

## Healthwatch England 28 November 2023

Meeting #45 Committee Meeting held in Public

11:45 pm – 14:45 pm

Location: Rooms Wandle 40 -41, 2<sup>nd</sup> Floor, 2 Redman Place, Stratford, London E20 1JQ

Time	Public Committee Meeting – Agenda item	Presenter	Action
11:45	1.1 Welcome and apologies	CHAIR – DCA	
11:50	1.2 Declarations of interests	CHAIR - DCA	
11:55	1.3 Minutes of meeting held in September, and action log	CHAIR - DCA	FOR APPROVAL
12:00	1.4 State of the Patient report presentation	Tom Stocks and William Pett	FOR NOTING
12:25	1.5 Social Care Unmet Need – Presentation by Healthwatch East Sussex	Veronica Kirwan	FOR NOTING
12:45	1.6 Chair's Report including changes in Committee composition.	CHAIR - DCA	VERBAL FOR NOTING
12:55	1.7 Chief Executive's Report	LAN	FOR NOTING
13:10	1.8 Committee Members Update	ALL	VERBAL FOR NOTING
13:15 - 13:45	Lunch Break		
13:45	1.9 Business Items 2023-24 a) Delivery and Performance Report for Q2 b) Update on EDI progress	SA CM	FOR NOTING
14:10	2.0 Audit, Finance and Risk Sub Committee Update	HP	FOR NOTING
14:20	2.1 Forward Plan	CHAIR - DCA	FOR NOTING
14:25	Questions from the public	CHAIR - DCA	
14:35	AOB	CHAIR - DCA	
	Date of Next Meeting 6 February 2024 at Stratford		

## Healthwatch England Committee Meeting Held in Public

Online on MS Teams and in person in  
Room Thames 34, 2<sup>nd</sup> Floor 2 Redman Place, Stratford

### Minutes and Actions from the Meeting No. 44 – 20 September 2023

#### Attendees

- Professor David Croisdale-Appleby – Chair (DCA)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Belinda Black – Committee Member (BB)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member (DO) Online
- Lee Adams – Committee Member (LA)
- Pav Akhtar – Committee Member (PA) online
- Jane Laughton – Committee Member (JL)

#### In Attendance

- Louise Ansari – Chief Executive (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Sandra Abraham – Head of Operations, Finance and Development (SA)
- Will Pett - Head of Policy, Public Affairs and Research (WP)
- Felicia Hodge – Committee Administrator (minute taker) (FH)
- Carmen Fuertes-Riestra – Strategy, Planning & Performance Manager (CFR)

#### Guests

- Jon Turner – Impact Programme and Regional Network (Northwest) Manager (JT)
- Adam Webb – Chief Operating Officer, HW Bury, (AW)
- Ruth Passman – Chair HW Bury (RP)
- William Howard – Senior Research Analyst (WH)

#### Apologies

- Sir John Oldham – Committee Member (JO)
- Umar Zamman – Committee Member (UZ)

Item	Introduction	Action
1.1	<p><b>Agenda Item 1.1 – Welcome and Apologies</b></p> <p>The Chair welcomed Committee members, in particular JL and other attendees. Apologies from UZ and JO were noted.</p> <p><b>Agenda Item 1.1 – Declaration of Interests</b></p> <p>There were no additional declarations of interest.</p>	
1.2	<p><b>Agenda Item 1.2 - Minutes and actions from 20 September 2023 Committee Meeting</b></p> <p>The minutes from the meeting held 23 May 2023 were accepted without amendment.</p> <p>There were no outstanding actions from the meeting held 23 May 2023 and all were marked as complete and addressed within the agenda.</p>	

	<p><b>Matter Arising</b></p> <p>There were no matters arising.</p>	
<p>1.3</p>	<p><b>Agenda Item 1.3 – Presentation by Jon Turner Annual Report Impact</b></p> <p>JT informed the committee of the positive trend of increased reporting of outcomes in annual reports from the network from 50% to 92% over a period of 2 years, and the steps that will be taken to increase the focus and support the network to demonstrate impact for local communities. The committee were asked to note the presentation.</p> <p>JT provided examples of the impact recorded by a number of local Healthwatch (LHW) annual reports 2022/2023 covering topics such as accessibility to dental services for deaf people; improved GP services including assessment of home visits; partnership boards to help improve the lives and wellbeing for people with neurodiversity and learning difficulties; improved mental health support for schools and pregnant women and mothers; pre-planned respite care in care homes and better optical and audio care, to name but a few.</p> <p>JT explained that the assessment of reports has helped incentivise the reporting and delivery of impact and including collaboration to influence communities to talk and ICSs listen and act. HW have taken the principles of the social return on investments and more sophisticated methods used by other organisations to help shape the way they communicate with different audiences. Using Theory of Change methodology, LHW are setting out what impact they are aiming to achieve from projects with improved emphasis on outcomes rather than outputs.</p> <p>The committee acknowledged the work that has gone into the improved reports and made the following comments and suggestions:</p> <ul style="list-style-type: none"> <li>• Templates for LHW use were greatly appreciated.</li> <li>• Strong emphasis on focus on outcomes rather than output welcomed.</li> <li>• Suggested further exploration of the literature and methodologies that could be used in expressing impact.</li> </ul> <p><b>The committee noted the presentations and thanked JT.</b></p> <p><b>Agenda Item 1.3 – Presentation by Healthwatch Bury on Primary Care</b></p> <p>Adam Webb (AW), Chief Executive Officer, Healthwatch Bury, Ruth Passman (RP) Chair Healthwatch Bury.</p> <p>AW shared the outcome and impact of a year-long project undertaken by HW Bury with the help of other charitable organisations, covering access assistance in the form of a drop-in service for vulnerable people and those from marginalised groups who were struggling to navigate health and social care system. Areas covered were:</p> <ul style="list-style-type: none"> <li>• Access to GPs and other health services.</li> <li>• Access to interpreters and translators</li> <li>• Guidance on how the treatment pathway operate.</li> <li>• Areas covered outside of health and social care included housing, claiming benefits, welfare, and social prescribing.</li> </ul> <p>Impact and Outcomes:</p> <ul style="list-style-type: none"> <li>• Continuance of the drop-in service in a safe space leading to increased trust within the community.</li> <li>• More agencies involved in a joined-up approach leading to better knowledge and representation of marginalised groups and their needs.</li> <li>• Other agencies using behavioural model and framework being created to use with other disadvantaged groups.</li> <li>• The outcome was presented to the local Health Scrutiny Board and was noted by an MP from the shadow health team.</li> <li>• Time saved by GP services due to drop-in centres.</li> </ul>	

	<p>The committee welcomed the multi-disciplinary approach and the way the project shared intel with the Health and Wellbeing Board and local group decision makers. They acknowledged that work is still ongoing to involve partnerships and the input from housing associations.</p> <p><b>The Chair thanked Adam and Ruth for their focus on what is a real problem and for building trust in the community. The committee noted the report and were impressed with HW Bury's commitment to continue to provide the service despite lack of funding.</b></p>	
1.4	<p><b>Agenda Item 1.4 – Chair's Report</b></p> <p>The Chair gave an update on his activities since joining Healthwatch. He conveyed that he is passionate about Healthwatch and privileged to be appointed Chair of Healthwatch England. He mentioned the warm welcome he received from the Healthwatch staff, committee and network and gave special thanks to his EPA, Josephine Buckle, for the support she has given him since his arrival. The chair expressed his thanks for the leadership of Sir Robert Francis and to Belinda Black for stepping in as interim chair and for remaining on the committee.</p> <p>The chair said he would visit about 30 local Healthwatch (LHW) to learn more about them and how they were dealing with local issues.</p> <p>Referring to the recent conference, the Chair commented on the warmth of welcome extended and the positivity expressed by the network and the deep issues and solutions that were constructively brought to the attention of the panels and HWE CEO.</p> <p><b>The committee welcomed DCA and noted the report. They expressed their pleasure in seeing the chair getting out and visiting LHW.</b></p>	
1.5	<p><b>Agenda Item 1.5 – Chief Executive's Report</b></p> <p>LAN presented the CEO report detailing Healthwatch activities since the last meeting in September 2023, highlighting the following areas. The committee were asked to note the report.</p> <p>LAN welcomed DCA as chair and was thankful to BB for acting as interim chair. LAN reported that feedback from DCA's visits to the network has been very positive.</p> <p>LAN highlighted the work that has been done to understand the impact on the public from industrial action in the NHS. HWE have been engaging with NHSE and unions to try to mitigate the negative impact on patients.</p> <p>LAN reflected on recent events relating to patient safety and in particular the Lucy Letby case and campaign by Merope Mills (whose daughter died of sepsis aged 13), to introduce "Martha's rule". LAN stressed that while there are areas of good practice there is a need for a listening culture to be embedded across the Health and Care system.</p> <p>The Chair expressed his delight in the attention that has been given to the work that HWE had carried out on the impact of cancellations on patients.</p> <p>The committee raised concerns about the impact on equity that the shortage of some medications is having on people's lives, in addition to the physical and mental impact of users.</p> <p>The committee noted that although more general data is being shared by the network, there needs to be more demographic data recorded, and they would like to see collection of this reinforced.</p> <p><b>The Committee noted the report</b></p>	
1.6	<p><b>Agenda Item 1.6 – Committee Members Update</b></p> <p>Nothing to report</p>	
1.7	<p><b>Agenda Item 1.7 – Presentation on Primary Care</b></p>	

	<p>WP and WH provided the committee with details of plans for one our Primary Care projects, related to public experience of pharmacy. The committee were asked to note the presentation.</p> <p>WP highlighted that at the HW conference Professor Kamila Hawthorne articulated the pressures that GPs were under as the most common gateway to the Health and Care system and resulting public dissatisfaction on access GP services.</p> <p>One of the key elements of the NHS Primary Care Plan published May 2023 focuses on relieving GP pressure by increased use of pharmacies. Healthwatch will investigate how this approach affects the public and gauge their awareness and use of the services offered. 12 LHW are being commissioned to perform in-depth interviews as part of the project. The project is expected to report in March and results will be shared with NHSE and other stakeholders. The project will ensure that it engages with people who do not commonly access pharmacies such as young people, and those with who face barriers to access such as those facing geographical barriers, and people from minority ethnic backgrounds.</p> <p>The committee acknowledged that it would require a considerable cultural shift if England is to see the use of pharmacies comparable to how they are used in other European countries.</p> <p><b>The committee noted the report and requested reports by email when milestones are reached.</b></p>	
1.8	<p><b>Business Items 2023 - 2024</b></p> <p><b><u>Agenda Item 1.8 (a) - Delivery and Performance Report for Q1 2023/24</u></b></p> <p>SA updated the committee on our performance against our KPIs and Business Plan for Q1 2023/24. The committee were asked to note the report. SA reported the following performance update:</p> <ul style="list-style-type: none"> <li>• 7 KPIs complete</li> <li>• 2 KPIs complete but below target</li> <li>• 7 KPIs on track</li> <li>• 2 KPIs not on track include data on demographics shared by LHW and media reach in Q2, whilst higher than in Q1 is lower than expected.</li> <li>• 3 KPIs report not yet due</li> </ul> <p>SA reported that Business Plan had 5 projects not on track, but mitigations are in place to address these, and 2 projects will be reported on later in the year. All other projects have been completed or are on track.</p> <p>The Chair and the committee were assured that mitigations are in place to bring projects back on track, and that delays to projects which were mainly due to staff capacity or situations outside of HWE's control.</p> <p><b>The committee noted and approved the report.</b></p> <p><b><u>Agenda Item 1.8(b) – Business Plan 2023/24</u></b></p> <p>SA presented the committee with an extension to the 6 months business plan (approved by the committee in May 2023), to the end of Mar 2024. The committee were asked to note the changes to the annual plan and approve the extension.</p> <p>AM stated that they would have liked to have seen mention of EDI training in Section 10 to include induction of values and behaviours of the organisation. LAN assured the committee that while it was not explicitly referenced in the plan, this aspect was outlined in the operational plans supporting the business plan and strategy. The committee was also reassured that there has been extensive EDI training conducted, along with a staff survey to monitor outcomes and identify additional training requirements.</p>	

	<p>LA suggested that an outcomes column be included in future business plans to enable observers see what has been achieved. DO gave a reminder that as this was an extension of the plan already approved by the committee, there should not be any significant changes to it until a new plan is compiled.</p> <p><b>ACTION – SA</b> to investigate the inclusion of outcomes and achievements in the business plan.</p> <p><b>The committee noted the changes and approved the extended business plan.</b></p>	<b>SA</b>
<b>1.9</b>	<p><b>Agenda Item 1.9 – Audit, Finance and Risk Sub Committee (AFRSC) Report</b></p> <p>AM had acted as chair at the AFRSC meeting in July and gave an overview of subjects covered at that meeting, He reported that:</p> <ul style="list-style-type: none"> <li>• An internal audit programme was discussed but the sub-committee decided that this would not be necessary as there are sufficient assurance mechanisms in place to ensure good practice.</li> <li>• The AFRSC requested utilising the risk register to prepare a management assurance framework that would trigger the potential for an internal audit, for annual review by the committee.</li> <li>• Financial procurement is on track.</li> <li>• The level of staff turnover was discussed.</li> <li>• Committee transition and the processes for retiring the outgoing members was also discussed.</li> </ul> <p>The Chair stressed the need to look at skills and competences of future members and any mentoring required in that area. He thanked AM and HP for chairing the meetings when required and praised SA for her clarity in financial and risk reporting. The AFRSC members echoed this praise, and the committee expressed their assurance of the support being received from CQC, who are represented at the sub-committee meetings.</p> <p><b>The committee noted the report</b></p>	
<b>2.0</b>	<p><b>Agenda Item 2.0 – Forward Plan</b></p> <p>The Chair requested thoughts from committee members and the executive team as to what topics they would like to see on future agendas, either at the meetings or in a workshop. Suggestions were:</p> <ul style="list-style-type: none"> <li>• Healthwatch Culture. Where should Healthwatch aim to be in 3 years' time.</li> <li>• Consider what patients, the public and carers would like to see over the longer term and how Healthwatch can assist in empowering them to become involved in their own wellbeing and health decisions. The committee were asked to feedback ideas to the executive team for testing.</li> <li>• With the general election in the offing, consider what commitments Healthwatch would like to seek from political parties.</li> <li>• Update on at least one priority project at committee meetings</li> <li>• Investigate if more can be done with key influencers. i.e. ICS's and help LHW engage more with their local MPs.</li> </ul> <p><b>ACTION – LAN</b> to consider a new vision for Healthwatch and prepare further Committee discussions on this.</p> <p><b>The committee and executive team noted the suggestions and the Chair asked that any further ideas or suggestions be directed to him or LAN.</b></p>	<b>LAN</b>
	<p><b>AOB</b></p> <p>No other business was discussed</p>	

	<b>Questions from the public</b>  There were no questions from the public.	
	The Chair ended the meeting and thanked everyone for attending.  Meeting concluded.	
	The next meeting will be held 28 November 2023 in Stratford, London Guests can join in person or online via Teams. Details to follow.	

## HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

**20 September 2023**

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20230920 1.8(b) Business Items 23- 24	Sandra Abraham	To prepare 2- year Business plan 2024-26 for approval and investigate how to include outcomes and performance in the plan.		Feb 2024	
20230920- 2.0 Forward Plan	Louise Ansari	<b>LAN</b> to consider the projected position of Healthwatch and work back on its journey to get there.		TBC	



#### AGENDA ITEM 1.4

**AGENDA ITEM:** Report presentation: “The public’s perspective: The state of health and social care”

**PRESENTING:** William Pett, Head of Policy, Public Affairs & Research, and Tom Stocks, Senior Research Analyst

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** What was it like to use health and care services in 2023?

Our report provides a snapshot of health and care experiences across ten different areas, including the parts of health and care that people talk to us about the most: GPs, dentists, hospitals, and social care. We’ve covered experiences of getting help for cancer and mental ill health. Finally, we’ve looked at broader changes – developments in technology, the cost-of-living crisis, and the Accessible Information Standard.

In our presentation, we’ll be sharing key findings and recommendations across each area.

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



# The Public's Perspective: The state of health and social care 2023

# The Public's Perspective

The state of health and social care 2023

## Aims

### What was it like to use health and care services in 2023?

- Snapshot of health and care experiences, using:
  - The health and care stories people have shared with us.
  - Commissioned polling data from the year.
  - New polling data on inequalities in access to primary care.
  - External data.
- Cover a range of health and care areas.
- Explore how people can be disproportionately affected by different issues.
- Examine intersections between societal issues and health.

# The Public's Perspective

The state of health and social care 2023

## Themes

1. Continued impact of the cost-of-living crisis.
2. Relationship between deprivation and poorer experiences.
3. Two-tier system.
  - Increased reliance on private health care.
4. Long waits and difficulty getting the help people need.
5. People from marginalised groups continue to have poorer experiences.
6. Poor communication with patients and between services.

# 1. Getting a GP appointment

## What we heard:

- Good quality of care when received.
- Hard to get appointments.
- Lack of flexibility around appointment times.

## We want to see:

- All GP teams move to digital phone systems by the end of March 2024.
- Evidence of ICB plans to tackle health inequalities in GP access.
- GP phone numbers made free to call.



“The only way to get in touch with the local GP surgery is by phone. ... finding a ‘spare’ 45 minutes to sit on hold is not easy ... I've given up trying to see a GP for a range of healthcare concerns I have.”

Story shared with Healthwatch England



## 2. Getting dental treatment

### What we heard:

- Kind, respectful treatment
- People are struggling to find local NHS dentists.
- People are feeling forced to access private dental care, which they may not be able to afford.

### What we want to see:

- A clear vision for improving access to NHS dentistry.
- A national review of oral healthcare for diverse populations.
- ICBs listening to local communities and joining up dental with other health and care services.

# 3. Support for mental health

## What we've heard:

- Positive impact that staff have on care experiences.
- People are waiting too long to get the help they need, sometimes more than a year.
- People told us about only receiving short-term help.
- Young people and autistic people are particularly impacted by access issues.

## What we want to see:

- NHS staff to be supported with training to understand the needs of young people with learning disabilities.
- The Major Conditions Strategy to set out a roadmap for reducing waiting times and improving transition from child to adult services.
- The Draft Mental Health Bill to be amended and pushed through.



## 4. Access to cancer care

### What we've heard:

- Difficulty accessing GP and dentistry services is leaving cancer patients feeling unsupported.
- Long waits for tests, results, and treatment is having an emotional toll on people.
- People feel that their concerns about suspected cancer aren't being taken seriously.

### What we want to see:

- First GP and hospital appointments that match people's preferences and communication needs, including longer appointments where necessary
- Improvements to online NHS referral trackers
- Personalised aftercare support, including post-treatment plans, appropriate home adaptations, and a single point of contact with care teams

# 5. Waiting for elective care

## What we found:

- People report good experiences of waiting when they are kept up-to-date about progress.
- Admin errors include appointment letters not being sent or incorrect cancellation letters being sent.
- Phone numbers given as a point of contact being out of use or playing pre-recorded messages.

## What we want to see:

- More proactive communications from NHS teams with patients waiting for treatment.
- Single points of contact for patients to provide feedback about their condition while waiting.
- Personalised support for people on waiting lists, including access to pain management and physiotherapy, and signposting to mental health support.



“I have been waiting for five years to have my gallbladder removed. My operation got cancelled in March 2020. I got pregnant, and instead of being put to the back of the list I had been [taken] off it completely. I got put back on the wait list in July 2021 ... I am still waiting.”

Story shared with Healthwatch Coventry



# 6. Experience of social care

## What we heard:

- Caring and compassionate staff working hard to deliver person-centred care.
- Delays accessing social care assessments.
- Staff shortages and the impact of high turnover on their care

## What we want to see:

- Social care reform to boost investment in services.
- Reforms to cap the amount people can spend on social care costs over their lifetime.
- A legal right to a Care Supporter.



**“[The staff] all play such a fundamental role in supporting individuals [to] live, excel and enjoy their lives in a safe and respectful environment.”**

**Story shared with Healthwatch  
Lincolnshire**



# 7. Discharge from hospital

## What we heard:

- Poor communication with patients and their loved ones.
- People leaving hospital without adequate support/information.
- People being discharged at night and without transport support.

## What we want to see:

- Government hospital discharge and community support guidance updated.
- More consistent implementation of the existing hospital discharge guidance.
- Social care reform, including support for workforce and reablement improvements.

# 8. Health and care in a changing world

We also heard from people about how changes across society have affected people's experience of health and care.

- **The rising cost of living**

- Impact includes avoiding appointments and prescriptions due to the associated costs.

- **Digital transformation**

- People are frustrated when digital solutions don't work.

- **The importance of accessible information**


- We've heard about accessible information challenges from autistic people, visually impaired people, D/deaf people, people with dyslexia, people struggling with illiteracy, and those relying on translators.

# 8. Health and care in a changing world

## Our calls for change

- **The rising cost of living:**
  - GP numbers to be free to call.
  - Healthcare benefits to keep pace with inflation and SSP to be extended for those on NHS waiting lists.
- **Digital transformation:**
  - Traditional models must remain alongside technology, and patients must be involved and supported in decisions around digital health.
- **Accessible information:**
  - ICBs ensure the revised AIS is implemented by providers.
  - The CQC to routinely check AIS compliance.





**“It is frequently impossible to access services or information [...] other than by telephone. This is profoundly inaccessible for many autistic people, touching on multiple areas of difficulty at once.”**

**Story shared with Healthwatch England**



# For more information

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**AGENDA Item: 1.7**

**AGENDA ITEM:** Healthwatch England Chief Executive'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 2023

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

## **Introductory note from the Chief Executive**

As ever the Autumn has been a busy time for Healthwatch. We have continued to ensure our voice is heard on key issues such as access to dentistry and the development of the Pharmacy First approach that has been adopted by DHSC and NHSE. We also played a key role in the development of an updated version of the Good Patient Communication guide that was published in October.

Following on from committee discussions following high profile cases of patient safety issues, we are working with Local Healthwatch and key stakeholders to develop a process so that Local Healthwatch can more easily escalate safety concerns of which they become aware.

Healthwatch work featured prominently in the Care Quality Commission's annual State of Care report which was published last month. This included references to our work on referrals, problems experienced by people waiting for cancer care, and our work on maternity care.

Our broader programme of influencing continues. We have been engaging with all three main political parties and earlier this month the Chair and I met with Amanda Pritchard and Richard Meddings, the CEO and Chair of NHS England, respectively. We raised issues including dentistry, ADHD services, the importance of listening to patients and the publication of the Accessible Investment Standard.

## 1. Influencing

Since the last update, we have continued to have influence with decisions makers, including within NHS England and the Department of Health & Social Care, as well as with key political stakeholders across the main parties.

### Dentistry

- Healthwatch England policy team members took part in roundtables with MPs in events hosted by the British Dental Association at the Conservative and Labour party conferences, in Manchester and Liverpool respectively. We joined local Healthwatch reps from each area to paint the national and local picture of poor access to NHS dentistry. We also discussed how, in the absence of radical dental contract reforms, it would be important to monitor how integrated care boards were exercising their new dental commissioning remit and thinking outside the box to address local need. Many of our views were aligned with those of dental professionals who spoke.
- We have had recent discussions with both DHSC and the Labour Party about our latest evidence, questions and concerns on dentistry. At the time of writing, the government's dental care recovery plan has yet to be published and we have expressed our concerns about the ongoing delay.
- An MP from the Southwest also referenced our dentistry findings in a debate about the future of the NHS following the King's Speech. Richard Foord, Lib Dem MP for Tiverton and Honiton, referenced our evidence about dental deserts, one of the worst areas being Devon.

### Pharmacy

- Community Pharmacy England invited our policy team to take part in a roundtable for MPs held during the Conservative Party conference to debate the government's 'Pharmacy First' proposals. Pharmacists said one of the key challenges was staffing and sometimes negative attitudes from the public. In response, we pointed out that public frustrations can be caused due to short-notice temporary closures of pharmacies or shortages of certain medicines which means people must chase their GP or other pharmacies to find available stock. We also shared our cost-of-living findings that showed some people couldn't afford over-the-counter medicines.

- Our policy team also presented to a General Pharmaceutical Council webinar on language needs of patients. We set out main findings from our ‘Lost for Words’ research commissioned from local Healthwatch as part of our Accessible Information campaign, highlighting not just accessibility needs but safety needs if patients didn’t understand medication instructions. Pharmacists told us they too were frustrated at not being able to meet the language needs of patients, often due to lack of awareness about how NHS-funded translation or interpretation support could be arranged. The regulator is sharing our findings with the profession and others in a webinar publication.
- We have publicly backed the latest initiative, to offer women access to the contraceptive pill at pharmacies, especially withing the context of our wider focus on women’s health. We will be talking to NHSE about how this is monitored and evaluated to ensure equitable and more convenient access for all women who want to use the service.

## **Elective Care**

Healthwatch joined other patient groups and key charities in influencing the latest version of the NHS England publication ‘Good communications with patients waiting for care’. As you may recall, we influenced the original introduction of the guide during the pandemic after concerns about admin and communication gaps experienced by people when being referred, while waiting or being discharged from planned care.

Version 3, published on 31 October 2023, takes on board our calls for trusts to adhere to the Accessible Information Standard in appointment letters and other communication. It also reflects our request to ensure the updated guidance includes recommendations on how patients should be informed about new choice rules to get planned care (and transport) to providers in different areas of the country who can offer shorter waiting times. The guidance also urges hospitals to ‘be inquisitive’ about the reason for patients missing appointments to ensure any communication barriers are addressed and people aren’t moved off lists without discussion.

## **Patient Vision Blog**

A short blog we published immediately before the political party conference season began, was sent to key MPs across all parties, highlighting our key evidence and recommendations on access, communication, confidence, culture, and equalities. The policy team report good engagement from across parties in

response, some of whom welcomed the blog's findings and sought meetings to get more fully briefed. We are developing the themes into a wider Patient Vision 2030 report for early 2024.

