Healthwatch England 23 February 2023

Meeting #42 Committee Meeting held in Public

11:15 pm – 14:30 pm

Location: Wandle 40 &41, 2nd Floor, 2 Redman Place, Stratford, London E20 1JQ

11:15	Public Committee Meeting – Agenda item		Presenter	Action
11:15	1.1	Welcome and apologies	Interim Chair – BB	
11:20	1.2	Declarations of interests	Interim Chair - BB	
11:25	1.3	Minutes of meeting held in November, action log, review of agenda and matters arising	Interim Chair - BB	FOR APPROVAL
11:30	1.4	Presentation – LHW Sheffield to present on equalities issues (e.g. black men and mental health)	Sarah Fowler, Lucy Davies	FOR NOTING
11:50	1.5	Cost of living crisis	Will Howard / Sue Edwards	PRESENTATION / DISCUSSION
12:05	1.6	Chair's Report	Interim Chair - BB	VERBAL
12:15	1.7	National Director's Report	LAN	FOR NOTING
12:30	1.8	Committee Members Update	ALL	VERBAL
12:35 - 13:30		Lunch Break		
13:30	1.9	Business Items a) Delivery and Performance Report for Q3	SA	FOR NOTING
13:45	2.0	Audit, Finance and Risk Sub Committee Meeting	DO	FOR NOTING
14:00	2.1	Forward Plan	Interim Chair - BB	FOR NOTING
14:05		Questions from the public		
14:15		AOB		
		Date of Next Meeting 23 May 2023 in London		

Healthwatch England Committee Meeting
Held in PUBLIC

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

Minutes and Actions from Meeting No. 41 – 22 November 2022

Attendees

- Phil Huggon – Vice Chair and Committee Member (PH) (Chairing the meeting)
- Belinda Black – Interim Chair (BB)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- 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)
- Jacob Lant – Head of Policy and Public Affairs & Research (JL)
- Rebecca Moore – Senior Policy Analyst (RM)
- Felicia Hodge – Committee Administrator (minute taker) (FH)
- Clara Duval – Business Support Administrator (CD)

Apologies

- Umar Zamman – Committee Member (UZ)

Item	Introduction	Action
	The Vice-Chair opened the meeting and thanked everyone for attending	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Vice Chair welcomed Committee members and other attendees. A warm welcome was extended to BB the interim chair.	
1.2	**Agenda Item 1.2 – Declaration of Interests** Nothing to declare	
1.3	**Agenda Item 1.3 - Minutes and actions from 27 September 2022 Committee Meeting** The minutes from the meeting held 27 September 2022 were accepted without amendment. There were no outstanding actions from the meeting and all were marked as completed, except actions not due until Q3. **Matters Arising** There were no matters arising.	

1.4	**Agenda Item 1.4 – Presentation by HW Nottingham on maternity services preceded by a brief introduction and presentation by RM** RM presented a summary of the national work that Healthwatch England has done to date on maternity, which set the scene for the presentation by Healthwatch Nottingham and asked the committee to note the report and presentations. RM highlighted the consistent failures and disparities in maternity services nationally and mentioned several reports such as the 2022 Ockenden Review, which highlighted the Shrewsbury and Telford Hospital NHS Trust's repeated failings to follow clinical guidance and a further Ockenden Report on Nottingham due in March 2023. Jane Laughton (JAL) CEO HW Nottingham and Nottinghamshire (HWNN) informed the committee of the failings in Nottingham University Hospitals NHS Trust (NUH) maternity services after CQC had rated them inadequate. Although HWNN had been awarded and was delivering the maternity voices partnership contract, they were unaware of the seriousness of the revelations but did note that NUH performed less well than Sherwood Forest Hospital, the other key hospital covered by maternity voices. HWNN focused on engagement with service users and Quality Assurance. A set of questions raised with senior leaders of the Trust, system maternity quality assurance group and local health scrutiny committees, revealed a cultural issue of a lack of honesty and transparency and reports of disparities, bullying and racism. HWNN worked with regional midwives and public health representatives to put together a position statement outlining actions to take forward to ensure that patient and family voices should be key to the future of improved maternity services, like the system in place at Sherwood Forest Hospital. JAL reported that HWNN have been liaising with the new ICS about their role and will continue to work in partnership with others and with the authorities to hold health and local authorities to account to have good and accessible service user feedback systems in place. JAL talked in some detail about the relationship with the local CQC team, which had not been optimal and needed to improve in the future. **The committee noted the presentations and thanked Jane for her honesty and insights and the Chair thanked Rebecca for setting the scene.**	
1.5	**Agenda Item 1.5 – Chair's Report** The Vice -Chair mentioned that Sir Robert Francis KC, the previous Chair, stepped down following Healthwatch week on 17 November 2022. The Vice-chair reflected that during HW Week, social care was the most impactful subject, notably hearing the carer's story and from the carer's network, it gave rise to the question, "What is Healthwatch's role in social care and how can Healthwatch England ensure a greater focus on social care in its new strategy?" The Vice Chair welcomed BB, who is an existing CQC board member and will be acting as interim Chair until a new permanent Chair is appointed. **The Committee noted the report**	
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 September 2022 and asked the committee to note the report. LAN reflected on HW Week at which 450 people attended over 3 days with positive participation. JO raised the issue of people with hearing loss not having their voices heard and requested that HW undertake a specific project to investigate the difficulties highlighted	

	by Silent Voices in Salford as part of the strategy. LAN agreed that previous work will not be abandoned and work on accessible information can be built on to include this and other groups of people with disabilities/sensory impairment. BB asked for a quick overview on data sharing platform. GM responded that having tested the new platform, the ability for the network to share data is still in the early stages **The Committee noted the ND report**	
1.7	**Agenda Item 1.7 – Committee Members Update** Nothing to report	
1.8	**Agenda Item 1.8 – Update on Supporting the NHS this Winter** BK gave the committee an overview of HW approach to assisting services in supporting the public during the winter, explaining the context of the impact from the cost-of-living crisis, new waves of viral and bacterial illnesses, industrial action by health and care professionals and the existing backlog of consultant-led elective care and what HW has been doing over the past two months, setting out the national plan December 2022 – March 2023. He highlighted the focus on: • Using people's experiences to help raise and address issues that emerge • Providing well-being and service user advice • Supporting communities in protecting the health of their members BK provided the following examples of the role HW can play: • **Supporting and monitoring winter plans** – Host community events in partnership with NHS and get feedback • **Support Hospital Discharge** – Harness volunteers to provide wellbeing checks on people discharged from hospital • **Work with community Partners and Statutory organisations** – Communicate support and advice to all sections of the community • **Work with other advice agencies** – ensure that no door is the wrong door approach to advice. LAN explained that many LHW will be seeking assurance on ICSs winter plans and taking other actions to support patients and the public during winter. PA sought clarity on the role of HW and that of the ICS and public health considering the child that died in Rochdale due to damp and mould in the house. Although JO pointed out that that case was the responsibility of Rochdale housing, LAN did acknowledge that there are a range of problems in public health like the cost-of-living examples and some LHW do work in this area if they have the resource. **The Committee noted the report**	
1.9	**Business Items** **<u>Agenda Item 1.9(a) - Delivery and Performance Report for (Sep - Oct 22)</u>** SA presented a summary of the progress of KPI and Business Plan objectives for the period Sept - Oct and asked the committee to note the report. • 37% of KPIs were complete or on track, • 42% were not yet due • 3 KPIs = 16% were subject to minor delays • 1KPI =5% subject to severe delay The committee discussed the KPIs and asked that they be reviewed, and a revised set be examined at the next AFRSC. **<u>ACTION</u> - SA** to Refresh KPIs for next AFRSC meeting	**SA**

