Healthwatch England 22 November 2022
Meeting #41 Committee Meeting held in Public
13:15 pm – 16:00 pm
Location: Thames Rooms 35 & 36, 2nd Floor, 2 Redman Place, Stratford, London E20 1JQ

13:15		Public Committee Meeting – Agenda item	Presenter	Action
13:15	1.1	Welcome and apologies	Vice Chair – PH	
13:20	1.2	Declarations of interests	Vice Chair - PH	
13:25	1.3	Minutes of meeting held in September, action log, review of agenda and matters arising	Vice Chair - PH	FOR APPROVAL
13:30	1.4	Presentation – HWE Maternity Work Presentation - Local Healthwatch – HW Nottingham on Maternity	Rebecca Moore Jane Laughton - CEO HW Nottingham	FOR NOTING
14:10	1.5	Chair's Report	Vice Chair - PH	VERBAL
14:20	1.6	National Director's Report	LAN	FOR NOTING
14:35	1.7	Committee Members Update	ALL	VERBAL
14:45-15:00		Tea - Break		
15:00	1.8	Update – Supporting the NHS this winter (Presentation)	BK	FOR NOTING

15:15	1.9	Business Items
		  a) Delivery and Performance Report for (Sep - Oct 22)
		
		  b) Quarterly update on EDI
			SA
			
			CM
				FOR NOTING
				
				FOR NOTING

15:35	2.0	Audit, Finance and Risk Sub Committee Meeting	DO	FOR NOTING
15:45	2.1	Forward Plan	Vice Chair - PH	FOR NOTING
15:55		Questions from the public		
		AOB		
		Date of Next Meeting 23 February 2023 in London		

Healthwatch England Committee Meeting
Held in PUBLIC

Online on MS Teams and in person in
Wandle Room, 2nd Floor 2 Redman Place, Stratford

Minutes and Actions from the Meeting No. 40 – 27 September 2022

Attendees
- Sir Robert Francis – Chair (SRF)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Umar Zamman – Committee Member (UZ)
- Pav Akhtar – Committee Member (PA)
- Lee Adams – Committee Member (LA)

In Attendance
- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Sandra Abraham – Head of Operations (SA)
- Ben Knox – Head of Communications (BK)
- Alvin Kinch – Volunteering & Regional Network (London) Manager (AK)
- Paul Callaghan – Senior Policy Analyst (PC)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies
- Phil Huggon – Vice Chair and Committee Member (PH)

Item	Introduction	Action
	The Chair opened the meeting. He thanked everyone for attending	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed Committee members and other attendees. And a warm welcome was extended to Liz Mackie (LM) – Volunteer & Community Liaison Manager - Youth Healthwatch East Sussex (YHWES), Jessica Gee (JG) – Community Engagement Officer YHWES and Amy Broadbent (AB) – Co Chair YHWES Apologies were accepted for Phil Huggon	
1.2	**Agenda Item 1.2 – Declaration of Interests** LA mentioned that she has now been appointed Chair of Healthwatch North Yorkshire	
1.3	**Agenda Item 1.3 - Presentation by Youth Healthwatch East Sussex (YHWES)** AK gave an overview of Young Healthwatch across the network and explained that there are about 30 LHW youth groups who engage with young people of various age groups from 11-25, on a peer-to-peer basis and are supported by their LHW staff. The LHWs involve young people as volunteers who go out into the community to provide support and gather insight on things that matter to them and other young people and there are some good outcomes from the work that they do. The Youth Groups go by a variety of names such as Young Healthwatch, Youth Watch, Youth Out Loud, HW	

Southwark Youth/Young People's Panel. Leeds was the first LHW to have a Youth Healthwatch and have done well over the years. AK recommended reading [Young Healthwatch Central Bedfordshire Annual Report 2021-22](#) . Young people volunteer because it provides fun and enjoyment for them, it helps with their CV and University applications, and they feel that they make a difference.

AK introduced Liz, Jessica and Amy from YHWES who gave an overview of the work carried out by young people in the East Sussex communities.

AB mentioned that she is an expert by experience for Children and Adolescent Mental Health Services (CAMHS) and a mental health consultant for NHS Sussex.

AB explained that YHWES is led by young people for young people and is co-designed and developed with young people and is driven by the interests and experiences of young people. It was primarily developed through the VRAC (It takes a village to raise a child) project, a project undertaken in partnership with several European organisations. The project created support for vulnerable young people who were at risk and provided them with educational training including mentoring, activities and peer-to-peer involvement to improve their mental health and wellbeing. This led to the development of the **Youth Inspect & Advise Group (IAG).**

The IAG is a group of young volunteers who meet regularly to carry out campaigns on issues with the focus being on emotional wellbeing. They work with partners to develop youth led approaches to mental health support. Their work is carried out with school partnerships and the Youth Wellbeing Hub and covers year 6 to 7 transition, the mental health curriculum, mental health awareness, using social media and anti-bullying.

The YHWES represents the voice of young people in East Sussex on health and care issues that face children & young people nationwide. They create programmes for young people to act as community ambassadors to engage local young people and support projects and campaigns dedicated to children and young people's health and wellbeing. Their approach is through virtual meetings outside of school/college hours and at weekends and about issues relevant to young people. There is no pressure put on young people on attendance or for the use of cameras and the National Youth Agency curriculum is utilised. AB highlighted that a lot of vulnerable young people have had traumatic experiences with healthcare and that YHWES provide a secure and supported environment for them to share their experiences. Attention is also paid to the way young people want to be identified and the use of correct pronouns and preferred names are encouraged. The support given to young people have allowed them to grow in confidence.

Projects and campaigns they have worked on, and partnerships include Covid 19 vaccinations focus groups for young people; mystery shopping for CAMHS website and accessibility of GP services for young people for Sussex partnership; physical health services and young patients; partnering on projects with Hastings Youth Council, Children in Council Care, Youth Cabinet and Foundations for our Future to name but a few. Future work includes working in partnership on the Children and Young People in Care Annual Health Assessment Review, which includes peer led focus groups nationally and 1-1 interviews. YHWES feel valued because people are approaching them to work with them.

LM confirmed that a presentation of the work that YHWES do made an impact to their ICS in July and as a result, funding has been received for four projects around East Sussex.

Challenges
- High volunteer turnover
- Staff and volunteers time, capacity and interest. Two workers for each meeting.
- Level of support able to be given to some young people
- Young people's busy lifestyle
- Reward and recognition
- Mentoring and encouraging young people to take the lead
- Reaching young people who are not already involved and making them aware of the resources available to them

	AB shared that her experience as a young carer from a background of domestic abuse and having people around that are supportive and mentoring and by talking to peers and having a sense of solidarity has led her to do the work that she does with YHWES, plus the reward and recognition which has resulted in her gaining a place at Medical School at UCL next year. AB mentioned that she would like to see the young Healthwatch model being replicated on a national scale and having an online presence such as a website specifically for young people. Work done with and by young people must be meaningful to them and they must feel valued. PA suggested a session on young people earlier in the day at the HW conference will garner more interest and participation from them. **The committee noted the presentation and The Chair thanked Liz, Jessica and Amy for the marvellous work that they are doing and wished Amy well on her new position.**	
1.4	**Agenda Item 1.4 – Minutes and actions from 8th June 2022 Committee Meeting** The minutes from the meeting held 8th June 2022 were accepted without amendment. There were no outstanding actions from the meeting held 8th June 2022 and all were marked as completed, except actions not due until Q3. **Matter Arising** There were no matters arising.	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair mentioned that this would be the last committee meeting that he would be chairing and that the recruitment campaign for his successor will take some time due to the recruitment process. Shortlisting and interviews are due to take place in November and the appointment process is conducted through CQC and the DHSC and requires approval by No.10. In the interim and until the appointment is filled, an existing member of the CQC Board will act as Chair to the committee. The Chair reflected that when he first joined HWE he was met with a highly enthusiastic team but had wondered if enough people knew what Healthwatch did and acted on our insight. However, since then we have come a long way and he is confident that ministers, politicians etc., are much better informed about HW activities and investigations and explicitly use our insight from service users as a valuable resource. Also, the public increasingly understand how to register their views with their LHW and value both local and national HW as a valuable source of information and the role that we play. The chair also spoke about the closer relationship and collaboration between LHW and HWE. HWE support through the Quality Framework has brought about a mutual understanding between HWE, LHW and commissioners about what Healthwatch is all about and its requirements. Referring to achievements, although there were too many to mention, he highlighted work on dentistry; patient transport; accessible information standards and vaccine hesitancy. The Chair thanked the committee and HWE colleagues for the commitment they have made to making a difference. **The Committee noted the report and thanked the Chair for bringing knowledge to the committee and extending his friendship to all. They praised him for bringing gravitas and credibility in the political landscape and to the HW network and were unanimous that**	