### **State of Care CQC**

A range of Healthwatch evidence was referenced in the Care Quality Commission's annual State of Care report at the end of October. This included:

- Hidden waiting lists faced by people due to delays in getting referred by GPs or admin problems meaning their referral gets lost or bounced around the system (page 18).
- Problems experienced by people waiting for care for suspected cancer (pages 20-21).
- Interviews with new mothers highlighting communication concerns on their care (page 45).
- Examples of local Healthwatch supporting women from the Bangladeshi community, autistic people and people with a learning disability to be involved in work linked to the menopause or helping to develop Easy Read breast screening recall letters for people with learning disabilities (page 130).
- The report also stressed the importance of integrated care systems following statutory guidance on working with people and communities to shape services.

### **Healthwatch England / NHS England CEO & Chair meeting**

In November, Louise Ansari and Professor David Croisdale-Appleby met with Amanda Pritchard and Richard Meddings, the CEO and Chair of NHS England, respectively. We raised issues including ADHD services, the importance of listening to patients and the Accessible Investment Standard, with actions that NHS England could take address our concerns.

### **Federated Data Platform**

We have joined an independent patient advisory group set up by NHS England to inform its roll-out of 'federated data platforms (FDPs)' - powered by software provided by a company under a contract worth nearly £500m. Hospitals and integrated care systems will be able to pool anonymised patient data for specific uses, such as tackling waiting lists, improving hospital discharge and increasing uptake of vaccinations. GP patient data is excluded from the scheme.

In November we publicly stated that we welcomed the aim of the FDP programme to improve patient care, but the success of any new IT in the NHS relies on high public confidence in the ethical use of data and transparency over how their data will be used. Our own past polling shows public confidence can be easily dented by security breaches or poor communication of data schemes.

Sitting on the advisory panel, along with other patient organisations, will ensure we have a regular mechanism through which to raise any queries or concerns as it is implemented.

### **Using our insight to generate stakeholder engagement.**

Each month we analyse data about a broad service area, such as primary care, the experience of health and social care for different groups of people in the most excluded communities and cross cutting issues. We use this insight to publish blogs and, where we have specific policy recommendations as part of these blogs, we promote them to key stakeholders. This includes those in NHS England, the Department of Health & Social Care, and relevant organisations across the sector.

In October, we promoted insight in two areas. The first was on challenges facing mental health patients. This received positive feedback from stakeholders including Sean Duggan, Chief Executive of the Mental Health Network, who promoted it to other mental health organisations. The second was on challenges facing ethnic minority patients. Again, this received positive feedback and was promoted on social media channels by Habib Naqvi, Chief Executive of the Race & Health Observatory.

## **2. External Updates**

It has been an eventful few months in the health and care sector. We continue to be agile in responding to the changing landscape.

### **DHSC new team**

The government reshuffle on 13 November saw Steve Barclay replaced as Secretary of State for Health and Care and two health ministers resign. We have sent committee members a separate detailed briefing but for reference, the ministerial team now comprises:

- **Victoria Atkins**, new Secretary of State for Health and Social Care and MP for Louth and Horncastle in Lincolnshire
- **Andrea Leadsom**, Minister for Primary Care and Public Health, MP for South Northamptonshire
- **Andrew Stephenson**, Minister for Health and Secondary Care, MP for Pendle in Lancashire replacing Will Quince, who also resigned as a minister.
- **Helen Whately** remains as Minister for Social Care, as does **Maria Caulfield**, Minister for Mental Health and Women's Health Strategy and **Lord Markham**, in the Lords.

We have written to the new appointees to welcome and introduce them to Healthwatch and invited them to meet us to be briefed on evidence across their policy areas.

### **King's Speech**

There was much disappointment that the King's Speech confirmed that the government has dropped the Draft Mental Health Bill, which was due to bring in reforms that would tackle, for example, disproportionate sectioning of Black men in mental health wards.

However, it did confirm the introduction of a Tobacco and Vapes Bill which aims to create a smokefree generation that would ensure any young person 14 and younger would never be able to legally buy cigarettes in the future. The bill also seeks to curb marketing of vapes to children, which has been highlighted previously by Healthwatch evidence.

### **Industrial action**

The new health secretary's first speech committed to getting around the table to try and resolve the outstanding disputes with consultants and junior doctors. The British Medical Association has not, at the time of writing, announced further strike dates. Integrated care boards are being given a share of £800m funding to meet some of the extra costs incurred by strikes and have also been told elective care activity targets will be reduced in the short-term.

### **New elective policy re travelling.**

Up to 400,000 patients who've been waiting over 40 weeks for elective appointments are to be proactively contacted, NHSE announced at the end of October. While this policy change sounds promising we have sought clarity and assurances from NHSE that transport costs for patients will be covered and the reimbursement scheme is actively promoted to the public. But we still have



concerns that some patients will not be able to find travel funds up front, which could exacerbate inequalities over who benefits from this approach.

### **Patient safety**

There have been several developments in this area in recent months:

- The proposal to introduce 'Martha's Rule' – a second opinion for seriously unwell patients – was accepted by former health secretary Steve Barclay, who then commissioned the Patient Safety Commission to investigate how this scheme could work. In an open letter the Commissioner advised that a 24/7 and nationwide scheme would be crucial to making it a success. We now await the new health secretary's actions on this.
- Terms of reference were published for the statutory inquiry into the Letby case, which won't just examine events at the hospital but also investigate wider whistleblowing and safety culture in the NHS.
- The Health Services Safety Investigations Body was officially launched in October, with significantly more powers than its predecessor body. This includes offering 'legal safe spaces' to staff to discuss and learn from mistakes. At the launch we secured an agreement from HSSIB leaders to help feed into its priorities for investigation.
- We are developing an escalation process so that local Healthwatch can more easily escalate safety concerns in future to us and to the CQC.

### **Mental health**

The government set out a new national suicide strategy in September, calling for (unspecified) reductions in rates over the next five years. Ministers want to prevent deaths among middle-aged men (who have had the highest suicide rates of any age group since 2010), pregnant women and new mothers, children and young people, and autistic people.

### **New Labour and Lib Dem priorities announced at their conferences.**

Both parties announced new funding plans or policies at their annual conferences, that they would introduce if they were in power.

#### **Labour:**

- NHS dentistry would be boosted by £111m a year to provide urgent appointments, 'golden hellos' for new dentists and supervised toothbrushing schemes for children.

- New funding of £1.1bn a year would also be used to pay NHS staff overtime to work to provide an extra 2 million operations, scans, and appointments a year.
- The number of CT and MRI scanners would also be doubled through £171m of new funding each year to help speed up diagnosis of cancer and other diseases.

#### **Lib Dems:**

- Cancer patients would get a new legal right to start treatment within two months of an urgent referral.
- Patients would be able to see a GP within seven days, or within 24 hours if urgent.
- A free personal care model would also be introduced, and NHS dentistry would be reformed.

### **3. Support to the Healthwatch Network**

Meeting with Healthwatch Lead Officers and Board members in September at our first face-to-face conference in three years was a great pleasure. With nearly 90% of local Healthwatch in attendance, this was an invaluable opportunity to debate the challenges patients and care users face today and how they can be overcome, as well as celebrate the remarkable achievements we have made as a movement over the last decade to the communities we serve.

With excellent contributions from panel members, access lay at the heart of the debate - whether about dentistry, GP services or social care. We recognised the important part played by Healthwatch in helping the system find creative ways to address access issues, but also continue to argue that every care area needs to be properly resourced.

We reflected on the critical topic of patient care following the tragic case of Martha Mills. In September, Healthwatch came together to discuss maternity services, where the issue of patient safety has been raised most recently in the Care Quality Commission's State of Care report. Following our conference, some Healthwatch met to reflect on the role of Healthwatch in areas of the country where there have been safety patient investigations. We recognised the delicate role Healthwatch play in holding organisations accountable while acting as a critical friend and ensuring the public's interest remains central. We identified several actions, including a new mechanism for Healthwatch to escalate concerns to the Care Quality Commission, which we are pursuing.

We also restarted the conversation about our sustainability as a network and the need to find a solution to the funding issues Healthwatch face with ever-increasing demands on our services. Following our conference, we are holding sessions with Healthwatch to continue that conversation to identify potential solutions, including those that may require legislative change,

We continue to assist local authorities in the commissioning of Healthwatch, having supported 35 this year alone. Demonstrating our value remains integral to our sustainability. We continue to support local Healthwatch in articulating the difference they make. We are sharing learning from analysing all Healthwatch annual reports to enhance their effective communication of the outcomes they achieve.

The strength of our movement is its collective expertise. We have brought Healthwatch together to learn from each other, such as developing their work with children and young people, generating income, addressing inequalities in maternity services, and continuing our work on the NHS Accessible Information Standard.

Crucial to our success and future are our culture and values, which underpin both the work of local Healthwatch and Healthwatch England. We have started the process of developing shared values and behaviours, which will involve discussions with Healthwatch in the coming months. We will then be working with Healthwatch to ensure they are embedded in our everyday practice.

With submissions in, we eagerly anticipate the National Healthwatch Awards to be announced in the new year – another opportunity to celebrate the achievements of Healthwatch.

## 4. Communications

Since our last update, we have continued to maintain awareness of Healthwatch and the issues that the public shares with us while at the same time putting in place the new approaches we need to deliver our strategy. These activities include:

- Implementing digital communications strategy: We have refreshed our approach and increased investment in search and social media to increase awareness of our brand and to encourage people to share experiences or to access our advice. As a result of this work, our social reach and social engagement numbers have already passed our totals for 2022-23. We have also seen our website traffic increase.

	Average month 22-23	Average month 23-24	% Change
Social reach	550K	992k	+80%
Social engagements	26K	51K	+96%
Website visitors	52K	56K	+13%

- Encouraging people to act: Since September, we have run or started several mini campaigns in partnership with local Healthwatch. Examples of these campaigns include:
  - Getting over 600 people to share their experience of being discharged from hospital to inform a winter insight update for services.
  - Providing local Healthwatch with a marketing campaign to help promote how we can help people this winter.
  - Marking Black History Month by celebrating the contribution of women to health and care.



- Updating our advice and information: With winter on the way, we produced [a new toolkit](#) to help local Healthwatch support people this winter. The toolkit included an advice collection to help people stay well and [get the most out of services](#). We have also produced new advice content to help the public including, explaining what 'virtual wards' and 'social prescribing' are.
- Raising awareness of our insight: We have continued to put the patient's perspective of health and care in the media. Examples of coverage in the last few weeks include: Our response to NHS waiting times, which was covered by the Press Association and the [Independent](#). Our response to a

new NHS dentistry report, which was covered by the Times, the I, The Independent, Daily Express, Evening Standard, [Daily Mail](#), Daily Telegraph, Daily Mirror, and the Sun. Our response to the news that patients will have the choice to travel to hospitals further away, which was covered by [the BBC](#) and nearly every national news outlet. Our response to news about virtual wards, which was covered by the Mail and [Independent](#). We also have proactive stories planned on people's experience of hospital discharge, as well as our upcoming report on 'The public's perspective' of health and care.

- Increasing our supporter numbers: To enable us to feedback to people about what we have done with their experiences and to reach more professionals, we have been trying new ways to build our follower numbers. In the last seven months the number of people who follow our channels has increase by 14% and now stands at over 61K.

## 5. **Equality, diversity and inclusion highlights**

- The comms team marked Black History Month by celebrating the contribution of black women to health and care.
- Academic and writer - Dr Cheryl Parkinson gave a talk and did a QA with staff where she shared her perspectives on black history, specifically relating to healthcare.
- The local Healthwatch Equality Diversity and Inclusion Network heard from Healthwatch Cambridgeshire and Peterborough on the value provided by Inclusion Ambassadors – volunteers with lived experience who helped inform how to support diversity and volunteer recruitment and retention.
- Training sessions were held for local Healthwatch on understanding equality, diversity and inclusion, challenging racial bias and racism in practice and producing easy read materials, and a workshop on the Accessible Information Standard.
- We are funding a small group of Healthwatch led by Healthwatch Brent to work collaboratively on a project on tackling inequalities and maternity services.
- We are sourcing suppliers to deliver on our second round of EDI training for all staff.

