and qualitative analysis.</p> <p>We have gathered insights from 147 local Healthwatch this year, a significant improvement on previous years.</p> <p>Longer-term improvements to how we capture data from the network have rolled in to the digital transformation project.</p> <p>Exceptions: We have previously identified issues with demographic data shared by the network. We have been slightly delayed in rolling out updates to the CRM to address this but these are on track to be delivered by end of March.</p> <p>We have identified inconsistent sharing of data with Healthwatch England by Healthwatch and are putting together a plan to address</p> <p>The project to simplify process for local Healthwatch uploading their own reports will now be delivered in Q1 due to capacity of the developers and other priorities around the digital transformation programme. We will</p>	<p>Adapting the existing the RGF into smaller, simpler chunks has made the content much more accessible for a larger proportion of the network. This is demonstrated through the high uptake of the training webinars.</p> <p>The agile approach applied during the Covid response has enabled us to bring much more the insight shared by local Healthwatch in to scope - adding sources such as Workplace and the Covid inbox to existing data such as the CRM and reports.</p> <p>This will mean we have the right demographic data framework in place for the start of the strategy refresh period where it is vital to driving our increased focus on equalities issues.</p>	<p>Head of Policy, Public Affairs and Research and Insight</p>	<p>On Track</p>

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
	continue to manage this in the Research team for the time being.			
<p>We will deliver a proactive engagement plan with local government to improve understanding of our role and perception of the value we bring.</p> <p>We will Increase regularity of engagement with local government and stakeholders.</p>	Detailed engagement programme in place with 100% of LAs who are considering contract changes.	Many LAs have decided to extend contracts rather than tender. Healthwatch England has had influence: improved contract terms (length); incorporation of Quality Framework; use of Healthwatch England's Commissioners Resource Pack; some increase in budget (balanced against some cuts)	Head of Network Development	On Track
<p>Sustainability Programme:</p> <p>We will provide advice to the Healthwatch network on commissioning and income generation.</p> <p>We will provide support to Healthwatch network on contracts where we have concerns on the impact on sustainability (funding reduction, terms).</p>	Engagement Plan in place with 100% of Healthwatch who are facing potential change in contract	Engagement with both Healthwatch and local authorities has resulted in positive outcomes as described above	Head of Network Development	On Track
We will provide horizon scanning, policy briefings and one-to-one support to the Healthwatch network to equip them to engage in national policy issues at local and regional level.	We continue to keep the network updated on all Covid related guidance and policy changes. Significant focus right now is on the vaccine roll out. During the quarter we have also been gathering views and feeding in to NHS	The agile approach deployed during Covid has been very efficient way of us ensuring the network is briefed on the key issues but not overloaded. We will	Head of Policy, Public Affairs and Research and Insight / Head of Communications	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
	England's consultation on ICSs and the Government's White Paper on legislative reform to support integration of health and care.	be looking to maintain this approach going forward.		
We will deliver the brand resources and training the Healthwatch network need to engage audiences and communicate their annual impact.	<p>As part of the wider strategy review, we are reviewing the Healthwatch brand. An in-depth brand audit was carried out to assess strengths/weaknesses, opportunities for improvement - this covered us and 30 local Healthwatch services. Following this, three areas of work have started to 1) Update brand promise, personality and values - 2) Simplify our visual brand guidance and 3) Develop resources in 2021 to help provide a more consistent customer experience</p> <p>We have appointed an agency to carry out carry the research to develop our updated brand values, to date we have held six workshops with staff and volunteers to inform this work which we expect to be finalised after further testing in April.</p> <p>Communications training: We continue to deliver our communications training programme for 2020-21.</p> <p>Broader promotion: We have to continued our programme to</p>	Use of our resources by the network remain high. For example, our communications guidance one of the top five most popular resources since published. Use of the brand centre is 7% higher than same point last year. The brand audit has highlighted a number of areas to address both nationally and locally including the customer service experience. Early findings of our audit of local Healthwatch channels has highlighted significant underuse by local Healthwatch of some channels such as Facebook, email marketing and search.	Head of Communications	On track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
	<p>supported as a network key COVID-19 campaigns with resources and key messages.</p> <p>Understanding the network’s use of digital channels: To help inform improvements in 2021-22 we have started a review the use of digital channels by local Healthwatch.</p>			
<p>We support more Healthwatch to adopt an improved website and better content.</p>	<p>To date, we have 61 websites are live. We have another 5 sites in progress set to be delivered by the end of the financial year and eight sites ready to start. We are currently scoping a digital dashboard to help us monitor local Healthwatch site progress. A supplier has been chosen and work will begin early 2021 on this. We have continued our ongoing programme to improve the use of our national digital channels.</p> <p>We have started planning for 2021-20 including an update of the software that support our national and local websites to a newer version of Drupal. Our current version will no longer be supported after November 2022.</p>	<p>Engagement with our digital channels is at an all time high. Our social media reach stands at 10M (more than double the reach we achieved in 2019-20) Our social media engagements stand at 370K (three times the engagement we achieved in the whole of 2019-20) Visitors to our public website stands at 608K. (114% higher than all the visitors we saw in the whole of 2019-20.)</p>	<p>Head of Communication</p>	<p>On track</p>
<p>Through our Internal Communications Programme we will deliver information, training and support to the</p>	<p>Learning and development programme has been fully delivered. Professional networks have been set up:</p>	<p>Healthwatch England strengthening engagement with</p>	<p>Head of Network Development /</p>	<p>On Track</p>