	under his leadership, he really did make a difference and that the committee is in a stronger position because of his contribution.	
1.6	**Agenda item 1.6 – National Director's Report** LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the last committee meeting in June 2022 and asked the committee to note the report. She thanked HW East Sussex and congratulated them on their achievements. LAN highlighted the following areas from her report: • The new government's commitment to extending access to GPs and dentistry – part of their ABCD policies • HWE media reach is at the highest it has ever been and note the contribution of LHW in providing stories and data • Support to the network by HWE National Development Team with the Quality Framework and the Digital Transformation project LAN informed that with the agreement of the Chair, she is to make some suggestions to the network on winter activities and if priorities should be changed to address what is looking to be an unprecedented winter for health and social care, including how HW can support the ICSs and their winter plans. This will include looking at the need for social care to support the NHS and for LHW to become more involved in economic issues around the cost-of-living and its impact on health, whilst acknowledging the constraint on resources within Healthwatch. LAN acknowledged the respect that SRF has throughout the network and in the health and social care political landscape. On behalf of her staff, she echoed the sentiments of the committee and thanked the Chair for the impact that he has made on the network and in wider circles. She stated that his energy and drive for improvement has been inspiring during the short period that she has worked with him. **The Committee noted the ND report and the Chair thanked LAN for her kind words and HWE for their work.**	
1.7	**Agenda Item 1.7 – Committee Members Update** DO expressed her pleasure that HWE is doing work on the cost-of-living crisis and on older people with learning difficulties. JO asked if there is a different element to what is already known that will be brought to the work on the cost-of-living crisis. LAN responded that HW will obtain evidence based on specific questions about the lived experience and the impact the cost-of-living crisis has created in driving people to seek an increase in health and care services. AM highlighted that mental health services are struggling, and that people are getting inappropriate services. LAN concurred that the feedback HW are receiving is about access to mental health services and wrongly met needs. She expressed concern that long waits on waiting lists may have an impact on people's mental health.	
1.8	**Agenda Item 1.8 – Social Care Campaign** PC presented the work that HW are undertaking in partnership to better understand who is or isn't accessing social care and the barriers and/or choices they face. In addition to: • Establishing the drivers behind unmet needs – longer term work • Develop and publish a report with recommendations for improvement	

The project will:
- Work in partnership to take a holistic view of the health and care system
- Establish the definition of unmet needs by investigating specific groups, such as children with learning and physical disabilities, people of working age, people at the inception/integration of long-term health & social care and how mental health fits into this and the different stages within the social care journey from the public not knowing what services are available to those who have care packages, but it is inappropriate to them in some form, so doesn't fully meet their needs.
- Be the primary project this year with completion of project papers, design, research and recruitment of LHW by Q3 -Q4 2022, followed by a national campaign Q1 – Q4 2023.
- Analyse findings and publish an interim report on findings in Q4 2022/23

Committee comments and suggestions:
- The committee welcomed the report and were pleased that children's services are included
- Definition already in legislation around what people are entitled to, are not being met in many cases
- Consideration to be given to the needs of unpaid carers
- Unmet needs are also about how the system manages the care plan
- To be more focused on the consequences as opposed to the definition of unmet needs
- Output of work should strengthen the argument of the continued underfunding in the NHS and social care
- If people defining the policy are the same people defining the unmet needs, there may be a consequence of not achieving the outcome required.
- Would like to see more preventative services

The Chair welcomed the report and commended the work done and, along with the committee, thanked PC and noted the report.

2.0	**Business Items**	

Agenda Item 2.0(a) - Delivery and Performance Report for (Apr-Aug 22)

SA presented a summary of the progress of KPI and Business Plan objectives for the period April – August and asked the committee to note the report. The following areas were highlighted:

3 KPIs are currently delayed as follows:
- 25% increase in number of times evidence accessed by our audience (Measured via reports library and website access of insight and news content) down 7% due to reports library being down for a period. It was down 24%, but will now be corrected and move from red to amber
- 10% of people who engage with us on our channels share an experience with us, is at 5.9%, but target expected to be reached by year end.
- 100% of projects that require DPIA completed – 2 of 5 projects completed and 3 are in progress.

SA reported that there were some minor delays to the business plan, but the expectation is to come in on target by the end of the year.

The Chair thanked SA for a clear presentation and the committee found the detail and narrative helpful. Some Committee members queried the indicators for obtaining data from the network in future quarters, citing the extension to the deadline and requested the reasons for those LHW not sharing data in due course.

GM reported that the systems have been built for HW to use and the next task is to get existing HW who share data, to continue to do so and to get new HW users to also share data. It is hoped that by December HWE will be in a better position to report data sharing progress. LHW seem to like the new system and there is a commitment from them

	to share data. Although an increase in the number of LHW data sharing is envisioned, it is expected that we will not get 100% onboard by March 2023.	
	Agenda Item 2.0 (b) – Equalities Diversity and Inclusion (EDI) Quarterly Update	
	CM updated the committee on the progress made in delivering EDI commitments and asked the committee to note the report. He highlighted areas that are known to have a strong element around EDI such as:	
	• Dentistry and elective care backlog • New research on referrals • Work on Accessible information Standards • Work on our own Drupal 9 online platforms is still ongoing and has a high rating. • Engagement of Diversity Trust to undertake HWE internal EDI training	
	AM mentioned that whilst it is possible that more is being done, he didn't feel that the actions in the report related to organisational development aligned with the evidence base and that the right balance had been met. He listed the following areas:	
	• Recruitment and onboarding • Training and Re-training • Staff discussing the values and behaviours • Setting and ownership of behaviours • A workforce with the right attitude who own the behaviours and good trainers are the real drivers	
	LAN concurred and mentioned that the culture/recruitment/training actions are in the business plan but has not been reported on in this quarter. Leadership team frequently have discussions on what more can be done to strengthen our values and culture. HWE/CQC recruitment process is done blind and only skills and experiences are provided for assessment. She agreed that the report should be more comprehensive about what is being done internally, as well as what we are doing externally.	
	The Chair and committee noted the report and thanked CM for the report and the work that goes into it.	
2.1	**Agenda Item 2.1 – Audit, Finance and Risk Sub Committee (AFRSC) Report** DO provided a summary of the AFRSC meeting held in July. She explained that at the end of Q1 there was an underspend of £23,469, with a predicted overspend of just over £50k, which the sub-committee are keen to avoid and will be looking at contingency planning and improvements at the next meeting. DO mentioned that the sub-committee had: • Looked at factors that could be contributing to the position, including pay • Asked for a range of financial scenarios to be considered for the next meeting • Asked for the whole committee to be involved in the strategy and budget constraints **The committee noted the report, and the Chair thanked the sub-committee for their work in keeping the finances in order.**	
2.2	**Agenda Item 2.2 – Forward Plan** The committee made no comment on the forward plan, which is currently a work in progress pending the new chair. **The committee noted the forward plan**	
	AOB There was no other business	

	Questions from the public There were no questions from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 13:50 pm	
	The next meeting will be held 22nd November 2022 The meeting will be held in Stratford, London Guests can join in person or online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

9th March 2022

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20220309 1.8 Annual Plan	Sandra Abraham	To provide a review of Annual Business Plan in Q3		Dec 2022	Planned
	Gavin MacGregor	To provide a report on Value for Money for LHW funding allocated to include profiling and outcomes for the next AFRSC meeting	We assess and track the value for money and impact of each grant we make We have a working group and Collaboration Manager focused on monitoring funded Healthwatch projects	Oct 2022	Complete

AGENDA ITEM: Update on Healthwatch England work on maternity
PRESENTING: Rebecca Moore, Senior Policy Analyst
PREVIOUS DECISION: Healthwatch Nottingham to be invited to the next committee meeting to discuss their work surrounding the investigation of service failures in maternity at Nottingham University Hospital Foundation Trust. To set the scene for this discussion, Healthwatch England will present a short summary of our national work to date on maternity.
RECOMMENDATIONS: Committee is asked to **note** the paper

1 Context

Maternity services in England have been coming under increasing scrutiny over the last few years. In recent months there have been several well-publicised reports on maternity care which have highlighted consistent service failures.

The 2022 Ockenden review of Shrewsbury and Telford Hospital NHS Trust identified ongoing and repeated failings to follow national clinical guidelines and called for immediate action to improve care and safety in maternity services across England. A second Ockenden report is currently being completed in Nottingham, which will be published in March 2023.

A review of maternity and neonatal services in East Kent was also published last month (October 2022). The report shows repeated and systemic failures to listen to patients. The care patients received was described as 'suboptimal' and led to 'significant harm'.

Other reviews have also highlighted disparities in maternal and neonatal outcomes, for example:

- The 2020 MBRRACE report found that Black women were four times and Asian women two times more likely to die in the perinatal period than white women.
- The CQC's recent state of care report echoes the concerning national picture of maternity care. We issued a response to this report.
- The 2022 Birthrights report outlined how systemic racism within maternity care can have a profound and devastating impact on basic rights in childbirth.
- The Women's Health Strategy for England (published in July 2022) has ambitious aims for maternity. The strategy looks to address health disparities and make women equal partners in the planning of their care throughout the perinatal period. These aims are being actioned through the NHS England Maternity Transformation Programme.

2 Our existing evidence

In May this year, Healthwatch published a review of evidence on maternity services between April 2021 and March 2022 for the Long-Term Plan refresh.

Nearly half (47%) of the people we heard from in this period reported broadly negative experiences of maternity services, compared to 21% reporting broadly positive experiences

We received slightly less positive feedback on maternity services (21%) compared to all other services in the same period (24%).

Given the huge focus of maternity care in the wake of Ockenden, we may have expected to see worse feedback. But this may be taking time to filter through.

One particularly strong message coming through in maternity was just how much patients were feeling the lack of staff, and this was compounded by partners not being allowed in to help provide additional support.