## 6 Key Meetings Attended by the Chief Executive since the last Committee meeting.

September 2023		
Date	Event/Meeting	Attendees/Delegate(s)
Friday 8	Patients Group quarterly meeting	Rory Deighton, NHS Confederation
Tuesday 12	Meeting to discuss availability of defibrillators in public spaces	Prof Bola Owolabi NHSE Dr Charmaine Griffiths BHF CEO
Wednesday 13	NHS Assembly Meeting	<a href="#">Ruairi O'Connor</a> , Deputy Head of External Affairs, NHS England and NHS Improvement
Thursday 14	Speaking at ICB People and Communities Engagement Leads meeting	Isabella Broughton, NHS England
Friday 22	Meeting - Citizens Council for Health	Francesca Micalizzi
Friday 22	Meeting re medicines access	Claire Foreman, Director of Medicines Policy and Strategy for NHS England
October 2023		
Monday 16	Speaking at Healthwatch Lambeth AGM	Mairéad Healy, Chief Executive Healthwatch Lambeth
Monday 23	Joint meeting with user voice/patient safety organisations	Neil Churchill, Director for Experience, Participation and Equalities at NHS England. (and others)
Wednesday 25	Meeting re: healthcare innovation and patient voice	Roland Sinker, National Director NHS England
Friday 27	Our Future Health	Richard Evans, Director of Public Affairs- Our Future Health UK

Monday 30	ABPI - supply and prescribing /dispensing issues	<b>Amit Aggarwal</b> , Executive Director, Medical Affairs and Strategic Partnerships.
Tuesday 31	Current issues discussion	<b>Denis Campbell</b> journalist, the Guardian
<b>November 2023</b>		
Monday 6	Regular discussion	Andrea Sutcliffe Chief executive of the Nursing and Midwifery Council.
Monday 13	NHSE / Healthwatch	<b>Amanda Pritchard</b> <b>Richard Meddings</b> <b>David Croisdale-Appleby</b>
Tuesday 14	Speaker at NHS Providers Annual Conference	<b>Sir Julian Hartley</b> , Chief Executive NHS Providers
Wednesday 22	Speaker at ICB Communications lead event	<b>NHSE ICB comms team</b>
Wednesday 22	Speaker at From Listening into Action Kings Fund conference	<b>Sally Warren. Kings Fund</b>
Friday 24	Speaker at Westminster Health Forum conference	

**AGENDA ITEM: 1.9 (a)**

**AGENDA ITEM:** KPI and Business Plan Performance Report (April 23 – November 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 – November 23

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

**APPENDIX:**

1. Performance Report against our Business Plan April – November 2023

## **Background**

The following report gives an overview of how we are performing in relation to our key performance indicators (KPIs) from April to November 2023. Appendix 1 offers a comprehensive report on our progress in meeting the objectives set in our Annual Business Plan for the same period.

The committee is asked to **note** the attached reports including the appendix.





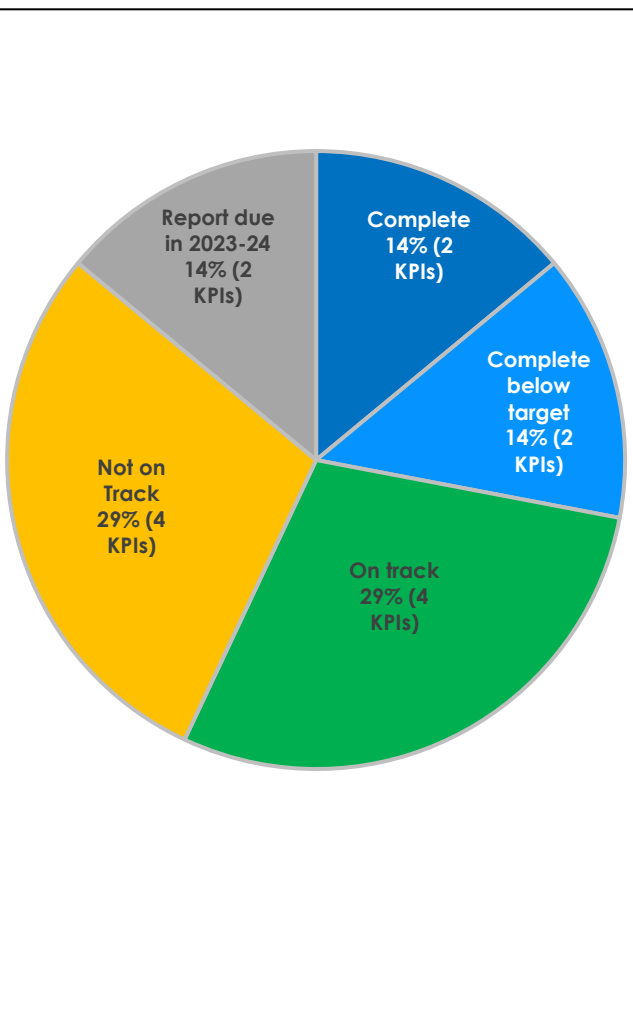
# Healthwatch England KPI Performance Report

April – November 2023



**SECTION ONE: KPI SUMMARY REPORT APRIL – NOVEMBER 2023**

RAG Status:



Delayed Indicators	EOY Target	RAG Status and Reason for delay
65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 20%)	65%	There has been a further drop in the percentage of data shared by the network with us that contains data using our age, gender and ethnicity taxonomy excluding the following: "not known" and "not recorded" in ethnicity and sources where it is difficult or impossible to collect demographic information (email, post, social media and third parties. In Q3 to date 17% of data shared with us includes demographics about age, gender and ethnicity compared to 22% in Q2 and 45% in Q1. This quarter 10 out of 49 Healthwatch have shared no demographic data at all.
75% of Healthwatch regularly sharing data (monthly) with HWE via our new systems.	75%	To date 83 Healthwatch have shared data with us via the live data sharing platform. This equates to 55% of the network to date.  We have started to email Healthwatch at the start of each month to remind them to share data.
5% increase in media and social reach (Apr-Oct 22-23 v 23-24)	5%	Our social media reach by the end of October was 6.9M. This is 80% higher than our average social reach by the end of October in 2022-23. We have now passed the total social reach we achieved last year in just seven months. Our media reach by the end of October was 1.8B. This is 8% lower than our average media reach by the end of October in 2022-23. Given that none of our new research projects yet reported, we believe that this is a positive achievement.
We achieve a 25% year-on-year increase in the number of times our evidence is accessed by our stakeholder audiences.	25% year on year	In Q2 2023/24, there were 51,144 views of our evidence. This is down from 60,982 in 2022/23. In Q3 to date (9 November) there have been 28,732 views of our evidence. This is down from 36,646 in 2022/23. Partly, this is due to scheduling (many big reports are not due until later in Q3 and in Q4.

## SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status:

Complete

On Track

Not on track

Target unlikely to be met

Paused/Results due later

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
<b>STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need</b>						
1.	<b>Evidence, Engagement and Influencing</b>	HWE gathering insight data from all 42 ICS areas (at least quarterly) (Currently at 95%)	42 ICS	In Q3 (to date) we gathered data from: <ul style="list-style-type: none"> <li>40 ICS areas via the Healthwatch England webform data</li> <li>30 ICS areas via local Healthwatch reports shared with us</li> <li>38 ICS areas via data from local Healthwatch shared into the NDS</li> </ul>	On Track	Head of Policy, Public Affairs and Research and Insight
2.	<b>Evidence, Engagement and Influencing</b>	65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 47%)	65%	There has been a further drop in the percentage of data shared by the network with us that contains data using our age, gender and ethnicity taxonomy excluding the following: "not known" and "not recorded" in ethnicity and sources where it	Not on Track	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
				is difficult or impossible to collect demographic information (email, post, social media and third parties. In Q3 to date 17% of data shared with us includes demographics about age, gender and ethnicity compared to 22% in Q2 and 45% in Q1. This quarter 10 out of 49 Healthwatch have shared no demographic data at all.		
3.	<b>Evidence, Engagement and Influencing</b>	100% of all policy and research projects to have an equalities angle to them, exploring the experience of a particular community or communities.	100%	Our work on cost of living has focused on income and age. The health inequality focus of our project on primary care is low income, age, minority ethnic groups and urban/rural areas. The focus for our women's health project will be young women, disability, and ethnicity. The focus for the diagnostic hubs project will be disability and accessibility.	On Track	Head of Policy, Public Affairs and Research and Insight
4.	<b>Data and Digital</b>	70% of Local Healthwatch who respond, rate our digital systems as good or very good (data collected via the satisfaction survey).	70%	The satisfaction survey takes place in Q4 2023/24.	On Track	Director of Communication, Campaign, and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
5.	Communications	5% increase in media and social reach (Apr-Oct 22-23 v 23-24)	5%	Our social media reach by the end of October was 6.9M. This is 80% higher than our average social reach by the end of October in 2022-23. We have now passed the total social reach we achieved last year in just seven months. Our media reach by the end of October was 1.8B. This is 8% lower than our average media reach by the end of October in 2022-23. Given that none of our new research projects yet reported, we believe that this is a positive achievement.	Not on Track	Head of Communication
<b>STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them</b>						
6.	Evidence, Engagement and Influencing	We achieve a 25% year-on-year increase in the number of times our evidence is accessed by our stakeholder audiences.	25% year on year	In Q2 2023/24, there were 51,144 views of our evidence. This is down from 60,982 in 2022/23. In Q3 to date (9 November) there have been 28,732 views of our evidence. This is down from 36,646 in 2022/23. Partly, this is due to scheduling (many big reports are not due until later in Q3 and in Q4.		Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
7.	<b>Evidence, Engagement and Influencing</b>	% of stakeholders say they are using our insight and evidence to inform their decisions. (New KPI – would need to create a baseline. We propose 46%).	46%	Question from stakeholder perceptions work: “How often do you use insight and information provided by Healthwatch in your work”. Results were 19% often, 27% sometimes, 21% rarely and 24% never. Net total using insight at least rarely was 70%. We propose the baseline is often plus sometimes – i.e., 46%	Complete	Head of Policy, Public Affairs and Research and Insight
8.	<b>Evidence, Engagement and Influencing</b>	80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%)	80%	We now have the results of the latest round of stakeholder perceptions work and this measure has stayed stable at 70%.	Complete	Head of Policy, Public Affairs and Research and Insight
9.	<b>Evidence, Engagement and Influencing</b>	80% 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%)	80%	We now have the results of the latest round of stakeholder perceptions work and this measure has stayed broadly stable at 57%.	Complete	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
10.	<b>Evidence, Engagement and Influencing</b>	At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	2	<ul style="list-style-type: none"> <li>• Our cost-of-living research led to interest by a No 10 special adviser in the results about the cost of prescriptions. They subsequently told us that our findings contributed to the government's decision not to keep free entitlement to prescriptions for people aged 60 plus rather than align it with the current state pension age of 67.</li> <li>• Our evidence on inadequate 6-week post-natal checks, especially to assess women's mental health needs, informed NHSE's new <i>Three-year delivery plan for maternity and neonatal services</i> in March 2023. The plan says GPs will get additional guidance on carrying out the 6-week checks.</li> <li>• Many of our calls of recent years to improve GP access (including reports on virtual appointments during Covid and ongoing feedback we've shared from the network) have been accepted by DHSC and NHSE in their joint <i>Delivery</i></li> </ul>	Complete	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
				<p><i>plan for recovering access to primary care</i>, published in May 2023, which has an explicit commitment to ending the '8am rush' by funding practices to introduce digital telephony and train receptionists as care navigators so they can help patients at first point of contact and not tell them to ring back the next day. Healthwatch is named in the report as one of the stakeholders that informed the plan.</p>		
<b>STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement</b>						
11.	<b>Evidence, Engagement and Influencing</b>	75% of local Healthwatch routinely (at least quarterly) sharing data and reports with us via the CDS (Currently at 55%)	75%	<p>To date 83 Healthwatch have shared data with us via the live data sharing platform. This equates to 55% of the network to date.</p> <p>We have started to email Healthwatch at the start of each month to remind them to share data.</p>	Not on Track	Head of Policy, Public Affairs and Research and Insight



No.	Operational Plan	Description	Target	Progress	Progress Status (April - March)	Lead
12.	<b>Organisational Development</b>	Completion of a financial sustainability model for Healthwatch England	Completion	At the moment, we're exploring various options to generate our own revenue, and we're also considering the required steps involved in this process, including the legal and compliance aspects that we need to follow.	<b>On Track</b>	Head of Operations, Finance and Development
13.	<b>Equality, Equity, Diversity, and Inclusion</b>	EDI objectives in 100% of staff personal development plans.	100%	Results due in Q3	Results in Q3	Director of Communication, Campaign, and Insight
14.	<b>Equality, Equity, Diversity, and Inclusion</b>	90% of staff feel valued and respected in the workplace	90%	Q3 (after results of staff survey)	Results in Q3	Director of Communication, Campaign, and Insight