	ACTION – BK/SA to review the Engagement objectives for strategy review and refreshed business plan for 23/24 by end of Q4 22/23 **Agenda Item 1.9 (b) – Equalities Diversity and Inclusion (EDI) Quarterly Update** CM presented the EDI report to the committee and mentioned that the report only covered 7 weeks of activity. He asked the committee to note the report. The committee felt that the report could have contained more context about who finds it difficult to get advice and engagement on social care because of ethnicity and cultural issues particularly with men from Afro-Caribbean, Irish and Bangladeshi backgrounds, but were informed that the sample size from the projects wasn't big enough to provide this kind of breakdown. The committee suggested that quarterly reports are no longer required, but commitment to EDI is to remain and the report to be produced bi-annually and refocused to include progress within the network in this area. **ACTION** – **CM** to provide bi-annual EDI Reports The committee asked for the progress on EDI internally and with LHW. LAN responded: • Staff survey is currently being undertaken • Diversity Trust is providing EDI training programme which all staff attend • The Staff Engagement Group regularly raise issues and LT respond to them • Staff have input to and are involved in the revised strategy PA suggested that the HWE model be used as an example to provide the network with confidence in tackling these issues and testing the honesty within themselves. **The Vice Chair and committee noted the report and thanked CM for the work that goes into it.**	**BK/SA** **CM**
2.0	**Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report** DO provided a summary of the AFRSC meeting held on 4th October. She commended the work that SA and colleagues are doing to provide clear and reliable data to give the sub-committee confidence in the financial information they receive. Following the position at the meeting in October, a subsequent meeting was held to agree a reforecast following Q2. SA explained that the pay awards will be on 3 levels 2.75%, 3.0% and 3.5% with lower paid staff receiving the higher % of salary and an average of 3% in total overall. Which is what was accounted for in the revised budget. LAN mentioned that there are some non-consolidated funds of £4k- £5k which CQC will distribute to staff. DO stated that the sub-committee were more confident that by the end of the year, there should be no underspend. A small amount of virement has been agreed with Committee. Additionally, • all requested changes to the risk register had been actioned. • Greater clarity on return on investment requested for the next procurement programme report for payments to LHW • Digital programme is on track and on budget and being well managed • Next reforecast scheduled for January **The committee noted the report, and the Vice- Chair thanked the sub-committee for their work in gaining assurance on our finances.**	

2.1	**Agenda Item 2.1 – Forward Plan** LAN would like to continue to progress with the strategy process whilst acknowledging the absence of a permanent chair, and this was agreed by Committee. **The committee noted the forward plan**	
	AOB JO asked for conversations about recognizing good practice and asked the committee to give thought to HW validation of good practice, like that of Which Magazine, which would help boost morale in the network by acknowledging the good work that goes on out there. LAN suggested consideration to partnering with the press to highlight positive outcomes, such as winner of the best GP Practice.	
	Questions from the public There were no questions from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 16:30 pm	
	The next meeting will be held 23rd February 2023 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	Complete

22nd November 2022

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20221122 1.9(a) Business Items	Sandra Abraham	To refresh KPIs to include definition of what is meant by delay and on track, for presentation to sub-committee at next AFRSC meeting		Jan 2023	Complete
	Ben Knox Sandra Abraham	To review the Engagement objectives for strategy review and refreshed business plan for 23/24 by end of March 2023		Mar 2023	
20221122 1.9(b) Business Items	Chris McCann	To provide bi-annual EDI reports containing progress within the network		May 2023	

Agenda Item 1.5

AGENDA ITEM: Cost of living research

PRESENTING: Will Howard – Senior Research Analyst, Sue Edwards - Research & Insight Manager

PREVIOUS DECISION:

EXECUTIVE SUMMARY: Background to the ongoing cost of living research and an update on findings and actions to date

RECOMMENDATIONS: Committee is asked to **NOTE** the papers

Impact of the cost of living on access to healthcare

Healthwatch England Committee February 2023

Context

Over the last year, many charities and campaign groups have warned that millions of people are struggling with the cost of living crisis.

We have heard from our Healthwatch network about the impact the rising cost of living is having on people.

To understand the scale and nature of this impact, especially the effect on people's health and their use of health and care services, we commissioned a nationally representative (of England) poll.

We are running this poll in four waves across winter to track the changing impact of the rising cost of living over time.

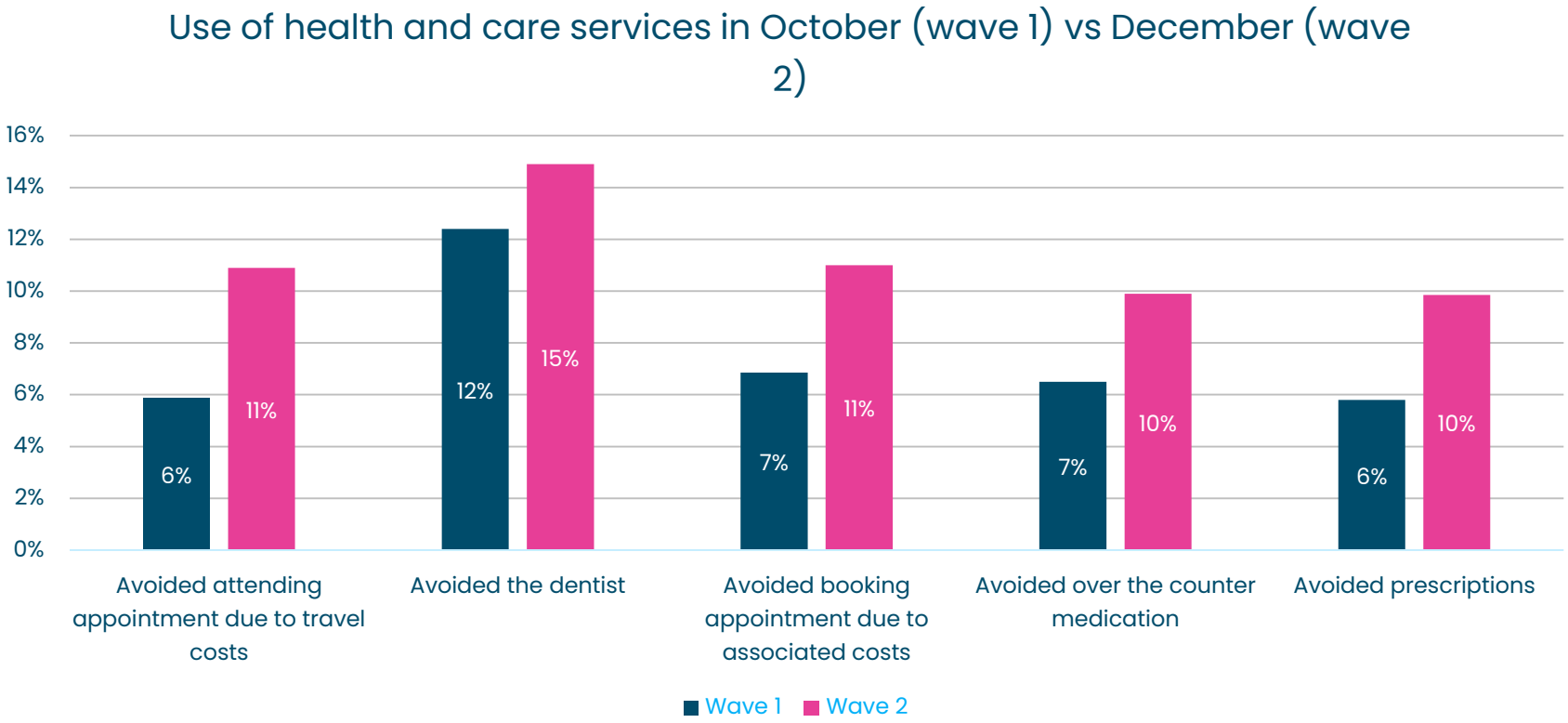
Our research is principally focussed on finding out the following:

- What impacts do people anticipate the rising cost of living having on them;
- What impacts are people already experiencing, including how they are changing their behaviour to cope with the rising cost of living; and
- If, and how, the rising cost of living affects how people interact with health and care services.