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
network staff and volunteers.	Engagement; Research and Insight; Diversity; Black Staff Network; Volunteer Managers - in addition to Regional Networks	local Healthwatch staff: sharing practice and learning.	Head of Communication	
<p>Impact Programme: We will deliver a change programme to ensure the Healthwatch network understand, evaluate, communicate and report impact.</p>	Programme plan is being implemented. Outcomes are being recorded. Targeted support to individual Healthwatch is proving to lead to better outcomes.	A report is being prepared by end of Feb 21 on the outcomes achieved during 20/21. Tangible examples where local Healthwatch have strengthened their case for support through demonstrating impact as a result of the intervention by Healthwatch England	Head of Network Development	On Track
<p>Quality Programme: We will enable all Healthwatch to demonstrate their effectiveness through adoption of the Quality Framework. Healthwatch England Teams will capture where they have used the learning from the Quality Framework to inform their work or improve the support offer.</p>	<p>24 Healthwatch in process of completing Quality Framework.</p> <p>Early adopter Healthwatch who completed Quality Framework in 2019 are being asked to report against their action Plans.</p> <p>Resources have been produced to support Healthwatch with gaps particularly in relation to risk areas such as governance</p> <p>Exception: Covid and other pressures mean local Healthwatch may struggle to complete in 21/22</p>	<p>Outcomes report will be produced by end of Feb 21 to tie in with Performance indicator of 40 HW.</p> <p>Webinars have been held to support adoption of template policies (e.g. decision-making; conflict of interest) which also tie in with brand and values work</p>	Head of Network Development	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
<p>Partnerships and Collaboration Programme: Delivery of projects which require Healthwatch network collaboration including:</p> <ul style="list-style-type: none"> • CQC • Kings Fund • NHSE <p>Healthwatch England will be the broker and support Healthwatch network collaboration to influence change outside of Healthwatch network boundaries.</p>	<p>We have given £24,000 in small grants to local Healthwatch for phase 2 work on digital exclusion.</p> <p>Healthwatch England is acting as a broker between national/regional stakeholders and local Healthwatch with the latter receiving funding e.g. CQC; LGA peer review, NE London Commissioning; London Safeguarding</p>	<p>Strengthening Healthwatch England evidence;</p> <p>Additional funding for local Healthwatch; strengthening stakeholder relationships</p> <p>Our stakeholder relations in London are particularly paying off re. brokerage</p>	Head of Network Development	On Track
<p>Volunteering Programme: We will develop L&D resources and identify best practice in volunteer management and support its adoption.</p> <p>We will identify core volunteer roles and accompanying competencies.</p>	<p>We have set up a network for staff managing volunteers; we are exploring potential of a national volunteer passport with national charities; we will be publishing volunteer resources by mar 21.</p> <p>We have identified core volunteer roles and are producing template role descriptions</p>			On Track
<p>Learning and Development and Events Programme: We will deliver a blended learning and development programme, including National Conference and events to support core competencies, knowledge requirements and delivery of our transformation programme.</p>	<p>All events in the Learning and Development Calendar have been delivered.</p> <p>Learning Needs survey sent to all Healthwatch to promote to staff and Boards re. learning needs to inform 21/22 Plan</p>		Head of Network Development	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
Campaign Programme	<p>Contribution to Because We all Care campaign</p> <p>Supporting testing of pilot engagement platforms by 10 local Healthwatch with small grants Feb-June 21</p>		Head of Network Development	On Track
<p>Business Support: We will develop business infrastructure to support delivery of Network Transformation Strategy.</p> <p>We will postpone identification of preferred suppliers.</p>	Grants tracker to support expansion of grant making and better management and reporting by Healthwatch England is in operation, enabling better tracking and management; new process introduced to support consistency and transparency	Better Healthwatch experience	Head of Network Development	On Track
Equalities, Diversity and Inclusion Project (Healthwatch Network)	<p>Interim report sets out key findings resulting from CEO action learning sets; focus groups; Black staff Network and new Workplace channel on equality, diversity and inclusion. 1:3 local Healthwatch have participated. Part of wider work by Healthwatch England on EDI (see March Report to National Committee).</p> <p>Action Plan to take forward the work with extension of secondment until Oct 2021.</p>	<p>Staff feeling more confident to address equality and diversity</p> <p>Staff sharing and adopting practice examples from networking</p> <p>Healthwatch England better informed of local Healthwatch challenges and opportunities so we can address in Business Plan 21/22</p>	Head of Network Development	On Track