# HEALTHWATCH ENGLAND

## Business Plan 2023–24

### Updates – April 23–October 23

Approved by HWE Committee: 20 September 2023

Complete
On Track
Not on track
Target unlikely to be met
Paused/Stop
Not started

Communications

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
1.	Increase awareness and understanding of our brand, especially amongst those facing inequalities.	Develop new campaign platform to target those facing health inequalities in partnership with CQC.	<ul style="list-style-type: none"> <li>We have undertaken research with the target audience and tested the campaign platform. We have also tested the platform with local Healthwatch and professional and third sector partners.</li> <li>We are currently finalising the campaign platform and plan which will run until April 2025. The campaign is due to launch in January 2024.</li> </ul>	Head of Communications	December 2023	On track
2.		Support communication of the state of patient experience report and communicate other key insights (cost of living, GP referrals etc.)	<ul style="list-style-type: none"> <li>We are finalising our first annual report on the state of patient care. 'The public's perspective: The state of health and care' will be launched on 27 November.</li> <li>We have revamped the way we report our monthly insight analysis. We now send out weekly stakeholder updates looking at</li> </ul>	Head of Communications & Research and Insight Manager	March 2024	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			<p>either a specific area of care, community, or cross cutting issue. This has led to higher engagement From April- October our stakeholder email open rates increased by 14% on the previous period, while our email click rate increased by 25%.</p> <ul style="list-style-type: none"> <li>We have not yet published a report from our new policy projects; however, we have continued to raise the experiences that patients have shared with us via proactive and reactive media.</li> </ul>			
3.		Develop new strategy covering search, social and referrals.	<ul style="list-style-type: none"> <li>We have reviewed our channels and put in place a new strategy covering search, social and referral traffic. The new strategy has already born fruit. Our reach on social media has now passed 6.9M. Our social media engagements by the end of October stood at 358K. This is higher than our total social reach and engagements for 2022-23.</li> <li>We aim to continue to increase our social media reach and engagement over the remainder of the year.</li> </ul>	Head of Communications	October 2023	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
4.	Provide a consistent and accessible brand communications experience.	Audit brand, roll updated trademark and develop plan to strengthen brand until 2026.	<ul style="list-style-type: none"> <li>We have nearly completed our brand audit. Findings indicate that use of our visual brand and tone of voice have improved over the last two years. However, we are now developing a new plan to strengthen the brand over the lifetime of the strategy. We are updating our trademark licence will we aim to get all local Healthwatch to sign before the end of the financial year.</li> </ul>	Head of Communications	March 2024	On track
5.		Work with development team to improve network communications and carry out a review of network channels, including the network site.	<ul style="list-style-type: none"> <li>Transfer of email newsletter to NDT completed.</li> <li>Project for network site scoped – review will take place Q4 and implementation Q1 24/25.</li> <li>Transfer of other network communications in Q4. Impacted by staff capacity.</li> </ul>	Head of Communications, Head of Network Development & Digital Systems Development Manager	March 2024	Minor delay
6.		Develop one network marketing, content, and campaigns approach.	<ul style="list-style-type: none"> <li>We now provide the network with a four-month look-ahead covering upcoming insight communications, campaigns, and other activity. We also provide the network with resources they can use to deliver our campaigns. For example, in October we provided resources for</li> </ul>	Head of Communications & Head of Network Development	December 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			<p>Black History Month, in December we have provided a four-week winter marketing campaign and winter relevant advice and information.</p> <ul style="list-style-type: none"> <li>We will continue to review our approach over the lifetime of the strategy.</li> </ul>			
7.		Work with digital to support website roll out and content syndication	<ul style="list-style-type: none"> <li>The project to migrate local Healthwatch websites is on schedule to be completed in January 2024. Work on the content syndication solution has started with a review of the specification – work is scheduled to start in Jan/Feb 2024.</li> </ul>	Head of Communications & Digital Systems Development Manager	March 2024	On track
8.	Grow number of advocates and supporters	Develop a supporter strategy for professionals and the public	<ul style="list-style-type: none"> <li>We spent the last six months testing new ways to attract more followers, as well as keeping them engaged with regular updates covering insight, advice, as well as encouraging our followers to share their experiences or to volunteer. Our approach has delivered results. By the end of October, we had 61.5K followers across our channels (up 14% since April). Our supporter</li> </ul>	Head of Communications & Research and Insight Manager	December 2024	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			<p>email and open rates have increased by over 10%.</p> <ul style="list-style-type: none"> <li>We aim to finalise our supporter strategy by the end of Q4.</li> </ul>			
9.		Start rolling review of communication channels and systems	<ul style="list-style-type: none"> <li>We have started our rolling review of channels by implementing new approaches to both social and SEO. We have planned in our review of channels over the remainder of the year.</li> </ul>	Head of Communications	November 2023	Complete

Complete
On Track
Not on track
Target unlikely to be met
Paused/Stop

## Data and Digital

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
10.	In 2022/23 we put the fundamental building blocks in place. We will continue to develop digital and data systems support the public to understand how	A six-month period will be required to bed in the new systems delivered at the end of 22/23.	<ul style="list-style-type: none"> <li>Systems are continuing to be rolled out to the network with minor bugs identified as this happens. It's likely that more minor issues will be identified as system continues to embed into Healthwatch culture. Currently 87 LHW (57% of the network) have</li> </ul>	Digital Systems Development Manager	August 23	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	sharing their experience makes a difference through change at national, regional, and local levels.		been onboarded to our new systems and shared data with Healthwatch England and we are seeing higher levels of data than we have under the old platform.			
11.		Scoping of long-term strategic vision for digital will begin including development of Feedback and customer journey (Network Relationship)	<ul style="list-style-type: none"> <li>Initial outline was brought to LT, decision was scope should be wider, we are going to procure external support help with delivery.</li> </ul>	Digital Systems Development Manager. Director of C I and C	March 24	On track
12.	Our digital systems increase our reach, give good user experience, and support our business objectives.	Finish migration of local Healthwatch websites to Drupal 9	<ul style="list-style-type: none"> <li>The project to migrate local Healthwatch websites is on schedule to be completed in January 2024. The team are now dealing with migrating the website from Drupal 7 to Drupal 10 with the sudden announcement of the retirement of Drupal 9 this month. The change in platform version whilst unexpected has no negative effect on the project timelines. The newer versions of Drupal are upgradable between newer version eliminating the need for further migration projects if the platforms are</li> </ul>	Digital Systems Development Manager	March 24	On track



No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			upgraded with each new version of Drupal.			
13.		Transfer of website management from Comms to Digital	<ul style="list-style-type: none"> <li>This is continuing as planned with the migration project being entirely managed by Digital with some support on site checking being provided by the Communications team.</li> </ul>	Digital Systems Development Manager	March 24	On track
14.		Integrate website with National Data Store	<ul style="list-style-type: none"> <li>The Digital team continues to look at how various parts of the web platforms can work together to form a seamless experience for the end users. Steps to increase the integrated feel have included the upgrade of the branding of the platform.</li> </ul>	Digital Systems Development Manager	March 24	On track
15.		Set clear objectives to collect and share demographic data	<ul style="list-style-type: none"> <li>Depends on more joining DSP. Should be reformulated for next year</li> </ul>	Research Insight Manager	March 24	Paused
16.		Extend analysis tools to allow view by ICS area.	<ul style="list-style-type: none"> <li>The project for ICS capability within the NDS has begun and is scheduled to be completed by the end of January 2024. Currently the work includes new permission levels, ICS profiles containing multiple LHW and new filters along with the ability for</li> </ul>	Digital Systems Development Manager	March 24	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			HWE to manage the various agreement dates concerning the ICS data.			
17.		Backlog to be uploaded to the reports library by August 2023.	<ul style="list-style-type: none"> <li>Backlog has now been completed</li> </ul>	Research Insight Manager	July 23 (complete)	Complete
18.		Promotion of SMART Survey.	<ul style="list-style-type: none"> <li>Rollout of the SmartSurvey platform continues with 80 LHW (53%) being onboarded to the new platform allowing for cross network collaboration. We're currently reviewing the list of LHW that have signed a data sharing agreement with us, in so qualifying for an account, but that do not currently use SmartSurvey – this currently stands at 47 LHW (31%).</li> </ul>	Digital Systems Development Manager	March 24	On track
19.		Work with CQC on data sharing.	<ul style="list-style-type: none"> <li>We have met with CQC and developed a scope for potential work. Progress is dependent on CQC resource met CQC Principal Analyst Dave Gledhill who is considering what approach CQC would like to take.</li> </ul>	Director of Communications, Campaign & Insight	March 24	Paused
20.		Development of an evidence model	<ul style="list-style-type: none"> <li>First draft agreed and the 2<sup>nd</sup> draft is in progress.</li> </ul>	Research Insight Manager	March 24	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
21.	We aim to deliver faster, better quality, consistent data that is easily available to and valued by health and care system	Development of a polling panel framework	<ul style="list-style-type: none"> <li>Met with CQC in November 2023 and on track</li> </ul>	Research Insight Manager	March 24	On track

Complete
On Track
Not on track
Target unlikely to be met
Paused/Stop

## Equalities, Equity, Diversity, and Inclusion

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.

**STRATEGIC AIM THREE:** To be a more effective organisation and build a stronger Healthwatch movement

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
22.	Ensuring that the projects we undertake are designed to deliver real-world impact on addressing inequalities in access to and outcomes from people's experience of Health and Care	Publish findings on Cost of Living (testing new methods)	<ul style="list-style-type: none"> <li>Cost of living findings has now been published</li> </ul>	Director of Comms, Campaigns, and Insight	May 23	Complete
23.		Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.	<ul style="list-style-type: none"> <li>The qualitative research on Maternal Mental health has now been published</li> </ul>	Head of Policy public Affairs and Campaigns	June 2023	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
24.		Scope our plans for later in the year on women's health	<ul style="list-style-type: none"> <li>At the beginning of November, we selected 10 successful local Healthwatch to carry out between them, 24 semi-structured interviews of women about cervical screening to explore their knowledge, attitudes, and experiences towards this.</li> <li>The three groups of women they are focusing on particularly are: <ul style="list-style-type: none"> <li>Young women aged 24-29</li> <li>Women with physical or learning disabilities</li> <li>Minority ethnic women who are either Asian, Asian British, Black, Black British, Caribbean, African, Mixed White and Asian, Mixed White and Black Caribbean and Mixed White and Black African.</li> </ul> </li> <li>We are also planning to run a nat-rep poll of women in December or January asking broader questions.</li> </ul>	Head of Policy Public Affairs and Campaigns	September 2023	Complete
25.	Ensure that we continue to develop an evidence base that focuses on demographics and geographic spread to provide a reflective sample.	Promote the benefits of the new NDS to local Healthwatch who previously not shared data	<ul style="list-style-type: none"> <li>Feedback from Healthwatch using the new data sharing platform continues to be positive. We have an engagement plan to ensure all Healthwatch are sharing data. However, this has been affected by staff capacity, which is being</li> </ul>	Head of Network Development	March 24	Paused

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			addressed by seeking additional staff (intern and admin)			
26.		Set up ongoing programme to manage incoming volumes of data and support better sampling of our data.	<ul style="list-style-type: none"> <li>90 out of 152 HW have now shared data at least once via the new systems that we have developed. Our new sampling process working well. As part of our digital strategy development, we will be examining how best to manage increased volumes of data.</li> </ul>	Research Insight Manager	March 24	On track
27.	Further promote local Healthwatch interventions on Equality Diversity and Inclusion, understanding the impact that this is having. Share good practice across the network.	Updated network roadmap on EDI.	<ul style="list-style-type: none"> <li>Due to a slight delay, the review will now take place in November</li> </ul>	Head of Network Development	To be reviewed <del>Sept</del> -Nov 2023	Not on track
28.		Develop improved approach to understanding demographic make-up of local Healthwatch.	<ul style="list-style-type: none"> <li>Rescheduled to January due to delay in some Healthwatch responding to annual survey.</li> </ul>	Head of Network Development	Demographic data collected Nov	Not on track
29.	Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion	Delivery of the second half of our EDI training Programme to cover – Recognising and avoiding microaggressions, Delivering an inclusive	<ul style="list-style-type: none"> <li>The second half of the EDI training programme from the Diversity Trust was completed in July. We surveyed staff on the programme to get their views and areas of focus for the next phase of staff training.</li> </ul>	Director of Communication, Campaigns and Insight & Head of Operation,	July 2023	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
		and equitable workplace, Inclusive Leadership		Finance and Development		
30.		Identify and rollout continued EDI training for all staff to include working with a diverse group of people.	<ul style="list-style-type: none"> <li>Following our staff survey on the last EDI Programme, we have now identified the EDI areas we would like to focus our second round of training on.</li> </ul>	Director of Communication , Campaigns and Insight & Head of Operation, Finance and Development	March 2024	On track

Complete
On Track
Not on track
Target unlikely to be met
Paused/Stop

Evidence, Engagement and Influencing

Strategic Aim Two: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
31.	Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.	Conduct gap analysis of volume, quality and geographic spread of data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data.	<ul style="list-style-type: none"> <li>Awaiting progress on expanding data sharing platform sign up</li> </ul>	<ul style="list-style-type: none"> <li>Research and Insight Manager</li> </ul>	<ul style="list-style-type: none"> <li>March 2024</li> </ul>	Paused
32.		Upload function for reports library to be fully operational and production of guidance for LHW to add their own reports.	<ul style="list-style-type: none"> <li>Upload function operational and support being given to LHW</li> </ul>	Research and Insight Manager	March 2024	Complete
33.	Our priority areas, approaches and recommendations are designed with and informed by those with direct experience	Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.	<ul style="list-style-type: none"> <li>Published in March 2023</li> </ul>	Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager		Complete
34.		Stakeholder engagement and policy scoping on mental health to better understand influencing potential in this area for 2024/25.	<ul style="list-style-type: none"> <li>Both stakeholder engagement and policy scoping will be undertaken as part of the business planning process for 2024/25</li> </ul>	Head of Policy, Public Affairs and Research and Insight &	January 2024	On track

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
				Research and Insight Manager		
35.		Scope out plans for later in the year on women's health	<ul style="list-style-type: none"> <li>Conducted over summer 2023</li> </ul>	Head of Policy, Public Affairs and Research and Insight &	July 2023	Complete
36.		Delivery of women's health project focused on poor uptake of cervical screening among certain demographic groups. These include black and Asian women.	<ul style="list-style-type: none"> <li>Insight piece, poll findings &amp; analysis by March 2024. Full report publication by April/May</li> </ul>	Head of Policy, Public Affairs and Research and Insight	March 2024	On track
37.		Delivery of project assessing the development of diagnostic hubs	<ul style="list-style-type: none"> <li>Research conducted by March. Publication likely May 2024</li> </ul>	Head of Policy, Public Affairs and Research and Insight	March 2024	Not on track
38.		Continue work on access to primary care – with delivery of projects on pharmacy and GPs	<ul style="list-style-type: none"> <li>Polling in field and transcripts back. Can publish some findings by Jan 24 but likely full publication by March 2024.</li> </ul>	Head of Policy, Public Affairs and Research and Insight	January 2024	On track
39.		Scoping of project assessing patient experience of virtual wards	<ul style="list-style-type: none"> <li>Virtual wards being considered as part of the business planning process for 2024/25 onwards</li> </ul>	Head of Policy, Public Affairs and Research and Insight	January 2024	On track