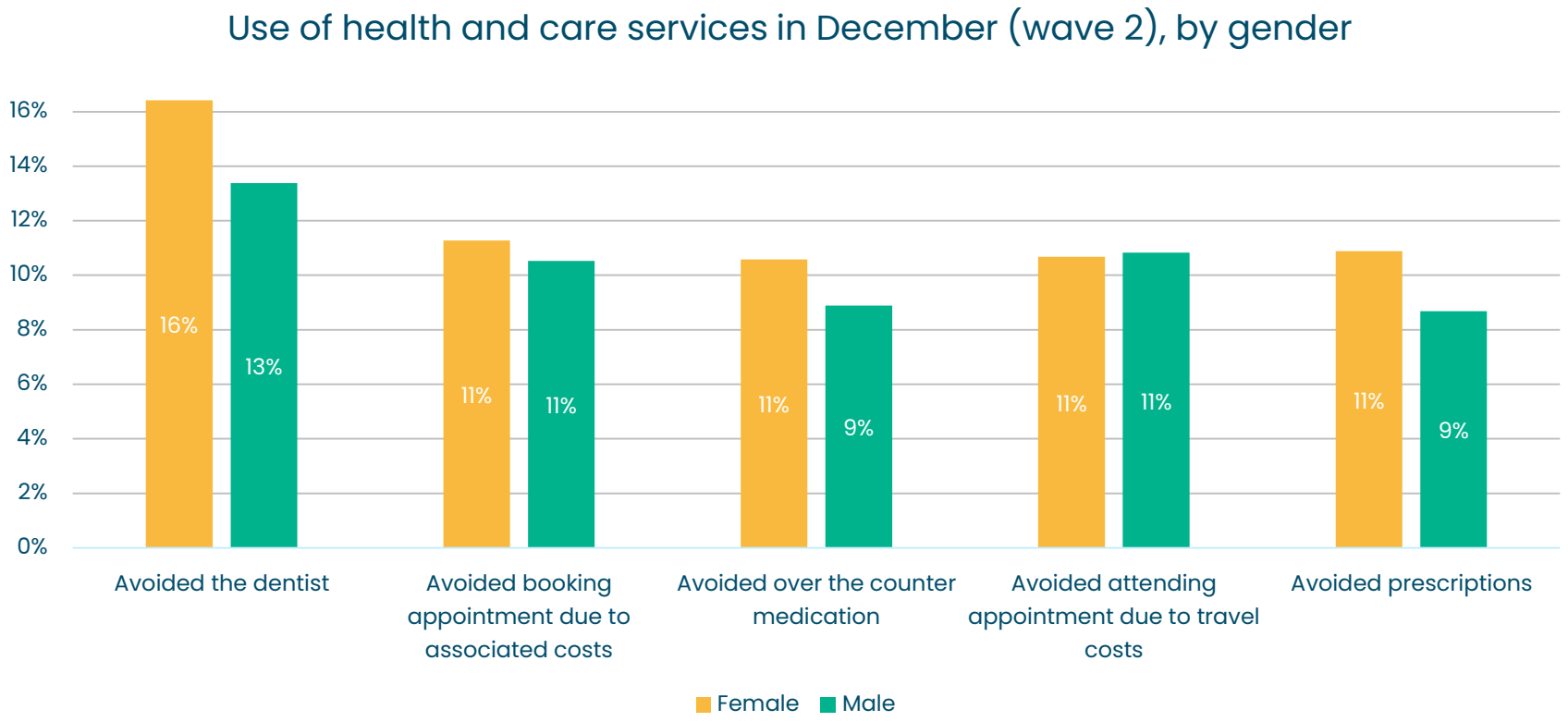
When is the polling taking place?

- Wave 1 ran 19 to 25 October
- Wave 2 ran 5 to 9 December
- Wave 3 ran from 3 and 9 February
- Wave 4 will run in mid March

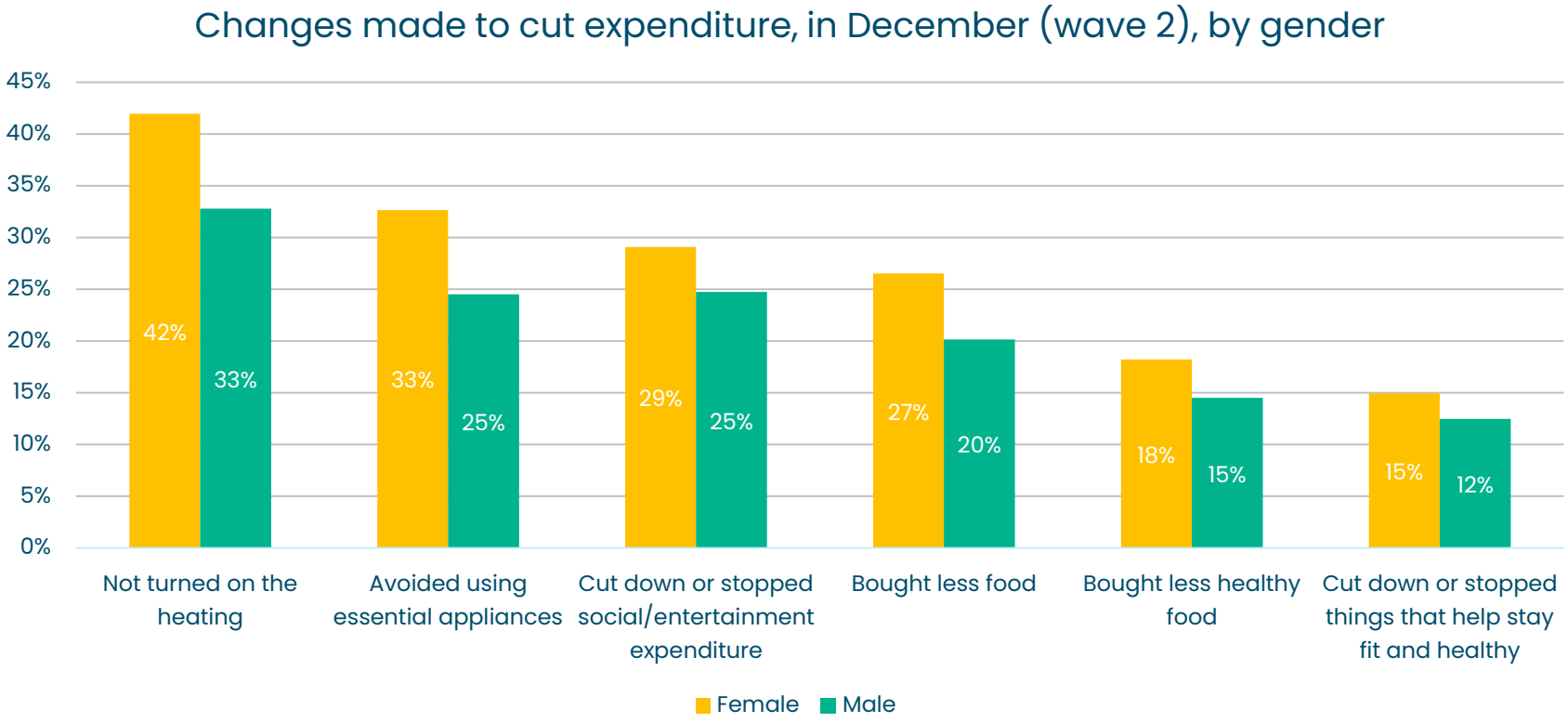
What have we found so far (1 of 4)?