Aim 3: Ensuring your views help improve health and care We will further develop our insight to influence policy at a national, regional and local level				
Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
We will carry out stakeholder perceptions research for check-in at year 3 of strategy. This is key to measurement of a number of KPIs.	After initially facing delays to procurement this project is back on track. Field research with MPs and Cllrs has been completed and we have had almost 400 local stakeholders respond to the survey (beating the total last time this work was undertaken in 2018/19). We expect early findings back by end of Feb and full report back by the end of the financial year.	This results from this will show how we are progressing against the KPIs and the stakeholder engagement aims set in the 2018 strategy.	Head of Policy, Public Affairs and Research and Insight	On Track
Significant focus of stakeholder engagement in 2020/21 will be on engagement with health and care professionals (through their representatives) and local leadership (commissioners and service managers).	<p>This has been a very tricky year to engage with frontline health and care professionals due to the pressures of the pandemic. However, we have delivered this through key programmes such as:</p> <ul style="list-style-type: none"> Hospitals discharge - significant engagement with staff and sharing findings with commissioners - e.g. LGA webinars attended by almost 400 local decision makers. Digital health and equalities - which has seen partner with 5 GP practices. The Dr Zoom work also significant 	This year has helped us define in more detail what we mean by health and care professionals, with our clearest route to impact being to target local service managers and decision makers rather than frontline doctors and nurses.	Head of Policy, Public Affairs and Research and Insight	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
	<p>engagement e.g. RCGP/NHSE webinar attended by 300 GPs</p> <ul style="list-style-type: none"> Integration Index - partnered with 5 ICS to develop engagement methodology. <p>Exceptions: LT took a decision earlier in the year to delay our partnership with the Practice Managers Association until 21/22 but we have been doing significant prep work looking over all our evidence on GPs over the last two years which we will publish in Q4.</p>			
<p>We will collect and analyse data from other stakeholders through partnerships.</p>	<p>We held a workshop on this with Andrew McCulloch and the Research and Policy Teams. We discussed pragmatic ways we could draw on external data sources next year.</p> <p>We will also be exploring data sharing with partners through our engagement on the White Paper.</p> <p>Exceptions: This project has been paused for the year due to the need to prioritise other work on Covid-19</p>		<p>Head of Policy, Public Affairs and Research and Insight</p>	<p>On Hold</p>
<p>We will carry out two new policy focused research projects to shape emerging national thinking.</p>	<p>We have completed research projects on Digital NHS services (Q2 but will be expanding on this in Q4/Q1) and Hospital Discharge (Q3).</p>		<p>Head of Policy, Public Affairs and Research and Insight</p>	<p>Complete</p>

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Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
<p>We will carry out two policy influencing campaigns based on existing Healthwatch insight.</p> <p>Our policy priorities are:</p> <ul style="list-style-type: none"> • Access to primary care • Digital NHS services and equalities • Social care reform • Is integration working for people? 	<p>Research work on the Integration Index is set to be completed in Q4 as well.</p> <p>We have carried out significant influencing activity on access to dentists and by end of Q4 will have done the same on GPs.</p> <p>On social care reform we continue to carry out influencing activity relating to care home visits.</p>			
<p>We will introduce new software to improve the quality and timeliness of how we report on people’s experiences of health and care.</p> <p>We will focus on proactive research and improved analysis.</p>	<p>The Research Team are now all trained on the use of Power-BI and we are using this report internally. Next steps are to think about applications for external reporting. Training on R is also booked in.</p>	<p>Research and Insight Team review in Q3 showed this is not just about software but also about processes.</p> <p>The decision to end the fixed quarterly report has freed up resource to report in more agile fashion in Q4 on:</p> <ul style="list-style-type: none"> • NHS 111 First • Covid Vaccine roll out • Access to dentistry in Q3 • Access to GPs 	<p>Head of Policy, Public Affairs and Research and Insight</p>	<p>On Track</p>
<p>We will carry out a review of our engagement with a range of professionals.</p> <p>We will ensure that our policy priority campaigns effectively target professional audiences.</p>	<p>Due to the COVID-19 pandemic we have put out less publications this year, although we have produced and shared nine intelligence briefings for stakeholders. To date we have published four reports this year:</p>	<p>We have had positive feedback from stakeholders and the network about focus on rapid feedback of intel to help inform decisions. Top three report download are:</p> <ul style="list-style-type: none"> • Hospital discharge 	<p>Head of Communications</p>	<p>Minor Delay</p>

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Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
	<ul style="list-style-type: none"> • Q1 Intelligence Report reflecting on lessons learned during first COVID-19 lockdown • Dr Zoom focussing on the lessons that services can learn to provide better online appointments • Hospital Discharge Report focussing on steps to improve people’s experience of leaving care • Q2 Intelligence report on Dentistry and COVID • A follow report on dentistry. 	<ul style="list-style-type: none"> • Quarterly report on lessons from COVID-19 • Quarterly report focussing on dentistry <p>Due to no external evidence being produced until Q2, downloads of reports were over 50% down year on year in Q1 but this has now reduced to 12% by January 2021.</p>		
<p>A campaign/series of activities to support the system’s response to Covid-19</p>	<p>In Q4 this activity has focused mostly around the vaccine roll out programme. As well as pushing national messaging we have successfully challenged NHSE to improve demographic data capture to help understand who is being vaccinated and who isn’t. Other issues we have pushed on include access to the vaccine for carers and the eligibility criteria for home visits for vaccines.</p> <p>We have also commissioned a rapid turnaround piece of research with the NHS Observatory on Race and Traverse to investigate further the reasons for disparity in uptake of the vaccine. This work is feeding directly in to the DHSC and NHSE vaccines teams and will report end March / early April.</p>	<p>Our ability to be responsive through the pandemic has been of huge benefit to the system and the extent to which our insight is used.</p> <p>Insight on shielding, hospital discharge, digital health services, social care easements, the development of the Test and Trace App, care homes visits, and now vaccines has played a vital role in shaping national policy.</p> <p>This backs up our decision in the strategy to follow a more responsive approach longer term in our research/policy/campaigning activity.</p>	<p>Head of Policy, Public Affairs and Research and Insight</p>	<p>On Track</p>