Key findings from the review included:

- Continuity of care throughout pregnancy, during childbirth and in the postnatal period are important. However, people are not currently experiencing continuity of care consistently enough from maternity care providers.
- Services are overstretched, particularly care in postnatal wards and care providers in the community in the months following childbirth.
- When things go wrong, they can go very badly wrong, having a lasting impact on families, particularly those who are not properly supported by maternity services.
- People need more support for mental health throughout the perinatal period.
- Fathers and partners are often overlooked, which has been exacerbated by the impact of Covid-19 restrictions during this period.
- Specific groups are more likely to receive poor care, and there are racial disparities in maternity care.

3 Our current work

Following the committee's direction to look at both maternity and mental health issues, and as part of our commitment to follow-up policy changes that we have influenced, we are now carrying out a deep dive into what is happening in maternal mental health services in 2022.

Our maternal mental health project directly follows on from our work in 2019, which contributed to securing the introduction of 6-week mental health checks for new mothers.

However, our recent review of evidence on maternal mental health, conducted for the Long-Term Plan refresh, showed that feedback from patients to Healthwatch about maternity care is worsening.

Crucially, we want to know if the changes we helped bring about are improving mental health support for new parents.

4 Impact and timeline for this work

This project is an opportunity to review the impact of the changes we have contributed to in previous years. In survey and qualitative interviews, we will explore whether women are receiving their 6-week mental health checks and crucially whether this is support is working for them. Analysis of a national survey, qualitative interviews and FOI requests will further explore the impact of recent initiatives.

Qualitative and quantitative methods will allow us to explore these issues in depth, bringing to life the experiences of specific groups. The FOI request will provide further detail to our analysis, helping us to understand differences in the provision of maternal mental health support across the country.

To date we have published our smart survey, engaged with key stakeholders, sent out FOI requests and provided local Healthwatch with support and necessary materials to complete their qualitive interviewing. Our progress on our social media listening method is being reviewed currently.

The project should be complete at the end of Q4 and we will report on progress to Committee as well as using the findings to influence change nationally and locally.

AGENDA ITEM: Healthwatch England National Director's Report

PRESENTING: Louise Ansari

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Healthwatch England Committee on key activity since the last meeting in September 2022

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Introductory note from the National Director

It's only seven full weeks since the last Committee meeting in public and my last report but as ever the team have achieved a significant amount in that period. Some highlights include:

- Clarity on what we can do over winter, both at Healthwatch England and for the Healthwatch network, to ensure that people get good care and treatment given unprecedented pressures on the NHS. I sent a letter to all Healthwatch with a supporting message from Sir Robert Francis and Amanda Pritchard including suggesting Healthwatch monitor their ICS's winter plan and make constructive suggestions based on feedback on how to improve communications and service delivery

- Supporting the CQC's influential State of Care report, which used a large amount of insight from Healthwatch

- Our joint campaign with CQC 'Because we all Care' resulted in over 3,400 people sharing their experiences of care in September and October. We also responded to over 4,400 comments from the public on social media

Finally, 15-17 last week was Healthwatch Week, where hundreds of people from the Healthwatch Network joined in sessions to learn, discuss shared challenges and celebrate success with the 2022 Healthwatch Impact Awards.

1. Influencing

1.1 Urgent and Emergency Care

The national performance stats for Urgent and Emergency Care services have seen a serious decline in recent years, with specific concerns about A&E and Ambulance services being raised repeatedly in the media throughout the summer.

To help assess how these pressures are impacting patient care, at the end of September we published our review of over 5,000 recent experiences shared with us. These data were gathered through a mix of network activity and national polling commissioned by Healthwatch England.

- The qualitative feedback we receive from people seems to mirror the national performance statistics, with more people raising issues with us than previously.
- The main theme coming through in the organic feedback is waiting times, with specific concerns raised about ambulance services which saw a significant rise in feedback – up from about 9% of overall feedback on UEC in June last year to 50% of feedback by June this year. This spike has been most pronounced from April 2022 onwards.
- The new polling backs this up and shows public confidence overall in UEC/A&E has fallen over the pandemic.
    - Of those who said their confidence had changed - 72% said it had decreased.
    - Older people's confidence seems to have been hit hardest, with 90% of the over 55s who said their confidence had changed, saying that it had decreased. This compared to 60% of the under 55s saying the same.
- The fall in confidence is mostly around the time to be seen by an ambulance, and waits in A&E. People are significantly more confident about the quality of care they will receive.
- Interestingly those who are in departments and then admitted (a proxy for those in most serious need of care) were much more likely to say their confidence increased suggesting departments are getting more right for this group at the point of care.

Recommendations:

Our previous work has shown that whilst waiting times in A&E are important to patients, the four-hour target alone does not always reflect

what matters most to people. Other factors such as quick assessment, effective prioritisation of the most urgent cases and good communication are also key and can give a clearer picture of what people can expect.

We therefore recommended that to help improve public confidence this winter, NHS England should be allowed to roll out some of the additional measures of performance in A&E as put forward in the Clinical Review of Standards. These would help departments and the NHS, better communicate how quickly people are being initially triaged, and how effectively they are prioritising the sickest patients.

The full report can be found here.

1.2   Maternity

Maternity services have been coming under increasing scrutiny in recent months, with individual reviews into incidents in Shrewsbury, Nottingham and East Kent, as well as the CQC's State of Care report, all raising questions about the quality of care being provided.

In response, in October we published an evidence review looking back at what the network heard about the maternity care between April 2021 and March 2022.

During this timeframe we received roughly 2,500 experiences of maternity care. We compared this with a similar sample of experiences we examined in 2019 to support the development of the Long-Term Plan.

Prior to the pandemic maternity was one of the services where the feedback we received was significantly more positive than the average across all services. However, by 2022 the positive feedback in maternity services fell back down to be in line with the average level.

One particularly strong message coming through in maternity was just how much patients were feeling the lack of staff, and this was compounded by partners not being allowed in to help provide additional support.

The full briefing can be found here.

1.3   Social Care

Our previous work has shown that one of the big challenges in social care is that people often don't try and access help and support until they reach a moment of crisis. And when they hit this point it can be hard to understand where to go for help, or what services are available.

As part of our broader work to help the Department of Health and Social Care with their plans for reforming social care, we wanted to understand in more detail where people were going for advice and information about social care support and identify any areas for improvement.

From a representative poll of the general public we found:

- Less than half (49%) correctly identified they would need to go to their local council for an assessment.
- 46% said they would go to their GP.
- Among those who had experienced a need for social care support, in fact only 15% went to their council, as opposed to 42% who went to the GP.
- Those who correctly identified where to go were also more likely to come from more well-off households.

You can read the full findings here. In summary they suggest that people are seeking help via the NHS, potentially increasing burdens on health professionals and delaying their access to the social care service they need.

We will be seeking to expand on these findings in our current campaign exploring unmet need, as poor information and advice services appear to be a key driver in people's needs not being met in a timely way.

2. External Updates

2.1 New Government

Committee will have noted that at the end of October Liz Truss stood down as Prime Minister and was replaced by Rishi Sunak.

The change in Prime Minister resulted in a cabinet reshuffle. The current Ministerial team at the Department for Health and Social Care is as follows:

- **Secretary of state for health and care: Steve Barclay**
  Overall control and oversight of NHS delivery, finance, performance and social care policy
- **Minister for Health and Secondary Care: Will Quince** (previously had primary care/dentistry)
  Responsibilities include hospital care, urgent and emergency care and the NHS Long Term Plan
- **Minister for Social Care: Helen Whately** (previously a care minister in 2020-21)
  Her role includes adult social care, hospital discharge, long-term conditions, cancer and end-of-life care
- **Minister for Primary Care and Public Health (Parliamentary Under Secretary of State): Neil O'Brien** (previously covered social care)
  He will oversee GPs, pharmacy, dentistry, Covid and other public health areas like flu
- **Minister for Mental Health and Women's Health Strategy (Parliamentary Under Secretary of State): Maria Caulfield** (previously a health minister July-September 2022)
  Her responsibilities will also include patient safety and patient experience and being the 'sponsor minister' for the CQC (including Healthwatch England)
- **Minister for the Lords (Parliamentary Under Secretary of State): Lord (Nick) Markham**
  Responsibilities include hospital building programme, carparking, IT and net zero.

We have written to all new ministers to welcome them in post and to share our latest evidence with them on priority areas of patient experience.

2.2 State of Care

At the end of October the CQC issued their [annual State of Care Report](#) to Parliament.

The report declared that health and care services are in a state of gridlock, with patients and care users often stuck in the wrong place or service to receive the care they need. This gridlock is being driven by a mixture of intense demand on services and serious workforce shortages right across health and care. It pulls out specific issues in social care, urgent and emergency care and maternity.

Its findings echo many of the issues people have raised with Healthwatch over the last 12 months. And we are seeing that feelings of frustration and confusion about how to access care are starting to affect the public's confidence that the NHS will be there for them when they need it.

In total there were 27 references to Healthwatch work in this year's State of Care (up from 22 last year), including significant use of our insights on Urgent and Emergency Care, elective backlogs, mental health services for both children and adults, dentistry, and accessible information.

3. Support to the Healthwatch Network

3.1 Improving data collection

Healthwatch England's research at a national level relies on the data collected by local Healthwatch. Partly due to the systems we provided, the number of Healthwatch able to share their data decreased over the years.

We are supporting local Healthwatch to find a replacement to a system – Civi CRM which we are retiring from April 2023. This includes supporting Healthwatch to use freely available solutions as many are unable to afford paid for systems.