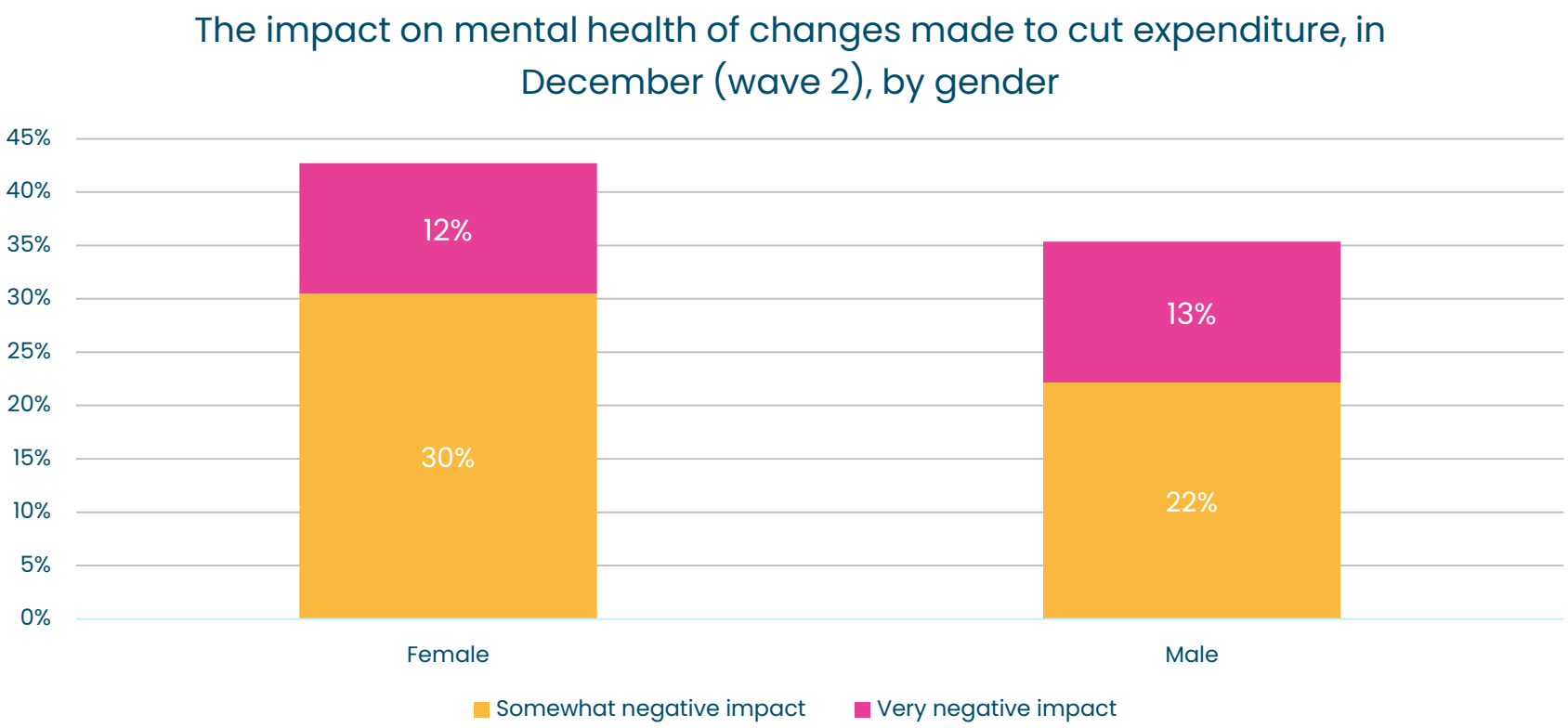
What have we found so far (2 of 4)?



What have we found so far (3 of 4)?



What have we found so far (4 of 4)?



What have we done with the findings (1 of 4)?

- On 9 January we published a news story using findings from waves 1 and 2, focusing on people avoiding health and care services and medicines, and the gender divide in the impact of the rising cost of living.
- We put out the story with the Press Association, and it was covered by a number of national and regional outlets (including The Independent, Daily Mirror and Daily Mail)
- We also published a set of immediate actions the government working with health and care services can take to support people in the cost of living crisis.

What have we done with the findings (2 of 4)?

Our recommendations include:

- GPs should offer over the counter medications on prescription where a patient's ability to pay is affected by significant social vulnerability.
- Primary care staff should ensure patients on lots of medication, repeat or long-term prescriptions are aware of the annual prescription option.
- NHS services should ensure people are aware of access to patient transport services or travel reimbursement schemes.
- NHS Trusts should follow current car parking guidance and actively promote the offer of free parking for Blue Badge holders, people who attend hospitals at least three times a month and parents of sick children staying overnight.

What have we done with the findings (3 of 4)?

Recommendations continued:

- NHS England should support NHS trusts to further consider reducing the costs of parking and provide concessions to visitors and carers of people who are gravely ill or have extend stays in hospital.
- NHS dentists should follow NICE guidance to offer dental check-ups based on patient's individual risk factors. This will help free up NHS slots for more people who currently can't find an NHS dentist and are forced to go private.
- NHS England should work with OfCom and telecommunications companies to ensure that hospital and GP phone numbers are part of a freephone service, so cost is never a barrier to phoning a health service.

What have we done with the findings (4 of 4)?

- We have been liaising with DHSC throughout, including giving them access to the full data.
    - We had particular interest in our findings on prescription avoidance from a Special Advisor for the Secretary of State, and have inserted a new question for wave 3 to generate some more data for them.
- We have also been keeping NHSE in the loop
- We are aware of the limits of our research and expertise, so we have also been speaking to specialist and single issue groups/charities, such the Money and Pension Service, Joseph Rowntree Foundation, and Citizens Advice

What support have we provided to the Healthwatch network?

We ran two webinars in late September to find out what local Healthwatch were hearing on the impact of the cost of living increases.

- We got lots of useful insight.
- Healthwatch requested a template survey and guidance on how to take forward the issue locally.

In December we published a template survey, guidance on how to undertake engagement and influence local service providers.

We also shared a template survey on SmartSurvey for Healthwatch to customise and share.

- So far, at least 5 Healthwatch have developed surveys based on our template.
- Healthwatch Hertfordshire got over 4,000 responses to their survey.

For more information

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AGENDA ITEM: 1.7

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 November 2022

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Introductory note from the National Director

Over this period we have seen a combination of the consequences of unmet treatment for conditions during Covid lockdowns, increased demand for primary and other types of care, a high burden of winter disease such as flu, serious staff shortages in the health and care system, the cost of living impacting on people's health, and strikes in the NHS. I have noted publicly that Winter 22/23 has been a time of 'intolerable' pressure on health and care services – and that patients and the public are paying the price. Amanda Pritchard has said the NHS is under "extreme pressure … like nothing I have ever experienced" in her 25 years in the health service, and that this was having consequences "not just on patient experience of healthcare but on outcomes as well".

Within this context we have worked hard to ensure people's experience is listened to and taken into account. I would highlight three of the ways in which we've done this, with further detail in the body of this report:

- **Highlighting the impact of the cost of living crisis on people's ability to access care**. In January we published the first wave of findings from our cost of living work. We highlighted the significant rise in the numbers of people saying they were avoiding booking and attending NHS appointments because of the cost, and similarly those who are avoiding taking up NHS prescriptions because of charges. DHSC and NHSE are using this information, for example on guidance to encourage services to follow up when patients do not attend appointments.

- **Speaking to unions and NHS England about the impact of strike action on patient and the public.** We worked with our partners at National Voices and the Patients Association to push for clear communications from NHS services to explain how patients would be affected. We also engaged with several of the key unions to urge them to help support communication efforts to manage the impact on patients. I spoke to the RCN for example to urge them to be clearer on derogations – services that should continue when there was strike action.

- **Call for additional funds for hospital discharge and involvement in the Urgent and Emergency Care recovery plan**. Over Q3 we reported increased levels of feedback from people about urgent and emergency care, and produced a specific briefing exploring the impact this was having on public confidence in UEC services. By Christmas we were receiving reports of serious harm coming to patients on a regular basis and publicly called on Government and the NHS to develop a clear and comprehensive plan to set out how they intended to get performance back on track, and to provide the necessary resources to make this happen. In late January the UEC recovery plan was published and addressed a number of our key asks including increased support for hospital discharge and increased use of 111, particularly 111 First. We continue to work with NHSE on insight driven ways to restore public confidence.

In other matters, I was pleased to see that brand recognition of Healthwatch has maintained over the last year and particularly pleased to see that awareness of Healthwatch amongst Black, Asian and people from other ethnic backgrounds has grown for the second year. Over this period we have also carried out a significant amount of activity with staff, Committee, Local Healthwatch, external stakeholders and people with lived experience to help define our new strategic direction of travel, which we intend to publish in the spring.

1. Influencing

1.1 Cost of living crisis

In January we published the first wave of findings from our cost of living work. We highlighted the significant rise in the numbers of people saying

they were avoiding booking and attending NHS appointments (11% up from 6% in October) because of the cost, and similarly those who are avoiding taking up NHS prescriptions because of charges (10% up from 6% in October).