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
<p>We will continue to step up our political engagement to build awareness and improve the value placed on us by Gov Ministers, Shadow ministers, MPs interested in health and social care as well as Select Committees and APPGs.</p> <p>We want to see the number of debates in the house where Healthwatch evidence is used double over this year.</p>	<p>During Q4 we have had good engagement with MPs on the issues around NHS dentistry, resulting in mentions in the House during a dental debate. Our work was also referenced in a House of Commons Library briefing on the topic.</p> <p>We have also engaged with Ministers and the Health and Social Care Select Committee on the Government's White Paper.</p> <p>We will be engaging further with Parliament through Q4 on the launch of the Annual Report, State of Support and the NHS Mandate.</p> <p>Exceptions: The programme is a little behind schedule because our Public Affairs officer was seconded to Test and Trace for 3 months but this is now back on track.</p>		Head of Policy, Public Affairs and Research and Insight	On Track

Aim 4: Organisational Management
We will be a well-run high-performing organisation

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
Our staff will maximise use of the CRM or equivalent system to ensure that we capture information to help provide insight to the Leadership Team on the Healthwatch network stakeholders, partners and MPs.	<p>Update: We have agreed to procure a stakeholder engagement system to support effective business processes such as event management</p> <p>Exceptions: This project has been paused pending a review of its purpose</p>	Healthwatch England staff will have greater insights on what is happening in the network and with our stakeholders.	Head of Operations / Head of Network Development	On Hold
We will review the organisational Strategy. Consultation will begin October 2020	<p>Update: Our Strategy review has now been completed and will be presented to committee for public approval on the 9th March 2021 for implementation in April 2021.</p>	Our strategy review will help us re-align our focus with the current health and care issues to ensure we have relevant impact and meet our vision in 2023. It will also enable us to decide where best to target our staff resources and budget in order to deliver on our strategic aims.	Head of Operations	Complete
<p>All programmes of work will start from the basis of how we promote equalities and diversity. All programmes and projects will have this at the heart of our work.</p> <p>Equalities and diversity impact assessments will provide evidence and insights to facilitate our aims to influence our stakeholders.</p>	Equality Impact Assessment (EIA) Template and Guidelines have now been completed. The EIA Assessment template will become a priority for all programmes of work in 2021/22.	The Equality Impact Assessment ensures that by default we consider equalities in our work programmes.	Head of Operations	Complete
All staff have regular 1:1s with their line manager and have a learning and development plan in place.	All staff are reported to have regular 1-2-1s	Staff 1-2-1s meeting has boost employee engagement and productivity & build working relationship.	Head of Operations	On Track

APPENDIX 1 (Agenda item 2.0 (b))

Business Plan Deliverables	Update (February) <i>Key information or exceptions (e.g. reason for a delay)</i>	Benefits/Impacts Achieved <i>What difference did it make?</i>	Lead	Rag Status
Our improved financial controls will ensure that we spend our budget allocation effectively.	At the end of January, we reported 75% of our budget spent.	The flexibility of virements between Pay and Non-Pay has enabled us to respond quickly and redirect funds to support key projects which are part of our strategic ambitions.	Head of Operations	Minor Delay
94% of programme will be on track	From our 5 programmes of work: 4 on track 1 severe setback (Operations)	With the majority of our programmes on track we will be able to deliver our business plan in year.	Head of Operations	Minor Delay
Staff survey completed by all staff	78% of staff completed our Mini-Survey in September. The Leadership Team have now attended 3 coaching and development sessions with the facilitator, Andrea Gregory. Sessions will continue through to April 2021. 2 staff workshops were conducted in early February to look at Healthwatch England values and brand.	Our staff survey has created an open line of communication. Encouraging honest feedback has helped managers make decisions and be more aware of problems.	Head of Operations	Completed (below target)
95% of staff engaged with the overall objectives of Healthwatch England	The latest ED report shows that all staff have their objectives recorded on the ED performance system	Staff will see their contribution to the business plan and the wider strategic aims of the organisation	Head of Operations	On Track



February highlights & what to expect at year end



SECTION 3: DECEMBER 2020 - FEBRUARY 2021 HIGHLIGHTS & WHAT TO EXPECT AT YEAR END Q4 (MARCH 2020)

AIM ONE - Support you to have your say

Dec 2020 - Feb 2021 Highlights	What to expect in Q4
<ul style="list-style-type: none"> • Evidence use programme: We have achieved blanket media coverage on the issues people face accessing NHS dental care. 	<ul style="list-style-type: none"> • Evidence use programme: We will produce new reports highlighting what people are telling us about services. Planned activity currently relates the new NHS 111 booking service and access to GPs.
<ul style="list-style-type: none"> • Brand awareness programme: Visitors to our national website passed the half a million mark for the first time. Engagement with all our public facing channels are at an all-time high. 	<ul style="list-style-type: none"> • Brand awareness programme: We will initiate engagement on an updated brand promise and values. We will simplify and update our visual guidelines and continue to roll our resources to local Healthwatch.
<ul style="list-style-type: none"> • Information and advice: We have continued to see high engagement with our advice and information content. Our new ratings system indicates that 4 out of five users view our advice as useful or very useful. 	<ul style="list-style-type: none"> • Information and advice programme: We will continue to update and develop new content in response to our evolving insight and developments in the Governments response to COVID-19. We currently envisage issues such as the COVID-19 vaccine and support for those who are clinically at high risk to be key issues.
<ul style="list-style-type: none"> • Public feedback programme: Out Because We All Care spike targeting carers was supported by 80 partners and gained over 25 items of media coverage. 	<ul style="list-style-type: none"> • Public feedback programme: In partnership with CQC we will run further campaign spikes targeting people with learning disabilities, as well as people from Black British Backgrounds looking at their views of vaccines.