We have introduced a new data taxonomy to ensure consistent collection of data. We have published revised data protection guidance and templates for local Healthwatch with new e-learning being developed for local Healthwatch staff and volunteers. We have also provided guidance and training on collecting demographic data to improve analysis and ensure we understand who we are reaching.

We have finished testing a new data sharing platform and will be supporting Healthwatch, so we receive data from all Healthwatch. Overall, this work will strengthen Healthwatch England's ability to use the analysis of data across all of England – key to the value of the Healthwatch network – to inform health and care.

4. Communications

4.1 Public feedback campaigns:

In September we ran a feedback drive to encourage more people with long-term conditions to share their experiences with us. The drive was part

of our joint 'Because We All Care' campaign with CQC and focussed on (a) encouraging people to share their experiences of being referred by their GP for specialist care and (b) encouraging general feedback. We provided local Healthwatch with a communications toolkit and used social media and PR to reach people. Although the campaign was paused during the official period of mourning for Her late Majesty the Queen, the communications drive over September – October achieved a social reach over 1.2 million (up 216% on previous two-month period) and resulted in over 3,400 people sharing their experiences of care. We also responded to over 4,400 comments from the public on social media.

4.2 **In terms of upcoming public feedback drives**:

    a. **November – December 2022:** We have launched our communications campaign to get more people to share their experience of maternal mental health. The campaign has already been supported by Mumsnet, as well as key charities like Birthrights.

    b. **January – February 2023:** We are planning a communications drive to gather more feedback from older people to help maintain the flow of insight to local Healthwatch during a period when services will be under even greater pressure.

    c. **March 2023:** We are planning work to increase awareness of our service with people with learning disabilities and autism.

4.3 **Supporting health and care services this winter:**

We have started work to help the Healthwatch network support health and social care services this winter by (a) using the experiences that people share with us to help services spot and address issues (b) Providing advice that helps people stay well and use services most effectively; and (c) supporting the broader community response to protect the health of our communities.

4.4 **Our communications focus will be on**:

    a. **Promoting the Healthwatch service:** We have already achieved coverage in the HSJ and [NHS Confed](#) news to promote our role to professionals. We will continue to promote the role of Healthwatch to the public and professionals in the run up to winter.

    b. **Sustaining feedback:** Through our planned campaigns and by supporting local Healthwatch with communications resources they can use locally.

c. **Pushing online advice:** To support the take-up of vaccines, help the public better access the right services, such as pharmacy and NHS 111, and to stay well this winter.

d. **Sharing insight:** We have introduced a regular [insight bulletin](link) for stakeholders and professionals and will market this service to extend its reach.

5. Equality, Diversity and Inclusion

5.1 Policy and research: our early work to support our upcoming camping on social care found that people from less well-off households were significantly less likely to know where to go for advice and information. And men from lower-income households were the most likely to be confused by the assessment process.
We have completed our first of four rounds of research into the impact of the cost of living crisis. Early indications suggest financial hardship is already significantly impacting on people's use of NHS services, such as people avoiding travelling to appointments or taking up prescriptions because of the costs.

5.2 HWE are providing training on disability awareness; developing easy read materials; introduction to equality, inclusion, equity and diversity; and inclusive leadership for senior leaders.

5.3 We've introduced SignLive, a service that enables people to share feedback using British Sign Language. We have also negotiated a deal whereby local Healthwatch can access this service at a 20% discount. We've improved the accessibility of our channels and our current quality score is substantially above the target we set ourselves for 2022-23

5.4 We are in the process of running an EDI training programme delivered by the Diversity Trust for staff to understand and engage with EDI in how they do their jobs and work with colleagues, making it clear that everyone has a personal responsibility to uphold standards. Every member of staff has participated in the first element of this training. The training programme continues through the first half of 2023.

6. Key Meetings Attended by the National Director since the last Committee meeting

September	
NHS Winter Executive Meeting	Amanda Pritchard, CEO, NHS
Traverse – supporting LHW for ICS preparedness	Jessie Cunnett
NHS Confederation Patients Group	Rory Deighton
Healthwatch England Social Care Research	David Pearson
Healthwatch CEOs interview	Beth Martin HW Blackpool
Quarterly Healthwatch Lead Officers Meeting	Local HW Lead Officers
National Freedom to Speak Up Guardian	Jayne Chidgeley-Clarke
Healthwatch Wirral	Karen Prior, CEO HW Wirral
Nursing and Midwifery Council	CEO Andrea Sutcliffe,
NHS Assembly meeting	Amanda Pritchard, CEO, NHS
HWE/DHSC Quarterly Meeting	William Vineall
Meet the Suffolk Healthwatch Team	Andy Yacoub, CEO Healthwatch Suffolk; Wendy Herber, Chair, and colleagues
HW Norfolk AGM Stakeholder event	Alex Stewart, CEO and colleagues
October	
Public Health and Integrated Care Systems Forum (PHIF)	Dean Pomeroy
Amanda Pritchard - Introduction Meeting	Amanda Pritchard, CEO, NHS
SW Clinical Senate Citizens Assembly	Peter Buttle, Chair
Reform	Sebastian Rees
LHW and Parish councils	Keith Stevens, NALC
York - Healthwatch North Yorkshire Visit & Event	Ashley Green CEO HW North Yorkshire and colleagues
Greater Manchester ICS, GM Healthwatch and Silent Voices group with Healthwatch Salford	Tracey McErlain Burns, Warren Heppolette and colleagues
Speaking at HSJ Integrated Care Summit 2022	Alastair McLellan, HSJ editor
HW England and NHS England work	Neil Churchill
November	
Healthwatch Richmond	Mike Derry

HW Croydon AGM	Gordon Kay, HW Manager
Health and Social Care Select Committee	Paulette Hamilton MP
Patient Safety Commissioner	Dr Henrietta Hughes
The Citizen Voice Body for Wales	Medwin Hughes
Richmond Group of Charities	Duleep Allirajah, CEO
Healthwatch Barnet	Jennifer Pearl / Banos Alexandrou /Caroline Collier
GMC	Charlie Massey
HW Dudley	Jason Griffiths, Chief Officer
NHS England breakfast roundtable	Richard Meddings, Chair NHS England

AGENDA ITEM: 1.9 (a)

AGENDA ITEM: KPI and Business Plan Performance Report (April-October)

PRESENTING: Sandra Abraham, Head of Operations, Finance and Development

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and Business Plan objectives from April – October 2022

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

APPENDICES:
1. Performance against our Business Plan 2022-23

Background

The report below provides an update on our performance against KPIs for the period April – October 2022 and an appendix showing our performance update against our Business Plan for 2022-23.

The committee is asked to note the attached reports.

Healthwatch England

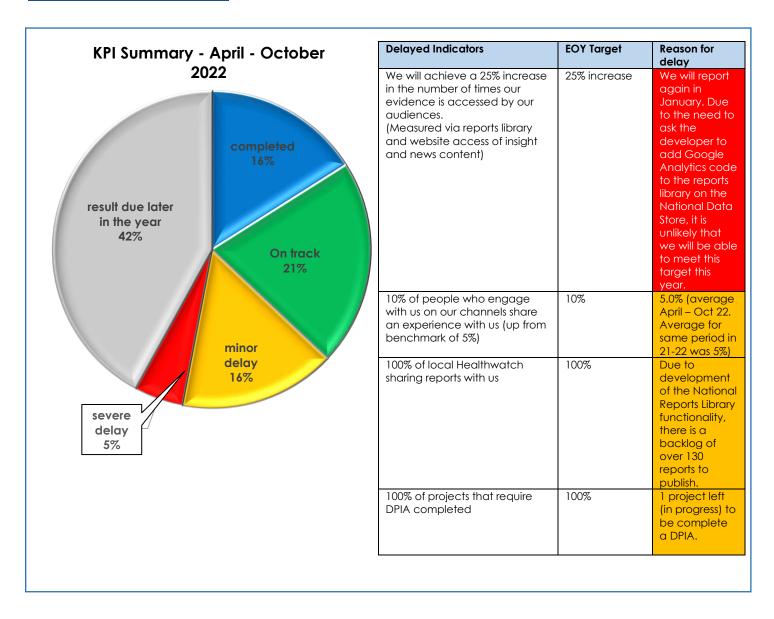# KPI Performance Report

April - October 2022

Healthwatch England Performance Report

April – October 2022

SECTION ONE: KPI SUMMARY

KPI Summary - April - October 2022

- completed 16%
- result due later in the year 42%
- On track 21%
- minor delay 16%
- severe delay 5%

Delayed Indicators	EOY Target	Reason for delay
We will achieve a 25% increase in the number of times our evidence is accessed by our audiences. (Measured via reports library and website access of insight and news content)	25% increase	We will report again in January. Due to the need to ask the developer to add Google Analytics code to the reports library on the National Data Store, it is unlikely that we will be able to meet this target this year.
10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	5.0% (average April – Oct 22. Average for same period in 21-22 was 5%)
100% of local Healthwatch sharing reports with us	100%	Due to development of the National Reports Library functionality, there is a backlog of over 130 reports to publish.
100% of projects that require DPIA completed	100%	1 project left (in progress) to be complete a DPIA.