No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
40.	We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations	Support local Healthwatch to collaborate and influence across ICS areas.	<ul style="list-style-type: none"> <li>Convened meeting for HW ICS Leads in October</li> <li>Worked with NHSE to support 7 ICBs work with Healthwatch to support effective working.</li> <li>Strength of relationships and representation on ICBs/ICPs will be reported in November.</li> <li>ICS Engagement Leads and HW Leads meeting Jan 24</li> </ul>	Head of Network Development	March 2024	On track
41.		Develop our regional public affairs strategy which tracks LHW across all ICS	<ul style="list-style-type: none"> <li>Reviewing aims for the two-year business plan</li> </ul>	Head of Policy, Public Affairs and Research and Insight	March 2024	Paused
42.		Develop engagement plans for long-term sustainability of the network.	<ul style="list-style-type: none"> <li>Revise responsibility and activity in the two-year business plan</li> </ul>	Head of Policy, Public Affairs and Research and Insight	March 2024	On track
43.		Update stakeholder map with clarity on individuals within Healthwatch England with responsibility for maintaining positive relationships with external stakeholders	<ul style="list-style-type: none"> <li>Stakeholder map currently being developed within the Policy Team</li> </ul>	Head of Policy, Public Affairs and Research and Insight	December 2023	On track

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
44.		Complete final scoping of social care campaign and launch.	<ul style="list-style-type: none"> <li>Social care campaign being launched by the end of the year, with a social care research project to fall under the campaign commencing in Q4</li> </ul>	Head of Policy, Public Affairs and Research and Insight	December 2023	On track
45.	Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.	Complete round three of stakeholder perceptions research.	<ul style="list-style-type: none"> <li>Completed and analysed earlier this year</li> </ul>	Head of Policy, Public Affairs, Research, and Insight	July 2023	Complete
46.		Build upon, and update, policy position statements on the website.	<ul style="list-style-type: none"> <li>The policy team continues to keep a watching brief on policy positions and will be updating more through the year</li> </ul>	Head of Policy, Public Affairs, Research, and Insight	March 2024	On track
47.		Work with comms to expand reach of insight pieces and develop web channels for sharing more policy focused content.	<ul style="list-style-type: none"> <li>Reach of insight pieces being increased through bespoke engagement with policy stakeholders post-publication</li> </ul>	Head of Policy, Public Affairs, Research, and Insight	March 2024	On track
48.		Follow up on findings from Referrals project with phase 2 findings and support network to promote	<ul style="list-style-type: none"> <li>Completed and promoted with good levels of engagement with local and national stakeholders</li> </ul>	Research and Insight Manager	March 2024	Complete
49.		Development of evaluation processes to track and	<ul style="list-style-type: none"> <li>An evaluation process to be developed as part of the</li> </ul>	Head of Policy, Public Affairs,	January 2024	On track

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
		increase influence following projects	Policy & Research Toolkit, expected by January 2024	Research, and Insight		

Complete
On Track
Not on track
Target unlikely to be met
Paused/Stop

## Local Healthwatch Relationship

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
50.	People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them.	Develop a clear narrative which makes a compelling case for why listening to people leads to better health and well-being, including contribution of Healthwatch.	<ul style="list-style-type: none"> <li>We have developed an initial narrative, which we are using in our communications.</li> <li>We have also started work on developing a campaign to embed a culture of listening. This has included discussions with stakeholders. We aim to finalise our proposed strategy by January.</li> </ul>	Head of Communications	December 2023	On track
51.		Develop an action plan to embed a culture of listening across health and care organisations and the value of Healthwatch.	<ul style="list-style-type: none"> <li>Once we have clarified about NHS England, we will finalise the action plan</li> </ul>	Head of Communication/ Head of Network Development	March 2024	Paused

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
52.	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch.	<p>Scope updated Healthwatch model (NDT to scope, Policy team to promote with stakeholders): Share options with Healthwatch and Commissioners</p> <p>Commence ICS commissioned pilot</p>	<ul style="list-style-type: none"> <li>Models shared with National Committee; engagement events taking place with Healthwatch in December and local authority commissioner events to be held in January-March</li> <li>Pilot to commence in April 2024. This was delayed due to commissioning timetable</li> </ul>	Head of Network Development & Head of Policy, Public Affairs and Research and Insight	<p>October – December 2023 (Q3)</p> <p>October – December 2023 (Q3)</p>	On track
53.	Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements locally and changes in national policy where needed.	<p>Consult and re-define Healthwatch England &amp; local Healthwatch collaborative approach and support offer and communications with the Network. (2023):</p> <ul style="list-style-type: none"> <li>Deliver collaborations on Children and Young people; Maternity; Income Generation/sustainability; Promote tackling inequalities opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Healthwatch England has convened Healthwatch to work collaboratively on children and young people; tackling inequalities and maternity and income generation with further activities to take place on dentistry</li> <li>We will be examining the future priorities of Healthwatch in December to identify other collaboration opportunities in January – March 2024.</li> </ul>	Head of Network Development	March 2024	On track
54.		Consult with Healthwatch on their experience when serious patient safety concerns take place	<ul style="list-style-type: none"> <li>Communicated with all Healthwatch to raise issue of patient safety</li> </ul>	Head of Network Development	Ongoing	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			<ul style="list-style-type: none"> <li>In October, met with Healthwatch which have experienced significant patient experience situations, such as maternity services.</li> <li>As a result, set up regular meetings for Healthwatch to share experiences plus a set of actions such as a process for Healthwatch to escalate patient safety and organisational culture concerns to CQC</li> </ul>			
55.		Support local authorities on Healthwatch commissioning: <ul style="list-style-type: none"> <li>Hold reference Group to consider contract monitoring and new model; Deliver 4 Commissioner events</li> </ul>	<ul style="list-style-type: none"> <li>Slight delay to Q4 to allow us to discuss the new model following our discussions with Healthwatch</li> <li>We have supported 35 local authorities with commissioning</li> </ul>	Head of Network Development	March 2024	Not on track
56.	Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements	Provide more support for network communications and carry out a review of network channels, including the network site (Development team, comms and digital):	<ul style="list-style-type: none"> <li>Covered above</li> <li>Plan in place to support review of Network site, although build will now take place in Q1 2024/25 due to staff capacity.</li> </ul>	Head of Network Development, Head of Communications & Digital Systems Development Manager	August – September 2023	Not on track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	locally and changes in national policy where needed.	<ul style="list-style-type: none"> <li>Transfer management of network email, Facebook workplace and network site.</li> <li>Start review of Network site.</li> <li>Rebuild of Network site.</li> </ul>			<p>October – November 2023</p> <p>January – June 2024 (Q4/Q1)</p>	
57.		<p>Delivery of Healthwatch face to face event (Healthwatch conference - Sept), plus two online events aligned to strategy:</p> <ul style="list-style-type: none"> <li>Lead Officers Conference</li> <li>Awards and Policy Conference</li> </ul>	<ul style="list-style-type: none"> <li>HW Leadership Conference delivered in September</li> <li>National Awards on track</li> <li>Awards and Policy conference planned for delivery in Q4</li> <li>2 additional policy online events to be held in Q4 for external audience</li> </ul>	Programme Events Manager	<p>September 2023</p> <p>March 2024</p>	On track
58.		<p>Introduce core skills framework and L&amp;D Calendar:</p> <ul style="list-style-type: none"> <li>Prepare participation reporting</li> </ul>	<ul style="list-style-type: none"> <li>Core skills framework introduced</li> <li>Participation reporting to be incorporated in State of Network report in Q4</li> </ul>	Learning and Development Manager	March 2024	Complete
59.		Support local Healthwatch to work effectively with CQC,	<ul style="list-style-type: none"> <li>Programme in place to support effective working between Healthwatch and the new CQC</li> </ul>	Head of Network Development	October 2023	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
		<p>including adapting to new CQC model:</p> <ul style="list-style-type: none"> <li>local Healthwatch and new CQC teams supported to work effectively together; Agree indicator with CQC to measure effectiveness by March 2024</li> </ul>	<p>Integrated Inspection and Assessment Teams, including roll out of local authority assessment pilots and ICS assessments in Q4</p> <ul style="list-style-type: none"> <li>Indicator will be agreed in Q1 2024/25 to fit with CQC's revised timetable</li> </ul>			
60.		<p>Collect, analyse, and report on Healthwatch Effectiveness, including local Healthwatch outcomes:</p> <ul style="list-style-type: none"> <li>Report on local Healthwatch Outcomes</li> <li>Produce State of Network Report</li> </ul>	<ul style="list-style-type: none"> <li>Annual survey and other data required for State of Network report has been collected and currently being analysed</li> <li>Analysis of Healthwatch outcomes in all HW annual reports completed and being fed back to Healthwatch by March 2024, ahead of preparation for 24/25 HW annual reports.</li> </ul>	Head of Network Development	February 2024	On track
61.		<p>Engage with local Healthwatch about development and uptake of Healthwatch values and behaviours:</p> <ul style="list-style-type: none"> <li>Deliver 4 Healthwatch Events</li> </ul>	<ul style="list-style-type: none"> <li>Sessions with local Healthwatch to feed into development of values and behaviours to take place in Q4.</li> <li>Promoted at Conference, Lead Officers, and Chairs</li> </ul>	Head of Network Development	March 2024	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop
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## Organisational Development

### Strategic Aim Three: To be a more effective organisation and build a stronger Healthwatch movement

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
62.	<b><u>Learning and Development</u></b> We will support and develop staff to ensure they have the right skills to deliver on our strategic goals.	Produce an Organisational Development plan.	We have now developed a new learning and development programme to ensure that all there is equity in our training and development opportunities.	Director of Communications, Campaign and Insight & Head of Operations, Finance and Development	June 2023	Complete
63.	We will create a formalised and equitable process for requesting training and development opportunities.	Produce and implement a training agreement for any professional courses sponsored by Healthwatch England.	A training agreement for courses £1k and above have now been implemented.	Head of Operations, Finance and Development	June 2023	Complete
64.		Produce a guideline and ensure that all staff have a personal development plan (PDP) set for 2023-24.	All staff have also completed a personal development plan (PDP) to enhance their career development.	Head of Operations, Finance and Development	June 2023	Complete



No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
65.	<b><u>Governance</u></b> Our committee will be diverse and maintain the highest standards of governance.	New committee members will be appointed upon the appointment of the new Chair or interim chair in Q1.	We have now appointed two new committee members. Jane Laughton who started on the 1 September and Sul Mahmud who will start on the 2 January 2024.	Chief Executive Officer and Head of Operations, Finance and Development	June 2023	Complete
66.		An interim governance review (Standing Orders. Cttee size) will be complete in Q1.	We conducted a review of the committee's Standing Orders and Accountability Framework, which received approval during the May committee meeting.	Director of Communications, Insight and Campaigns	June 2023	Complete
67.	<b><u>Finance</u></b> Healthwatch England will maintain its financial viability and maximize the use of its resources, by exploring every possible avenue for raising funding and revenue.	We will carry out scoping work for a three-year financial sustainability model.	We are continuing to explore the different financial sustainable options.	Head of Operations, Finance and Development	January 2024	On Track
68.		Review supplier contracts before renewal on a rolling basis	As part of our ongoing commitment to obtaining the best value for money, we consistently review our supplier contracts prior to renewal.	Head of Operations, Finance and Development	March 2024	On Track
69.		Conduct a committee session on financial sustainability in Q3 (2023-24)	Our financial sustainability will form part of our discussion at our Committee and Leadership team away day on the 18th of January 2024.	Head of Operations, Finance and Development	January 2024	On Track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
70.	<p><b><u>Culture and Behaviours</u></b></p> <p>We will create a new process with committee and staff to establish a new culture set within our organisation.</p>	Create a new process with committee and staff to establish a new culture set within our organisation.	We have now conducted a culture session with our committee in October and with staff in November. Additionally, we will arrange further workshops for both staff and the committee to establish our new set of cultures in Q4	Chief Executive/Culture Champion Group	March 2024	On Track
71.		Produce quarterly report on staff diversity for committee and the Leadership Team	In July, the AFRSC committee received a brief report regarding our workforce diversity. However, a more detailed report will be provided once the information is available to us.	Head of Operations, Finance and Development	March 2024	Not on Track
72.	<p><b><u>Service Level Agreements (SLAs)</u></b></p> <p>Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.</p>	Review SLAs to ensure the services we are getting are exemplary and meet our needs.	Service Level Agreements (SLAs) are currently being reviewed by Head of Governance (CQC).	Head of Operations, Finance and Development	December 2023	Not on track
73.		Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving.	Awaiting the completion of the SLA review by CQC Head of Governance.	Head of Operations, Finance and Development	December 2023	Not started