AIM TWO - Providing a high-quality service to you

Dec 2020 - Feb 2021 Highlights	What to expect in Q4
<ul style="list-style-type: none"> • Sustainability: Engagement with over 30 local authorities and Healthwatch on potential contract changes and to support effective commissioning of Healthwatch. 	<ul style="list-style-type: none"> • Impact Programme: Greater focus on impact in Annual Report template provided for Healthwatch; peer support network available

Dec 2020 - Feb 2021 Highlights	What to expect in Q4
<ul style="list-style-type: none"> • Impact: Impact Tracker allows Healthwatch to capture their impact. This is being piloted by 6 Healthwatch with a view to enabling sharing with Healthwatch England through our digital systems being currently developed. An Equality Impact assessment form helps to inform proposed outcomes and any recommendations. 16 reported that the quality of their impact reporting had improved as a result of Healthwatch England support. 	<p>for Healthwatch who have participated in prior impact activity; further webinars and resources.</p>
<ul style="list-style-type: none"> • Quality: 26 local Healthwatch currently undertaking the Quality Framework to identify their strengths and where to improve, with new resources from Healthwatch England to support any gaps e.g. decision-making with training sessions to support implementation. 	<ul style="list-style-type: none"> • Quality Programme: The Review of Phase 1 will be completed, with both achievements and learning for Healthwatch England in terms of improving our support offer will be identified. There will be more discussion based, problem solving webinars with local Healthwatch. The first of these sessions will focus on Decision Making and is scheduled for early December. The one-to-one support offer to local Healthwatch on implementation of the QF will continue.
<ul style="list-style-type: none"> • Digital: Grants issued to 10 Healthwatch to pilot the two engagement platforms by July 2021. Invitations for Healthwatch to administer a £150,000 Digital fund to support roll out of new digital systems in 2021. 	<ul style="list-style-type: none"> • Healthwatch will be selected for the pilot to test two Digital Engagement Platforms.
<ul style="list-style-type: none"> • Consultation with Healthwatch is informing the new structure for the network website, on track for end of March. 	<ul style="list-style-type: none"> • Refresh of the Healthwatch Network website with new content, such as policy templates.
<ul style="list-style-type: none"> • A third of Healthwatch engaged with the project to understand local Healthwatch approach to equality, diversity and inclusion, including action learning sets and a new Black Staff Network. Recommendations will inform Healthwatch England's work 2021/22. 	<ul style="list-style-type: none"> • Baseline information collected about Healthwatch approach to equality, diversity and inclusion and action learning sets held with Healthwatch staff

AIM THREE - Ensure your views help improve health and care

Dec 2020 - Feb 2021 Highlights	What to expect in Q4
<ul style="list-style-type: none"> We shared the evidence we have gathered on people's poor experiences access in NHS dentistry during the pandemic. This has involved a series of constructive meetings with the Chief Dental Officer, the British Dental Association, NHSE, DHSC and others across the profession laying the ground work for our campaign next year. 	<ul style="list-style-type: none"> We will complete the field research for our digital exclusions project and have started a stakeholder engagement exercise to share the findings. We will seek to do this in partnership with our friends at National Voices, Traverse and NIHR.
<ul style="list-style-type: none"> We published the early evidence we have gathered through the network on the vaccines programme and successfully petitioned NHSE to start collecting and publishing better demographic data around up uptake of the vaccine. 	<ul style="list-style-type: none"> We will deliver a draft methodology to NHSE for the Integration Index and have tested it in the field with five local Healthwatch.
<ul style="list-style-type: none"> We secured key mentions in the Government White Paper on legislation and NHSE's consultation on ICSs. This gives us a platform to work from. 	<ul style="list-style-type: none"> We will monitor the development and introduction of possible new health legislation.
<ul style="list-style-type: none"> We shared headline findings of our review of GP access with key stakeholders and have agreed to link up with NHSE and CQC around publication. 	<ul style="list-style-type: none"> We will complete our year 3 stakeholder perceptions research
<ul style="list-style-type: none"> We launched our new research project with Black and Asian communities - targeted on the Covid vaccine. 	<ul style="list-style-type: none"> We will have launched our research/engagement project with Black and Asian communities.

AIM FOUR - Organisational Management

Dec 2020 - Feb 2021 Highlights	What to expect in Q4
<ul style="list-style-type: none"> • Our reviewed strategy was approved by committee in January 2021. 	<ul style="list-style-type: none"> • Our Business Plan and KPIs completed and presented to committee for approval in March.
<ul style="list-style-type: none"> • Following approval of the Strategy we reviewed our business plan for 2021-22 and decide which programmes of work to take forward 	<ul style="list-style-type: none"> • Budget plan for 2021-22 completed by end March
<ul style="list-style-type: none"> • Staff attended 2 staff workshops in February to discuss our values and brand 	<ul style="list-style-type: none"> • The workplan for staff will be completed and individual objectives for 2021-22 will be in place
	<ul style="list-style-type: none"> • Learning and development needs for staff identified to take forward into the next financial year

AGENDA ITEM 2.1

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes

PRESENTING: Danielle Oum

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The minutes of the AFRSC meeting held in March 2021 are presented to the Committee