This work has generated significant interest from stakeholders including DHSC, NHSE, non-health think tanks, and Citizens Advice. The findings have already helped NHSE to rethink work on reducing DNAs (did not attend) rates with greater encouragement of services to follow-up and understand why patients miss appointments and provide more support where necessary.

We have also shared the findings in meetings with Special Advisers, and we are now conducting more detailed analysis on prescription charges in wave 2.

It is also worth noting that the wider research suggested women are being more adversely affected by the cost of living crisis. We met with the Shadow Equalities Minister to discuss this specific finding and will be drawing more on this when we publish the findings from wave 2.

1.2 **Accessible information campaign:**

As part of our Your Care Your Way campaign to improve the provision of accessible health information and communications for people with additional needs, we wrote to NHS England (NHSE) asking for an update on the review of the Accessible Information Standard.

The open letter, supported by our coalition of organisations, was picked up in the Daily Mail, the Independent and the Evening Standard and resulted in a commitment from NHSE to publish a revised standard in the spring of 2023. We have been informed that this will include many of our recommendations to improve the current standard.

We are also now working with local Healthwatch across the country to raise awareness among ICS leaders that the new standard is coming and the need to step up efforts to meet everyone's communication needs.

1.3 **Referrals work summary**

The NHS waiting list for planned care currently stands at 7.2 million, and the average time someone now spends on that waiting list is 46.3 weeks (compared with the target of 18 weeks).

These statistics are now well known and have been headline news for some time. What is far less clear is the journey patients go through to get on waiting lists in the first place. For the patient, their experience of care

starts not when a referral is accepted, but when people first exhibit symptoms.

To help the NHS understand what this stage of the pathway currently feels like for patients we have engaged with 3,969 people with a recent experience of the referral process. This includes:

- A representative sample of patients 2,144 who have direct experience of the referral process, gathered for us by PanelBase. Where percentages are referenced below, they are drawn from this sample.
    - 1,518 people who were referred
    - 626 people who wanted/expected a referral but didn't get one
- A further 1,825 experiences of the referral process gathered by the Healthwatch network. This source has provided deeper qualitative insights to support our analysis.
    - 1,468 who were referred
    - 357 people who didn't get a referral

This piece of research has provided such a wealth of data that we will be releasing in a series of briefings over the coming months. The first, launched this week, focuses on what happens when referrals go wrong, for example when the GP practice doesn't send it on to the hospital, it gets lost in the "post", the hospital doesn't accept the referral but doesn't tell anyone etc. We have referred to this as the referrals black hole.

Our quant sample shows that 1 in 5 (21%) people who got a referral over the last year say they fell into this referral 'black hole' and that as a result they went back to their GP to chase it up. This is a problem that is frustrating for patients and is also adding an unnecessary burden on to primary care. Reducing this number could significantly improve patient experience and help make the system more efficient.

1.4 111 First made part of contract

In 2021 NHS England introduced NHS 111 First, a new policy which would enable patients requiring urgent treatment to call ahead and pre-book a slot to be seen. This approach would enable A&E departments to better manage flow and could reduce the amount of time patients had to wait in uncomfortable and crowded waiting rooms.

The idea itself was one of several solutions put forward by patients in earlier work carried out by Healthwatch England for NHS England's Clinical Review of Standards, so we were very pleased to see the initiative announced. An early evaluation conducted by Healthwatch England showed that where the policy was rolled out as planned it did indeed

result in improved patient experience. However, in most places it was not rolled out as intended (or at all), and public awareness of the offer remained low due to limited marketing activity.

Over the last 18 months we have continued to push for a more consistent roll out and in January 2023 we were happy to see NHS England make delivery of 111 First pre-booked slots a new requirement of the NHS standard contract.

1.5 Social Care

Our social care research project on unmet need is now underway. In January, following a competitive process, we appointed 16 local Healthwatch from across the country to help with conducting in-depth interviews with current social care users and those seeking help from services.

Each of these local Healthwatch are now working with their local authority to recruit participants from a specific list of scenarios covering unmet, under met and wrongly met needs. Scenarios also cover a mix of older people, working age and children in need of social care support, as well as their unpaid family carers. The fieldwork is due to be completed by the end of March.

As previously discussed with committee, this work will feed in to the DHSC's work to develop a more formal definition around what constitutes unmet need in social care. In January we met with the Minister for Social Care, Helen Whatley, and she welcomed our efforts to support the Department in this work.

2. External Updates

2.1 Urgent and Emergency Care recovery plan

Over Q3 we reported increased levels of feedback from people about urgent and emergency care, and produced a specific briefing exploring the impact this was having on public confidence in UEC services. By Christmas we were receiving reports of serious harm coming to patients on a regular basis and publicly called on Government and the NHS to develop a clear and comprehensive plan to set out how they intended to get performance back on track, and to provide the necessary resources to make this happen.

In late January the UEC recovery plan was published and addressed a number of our key asks including:

- Increased support for hospital discharge

- Increased use of 111, particularly 111 First
- Improved transparency on performance including specific reporting on the number of people waiting over 12 hours. (Not just 12hrs from the decision to admit).

We continue to work with NHSE on how they are going to restore public confidence, particularly on how they can use performance data to provide people with the information they tell us they most want when accessing urgent care, including:

- How long they are likely to wait to get an initial assessment
- How well the NHS is doing at treating the most serious cases

We understand a similar recovery plan is being developed for primary care, and we will be feeding into its development over the rest of Q4.

2.2 Strikes

Over December, January and February the NHS has been affected by several strikes including nurses, ambulance services and physiotherapists.

We worked with our partners at National Voices, the Patients Association and the Richmond Group to push for clear communications from NHS services to explain how patients would be affected. We have also engaged with several of the key unions to urge them to help support the clear communication efforts to manage the impact on patients.

We provided local Healthwatch with advice and guidance on questions to ask locally about plans to mitigate the impact of the strikes and how to engage with media enquiries. Currently we continue to hear very little feedback from patients and the public about the strikes, or any associated impact, but we continue to monitor.

2.3 Hewitt Review

In November the Chancellor appointed former Labour Health Secretary, Patricia Hewitt, to lead a review of ICSs.

This work is set to consider and make recommendations on:

- how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and

supported to improve by NHS England and other national bodies, alongside local priorities reflecting the needs of communities

- how the role of the Care Quality Commission (CQC) can be enhanced in system oversight

We submitted written evidence to the first stage of the review before Christmas and stressed how increasing accountability to local communities could provide a route to give systems more autonomy but still allow national bodies to be assured ICSs are delivering on what they need to.

Since Christmas we have been feeding in to two detailed workstreams of the review.

- Autonomy, Accountability and Regulation
- Data and Digital

We have also been developing opportunities for local Healthwatch to feed in including organising a dedicated workshop with Patricia Hewitt and the network on making the most of patient and public engagement. This will take place in February.

2.4 Elective recovery

Twelve months ago, we welcomed an NHS plan to address the record waiting list for planned care which had built up during the Covid-19 pandemic.

Whilst the system prioritised appointments for those waiting the longest, we highlighted the need to ensure any initiatives would actively address health inequalities (like providing transport for people to access surgical hubs). We have been very pleased to see NHS England respond to this feedback and we can now see how additional transport support has helped 6,000 people access care sooner than they otherwise would have.

We also stressed it was important to give people support while they wait, to help them with extra pain relief, mental health support and physio.

One year on, the NHS has virtually eliminated all 104 week waits and there is confidence about progress against their current target to target all those waiting more than 78 week waits by the end of March 2023. This is a real achievement and should be acknowledged as such, especially as the service grapples with so many challenges. However, the cost of tackling lists in this way is that average waits for everyone have risen significantly.

The latest data showed that as of December 2022 people are now waiting 46.3 weeks, compared with 43.4 weeks 12 months ago and 24.9 weeks pre-

pandemic. This highlights more than ever the need to provide more support for people whilst they wait.

If the trend on average waits continues as we progress along the recovery plan, the NHS may struggle to meet upcoming targets.

3. Support to the Healthwatch Network

3.1 Improving data collection

As part of our work to improve our digital and data systems, we are now beginning to onboard local Healthwatch to use our new data sharing platform. This enables Healthwatch England to collect and analyse data from Healthwatch across the country.