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
74.	<p><b><u>Review of Policies</u></b></p> <p>Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.</p>	<p>Review the CQC policies that govern us and produce a condensed version that is applicable to our work.</p>	<p>We have now commenced the process of reviewing the CQC policies that also governs us to ensure they align with our specific requirements. Abridged versions of these policies will be produced for approval by CQC and HWE.</p> <p>This is likely to get extended to our two-year business plan depending on the response time from CQC.</p>	<p>Head of Operations, Finance and Development</p>	<p>March 2024</p>	<p>On Track</p>
75.	<p><b><u>Management of our programmes of work</u></b></p> <p>Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy.</p>	<p>Programme Management Framework Templates to be reviewed.</p>	<p>Our programme management framework has undergone a review, and we have implemented a more reliable framework that efficiently manages all our strategic projects while ensuring successful delivery.</p>	<p>Strategy, Planning and Performance Manager</p>	<p>May 2023</p>	<p>Complete</p>
76.		<p>Produce quarterly performance reports for Leadership and committee</p>	<p>We now generate performance reports every quarter for both our Committee and Leadership team.</p>	<p>Strategy, Planning and Performance Manager</p>	<p>May 2023</p>	<p>Complete – ongoing BAU</p>

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
77.	<b><u>Enquiries &amp; Complaints</u></b> We will have a consolidated process for handling and responding to our complaints, enquiries, and Freedom of Information requests (FOI).	Create a process to consolidate all handling and reporting of all enquiries, insight, and FOI.	After evaluating our existing enquiries process, the Leadership Team (LT) reached a consensus to hire a temporary staff member to assist with our enquiries across our organisation.	Head of Operations, Finance and Development	March 2024	On Track
78.	<b><u>Healthwatch England Intranet</u></b> We will have an intranet service so that staff can stay informed and have easy access to our business information.	Scope the options available for an intranet e.g., SharePoint Site and/or staff team channel.	We have scoped the different option available for an HWE intranet site and the best option identified was a SharePoint site with communication pages.	Head of Operations, Finance and Development	May 2023	Complete
79.		Assemble a Task Force working group and Work with Comms, CQC and the task force working group to develop and launch the Healthwatch England new intranet site.	A task force has now been assembled. We are currently scoping the information we would like to share on the intranet.	Head of Operations, Finance and Development	March 2024	On Track
80.	<b><u>Programme of Internal Audit</u></b>  We will develop an internal audit	Investigate the audit process for Healthwatch England via CQC.	Following the AFRSC meeting on July 20 an internal audit was not recommended due to the good level of assurance already provided to HWE	Head of Operations, Finance and Development	July 2023	On Track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	programme to identify areas of concern, so we gain further assurance on our operations.		Committee, CQC, DHSC and Secretary of State. However, a Management Assurance Framework focusing on high-risk areas like data management is being considered instead.			
81.		Produce an assurance map of Healthwatch England.	An assurance map was produced and shared with AFRSC on the 20 July.	Head of Operations, Finance and Development	July 2023	Complete
82.	<b><u>New Starters E-Induction</u></b>  To develop and implement a comprehensive e-induction program for new employees, aimed at providing them with a seamless onboarding experience. By creating an engaging and interactive digital platform, we aim to streamline the induction	Identify content and structure: Determine the key information we want to include in the induction program. Plan how the content will be organised and structured to ensure a logical sequence.	The content that needs to be included in the new starters E-Induction has now been identified.	Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	October 2023	Complete
83.		Create engaging content: Leverage Easygenerator's features to create interactive and engaging content. including multimedia elements like videos and images, to make the		Head of Operations, Finance and Development / Learning and Development	November 2023 December 2023	Not started

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	process, enhance employee satisfaction,	induction program more interactive and memorable for learners.		Manager / Research and Insight Manager		
84.		Test the user interface, content navigation, and interactive elements to ensure a seamless experience for learners. Gather feedback from a small group of users to identify any areas for improvement		Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	January 2024	Not started
85.		Launch and promote the new e-induction to New Starters.		Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	January 2024	Not started

## Agenda Item 1.9(b)

**AGENDA ITEM:** Update on HWE plans to fulfil our commitments on Equalities Diversity and Inclusion

**PRESENTING:** Chris McCann

**PREVIOUS DECISION:** N/A

**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 July, we published our annual action plan on how we would deliver on our commitment to Equalities, Diversity, and Inclusion in 2023-24.

This plan aims to support the delivery of our strategic objective to *'To support more people who face the worst outcomes to speak up about their health and social care, and to access the advice they need.'*

This paper highlights our work in this area in the first half of this financial year.

### 1. Research and Policy

We have a commitment to apply an equalities lens to all our policy and research work.

#### Delays to NHS Care

In July we published research that shows people are currently facing multiple cancellations or postponements of care which are having a significant impact on their lives and symptoms, while further increasing health inequalities. We commissioned a survey of 1084 people who have seen their NHS care either cancelled or postponed this year to understand the extent of disruption to care amid rising waiting lists, workforce issues, industrial action, and other pressures on the NHS.

Disruptions to care disproportionately affect certain groups, widening existing health inequalities. People who have greater health needs are still facing serious barriers to timely care, and they are also more likely to be more affected by cancellations of care.

- Unpaid carers, 84%, and neurodivergent people, 83%, were more likely to report negative impacts of cancelled care on their lives, followed by
- people on low incomes, 80%; and those from minority ethnic backgrounds, 75%.
- Groups who were more likely to have had two or more NHS postponements or cancellations included disabled people, 52%; neurodivergent people, 51%; and people on lower incomes, ethnic minorities, and LGBTQ+ people, 49%, respectively.

### **Health and Social Care Select Committee report on dentistry.**

We were extensively referenced in a report by the Health and Social Care Committee that called for fundamental reform of NHS dentistry after MPs heard about the pain and distress caused to people who cannot see a dentist.

Healthwatch England gave oral evidence to the Committee about the problems people have experienced accessing and affording an NHS dentist.

Nearly 30 local Healthwatch also submitted insight on the challenges people face in their local area when it comes to getting dental care. NHS dental care is the second most common issue people report to Healthwatch. In 2022–23, 62% of dental feedback was negative in sentiment, up 22 from 55% in 2020–21. Access continues to be the main issue the public reports.

Difficulties getting support have led to many people living in pain. In some extreme cases, people take matters into their own hands, resorting to DIY dentistry.

Whilst some parts of England have better access to NHS dentists, our research indicates that people from the most deprived communities struggle the most to access dental care because they cannot afford it. Polling we published in 2021 found that people from lower-income households, when compared to people from more affluent households, were:

- Less likely to have visited the dentist during the pandemic.
- More likely to have avoided treatment due to the cost.
- Less likely to say they will see a dentist in the future.
- People from an ethnic minority background also had similar responses.



Because of this inequality, Healthwatch England has called for rapid and radical reform of how NHS dentistry is commissioned and provided to create a system where everyone has equal access to affordable dental care. Any reform also needs to result in better information for patients and clarity on the obligations of dentists. It now looks like we will not see the anticipated publication of NHS Dental Recovery Plan, but we will continue to ensure that reform of NHS dental services remains a high-profile issue.

### **Cost of living crisis**

In May we published Waves 3 and 4 of our research the impact the rising cost of living is having on people's health and their use of health and care services. To understand the scale and nature of this impact we commissioned a nationally representative (of England) poll. We reported findings from waves 1 and 2 earlier this year. Our poll of 2000 adults in England, conducted four times between October 2022 and March 2023, suggests that people are increasingly avoiding vital health and care services due to the fear of extra costs:

- Going to a dentist because of the cost of checks ups or treatment
- Booking an NHS appointment because they could not afford the associated costs, such as accessing the Internet or the cost of a phone call.
- Buying over the counter medication they normally rely on
- Taking up one or more NHS prescriptions because of the cost.

Our research also highlighted that the financial burden of healthcare is weighing:

- Heavily on specific groups
- People on disability benefits
- People on means-tested benefits
- Younger people aged 18-24.

### **Our recommendations**

- While we welcome the support already in place, social tariffs and schemes must be better communicated to the people who need it.
- Primary care teams must make people who need medication aware of pre-payment options.
- Dentistry teams must offer check-ups based on individual need, to free up more NHS slots.

- More people should be made aware of the Healthcare Travel Cost Scheme (HTCS).
- The government working with health and care services must also go further to support people in the cost-of-living crisis.

## Women's Health

One of the organisations strategic priorities is women's health and we have just commissioned ten local Healthwatch to carry out in-depth interviews of diverse women about their knowledge, attitudes, and experiences of cervical screening. We are particularly aiming to hear from young women aged 24-29, women with physical or learning disabilities and minority ethnic women. This research will inform policy recommendations to NHS England and government on how cervical screening take-up can be increased among these groups.

At the beginning of November, we selected 10 successful local Healthwatch to carry out between them, 24 semi-structured interviews of women about cervical screening to explore their knowledge, attitudes, and experiences towards this.

The three groups of women they are focusing on particularly are:

- Young women aged 24-29 (screening invites are sent out from age 25 and uptake has been declining in this cohort over recent years)
- Women with physical or learning disabilities (who need adjustments such as invites and results in accessible formats, type of equipment, staff attitude and appointment length)
- Minority ethnic women who are either Asian, Asian British, Black, Black British, Caribbean, African, Mixed White and Asian, Mixed White and Black Caribbean and Mixed White and Black African (who may experience cultural pressure not to go for tests or experience other barriers to services).

We will run a nationally representative poll of women in December or January asking broader questions about initiatives that would make them more likely to take up screening invites (e.g. better information, locations, times and views on home testing, which is one idea being piloted and considered). DHSC are aware of the project and are keen to hear about examples of best practice that could be shared. We may be able to

influence the Major Conditions Strategy, which covers cancer, and the ongoing implementation of the Women's Health Strategy.

### **Primary Care**

Another of our strategic priorities is primary care. We are currently undertaking both quantitative and qualitative research on public's use of, and attitudes towards, pharmacy. We hope that this will uncover which demographic groups find it hardest to access pharmacies and how we can ensure that they are accessible and effective for all.

### **Accessible Information**

In November, we have also attended an NHSE workshop on language and interpretation services to help inform future thinking about how services can best support and keep safe patients who do not speak English as a first language. This work was prompted by the sad death of a young Romanian boy whose parents did not understand appointment letters and was diagnosed late with terminal cancer.

## **2. Support to Local Healthwatch**

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

We have brought Healthwatch together to learn from each other, such as developing their work with children and young people, generating income, addressing inequalities in maternity services, and continuing our work on the NHS Accessible Information Standard. Crucial to our success and future are our culture and values, which underpin both the work of local Healthwatch and Healthwatch England. We have started the process of developing shared values and behaviours, which will involve discussions with Healthwatch in the coming months. We will then be working with Healthwatch to ensure they are embedded in our everyday practice.

We are currently reviewing the EDI Roadmap for Local Healthwatch which we will update to reflect learnings from how the roadmap has delivered improvements in Local Healthwatch EDI approaches.

### 3. 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 have continued to ensure our communications are as accessible as possible. We use an external system to monitor the accessibility of our website across several metrics. Our score as of October was:

Website quality	Content	Accessibility	Marketing	User Experience
Target (Good)	70	70	70	70
2023-24	89	99	89	95

- We have also continued to provide new resources and training to local Healthwatch to support the accessibility of their information. For example, in August we shared an Easy Read template for to make it easier for people with learning disabilities to feedback.
- Evidence – To help gather real time feedback for our monthly update to stakeholders, we now reach out on social media to a different target group each month. Recent feedback targets have included people from ethnic minority backgrounds, neurodiverse people, and those with experience of homelessness.
- Brand awareness – we have continued to celebrate diverse communities as part of our brand communications. Recent examples of this work included Black History Month and Pride. We also provided local Healthwatch with resources so they could support these campaigns locally.

### 4. 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.

In July we published our [2023/24 Equalities Diversity and Inclusion plan](#). We publish an action plan annually on how we will live up to our strategic commitment to tackling health inequalities. The plan lays out how EDI is a

golden thread that runs through all our work across Policy and Research, Network Support, Communications, and our Organisational Culture.

### **Business Planning 2023-24**

In September, the committee gave its approval for our annual business plan, which was an extension of the previous six-month plan that covered the period from April to September.

We continuously aim to utilise the diverse skills among our committee members to support our work and made sure that every staff member had the chance to contribute to our Business Plan for 2023-24.

### **Learning and development**

In our continuation to support staff in their learning and development needs we have introduced a new Personal Development Plan (PDP) for each staff member and launched a new guideline for learning and development, focused on providing an equitable and fair opportunities for skill growth.

After gathering feedback through our EDI staff survey in August regarding the recent EDI staff training, we have identified new areas of focus for our next EDI Programme. The upcoming training program will cover the following topics:

- Exploring health and healthcare issues specific to diverse groups and communities.
- Focusing on the following communities Healthwatch aims to represent and hosting reflective sessions:
  - Specific minority ethnic groups
  - Neurodiversity
  - Learning disabled
  - Deprived communities
  - Other protected characteristics – age and faith
- Understand impact of intersectionality
- Understanding of the legal framework as it relates to EDI.