RECOMMENDATIONS: Committee Members are asked to NOTE this report

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting

Minutes of meeting No. 13

Meeting Reference: AFRSC201113

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 5 March 2021

13:00 pm-15:00 pm

Teams Meeting

Attendees:

Danielle Oum (DO) - Chair

Andrew McCulloch (AM) - Sub-Committee Member

Helen Parker (HP) - Sub-Committee Member

Phil Huggon (PH) - Sub-Committee Member

In Attendances:

Imelda Redmond (IR) - National Director

Chris McCann (CM) - Director of Communications, Insight and Campaigns

Joanne Crossley (JC) - Head of Operations

Sandra Abraham (SA) - Strategy, Planning and Performance Manager

Gavin MacGregor (GM) - Head of Network Development

Felicia Hodge (FH) - Committee Administrator (minute taker)

Apologies

None

No.	Agenda Item	Action and Deadline
1.1	<p><u>Welcome & Apologies:</u></p> <p>Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC).</p> <p>No apologies were noted</p>	

<p>1.2</p> <p>1.3</p> <p>1.4</p>	<p><u>Draft Minutes of Meeting of November 2020:</u></p> <p>Minutes of the last meeting were AGREED without amendment</p> <p><u>Action Log</u></p> <p>All actions completed or held over to next meeting</p> <p>Please see Appendix Action Log.</p> <p>Matters Arising</p> <p>No Matters arising</p> <p>Chairs Action - Healthwatch Network Digital Fund</p> <p>IR reported that the Committee had previously agreed that all virements that were over £100K must come to the Chair of AFRSC and the Chair of Committee for approval. On 18th February 2021, the Chairs both gave approval for HWE to go ahead and establish the network digital fund. The sub-committee were asked to note this information.</p> <p>IR explained that a fund has been created with a total value of £153,000 from the following sources in HWE’s budget</p> <ol style="list-style-type: none"> 1. £117,000 originally allocated for the build of a new central data store. After discussions with CQC, this is now being paid out of CQC’s capital budget. 2. £20,000 underspend of HWE’s digital budget 3. £15,000 approved by Leadership team for a small grants programme to support LHW social media skills. <p>10% (£15k) of the total budget has been allocated as a management fee for the local Healthwatch who will administer the small grants scheme and support local Healthwatch.</p> <p>The proposal will seek a LHW with the appropriate grant making capability to administer the Digital Fund and have the skills to help LHW identify their digital needs and the solutions that could be supported by a small grant.</p> <p>GM informed the sub-committee that the deadline for expression of interest was 5th March and at the time of the meeting one had been received, with another expected shortly. The one that had been received looked promising.</p> <p>The sub-committee were pleased with the outcome and requested an update on the position.</p> <p>The sub-committee noted the information</p>	
<p>2. 0</p>	<p><u>Finance and Procurement</u></p> <p>2.1 Quarterly Financial Position</p> <p>JC presented a paper providing an update to the AFRSC on the following:</p> <ul style="list-style-type: none"> • A Summary of HWE expenditure as at Q3 plus the end of January 2021 	