We have been supporting Healthwatch to find alternative solutions to our database, CiviCRM which is being withdrawn by Healthwatch England from March 2023. This includes providing small funds towards the costs incurred by local Healthwatch with moving to an alternative system.

3.2 Healthwatch funding

Every year Healthwatch England reports on the funding received by local Healthwatch. Despite a slowing down in the extent to which Local Authorities are cutting funds and some examples of increased contract values, overall Healthwatch have experienced a drop in real terms funding of £3.7 million in 22/23. This means the network now has less than 50% of the spending power that the Department initially assessed would be needed when Healthwatch was set up in 2013.

Local Healthwatch funding is made up of two pots of DHSC funding. The first and largest is rolled into the Local Government Settlement. The smaller part comes from the Local Reform and Community Voices Grant (LRCV), the allocation of which should be announced annually by DHSC before the end of the calendar year. Healthwatch England has written to the Department of Health and Social Care to express our concern at the significant delay and its impact on Healthwatch.

Healthwatch England will be publishing a briefing about Healthwatch funding, including a set of actions we would like to see implemented to address these issues. As per usual this briefing will be shared with the Secretary of State for Health and Social Care, as well as other relevant stakeholders.

4. Communications

4.1 Brand awareness

We have the results of our annual brand awareness polling. The research was carried out between December and January via telephone interviews with a representative sample of population in England. The findings reflect the work we have done to strengthen understanding of and trust in our brand, as well as our focus on equalities, diversity and inclusion.

The key takeaways from the latest results are:

- We have sustained the significant jump in awareness we achieved during the pandemic, when awareness role from 27% to 40%.

Have seen or heard of	2020-21	2021-22	2022-23
Healthwatch	27%	40%	39%
Healthwatch England	N/A	34%	33%

- Understanding of what we do has increased. In 2021-22, 24% who were aware of Healthwatch said they know a little or a lot about what we do. In 2022-23, 31% said they know a little or a lot about what we do.
- The proportion of people who would recommend us has increased by 6%, (from 33% to 39%) and the number of people who would not recommend us has fallen. (from 16% to 12%).
- Awareness amongst Black, Asian and other ethnic backgrounds has grown for the second year.

Have seen or heard of	2020-21	2021-22	2022-23
BAME	29%	34%	41%

- Awareness amongst people with a disability has also increased significantly from 38% in 2021-22 to 48% in 2022-23.
- Awareness amongst people with other protected characteristics remains higher than average public awareness. These groups include carers and people with long-term health problems.

4.2 Communications performance

We have continued over the winter period to raise awareness of our brand, support people to have their say or access the advice they need. We have also provided resources so local Healthwatch can do this locally. This activity has resulted in a significant increase in communications reach and

engagement, which we hope to sustain over the remainder of the financial year. The main area where we have seen poorer performance is with website traffic. As previously reported, demand for our online advice content has fallen since the end of the pandemic. However, visitor numbers remain 140% above pre-pandemic levels (216k visitors Apr-Jan 2019-20 v 523K Apr-Jan 2022-23)

Metric	Monthly average Apr 21 - Jan 22	Monthly average Apr 22 – Jan 23	Percentage change
Media reach	216,666,667	274,660,936	+27%
Social reach	521,025	573,738	+10%
Social post engagements	16,869	28,858	+71%
Website visitors	61,442	52,303	-14%
Experiences shared	708	1,047	+47%
Total channel followers	46,046	52,217	+13%

4.3 **Communication highlights since November 2023**:

- **Proactive and reactive media:** We released new research about the impact the cost of living is having on people's use of health and care services, which gained significant coverage. We also continued to comment on key health stories including waiting times, dental care and the ongoing industrial action.
- **Winter pressure support:** We provided a toolkit to help local Healthwatch market their services this winter and ran a social media campaign to support this. We produced a range of advice and information articles for use at a national and local level to help people to stay well this winter and promote the better use of the right services.
- **Maternal mental health:** We finished our campaign to get new or expecting parents to share their experience of mental health support. With the help of our partners and communications activity over 2600 people shared their story.
- **Because we all care:** We launched a drive to get more older people to share their feedback of care during the winter period. We also provided local Healthwatch with a toolkit so they could run their own local campaigns.
- **Website support:** We finished testing our tool to help local Healthwatch migrate their websites from Drupal 7 to Drupal 9. 31% of the sites we support are now on Drupal 9.

- **10th Anniversary:** We set up a working group to develop a plan and concept on how we will celebrate our 10th anniversary in April.

4.4 **Over the rest of this financial year our communications will focus on**:

- Finalising and publishing our annual report to Parliament and preparing support to help local Healthwatch publish their annual reports in June.
- Publishing and promoting our evidence related to GP referrals, maternal mental health and the cost of living, as well as our monthly insight updates to professionals.
- Planning and launching our 10th Anniversary celebrations
- Marketing our service to the public
- Supporting the further migration of local Healthwatch websites from D7 to D9.

5. Equality, diversity and inclusion highlights

- Our open letter asking for an update on NHS plans to improve the accessibility of healthcare information resulted in a commitment from NHS England to publish their plans this spring.
- Awareness of Healthwatch has increased amongst many groups that are more likely to face health inequalities (e.g. people from ethnic minority backgrounds).
- In January we published the first wave of our Cost-of-Living Insight (see influencing section 1.1)
- We have extended the EDI training programme for HWE staff by including two additional sessions on disability and LGBTQ+.
- Support has been provided for 20 HW on improving board diversity, including targeting Black, Asian and minority ethnic professional networks.
- We have published three case studies of how local Healthwatch are working with specific communities to spread learning across the network.
- We have delivered training on how EDI applies to the work of Healthwatch on inclusive leadership and developing easy read materials.

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

November	
HW Dudley	Jason Griffiths, Chief Officer
NHS England breakfast roundtable	Richard Meddings, Chair NHS England
December	
Healthwatch CEOs interview	Alex, Healthwatch Norfolk
Managing the operational impact of possible industrial action	Nikita Vaghjiani, NHS England
NHS Assembly meeting	NHSE&I
National Voices working together with Healthwatch	Sarah Sweeney, National Voices
Understanding people's experience of primary care	NHSE Ursula Montgomery & Gabi Darby
HWE at Confed Expo 2023	Rory Deighton, NHS Confederation
Nursing and Midwifery Council (NMC)	Andrea Sutcliffe
Deliver guest lecture at UCL Global Business School for Health	Professor Nora Ann Colton D.Phil. PFHEA- UCL Director of the Global Business School for Health
Impact of strikes on patients and the public	Sarah Gorton, UNISON
Impact of strikes on patients and the public	Deputy CEO, RCN
January 2023	
HWE strategy discussion	Caroline Abrahams, Age UK
Winter pressures, and planning for industrial action	Nikita Vaghjiani, NHS England
Patient choice and ministerial/HWE priorities	Rob Ede, PS Ministerial Advisers, DHSC
HWE strategy discussion	Lord Philip Hunt

Oral evidence session at the Health and Social Care Committee meeting on ICS accountability	Catherine Wynn, Health and Social Care Committee
HWE strategy discussion	Stephen Powis, Medical Director NHSE
HWE strategy discussion	Dan Welling, Kings Fund
HW CEOs interview	Veronica (HW Newham)
HWE Strategy discussion	Desai Amit, Guilia Zoccatelli, Robert Glenn, Kings College London
Patient Experience: Accelerated Design work – Healthwatch Interview	Claire Broodie, Project Manager primary care, community care & personalised care
Women's Health Issues	Caroline Elsom, PS Ministerial Advisers, DHSC
Secretary of State Comms	Clarence Mitchell, PS Ministerial Advisers, DHSC
Impact of strikes on patients and the public	Rob Yeldham, Chartered Society of Physiotherapists
February	
Addressing inequalities programme in Lewisham	Simon Morioka, Joint Chief Executive PPL (Private Public Ltd)
Hewitt Review - Integration and Place Workstream - Open Meeting	Alexandra Kirsima, Strategic Projects Manager, DHSC
NHSE National Quality Board	Stephen Powis NHS England and Sean O'Kelly CQC
Health Equality Funding	Alex Hayes, The National Lottery Community Fund
S W London Healthwatch leads + ICS	Pete Flavell, Healthwatch Sutton
System Accountability for Health Inequalities - round-table discussion.	Andrew Fenton, Transformation Director (Population Health & Inequalities) NHS South, Central and West CSU
Complete Care Community Programme	Dr James Kingsland and Paul Batchelor
HWE Strategy discussion	Sarah Pickup LGA

AGENDA ITEM: 1.9(a)

AGENDA ITEM: KPI and Business Plan Performance Report (April 22 – January 23)

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 22 – January 23

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

APPENDICES:

1. Performance Report against our Business Plan 2022-23

Background

The report below provides an update on our performance against our KPIs for the period April 2022 – January 2023. Appendix 1 provides a full report on our performance against our Business Plan for 2022-23.