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Progress Update on

Key Performance Indicators

April – October 2022

Healthwatch England – KPI Performance Report

RAG Status:

Complete	On Track/In progress	Minor delay	Severe delay	Paused/Results due later

No.	Description	Target	Progress	Progress Status (April - October)	Lead
Objective 1: A sustainable and high performing network					
1.	10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	5.0% (average April – Oct 22. Average for same period in 21-22 was 5%)	**Minor delay**	Head of Communications
2.	Our national advice is available to every website we support and four in five users rate our advice as useful.	Rate 4 out of 5 users	4.1 out of 5 (April - Oct 22)	**On track**	Head of Communications
3.	100% of local Healthwatch sharing reports with us	100%	Due to development of the National Reports Library functionality, there is a backlog of over 130 reports to publish.	**Minor delay**	Director of Communications, Campaigns and Insight
4.	50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024.	50%	DSP integration with NDS planned for launch at the end of November. This will allow for LHW to move onto the Data Sharing Platform. We will then be able to start reporting.	Report due later	Director of Communications, Campaigns and Insight
5.	Baseline: 67% of Board members, CEOs and staff rate Healthwatch England support as good or very good (KPI)	61%	The satisfaction survey is due in Q4	Result in Q4	Head of Network Development
6.	Establish the baseline of local Healthwatch reporting that equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved	-	Analysis ongoing	Report due later	Head of Network Development
7.	80% of local Healthwatch report they are confident they will be able to use the views of local people to shape	80%	Annual survey finds that 77% of LHW report that	Complete – we're 3% below the	Head of Network Development

No.	Description	Target	Progress	Progress Status (April - October)	Lead
	decisions around integrated care over the next year. (Baseline for this was 69% according to 2021 Annual Survey)		they are confident that they can use the views of local people to shape decisions around integrated care. An increase of 8% from last year. More in depth report provided to committee on 11th October.	target but up from last year	

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

No.	Description	Target	Progress	Progress Status (April - October)	Lead
8.	The proportion of new local Healthwatch CRM/CDS records containing demographic data will increase to 60% (Baseline from Q3 sample is 18%).	60% of records will contain data about ethnicity by end of 2022/23	We will report again in January. As a reminder, at the end of Q2 we were reporting 46% against the target of 60%.	On track	Head of Policy, Public Affairs and Research and Insight
9.	The proportion of data we gather through the webform from Black, Asian and Minority Ethnic groups increased from baseline of 15% at end of 2021/22 to 20%. (Up from 4% at the beginning of the strategy)	20% increase on baseline of 15%	To be assessed later in the year	Results due in Q4	Head of Communications
10.	Our content, accessibility and website user experience are rated as good (70 out of 100).	70 out of 100	Average rating across all measures 90 (Excellent)	On track	Head of Communications

Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice

No.	Description	Target	Progress	Progress Status (April - October)	Lead
11.	Our media reach grows by 10%.	10%	+ 21% (average April – Sep 22 v same average in 21)	On track	Head of Communications
12.	We will achieve a 25% increase in the number of times our evidence is accessed by our audiences. (Measured via reports library and website access of insight and news content)	25% increase	We will report again in January. Due to the need to ask the developer to add Google Analytics code to the reports library on	Severe delay	Head of Policy, Public Affairs and Research and Insight

No.	Description	Target	Progress	Progress Status (April - October)	Lead
			the National Data Store, it is unlikely that we will be able to meet this target this year.		
13.	% of stakeholders saying they value the work done by Healthwatch will increase by 5 points. (Baseline from 2020 was 71%)	76%	To be reported on in Q1 23/24 (Due to the need to spread the work over 2 financial yrs)	Procurement under way	Head of Policy, Public Affairs and Research and Insight
14.	% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)	69%	To be reported on in Q1 23/24 (Due to the need to spread the work over 2 financial years)	Report due later	Head of Policy, Public Affairs and Research and Insight
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector					
15.	Establish baseline of stakeholders who see local Healthwatch as experts in engagement (create baseline and measure this through stakeholder perceptions survey)	-	This KPI will be included in the stakeholder perceptions survey	Survey report due in 2023/24	Head of Network Development
Objective 6: We are a strong and well governed organisation that uses its resources for greatest impact					
16.	95% of staff feel they make a difference through their role	95%	Result will be determined by the staff survey due in November	Results due in Q3	Head of Operation, Finance and Development
17.	100% of projects that require DPIA completed	100%	1 project left (in progress) to be complete a DPIA.	Minor delay	Head of Operation, Finance and Development
18.	100% of projects that require EIA completed	100%	All projects that require an EIA have now been completed	Completed	Head of Operation, Finance and Development
19.	100% of projects with EIA have been evaluated (number of projects to be determined in the workplan)	100%	All projects were evaluated in Q1 to determine if an EIA Assessment was required	Completed	Head of Operation, Finance and Development

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Progress on our Business Plan Deliverables (September-October 2022-23)

SECTION 2 PERFORMANC REPORTING AGAINST BUSINESS PLAN 2022-23

healthwatch

RAG Status:

Complete	On Track	Minor delay	Severe delay

Objective 1:	To find out the experiences of people needing or using health, public health and social care services

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our marketing and communications sustain public engagement with local Healthwatch in support of our policy and campaign goals	We continue to run regular marketing campaigns to sustain engagement with the Healthwatch brand.

We are currently planning our next campaign in December which will (a) explain to the public and professionals how Healthwatch can help them this winter and (b) provide resources so local Healthwatch can mirror the campaign at a local level. | We have also seen engagement with our social media channels increase (+5%), as well as the number of people who follow our channels grow (+8%) in the first seven months of this financial year when compared to the previous year. | Head of Communication | On Track |
| A greater proportion of the people we engage through our campaigns are willing to share their experiences and needs. | We have continued to deliver our campaign plan to encourage different audiences to either feedback about specific issues or to share any feedback about local services.

Our most recent focus, as part of our Because We All Care campaign, targeted people with long term conditions. Our campaign activity resulted in over | Over the first seven months of this year 6,805 people have shared their experiences with us. This is 37% higher than the same period of 2021-22.

Engagement with our campaign messages on social media are also higher than the same period last year. | Head of Communication | Minor Delay |

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	3,400 people completing either our GP referrals survey or using our national feedback form. We have how started a new campaign spike asking women about their experience of maternal mental health. This will be followed by a drive this winter to encourage older people to share their experience of care. A drive which forms part of our winter response plan.	Our current conversion rate of 5%, matches our conversion rate from last year but is still below our stretch target of 10%. We will continue to test ways to increase this conversion rate over the months to come.		
Our online advice and information content are more accessible to people and seen as trusted and useful.	We have continued to roll out advice and information that answers emerging issues from the public and reflects our policy priorities. We have also prepared a plan to focus on advice this winter on topics that help people stay well or supports them to use services more effectively. We have also shared with local Healthwatch advice that they might find useful to promote at a local level this winter.	Our national advice has been accessed over 140,000 times so far this financial year. The average user rating for our advice is 4.1 out of 5 in terms of how useful people find the content. This is above our target of 4 out 5. The system we use to monitor and score the quality of our website content, accessibility, user experience indicates that our technical upgrade and focus has resulted in significant improvement in our website performance. For example, our website accessibility score has risen from 66 out of 100 to 83 out of 100.	Head of Communication	On Track

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved _What difference did it make?_	Lead	Rag Status
Our systems enable us to highlight the issues different communities are telling us at a national, regional and local level.	We continue to make progress toward our target of 65% of all data shared through the CRM containing demographic details. Currently about 45% of data contains the information we need. Our regular reviewing of data coming in from the network is now being shared with stakeholders on a monthly basis through the revised stakeholder bulletin. This has been developed out of the approach used to shared insights during covid. It is in addition to the topic specific research activities. We are new cost of living tracker poll is also helping us to understand in greater detail how people's financial status is affecting their health.	Whilst we have made good progress on demographics further support to the network on collecting and sharing demographic data has been put on hold until the roll out of the new CDS. In Q3 the Research Team will report back on the analysis model project which has been looking at how we track and report insights at ICS level.	Head of Policy, Public Affairs and Research & Insight	On Track

Objective 2:	To build a sustainable and high-performing network of local Healthwatch services

Business Plan Deliverables	Update _Key information or exceptions (e.g. reason for a delay)_	Benefits/Impacts Achieved _What difference did it make?_	Lead	Rag Status
Our work with local Healthwatch will ensure they understand, value and access the support provided by	We continue to deliver support to local Healthwatch through key programmes:	- 63 Healthwatch have received individual	Head of Network Development	On Track

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Healthwatch England to be effective and have impact.	- Quality Framework – staff capacity, other commitments and contract changes affect completion rate of the Quality Framework	support on impact since April 21; 49 entries for Healthwatch Impact Awards - The Quality Framework is updated with more detail on equality, diversity and inclusion, and more information on working with Integrated Care Systems. Ipsos Mori are working with Healthwatch in Cornwall, Kent, Middlesbrough and Wakefield on a project on health inequalities - In September 109 learners took one of our 11 e-learning courses with an average rating of 8.5/10. 452 people booked to attend a webinar with 94% learners saying they will apply learning in their work, 90% said the session met their needs & 73% said their confidence increased. - 70% of Healthwatch rated our support either good or very good in our annual survey		