<ul style="list-style-type: none"> • Pay and Non-Pay and virements that had been made • Key Procurement activities to date • HWE Grant funding to Local Healthwatch <p>She explained that additional funds had been received this year as CQC were able to meet the cost of our digital transformation project out of their capital budget. This has freed up additional resources that has been turned into grants to the network to support this transformation work, following a decision taken via Chair’s action and communicated to the full committee on 18th February 2021 (noted above).</p> <p>She informed the sub-committee that at the end of January 75% of the budget had been spent and there was an underspend of £130k showing.</p> <p>The sub-committee noted there was an error in how the virement had been shown and asked for this to be rectified.</p> <p><u>ACTION - JC</u> to review and correct the variance percentages</p> <p>2.2 Procurement Update and Grant Allocation</p> <p>JC informed the sub-committee that training, digital, printing, brand review as part of our strategy planning and stakeholder research had been procured. There is upcoming spend around staff training and brand development.</p> <p>£466,800 has been allocated to grant funding, but there may be some adjustment to this, particularly with the Kings Fund and spend not being completed on time.</p> <p>IR mentioned that from the forecast, it appears that there may be a surplus of £130k at year end. This was because, except for £10K recently allocated to training, £120k of funds had not yet been allocated and this was covered in the AOB section.</p> <p>The sub-committee requested an up-to-date position as at the end of February to go to the full committee and sought clarity and a realistic forecast for the items risk rated red.</p> <p>JC explained that they had erred on the side of caution by risk rating items red, but things had now moved on with the red and amber ratings and we are in a much better position.</p> <p>The sub-committee praised HWE for their improvement in financial reporting and confirmed that it was now easier to get an overall view. They suggested that for future meetings, consideration is given to other papers on the agenda for committee meetings to ensure there is a congruence of message between all of them.</p> <p><u>ACTION -JC</u> to provide an update on grant allocation to end of February and predicted underspend</p> <p>2.3 Budget Review</p> <p>IR presented a paper that set out the draft budget for 2021/22. It was</p>	<p>JC</p> <p>JC</p>
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	<p>based on the following assumptions:</p> <ol style="list-style-type: none"> 1. That the end of year projected outturn for this year will be carried forward for next year. 2. We are assuming a similar pattern of working in the coming year as this year, mostly working online, no face-to-face conference. 3. That we will have 14 desks but are negotiating a further reduction. Overhead costs will be reduced 4. That there will be a full complement of staff for the full year subject staff turnover during the year 5. Staff pay rise @ 2.5% 6. We will have a 2% cut to our budget 7. That for the coming year we will double run our Computer contracts whilst we pilot the new ways of working <p>IR apologised for not providing the sub-committee with a comparison with the current year's budget and asked them to review the draft and recommend the budget to the full committee.</p> <p>IR informed the sub-committee that a break- even budget has been presented and explained the breakdown of costs by area. She mentioned that staff costs will be reviewed quarterly and that travel costs have been based on the likelihood that there will be some travel towards the end of the year. Staff training and network training have been separated. Policy and research activities have been broken down into sections.</p> <p>The sub-committee asked that a comparison with the current year's budget be shared with the full committee on Monday.</p> <p><u>ACTION - JC</u> to provide full committee with a comparison between the current year's budget with the proposed budget for 2021/22 on Monday 8th March 2021</p> <p>The sub-committee sought clarification about accommodation and wanted to know if HWE were going to be charged for accommodation in the next financial year. IR confirmed that they would, based on an allocation of 14 desks and that the cost was included in the Internal Charges section and takes effect from 1st April. She asked the sub-committee to note that more funds have been allocated to meeting room hire, so that staff and committee could hire rooms instead of thinking about desk usage.</p> <p>The sub-committee sought more information on the £30k allocated to research activity and social care reform. IR advised that this is yet to be defined and investigations with partners are taking place on gaps that fit HW remit. She stated that it is too soon to bring to the full committee and suggested that it could be discussed at the next committee workshop in the new financial year.</p> <p>The sub-committee agreed that if we are going to focus on the gaps in partnerships with others and on access, we should also consider ICS and how we prepare for it and that this could be arranged for the next workshop.</p>	<p>JC</p>
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	<p>ACTION-FH Include Research Activity and Social Care Reform and ICS on the Committee Workshop in April 2021.</p> <p>The sub-committee sought assurance that the £50k allocated for digital next year will be out of CQC’s capital budget and the £120k allocated to CRM will fall away in 2022 and any underspend is used for digital engagement. CM confirmed that the capital spends on digital will not affect HWE budget and that it was too soon to make any decisions about any underspend created by the withdrawal of the CRM as this will depend on the timescale taken to complete. The sub-committee will be provided with quarterly updates.</p> <p>The sub-committee wanted to know if the proposed figure for office supplies was a reduction on the current year. IR responded that the figure is based on this year’s spend.</p> <p>The sub-committee agreed to recommend the draft budget to the full committee.</p> <p>2.4 Office Move Update</p> <p>As mentioned in section above</p>	FH
3.0	<p><u>Digital Transformation Investment</u></p> <p>3.1 Digital Platforms - Guidance on Practice - strength & weaknesses</p> <p>CM provided an update on Healthwatch Digital Transformation programme including progress on pilots of systems for; gathering views and experiences and analysing data, managing community and stakeholder relations, sharing data with Healthwatch England and updating existing Local Healthwatch and Healthwatch England website content management systems. Sub-committee were asked to note the report.</p> <p>CM explained that we have been training LHW on the products and that testing will commence in March. He provided a timeline for the testing, decision making, roll-out and withdrawal of the CiviCRM. The underspend resulting from the CQC capital injection, allows for a more appropriate timescale for the rollout which will happen over two financial years. £80k in 2021 and £50k in 2022.</p> <p>CM highlighted the development cycle of the Central data Store and the upgrade of the website and explained that the key advantages will be the automatic feedback module from LHW to HWE and the upgrade of the Healthwatch Template website, which will make a significant impact on regular data collection and is strongly supported by the network. The target is to have 120 LHW using the new templates by 2023.</p> <p>CM informed the sub-committee that the intention is to have a dedicated Project Manager either from an external or internal source, whose focus will be on the components of this work and this is being discussed with the working group at present.</p>	

	<p>The sub-committee questioned if HWE will be responsible for depreciation costs as a result of the capital injection from CQC in next year's budget. IR assured them that the costs will be covered by CQC and have no effect on HWE budget.</p> <p>Whilst the sub-committee acknowledged the benefits of the project, they expressed concerns regarding risk and requested a risk review as an annexe to future project updates.</p> <p><u>ACTION</u>-CM to include Risk Review as annexe to project updates</p> <p>The sub-committee asked if any of the HW who were not selected previously would be given the opportunity to participate in the potential Phase 2 of the project. CM responded that would depend on any gaps left after the decision has been made. If rolled out, one of the remaining 15 HW will get priority.</p> <p>The sub-committee asked that equality and inclusion in the workforce is considered and the opportunity to manage the project is opened to under-represented groups and to people who would not usually be included.</p> <p>The sub-committee noted the report and thanked HW Norfolk, CM and his team for their work.</p>	<p>CM</p>
<p>4.0</p>	<p><u>Healthwatch Small Grants Programme</u></p> <p>GM provided an update to the progress of grant allocation process since the last report and asked the sub-committee to note the report and the changes.</p> <p>GM explained the process in providing the grants and how it is managed, and the difficulties experienced at this time of the year with CQC closing their books and HWE establishing if they have money to divert to best use.</p> <p>GM described the different uses of grants provided and updated the sub-committee on the movement of risk since the report was compiled. He explained that he is now confident with the amber rated risks as we now have the PO numbers from CQC for invoices which we will push to be turned around quickly by LHW to get into this year's accounts.</p> <p>Concentrating on the red rated risks, GM explained that:</p> <ul style="list-style-type: none"> • we have now received the purchase order for HW Kingston, which is currently rated red, but will now turn to amber. • £25k allocated to the King's Fund Conference may be in doubt as they could have an issue accepting grant funding in payment for HWE's contribution to their conference. A decision from the king's Fund is expected the following Monday and it may well be that HWE will need to find the funding from somewhere else. • Two applications have been received for the Digital Fund grant and a decision on who will get to administer the fund will be made on the following Monday. As a result of the short timescale, there is a real 	