Following a recent review of the KPIs by the Audit, Finance and Risk sub committee (AFRSC) in January. The RAG status of the risks has been changed from "delay" status to "not on track" or "target unlikely to be met" where appropriate, with commentary.

The committee is asked to note the attached reports.

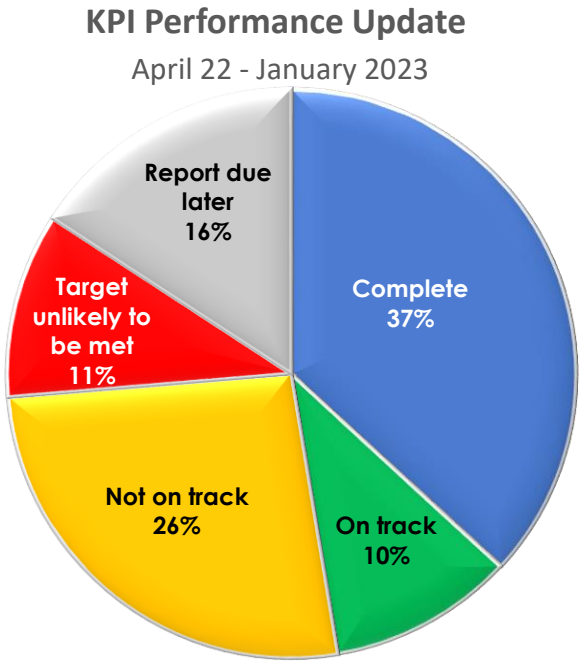
Healthwatch England

KPI Performance Report

April 2022 - January 2023

SECTION ONE: KPI SUMMARY REPORT APRIL 2022 – JANUARY 2023

RAG Status: Complete | On Track | Not on track | Target unlikely to be met | Paused/Results due later



Delayed Indicators	EOY Target	Reason for delay
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)	Increase to 20% from baseline of 15%	This end of year target may not be met. The communications team will be reviewing why this may be the case from data available at the end of February.
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 February. 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%	Engagement is only up by 5%, the same average as 2021-22). This could be affected by the topics we are asking for feedback on.
100% of local Healthwatch sharing reports with us	100%	Whilst Healthwatch are sharing reports, due to development of the National Reports Library functionality, there is a backlog of over 300 reports to publish.
50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024.	50%	Delay in the DSP integration with NDS planned launch, which will now be taking place in February.
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	-	Although we have not had 100% response rate, we now have over 100 local Healthwatch reporting on this. Analysis is still ongoing.
The proportion of new local Healthwatch CRM/CDS records containing demographic data will increase to 60% (Baseline from Q3 sample is 18%).	60%	Progress has slowed and levelled out at 47%. We are exploring how to make further progress in this area

SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status: Complete | On Track | Not on track | Target unlikely to be met | Paused/Results due later

No.	Description	Target	Progress	Progress Status (April 22 – January 23)	Lead
Objective 1: To find out the experiences of people needing or using health, public health and social care services					
1.	10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	5% (average April – Jan 22- 23 v same average in 21-22) However, more people have shared experiences year on year. This indicator is a helpful way of understanding the proportion of those we engage who then take- action but can be affected by the topic we are asking for feedback on. Suggested change: We look to maintain an engagement rate of 5%-7%.	**Not on track**	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 out 5 (average April – Jan 22- 23 v same average in 21-22)	**On track**	Head of Communications
3.	100% of local Healthwatch sharing reports with us	100%	Due to platform upgrade and integration developments of the National Reports Library, there is a backlog of over 300 reports to publish. This doesn't prevent LHW from sharing reports through the current process.	**Not on track**	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 in February. This will allow for LHW to be moved from the CiviCRM onto the Data Sharing Platform.	**Not on track** – deadline extended to Q2 2023-24	Director of Communications, Campaigns and Insight

No.	Description	Target	Progress	Progress Status (April 22 – January 23)	Lead
Objective 2: To build a sustainable and high-performing network of local Healthwatch services					
5.	Baseline: 61% of Board members, CEOs and staff rate Healthwatch England support as good or very good (KPI)	61%	70% rated Healthwatch England support as good or very good	**Complete** – above target	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	-	Although we have not had 100% response rate, we now have over 100 local Healthwatch results in. Analysis is still ongoing.	**Not on track**	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 decisions around integrated care over the next year. (Baseline for this was 69% according to 2021 Annual Survey)	80%	Annual survey finds that 77% of LHW report that 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.	**Complete** – we are 3% below the target but up from last year	Head of Network Development
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					
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	For Q3 a total of 47% of the data shared with us contained data on ethnicity. At end of Q2 it was 46% We have made very good progress against the baseline which was 15%. But progress has slowed and levelled out at 47%.	**Not 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	Increase to 20% from	Results due in Q4.	**Target is unlikely to be met**	Head of Communications

No.	Description	Target	Progress	Progress Status (April 22 – January 23)	Lead
	increased from baseline of 15% at end of 2021/22 to 20%. (Up from 4% at the beginning of the strategy)	baseline of 15%	This target may not be met. Recent data suggested that this figure has fallen. Our communications team will be exploring this further.		
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)	**Complete -** Above target	Head of Communications
Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice					
11.	Our media reach grows by 10%.	10%	+ 27% (average April 22 – Jan 23 Vs same average in 21-22)	**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 March. Despite having asked the developer to add Google Analytics code to the reports library, this was done incorrectly and continues to cause delays. It is unlikely that we will be able to meet this target this year.	**Target is unlikely to be met**	Head of Policy, Public Affairs and Research and Insight
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	Report due Q1 23/24	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	Report due in Q1 23/24	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					

No.	Description	Target	Progress	Progress Status (April 22 – January 23)	Lead
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 and will be reported on in 2023/24.	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%	74% **NOTE:** The Question in the staff survey was rephrased to "My role gives me a sense of personal accomplishment/ achievement"	**Complete** – Below target	Head of Operation, Finance and Development
17.	100% of projects that require DPIA completed	100%	All projects that require an DPIA have now been completed	**Complete** – on target	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	**Complete** – on target	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	**Complete** – on target	Head of Operation, Finance and Development

AGENDA ITEM 2.0

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) of 24 January 2023 - meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
RECOMMENDATIONS: Committee Members are asked to NOTE this report

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 24 January 2023 (meeting number 22, ref AFRSC202322); 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) – Head of Operations, Finance & Development
Chris McCann (CM) - Director of Communications, Insight and Campaigns
Gavin MacGregor (GM) - Head of Network Development
Ryan Mills (RM) – CQC Strategic Finance Business Partner - Observing
Felicia Hodge (FH) – Committee Administrator (minute taker)

Apologies
None

No.	Agenda Item	Action and Deadline
1.1	<u>Welcome & Apologies:</u> The Chair (DO) welcomed everyone including Ryan Mills, HWE Strategic Finance Business Partner.	