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
		- We supported all local authorities with ensuring their Healthwatch contract was legally compliant		On Track
With our support local Healthwatch understand and adopt our updated brand purpose, values and guidelines, including increasing focus on equality, diversity and inclusion. (Expectations to be set through the Trademark license)	We have also continued to roll out marketing materials and resources for local Healthwatch. New resources include an online course on how to write and design well.	We have seen the number of brand resources created or downloaded by local Healthwatch increase on the same period of 2021-22 (up 38%).	Head of Communications	On Track
We have helped local Healthwatch Boards, staff and volunteers to be more diverse and inclusive. (Driven through the EDI Roadmap).	The first cohort of 10 LHW took part in the Getting on Board masterclass programme in September. 10 more have signed up to take part in the second programme in January.	The five Inclusion Ambassadors are supporting four Healthwatch to improve the diversity of their volunteer teams.	Head of Network Development	On Track
DHSC and DLUHC (Department for Levelling Up, Housing and Communities) understand and value Healthwatch and this is reflected in investment and guidance to local Healthwatch Commissioners and ICSs.	We continue to progress conversations with DHSC on supporting action for LAs who have reduced funding such that LHW cannot meaningfully deliver their functions. We have drafted an updated commissioners guide which is currently with CQC legal team for sign off.	DHSC continues to acknowledge our strategic value to the system and is looking to build on this. They also have acknowledged the pressures on us and our network in terms of our sustainability and are actively working with us to address these.	Head of Policy, Public Affairs and Research & Insight	Minor Delay

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
		However, these discussions are taking longer than hoped because of changes in central government through the summer and autumn.		
Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems and are confident in holding services to account in the new landscape.	We have a programme of work to support Healthwatch collaborate and work effectively with their ICS. We produced guidance to support Healthwatch in seeking resources from their ICS and briefings on how they could inform ICS strategies, including on issues like elective care and maternity services. We are awaiting funding decision from NHSE before implementing a more comprehensive offer. It now seems possible that this funding will not be available. HWE produced a briefing on the state of LHW collaborations.	ICSs are not mandated to fund Healthwatch. Our support to local Healthwatch has contributed to 50% of ICSs funding local Healthwatch activity We are aware of multiple areas where Healthwatch are preparing cases for support or have submitted them and are awaiting a response from the ICS.	Head of Network Development	Delayed
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.	We have a programme of activity to support local Healthwatch engagement supported by a staff member from Healthwatch Sheffield We have training commissioned from the Diversity Trust to support	Examples of commitments to change include 'We have modified our demographics section when we collect feedback and considered why, how and when we collect it and added an explanation with the	Head of Network Development	On Track

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	Healthwatch understand and apply their public equality duty.	questions, to explain the data collection to the public'. 'We are looking at completely new recruitment avenues.		

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				
Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our campaigns and communications are more accessible to as wide a range of population groups as possible because of new approaches, partnerships, systems and support	We have continued to improve the accessibility of our channels. Recent changes include enabling the public to contact us using a British Sign Language translation service. We have also enabled local Healthwatch to access this service at a discounted price. We have continued to raise awareness of our key findings in both the national and trade media on key issues such as NHS Dentistry, waiting times and urgent and emergency care.	Our investment in national media relations to help increase awareness of our service, engagement with our policy recommendations, and to influence change continues to pay dividends. Our media coverage in the first seven months of 2022-23 is currently 9% higher than the coverage during the same period in 2021-22. Our potential media reach through coverage is currently 21% higher than the same period last year.	Head of Communications	On Track
We will continue to ensure every piece of policy and research work we	Our work on Long Covid highlighted specific concerns around poorer experience for older women and	The Long Covid work was produced following a request from NHSE, as they lacked	Head of Policy, Public Affairs and Research & Insight	On Track

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
undertake has an equalities focus to it. (See objective 4 for detail on topics).	people with existing conditions like CFS and ME. Our work on Urgent and Emergency Care highlighted a significant fall in public confidence in the timeliness of care. This was particularly a concern among over 55s. Our work on the elective backlog has continued to highlight the risks for exacerbating health inequalities if the NHS focuses just on getting the headline number of waiters down as quickly as possible. In Q3 and Q4 we have four pieces of work on the referrals process, maternal mental health, CAMHS, and the cost of living crisis. All of which will explore an aspect of inequalities.	direct user experience of long covid services. This is further demonstration of their trust in us as a reliable source of user insight. It resulted in an extra £90 million being invested in services. On the UEC work our evidence continues to support system wide ask to implement the findings of NHSE's Clinical Review of Standards.		
We will have used the insights gathered through our 2021/22 flagship campaign on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard.		We have been advised by policy makers that they have accepted our key recommendations. We are now waiting until we hear more about when the Accessible Information Standard review will be published and when and how any changes will be implemented.	Head of Communications	On Track

Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
The Digital Transformation Programme will deliver an increased volume and breadth of demographic data including relevant protected characteristics for us to better report on disparities in experience of health and care	We have published guidance, a new taxonomy and provided training and support on collecting demographic data. We have supported local Healthwatch find alternative systems in response to our decision to withdraw provision of Civi CRM. We are launching a new data sharing platform to enable all Healthwatch to share data with us	We have seen an increase in demographic data shared with us.	Head of Policy, Public Affairs and Research & Insight	On Track
Supported by the work under Objective 5 we will have built stronger links between decision makers and people with lived experience. This will see Healthwatch become more of a facilitator for engagement with seldom heard groups rather than speaking on behalf of them.			Head of Policy, Public Affairs and Research & Insight	On Track

Objective 4: Acting on what we hear to bring about improvements in health and care policy and practice				
Business Plan Deliverables	Update *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
By leveraging the impact of existing work, we will secure significant policy changes on at least two existing Healthwatch England influencing topics / system priorities. (See policy and research list for topics).	We have already secured changes to national policy on primary care through the Fuller Review. And on dentistry we have secured the first changes to the contract in 16 years.		Head of Policy, Public Affairs and Research & Insight	On Track

	In Q3 and Q4 we aim to secure further changes on elective care and UEC. Notably improvements to the way the management of the backlog is addressing inequalities. And on UEC we will be pushing for the introduction of the CRS.			
Local Healthwatch will be supported to close the loop on key national policy wins to ensure they lead to local impact	Due to delays on the national response to our AIS campaign we are developing ways for local Healthwatch to raise the issue at ICS level. On maternal mental health, we have developed a campaign working with local Healthwatch to follow-up on changes achieved in 2015 and 2019 to make sure they are improving services for patients.	This is a time-consuming activity and the more resource we put in to supporting this, the less we have to put in to researching/campaigning on new topics. We have also had feedback from the network that we are making too many asks of them. This needs to be considered carefully in business planning for next year.	Head of Policy, Public Affairs and Research & Insight	Minor delay
We will have developed in-depth insight on one new area drawn from the policy and research long list (generated using insights from the network on current priority issues for service users and the public). Project to be selected based on opportunities for addressing health inequalities, chances of successfully influencing and potential for external funding.	The Committee approved social care as the topic for this work at the last committee meeting. However, due to other commitments (notably new pieces of work on winter and the cost of living) the timeline for this project is now likely to be longer than previously anticipated. Feedback from stakeholders suggests this is helpful as it aligns better with the Government's plans for reform.	Research activity will take place in Q3 and Q4 with a view to public facing activity taking place in next FY. The timeframes needed to develop and implement these larger pieces of work needs to be factored more into business planning for next year. Realistic timeline is closer to 18 months than a year.	Head of Policy, Public Affairs and Research & Insight Head of Communications	Minor Delay

Business Plan Deliverables	Update	Benefits/Impacts Achieved	Lead	Rag Status
We will build on the success of our agile approach to collecting and communicating our evidence by conducting more real-time reporting, building better ways to reach decision-makers and doing more to highlight our impact.	We now have the regular stakeholder bulletins in place. These build on the work done during covid but share a much broader range of evidence with stakeholders.	We have learnt that the balance of the issues we are sharing, and the way content is framed has an impact. For example, in the first seven months of this year our two most popular insight item related to our findings on dental care, while the third most popular provides advice for professionals on how to show empathy to patients.	Head of Policy, Public Affairs and Research & Insight Head of Communications	On Track
We will have reviewed our model of analysis to ensure we are making best use of new streams of data, where possible cutting our insights by ICS and making even greater use of external data sources to triangulate our findings.	This is on track with the team making good progress on the three key areas under exploration: - How we make better use of other data sources (ONS, HES) and methods like social media listening, panels etc. - How we cut our data via ICS - How we improve the way we engage with children and young people Team due to report back end of Q3.		Head of Policy, Public Affairs and Research & Insight	On Track

Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector

We will have developed a plan to work with the network (local Healthwatch) and support the development of their engagement skills. This will include: • An audit of good practice to create a library of engagement methodologies and share expertise across the network • The creation of a common set of standards for local Healthwatch on 'Active Participation' • Establishment of a network of Inclusion Ambassadors that will be actively supporting more inclusive approaches to local Healthwatch engagement. Scoping of a national panel of people with lived experience of health inequality to help shape our work.	As mentioned above, the Inclusion Ambassadors are supporting four Healthwatch to increase diversity of their volunteer teams. Engagement support was the initial focus however, volunteering is the current focus. We have carried out consultation with Healthwatch in the development of a toolkit on Healthwatch approaches to engagement which is currently in the final stages prior to publication. We have delivered workshops for local Healthwatch on participatory approaches to engagement. We are commissioned by NHSE to support the CORE 20 Plus 5 connectors project which is taking a focused approach to tackling health inequalities and includes mapping organisations supporting involvement of people with lived experience.		Head of Network Development	On Track
We will have significantly increased the profile of Healthwatch as leaders in engagement and strengthened our connection with other engagement professionals across and beyond our sector.		Engagement leads peer network meetings held in Q1 and Q2 had 59 participants register and 46 actual attendance.	Head of Network Development	On Track

We have developed a process for sharing engagement methodologies within the network (local Healthwatch) and with external bodies by: • Formal - Inviting local Healthwatch to present successful models at a bimonthly Engagement Leads Peer Network meeting • Informal - Hosting bimonthly Ask the Network clinics for local Healthwatch to showcase projects or discuss how to overcome issues to engagement. • External bodies – we have speakers booked to visit our bimonthly Engagement Leads Peer Network meetings. They will showcase what they do, hear what we are doing and link with local Healthwatch for partnership work.		The events have become a space for shared practice and learning from the network. Ask the Network clinics are a pilot project shaped by the participants. The first clinic was attended by 5 participants from engagement and volunteer leads. The agenda is open with a theme for the clinic, giving the network autonomy for learning and development. Healthwatch Stafford reached out for engagement support regarding facilitating group discussion and reaching seldom heard groups. A face-to-face meeting is scheduled for 7 December.		