	<p>risk around this if things do not go to plan. The grant agreement has been prepared and will be ready to go once a decision has been made.</p> <ul style="list-style-type: none"> • £7.5K to HW Surrey to hold to account for training grant agreement is prepared and ready to go and we are confident of getting this one in hand. <p>GM informed the sub-committee that there is an action plan in place for all to make sure that the money goes out in time and that we are focused on achieving this.</p> <p>There were no comments from the sub-committee.</p> <p>The sub-committee noted the report</p>	
5.0	<p><u>Risk Review</u></p> <p>5.1 Strategic Risk Register</p> <p>Following the amendments recommended to the committee on 9th December 2020, SA presented the revised Strategic Risk Register 2020/21 to the sub- committee highlighting the potential risks to Healthwatch England’s strategy, the network and the risks to our business plan 2020/21.</p> <p>IR asked the Committee to note that this Risk Register was live until the end of March a new Register would be produced to reflect the new strategy and Business Plan.</p> <p>The sub-committee noted the following 3 high risks flagged:</p> <ul style="list-style-type: none"> • Risk SR24 - <i>Due to reduction in funds from local authorities, local Healthwatch are unable to deliver some or all their statutory activities, affecting their; viability/result in gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network. (Rating: 25, very high)</i> • Risk SR01 - <i>Failure to provide the Network with sufficient support and advice on funding and commissioning will affect our reputation with Healthwatch and stakeholders and affecting our USP and impact. (Rating:15, high)</i> • Risk SR20 - <i>Failure to demonstrate the difference we make and to show the broader value of our work and impact, both locally and nationally, risks cuts to the network funding, reputational damage and people having less trust in the brand. (Rating: 15, high)</i> <p>The sub-committee requested that both the Strategic Risk Register and Covid risk register be integrated into one strategic risk register for 2021-22.</p>	

	<p>Full committee will review the new Strategic Risk Register for 2021-22 and the risk appetite at their next committee workshop on the 28th April.</p> <p>The sub-committee were asked to REVIEW the risks presented in the register and recommend the amendments to the full committee.</p> <p>5.2 COVID-19 Risk Register</p> <p>SA presented the revised Covid-19 Risk Register 2020/21 which highlights the potential risks to Healthwatch England’s strategy, the network and the business plan for 2020/21 considering the Covid pandemic. No high risks were noted. The sub-committee were asked to REVIEW the Covid-19 risk register.</p> <p>The sub-committee reviewed the risks presented in the register and no further amendments were made</p>	
6	<p><u>Forward Plan</u></p> <p>To include the standing items in addition to the following:</p> <ul style="list-style-type: none"> • Review across LHW - work on black, Asian and ethnic minority communities for a future full committee • Budget review 2021/22 <p>Nothing further was added to the forward plan</p>	
7	<p>AOB</p> <p>Digital Transformation</p> <p>IR mentioned that as was referred to earlier, the CQC capital injection of £153K is to be provided to the network in grants for this project. She asked the sub-committee to consider if this figure should be increased to £200k from the £120k underspend as mentioned earlier, to help with this project, or should the money be handed back.</p> <p>IR assured the sub-committee that the funds would be held by a LHW as a restricted fund, which would not have to be used in one financial year. This will result in an increase to the management fee, but the spend can be reduced. There would still be a possibility of having an £80k underspend this year.</p> <p>The sub-committee agreed that the funds allocated should be increased to £200k.</p> <p>There was no other business to discuss.</p> <p>The Chair thanked everyone for their attendance</p> <p>Meeting concluded 14:25 pm</p>	

AGENDA ITEM: Forward Plan

PRESENTING: Sir Robert Francis

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 12 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2021/22

<p>Mar 2021 Public Meeting</p>	<ul style="list-style-type: none"> • 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 • Annual Plan & KPIs 2021/22 • Draft Budget 2021/22 • Diversity and Equalities Update • AFRSC Minutes • Questions from the Public
<p>June 2021 Public Meeting</p>	<ul style="list-style-type: none"> • 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 • Diversity and Equalities Update • AFRSC Minutes • Strategic Risk Register - Approval • Questions from the Public
<p>Sept 2021 Public Meeting</p>	<ul style="list-style-type: none"> • 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 • Diversity and Equalities Update • Speak up Guardian • AFRSC Minutes • Questions from the Public
<p>Dec 2021 Public Meeting</p>	<ul style="list-style-type: none"> • LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair’s Report

	<ul style="list-style-type: none"> • National Director’s Report • Committee Member Update - verbal • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Minutes • Annual Report • Annual Data Return • Questions from the Public
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Healthwatch England Committee Workshop Forward Agenda 2020/21

April 2021	Commissioning Risk & mitigation of risk
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