No.	Agenda Item	Action and Deadline
	1.2 Minutes of the meeting held on 4th October 2022: The draft minutes of the meeting held on 4th October 2022 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** There were no matters arising	
2. 0	**Finance and Procurement** **2.1 Financial position as of the end of December and Budget Reforecast** SA provided a summary of the budget spend at the end of December (Q3) and asked the sub-committee to note the report. SA reported: • £2,288,046 (71%) of the budget of £3,208,000 was spent at the end of Dec 2022. • Pay spend £1.6m (73% of £2.2m budget) • Non-Pay spend £473k (64% of £736k budget) • Recharges spend £188k (75% of £251k budget) • A reforecast of the budget in January 2023 resulted in an overall projected underspend of £9k at the end of the year. • £32k will be vired from a £41k underspend in Pay budget to non-pay. The remaining £9k underspend will cover additional digital costs. The team will also be exploring the viability of a potential one-off pay award to staff to help with the cost of living, though due to budget constraints this may not be possible. The Chair asked that the sub-committee be kept informed of progress. • Additional income from ADASS and NHS of £31k will be complete and spent by year-end. £8.5k has been accrued due to the likelihood of the invoice not being processed in time. It was also reported at the meeting that:	

No.	Agenda Item	Action and Deadline
	• Monthly meetings with budget holders take place, and issues are dealt with as they arise. • Due to staff turnover and delays in recruiting to vacant posts, our planned 10% vacancy factor (VF) has increased to 12.2%. • The confirmed 2023–24 GIA is expected to be known in the middle of February. The estimated budget for our organisation is **£3.2m**. This is the same as last year so will represent a significant real terms cut. • The legacy funding to LHW from 2021-22 is now complete. • RM mentioned that our pay budget for next year is estimated at £2.32m based on an assumed average vacancy factor of roughly 12% and a £110k increase due to the pay award. **The sub-committee noted the report and expressed confidence in the clarity of the information provided and actions taken by SA to ensure regular meetings with budget holders.** **2.2 LHW Funding – Outcome and Output Report** GM provided a summary of the funds awarded to LHW for learning and development and research purposes, including details of the outputs and outcomes achieved. **The committee noted the report and welcomed the outputs. They expressed their assurance that LHW procurement is being managed adequately and asked that performance is considered for future commissions.**	
3.0	**Risk review** **Strategic Risk Register** SA presented amendments to the strategic risk register for 2022-23 highlighting the potential risks to Healthwatch England's activity, the network and the business plan for 2022/23. The sub-committee were asked to review the report. The following was highlighted: The highest red flagged risks were: • **Healthwatch England Risk SR01** - *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.*	

No.	Agenda Item	Action and Deadline
	Post Mitigation Rating = 16 (high) • **Local Healthwatch Risk SR16** - *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)** The amendments made included; • Risk SR16 – risk description amended to: *Reduction in funding for local Healthwatch from some Local Authorities means the LHW is not able to deliver its statutory functions. Aggregate cut in funding of LHW results in a reduced ability of people to shape health and care and hold systems to account* • Risks SR03 and SR11 both had their post mitigations ratings reduced due to new mitigation actions. • New Risk SR20 was added: *Due to the transition from the CRM to the new central data store, there is a risk of a temporary fall in the number of local Healthwatch sharing data with us or a fall in the volume of data being shared with us.* The committee made the following comments and observations: • The wording on SR16 is now much clearer. • The risk register presented provides the sub-committee with an assurance that risks are being monitored and mitigated as necessary. • There is a gap in the risk register which also needs to be covered in the strategic planning process: the need to really make a difference at a national level in terms of public and patient involvement and in terms of decisions made at an ICB level, reflecting communities' needs. • **SR14** –How can we measure the effectiveness of the call centre? **SA** responded that Service Level Agreements (SLAs) are being reviewed. Although there have been a few issues during the year, the general enquiries service has been good, but more qualitative information will be sought.	

No.	Agenda Item	Action and Deadline
	• **SR18** – Possible over-emphasis on mitigations on the governance of ICS when the focus should be on the right culture and listening. The sub-committee is comfortable getting LHW in the room with the ICSs and cautioned against reducing this activity. The risk needs a review. **ACTION – SA to Review SR18 and reframe the mitigation. Are we addressing the bigger picture enough?** **ACTION – LT to Review strategic risks in line with the new direction of travel with the help of the sub-committee in preparing the groundwork for approval by the full committee** **The Sub-Committee noted the report**	**SA** **LT**
4.0	KPI Review SA presented a review of the KPIs that measure performance against objectives set in the Business Plan 2022-23 and asked the sub-committee to review the changes. The sub-committee debated the usefulness of the KPIs and whether it is a strategic or management tool. They concluded that it was a bit of both, provided the right ones were used for qualitative tracking measures. The following observations were made: • The sub-committee asked for the words "on track/not on track" to be used instead of "delay" unless delay is being used to describe why a project is not on track. • There is a need to establish the most important measures to track and understand delivering the new areas of focus, with final reconciliation at the end of the year to report back to the committee but the same targets are to remain throughout the year (March 2023). • LT should decide what KPIs are helpful to them and are appropriately stretching but not unachievable.	

No.	Agenda Item	Action and Deadline
	ACTION - SA - to establish the most important and strategic measures to track and understand delivering the new areas of focus, with final reconciliation at the end of the year to report back to the committee. **The sub-committee noted the report and found it very helpful.**	SA
5.0	**Digital Funding** **5.1 Digital Programme Update 2022-23** GM presented an update on the funding position of the Digital and Data Programme and asked the sub-committee to note and comment on the paper. GM reported that: • Funding is on track to deliver the overall programme, but there is a delay in getting the infrastructure sorted. • Projects are in place to utilise additional funds from any budget underspend if available. • No overspend is envisaged. • Norfolk fund will be spent by the end of the year and is being used for the Civi CRM retirement. LHW have been invited to apply for funds to cover the expenses associated with the changeover. • There will be no capital spend; all spend is revenue spend. RM advised HWE to continue discussions with CQC for bidding for capital funding, as the agreement may be more likely next year due to more flexibility in the budget. He reiterated that revenue funds must be spent by year-end. JO championed the generic digital package used by HW Tower Hamlets, which could be rolled out to HW. HWE's response were: • HWE has promoted the software as good practice, but LHW chose their own systems, and HWE does not have the power over what system they use. • Some software is better than others, and some LHW want to use products that other stakeholders use, such as Power BI used by the NHS. • Sustainability is required to ensure data collection, how the data is used, and that data is relevant. HWE will be supporting LHW in this.	

No.	Agenda Item	Action and Deadline
	The sub-committee wanted to know if some money could be used to reduce the reports backlog. GM advised that HWE had tried to use LHW to assist in uploading the data, but the project wasn't successful. **The Sub-Committee noted the report**.	
6.0	**Annual Staff Survey Action Plan** SA presented the results of the annual staff survey and plan for actions to be taken to address some of the issues identified from the survey. The sub-committee were asked to review the staff survey action plan. The highlights were: • 36 staff members (92%) completed the survey • **Positive results** – EDI, regular meeting with line manager, alignment with HWE vision, teamwork, understanding learning and development. • **Negative results** – low staff morale (mainly related to pay), lack of progression opportunities, leadership team communication around decision making. • **Action plan derived from staff workshop** – A workshop was conducted with staff in December and January to explore the actions staff would like the Leadership Team to take to address some of the concerns expressed in the survey. The action plan included the comments and actions suggested by staff. Where requests for change are largely beyond HWE control, e.g. pay, a clear explanation of our position was given. The action plan will be implemented on a rolling basis and the Organisational Development Plan includes staff survey actions. Sub-committee commented: • that a systematic way of home workers communicating/building relationships with others needs further thought. • Suggested staff socials at varying times of the day. • Action plan is quite long, priority actions should be addressed first, that will make the biggest difference.	

No.	Agenda Item	Action and Deadline
	• All should be commended on making progress on issues within the organisational culture that had rolled over from previous years. HWE responded that: • More meetings will be held in person in different locations of the country. • There will be a shift in the way LT meetings are conducted to make them more transparent and include staff involvement in presenting their work to LT and committee. **The sub-committee noted the action plan**	
7.0	**Forward Plan** The sub-committee requested the following to be added to Forward plan: • KPI reconciliation and new KPIs against strategy	
	Any Other Business This was RM's final meeting with HWE. SA was asked to send RM a thank you message on behalf of the committee and the HWE Executive team.	

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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

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
Sep 2023	• LHW Presentation • Delivery and Performance Update • AFRSC Minutes • Questions from the Public • AOB
Mar 2023	**Workshops** • Strategic Risks and KPIs against Strategy • Committee Standing Orders Refresh