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
Objective 6 – A Strong and well governed organisation that uses its resources for greatest impact				
Our governance will be reviewed to ensure our procedures are compliant	The Committee Standing Order and AFRSC TOR will be reviewed in Q4 to allow the new HWE Chair to	We have now compiled a list of the committee members' skills and	Head of Operation,	On Track

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
	have an input.	experience to assist in an advisory capacity in various HWE programmes of work.	Finance and Development	
We will have staff with the capabilities and skills to support Healthwatch England's strategic aims, bolstered by learning and development programmes	An organisational development paper was shared with LT in September. We are currently drafting an organisational development plan with a focus on staff professional development. This will ensure that training and development opportunities are consistent with what is required to achieve our vision and strategic goals.		Head of Operation, Finance and Development	On Track
Our annual budget allocation, contracts and grant funding will be maximised to deliver efficiencies in our work programmes and demonstrate value for money.	We have now reviewed and implemented changes to our finance processes to ensure that they are compliant with CQC approaches and cabinet accounting rules and provide the sub-committee with robust levels of assurance following the issues encountered in the past financial years. All contracts will be reviewed at their end of term for efficiencies and savings.		Head of Operation, Finance and Development Head of Network Development	On Track
We will capture our impacts in our performance reporting that will	Our impact and the difference we have made in the Health and Social Care issues are now being	Our support to the network on	Head of Operation,	On Track

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
showcase the difference we have made on Health and Social Care issues.	shared quarterly with committee in our National Director's report.	showcasing their impact has shown that 72% of local Healthwatch has included at least one outcome achieved by that Healthwatch. This is an increase of 50% on last year.	Finance and Development	
We will undertake Equality Impact Assessments (EIA) in our projects and programmes to ensure that our activities align to our Equalities strategy	14 out of 15 projects that fit the EIA requirement criteria have had an EIA Assessment completed. The last project is currently in the process of having an EIA Assessment completed, due to a later project start date.	All staff have completed the first session of our EDI training programme. Dates for the remaining sessions have now been confirmed and appointment will be sent to staff diaries	Head of Operation, Finance and Development	On Track
We will have a more robust process in place for Data Protection Impact Assessment (DPIA) in order to support research and insight	We have now produced a DPIA Assessment in line with CQC, which has been rolled out. We currently have 2 projects with a completed DPIA Assessments and 1 in progress.		Head of Operation, Finance and Development	On Track

AGENDA ITEM: Update on HWE Plans to fulfil our commitments on Equalities Diversity and Inclusion
PRESENTING: Chris McCann
PREVIOUS DECISION: Approval of the 22/23 Healthwatch England Equalities Diversity and Inclusion action plan
EXECUTIVE SUMMARY: This paper sets out an update on our progress in delivering our commitments to Equalities Diversity, and Inclusion.
RECOMMENDATIONS: Committee Members are asked to note this report.

Background
In June 2022, we published our annual action plan on how we would deliver on our commitment to Equalities, Diversity and Inclusion in 2022-23.

This plan aims to support the delivery of our strategic objective to '*seek the views of those who are seldom heard and reduce the barriers they face.*'

This paper highlights our work in this area since our last update at the September committee meeting.

Research and Policy

We continue to apply an equalities lens to all our policy and research work.
Our early work to support our upcoming campaign on social care found that people don't really know who to go to for advice and information about social care. For example, less than half of people (49%) correctly identified their local council as the correct place to go in the first instance.

However, we found that people from less well-off households were significantly less likely to know where to go for advice and information. And men from lower-income households were the most likely to be confused by the assessment process.

It is also worth noting that 30% of the respondents to our national poll report they had additional needs, such as a long-term illness, a learning disability or informal caring responsibilities. People living with such conditions/circumstances are more likely to need social care services, yet only 12% of those surveyed had accessed, or tried to access a social care service. This suggests that:

- Half of people with additional needs are not accessing care.
- And of these 12% of people we polled who are accessing care:
- 19% found both care and financial assessments not very or not at all helpful
- 17% found the support they receive not very or at all helpful.

These findings are shaping the research design for new work exploring unmet, under met and wrongly met need in social care.

In September we published our latest findings on people's experiences of A&E. The headline message was that public confidence in the timeliness of care has taken a significant hit during the pandemic.

However, the more detailed analysis identified that confidence has fallen much more significantly among the over 55s, who are more likely to be users of the service. A significant driving factor for this group in the fall in confidence was media coverage.

We have shared this finding with NHSE and stressed the need to get positive messages out there and to be transparent with people about what to expect when they need A&E. This will

help to ensure people still come forward when they need care, rather than staying away to try and protect services or not engaging because they don't think any help will be available. In this context it is worth noting that our research show admitted patients from A&E were the most likely to say their confidence increased. This suggests the NHS is getting things right for those in the most serious need of help and this message needs to be played back to people.

We have completed our first of four rounds of research into the impact of the cost of living crisis.

Engagement with stakeholders has helped us narrow down the questions we are asking so we can focus specifically on the impact of the cost of living on:

- Their current physical and mental health
- How the measures they are taking to save money might be impacting their health
- How this is impacting their use of formal NHS and social care services
- How this is impacting their use of non-formal services – e.g. use of private counselling services, gym memberships etc

Early indications suggest financial hardship is already significantly impacting on people's use of NHS services, such as people avoiding travelling to appointments or taking up prescriptions because of the costs.

We will report more fully to the committee after the second wave of research is completed.

This work is also being used to provide support and guidance for Local Healthwatch on how they can engage with the cost of living crisis and help local decision makers understand how it is impacting on the health and wellbeing of their residents.

Support to Local Healthwatch

A key element of our efforts around EDI has been to strengthen capacity and capability across the local Healthwatch network.

HWE are providing training on disability awareness; developing easy read materials, introduction to equality, inclusion, equity and diversity and application to Healthwatch; and inclusive leadership for senior leaders.

Every year, Healthwatch England surveys local Healthwatch about their activities. This year we introduced questions on the demographic profile of their staff, boards and volunteers to gain a baseline over the course of our strategy. On this question we had a 40% response rate which was disappointing and something we want to build on in future years, including making sure we make it as easy as possible for Healthwatch to provide the anonymous data. We will be publishing the results of the survey in the next EDI report.

Communications

We have continued our work to ensure our communications are accessible and inclusive and support more people from seldom heard communities to have their say.

We've run a Because We All Care campaign spike to encourage people facing long term conditions to share their experience of both GP referrals and general care. Over 3,400 people responded to our call out for their stories

We have continued to support diversity milestones like Black History Month. During October, we highlighted on social media the role black people have played to create a better health

and care system. People like Beverley De-Gale who co-founded the African Caribbean Leukaemia Trust together with her partner Orin Lewis in 1996 after her son was diagnosed with leukaemia. Beverley's organisation has ensured that the number of people from these communities donating bone marrow and blood has increased, meaning people have a much shorter wait for a match than before.

We've introduced SignLive, a service that enables people to share feedback using British Sign Language. We have also negotiated a deal whereby local Healthwatch can access this service at a 20% discount.

We've continued to improve the accessibility of our channels. We use an independent website accessibility and user experience monitoring system called SilkTide. It looks at web accessibility, content quality, user experience and findability through search engines. Our current quality score is substantially above the target we set ourselves for 2022-23.

Website quality	Content	Accessibility	Marketing	UX
Target	70 Good	70 Good	70 Good	70 Good
22/23	95 Excellent	83 Great	82 Great	98 Excellent

How we work

We continue to strive to ensure that Healthwatch England has a focus on equality, diversity and inclusion and demonstrates exemplary practices around equity in our own organisation.

We are in the process of running an EDI training programme delivered by the Diversity Trust for staff to understand and engage with EDI in how they do their jobs and work with colleagues, making it clear that everyone has a personal responsibility to uphold the standards. Every member of staff has participated in the first element of this training.

We have Embedded EDI in our performance management frameworks. We all have a key role to play, behaving in an inclusive way and contributing to diversity goals.

Our recruitment processes include a blind sift of applications to provide an equality of opportunity for all candidates, focusing on their skills, ability and experience to help encourage a diverse workforce. We also ensure that we our recruitment panels are diverse.

We have clear zero tolerance policy on all forms of harassment and bullying, making clear that such behaviour will not be tolerated

We have appropriate channels for employee voice and ensure different groups feel able to access them e.g. REN (Race Equality Network & LGBT & Equality Network, Staff Engagement Group),

We actively seek input and ideas from every single member of staff, and act on feedback e.g. (Strategy Planning, Staff survey), and we actively seek to use the diverse range of skills within our committee to assist in our work.

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: The draft minutes of the AFRSC meeting held in October 2022 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. 21
Meeting Reference: AFRSC202221

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 4 October 2022
10:00 am-12:00 pm
Teams Meeting

Attendees:
Danielle Oum (DO) – Chair
Helen Parker (HP) - Sub-Committee Member
Sir John Oldham (JO) – Sub-Committee Member
Andrew McCulloch (AM) - Sub-Committee Member

In Attendances:
Louise Ansari (LA) National Director
Sandra Abraham (SA) – Interim Head of Operations
Chris McCann (CM) - Director of Communications, Insight and Campaigns
Gavin MacGregor (GM) - Head of Network Development
Ben Groves (BG) – CQC Strategic Finance Business Partner - Observing
Felicia Hodge (FH) – Committee Administrator (minute taker)
Clara Duval (CD) - Operations Support Administrator

Apologies
None

No.	Agenda Item	Action and Deadline
1.1	<u>Welcome & Apologies:</u> The Chair (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC) including Ben Groves, HWE Strategic Finance Business Partner. **1.2 Minutes of the meeting held on 26th July 2022:** The draft minutes of the meeting held on 26th July were approved without amendment. **Action Log** Please see Appendix Action Log. The action log was noted. All actions are complete, included on the agenda or not yet due. **1.3 Matters Arising** CM reported that due to the resources required, there is little appetite to explore the viability of a trading arm, but conversations with CQC will continue in the background. The action has been considered complete.	
2. 0	<u>Finance and Procurement</u> **2.1 Financial position as at end of August** SA provided a summary of the budget spend as at the end of August. She reported: £1.2m of budget spent (39%) - Underspend: Pay £25k – Non-pay just over £5k £40K underspend in Pay budget showing for the year, but this is expected to be absorbed in pay increases, due to be backdated. - Pay budget - subject to many variations in staff movement. - Non-pay - slight underspend but on target for year end. - Training overspend is intentional due to significant spend on management training and organisation-wide EDI training which hadn't originally been factored into the budget. LT to review training budget and staff needs. - BG to work with SA to net off and move funds where necessary	

No.	Agenda Item	Action and Deadline
	• 10% savings in Pay budget has been realised, but leavers could see further reductions. **2.2 Update on capability Pay framework** SA provided a verbal update and reported that it is unlikely to be approved by DHSC. CQC continue to put the framework together and is investigating how it can be integrated into staff 1:1 meetings. Non-approval of the Capability Pay framework will likely result in pay increase of 2% -3%. If approval received next year, any pay progression will include the amount of any pay award already received. **The committee noted the reports and thanked SA for the work that she has done with the budget and the clear presentation.**	
3.0	**Risk review** **Strategic Risk Register** SA presented the strategic risk register for 2022-23 highlighting the potential risks to Healthwatch England's reviewed strategy, the network and the business plan for 2022/23. The sub-committee were asked to review the report. The following was highlighted: • Amendments requested by the sub-committee at the last meeting have been completed • LT has reviewed risk **SR01** which has the highest risk **Description:** *Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.* **Post Mitigation Rating = 16 (high)** Ownership changed to National Director • The highest risk to LHW **SR16 – Description:** *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.* **Post Mitigation Rating = 20 (high)** • Risk **SR08 - Description:** *Failure to identify or respond to EDI issues amongst staff within Healthwatch England can impact on staff wellbeing and performance at work leading to low morale and poor culture* has been amended to:	

No.	Agenda Item	Action and Deadline
	Failure to engage all our staff and to create the right culture risks low levels of morale, staff wellbeing and ultimately organisational performance. The sub-committee were concerned that financial risks to LHW were increasing due to the increase in national debt and questioned if the level of these risks should be raised. LAN confirmed that mitigating action is being taken and CQC are providing cover and that LT are monitoring the situation to see if risks arise and local funding becomes an issue and will bring any matters of concern to the sub-committee's attention. The Chair concluded that financial risks are high or heightening, but there is little to be achieved by articulating this in the register. Some risks are carried across the network and there are broad concerns about network funding. She requested a subtle tightening of wording, but no change to the risk rating. <u>ACTION</u> – **GM** to amend the wording of **SR16** to be more nuanced and reflect a subtle tightening, but no change to risk rating. • Risk **SR18 – Description:** *If LHW are not consistently represented in ICS governance, nor funded to work collaboratively across ICS footprints the ability for LHW to influence Health and Care at a key decision-making level will be reduced* – **Post mitigation 9 medium** GM confirmed that a paper on the support re the above and the rag rating will be presented at the committee workshop • Risk **SR09 Description:** *Due to an increase in the volume of work, there is a risk of staff being overwhelmed and stressed, resulting in a decline in performance which will impact on the delivery of our objectives* – **Post mitigation decreased 8->6 medium** CM reported that LT are explicit in informing staff of new areas of work and are confident that staff do not feel that their workload is too high.	**GM/SA**

No.	Agenda Item	Action and Deadline
	Staff appreciate the phasing of work, and the Staff Engagement Group has fed back that workloads are reducing. In addition, cross team check-ins provide assurance. **The Sub-Committee noted the report**	
4.0	<u>HW Procurement Programme</u> GM presented a detailed account of the cost and categories of activity for VfM for LHW funding and provided examples of what has been achieved through funding Healthwatch and the lessons learnt. He highlighted: • that funding dispersed to LHW by HWE was less this year than previous years, so risks have been lower. • Research agencies cost more to commission than LHW • HW has partnered with other organisations who have a broader scope than HW for research, such as King's Fund and for projects like the elective care backlog • The need to join up getting the evidence from HW, with tracking on policy and investment. The sub-committee suggested: • the need for clarity on the return on investment (RoI) and how to identify milestones at contracting and procurement stages to allow greater assurance that the direction of travel is right. • A consistent way of measuring outputs and impacts • More structure, but not to downplay the value of the work that HW EDI does, as it is a good basis to work from **The sub-committee noted the report and found it very helpful**	
5.0	Digital Funding 5.1 <u>Digital transformation Programme Update 2022-23</u> 5.2 <u>Cyber Security and Data Protection</u> GM presented a report on the objectives, timeline, budget and update on the digital programme and on the measures being taken to address data protection and cyber security. Highlights were: • The programme is still in budget and on track with the set time lines	

No.	Agenda Item	Action and Deadline
	• Issues caused by dependence on one supplier, but this is in the process of being resolved.	
	• There has been a risk of changing systems and taking away systems from the network, but a low-cost replacement has been found for them	
	• Lack of success in recruiting a Digital Manager, but the team are managing to get the work done.	
	• In year 23-24, should be in good position by end of March and existing system retired. A cautious approach will be taken until budget has been agreed.	
	• Norfolk Fund – monies being drawn down to support digital work in the network and plans in place for further dispersal of funds in Q3-Q4.	
	• SmartSurvey tool has proved successful, although a full evaluation of it has not yet been done. Many HW are using it and its continuance is recommended.	
	• Smartsurvey was piloted last year, and successfully trialled nationally this year. HWE are almost certain that they want to commit to the tool for year 23-24	
	The sub-committee wanted to know where the strengths and weaknesses lay; when developing strategy, what implications have been placed on budget and resources and have these been applied appropriately; How future proof are the systems being put in place? Responses included:	
	• Risk - infrastructure and being able to get good quality data into the network systems which is shared with HWE	
	• Simplifying systems should provide better quality data that HWE can work with. LHW are now collecting more demographic data and understand the importance of this	
	• Implementation still to be completed, but systems are in place for this	
	• Data being gathered will get better and obtained in a timely fashion	
	• Unknown data risk that had previously been carried across the network has been reduced and greater compliancy is being observed	
	• System being implemented meet core needs and can be built on for future needs	

No.	Agenda Item	Action and Deadline
	• Replacement of an expensive system that didn't deliver with a cheaper more basic alternative that does **The Sub-Committee noted the report**	
6.0	**Forward Plan** LAN requested an additional meeting outside the usual cycle to undertake a budget re-forecast, end Oct-Nov. The committee agreed to a meeting after 17 October. <u>ACTION</u> – **FH** to arrange a meeting after 17 October for a budget re-forecast There were no further comments on the forward plan	FH
7.0	**Any Other Business** There was no other business to discuss. Meeting ended 11:03	

AGENDA ITEM:2.1

AGENDA ITEM: Forward Plan

PRESENTING: Chair

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 6 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2023/24

Feb 2023	- LHW Presentation - Delivery and Performance Update - Annual Plan & KPIs 2022/23 - Draft Budget 2023/24 - Diversity and Equalities Update - Digital Transformation Update - AFRSC Minutes - Questions from the Public - AOB
May 2023	- LHW Presentation - Committee Governance and Standing Orders - Delivery and Performance Update - Annual Plan & KPIs 2023/24 - Draft Budget 2023/24 - Diversity and Equalities Update - Digital Transformation Update - AFRSC Minutes - Questions from the Public - AOB
	Workshops