## **Staff Survey**

In October we conducted a staff survey that showed 90% of staff felt HWE had a good approach to equality, diversity, and inclusion. This marks a notable improvement of 6% when compared to the staff survey conducted in 2022. Across all questions in the survey results were mixed, with some areas showing improvement and others showing less positivity. As a result, an action plan will be drawn up and implemented to address concerns.

## **Culture and behaviour**

We are deeply committed to fostering a culture of equality, diversity, and inclusion. As part of our ongoing efforts, we have recently initiated a comprehensive review of our organisational culture. To facilitate this process, we have conducted engaging sessions involving our committee members, staff, and local Healthwatch representatives. Together, we aim to identify a set of values and behaviours that cultivate a more inclusive and harmonious environment where everyone feels valued and empowered. The value of 'equity' is already being discussed in all groups as a key part of our culture now and in the future.

**AGENDA ITEM:** Audit, Finance and Risk Sub Committee (AFRSC) Meeting Minutes

**PRESENTING:** Helen Parker

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** The minutes of the AFRSC meeting held In October 2023 are presented to the committee.

**RECOMMENDATIONS:** Committee members are asked to note this report

### **AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING**

Minutes of meeting No. 24, Meeting Reference: AFRSC202324

17 October 2023 10:00 am-12:00 pm Teams Meeting

#### **Attendees:**

Helen Parker (HP) – Acting Chair

Andrew McCulloch (AM) – Sub-Committee Member

#### **In Attendance:**

Louise Ansari (LAN) Chief Executive

Sandra Abraham (SA) – Head of Operations, Finance & Development

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

Carmen Fuertes-Riestra (CFR) – Strategy, Planning & Performance Manager

Jonathan Nartey (JN) – CQC Strategic Finance Business Partner

Gavin MacGregor (GM) – Head of Network Development

Jane Laughton (JL) – Committee member

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

#### **Apologies**

Danielle Oum (DO) – Sub-Committee Chair

Sir John Oldham (JO) – Sub-Committee Member

No.	Agenda Item	Action and Deadline
1.1	<p><b><u>Welcome &amp; Apologies:</u></b></p> <p>The acting Chair (HP) welcomed everyone at the Audit, Finance and Risk Sub-Committee (AFRSC) meeting and in particular JL to her first meeting.</p> <p>Apologies from JO and DO were accepted.</p> <p><b>1.2 Minutes of the meeting held on 20 July 2023:</b></p> <p>The draft minutes of the meeting held on 20 July 2023 were approved without amendment.</p> <p><b>Action Log</b></p> <p>Please see Appendix <a href="#">Action Log</a>.</p> <p>The action log status was noted. All actions are complete or addressed within the meeting agenda.</p> <p><b>1.3 Matters Arising</b></p> <p>There were no matters arising.</p> <p><b>1.4 Changes to the make-up of Committee 2024-25</b></p> <p>LAN explained that due to the present AFRSC members leaving the committee by the end of the year apart from HP, and the governance changes for full committee, following review of the standing orders and AFRSC ToR the sub-committee will consist of 3 members from Jan 2024 with 2 members required to meet the quorum. As Do will be stepping down, it is proposed that JL takes the position of chair with HP and one other full committee member or co-optee making up the sub-committee, subject to agreement by the full committee chair.</p> <p>The sub-committee members expressed their thanks to DO for the excellent job she has done in chairing the sub-committee over the last 6 years and extended their gratitude to JL for agreeing to take over the chairmanship.</p>	
2.0	<p><b><u>Finance and Procurement</u></b></p> <p><b>2.1 Q2 Financial Report &amp; Procurement Update</b></p>	



No.	Agenda Item	Action and Deadline
	<p>SA presented the financial position as at end of September 2023 and asked the subcommittee to note the report. The main points highlighted were:</p> <ul style="list-style-type: none"> <li>• £1.5m spent (48% of £3.2m budget)</li> <li>• Pay spend - £1.168m (54% of £2,15m budget)</li> <li>• Pay currently has overspend of £52k due to one-off consolidated pay award given to staff in August.</li> <li>• Non-Pay spend - £377k (36% of £1.047m budget)</li> <li>• Non-pay currently experiencing overspend of £29k due to annual printing costs paid at beginning of year and further printing costs not previously accounted for.</li> <li>• All procurement has been processed except for £50k Digital Marketing Campaign. through the single transaction tender route</li> <li>• External funding £70k from NHSE in the process of being invoiced. £12k of this has been given to National Voices for their assistance with the project.</li> <li>• There is no capital spend for this year.</li> </ul> <p>JN asked for differentials and consistency across the reports in the colours used to identify overspend, negatives and the bottom line.</p> <p><b><u>ACTION</u> – SA to review colouring in financial reports for consistency.</b></p> <p>The sub-committee noted the report without comment.</p> <p><b>2.2 Budget Reforecast 2023-24</b></p> <p>SA presented the sub-committee with a re-forecasted budget following a review by the Leadership Team in October and asked the committee to note the report.</p> <p>SA explained that a potential underspend of £91k had been identified and provided the sub-committee with proposed mitigations for reducing the underspend. SA highlighted the following:</p> <ul style="list-style-type: none"> <li>• £62k of underspend related to pay and £29k of underspend to non-pay.</li> <li>• Pay budget has been reforecasted to £2.038m (£114k underspend of budget due to staff changes)</li> </ul>	<p>SA</p>

No.	Agenda Item	Action and Deadline
	<ul style="list-style-type: none"> <li>• Pay underspend to be used to source interns and secondees.</li> <li>• Non-pay underspend will be vired to lines that carry committed overspend costs.</li> <li>• Details of proposed virements over the next few months will be prepared for the committee.</li> <li>• A further reforecast is scheduled for January 2024.</li> <li>• Following the proposed virements, there will still be an expected underspend of £91k.</li> </ul> <p>The sub-committee wanted to know if all areas had been identified to effectively spend money in year. LAN responded that it will be a challenge to spend all the money, because of the pace of recruitment and it is unlikely that spend on the pilot schemes referred to can be completed in year.</p> <p>The acting chair also sought clarity on the narrative about the variances on the reforecast which resulted in:</p> <ul style="list-style-type: none"> <li>• an extra £29k being used to cover additional printing costs.</li> <li>• £50k for new model will not be used in year, so there is a potential additional risk that underspend may increase to £140k.</li> </ul> <p>The sub-committee requested an update on a realistic allocation of funds to maximise spend within the budget.</p> <p><b>ACTION</b> – SA to provide update of revised proposed spend to sub-committee after next LT meeting.</p> <p><b>2.3 Update on overheads and recharges</b></p> <p>JN informed the sub-committee that CQC had investigated the historic reasoning around overheads applied to different entities who used their services, the result of which has led to a new financial model being created, which is still under development and principles are being redefined. It is likely that the overheads rate will reduce to around 10%, but that has not yet been concluded and the sub-committee will be advised of the new rate in due course. No agreement has yet been made as to if adjustments would be applied this year or next. Charges applied to HWE this year will be for NHS income and internal recharges.</p>	<p>SA</p>

No.	Agenda Item	Action and Deadline
	<p>The sub-committee noted the report and thanked JN for the work he has done and for the update.</p> <p><b>2.4 Capital Update</b></p> <p>CM advised the sub-committee that a bid has been made to CQC for £150k capital spend for digital development in 2024/25 to improve the digital infrastructure over the next 3 years. Previously, capital spend, and depreciation was covered by CQC. JN confirmed that CQC has submitted the bid to DHSC on behalf of HWE. CM agreed to provide the committee with an update in due course.</p> <p><b>2.5 Treatment of Income</b></p> <p>LAN updated the sub-committee of her progress of discussions by herself and the Chair of HWE regarding raising additional funds and generating income and how it would be treated by CQC. LAN explained that discussions with Chris Usher outlined legal and accounting responsibilities for managing public monies which specifies which sources can be used and the principles to ensure financial control and that VfM is met. Sources for income are GIA, grant allocation for specific purposes from a Govt. or other department, provider fees and income from other activities, which requires further exploration. Multi-year funding will need a business case and for CQC to obtain agreement from DHSC. HWE becoming a charity was investigated, but dismissed as it would mean having to trade in statutory obligations, which is what defines HWE. It is unlikely that a definitive timeline will be achieved on if, when or how income generation can be achieved.</p> <p>The sub-committee noted the report and agreed that HWE as a charity would not be feasible at present without radical change.</p>	
3.0	<p><b>Risk Review</b></p> <p><b>3.1 Strategic Risk Register</b></p> <p>CFR presented the Strategic Risk Register. The sub-committee were asked to review the register and recommend the changes as</p>	

No.	Agenda Item	Action and Deadline
	<p>highlighted in blue on the register to the full committee. The highest risks were:</p> <ul style="list-style-type: none"> <li>• <b>SR01</b> - <i>Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence. Rating 16 High</i></li> <li>• <b>SR22</b> (New Risk) - <i>Local Healthwatch may lack the necessary skills and resources to effectively reach and provide support to individuals facing complex health issues or those with low engagement levels. Rating 15 High</i></li> </ul> <p>The subcommittee had no comment to make about the risk register expect for an amendment to risk SR24 as below:</p> <ul style="list-style-type: none"> <li>• <b>SR24</b> - <i>Due to the lack of an embedded culture around actively listening and acting on the views of patients and service users within the health and care system, there is a risk that this may prevent us from creating significant change in the system's cultural norms and service delivery and, in turn, limit our ability to improve the overall access, outcomes and experience for people and patients. Rating reduced from high to 9 Medium.</i></li> </ul> <p>The sub-committee reflected that it was counter intuitive to reduce risk SR24 because, whilst the Lucy Letby and Martha Mills cases have raised awareness, it does not guarantee that it will be acted upon, therefore the risk should remain high.</p> <p><b><u>ACTION</u></b> - SA to restore risk SR24 back to high rating.</p> <p>JL requested a meeting with SA in order understand reports and to get clarity of processes.</p> <p><b><u>ACTION</u></b> – SA to arrange a meeting with JL to go over relevant reports and processes to assist her understanding of the AFRSC function.</p> <p>The sub-committee thanked CFR for the report and noted the recommendations for the full committee.</p>	<p>SA</p> <p>SA</p>

No.	Agenda Item	Action and Deadline
	<p><b>3.2 Identifying Critical Triggers in Risk Register for Internal Audit Consideration</b></p> <p>CFR explained that the subcommittee had requested a column that would trigger an internal audit. The register has been amended in draft to include critical triggers for an internal audit and further governance for risk manifestation, but in some cases, this served as a duplication of processes already being used in risk and performance management. The sub-committee was asked to discuss.</p> <p>Following discussions, it was concluded that whilst the extra layer provided was informative and an assurance map important, it was best suited at an operational level, and suggestion was made that that the full committee spend a full workshop discussing risk as part of overall system of assurance and efficiency.</p> <p>LAN highlighted that due to the size of the organisation, we are in danger of over-engineering the things we do for CQC and could look to reducing the complexities, although consideration to audit some of HWE practices such as how impact and change is measured or what HWE approach is to EDI, could be given to external similar organisations.</p> <p>The subcommittee noted the report and expressed their comfort in the way HWE handles risk, but requested full committee focus on the risk register annually.</p> <p><b><u>ACTION – FH to schedule a risk workshop for the 1<sup>st</sup> committee workshop in 2024</u></b></p>	<p>FH</p>
<p>4.0</p>	<p><b>4.1 Committee Effectiveness Review Update</b></p> <p>SA presented the results of the survey on committee effectiveness, in which 3 members of the subcommittee took part, together with a six-months action plan for improvement. Highlights were:</p> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>• Subcommittee works to its Terms of Reference</li> <li>• Well chaired meetings</li> <li>• Effectiveness of reporting to full committee.</li> </ul>	

No.	Agenda Item	Action and Deadline
	<p><b>Negatives:</b></p> <ul style="list-style-type: none"> <li>• Subcommittee’s Ineffectiveness in seeking assurance on performance management and in appointing auditors or managing internal audit programme.</li> <li>• Frequent re-arranging of meetings leading to reduced member attendance.</li> <li>• Lack of involvement by full committee in subcommittee work and approach to risk.</li> </ul> <p>The subcommittee agreed with the proposed action plan for improvement and suggested that the minutes/report from AFRSC be moved up the agenda of the committee meetings in public. Possibly at the beginning of the business section. The new AFRSC Chair will decide if the report should be written or verbal. Also, an annual committee effectiveness review and focus report was welcomed.</p> <p><b>The sub-committee noted the report and thanked SA.</b></p>	
5.0	<p><b>Workforce</b></p> <p><b>5.1 Teams Reshape &amp; Financial remodelling 2024-25</b></p> <p>This item was held in a closed session of the meeting.</p> <p><b>5.2 Intern and Secondments</b></p> <p>LAN reported that following the subcommittee’s suggestion, to explore lower-cost alternative workforce options, investigations were made into the hiring of interns and secondees and after reviewing the pros and cons, the following was proposed for the committee’s agreement:</p> <ul style="list-style-type: none"> <li>• Recruitment of two interns on London living wage or secondees from LHW over the next 12 months</li> <li>• Exploration of 10,000 black interns programme, and 10,000 Able interns programme for interns with disabilities from all ethnicities to seek suitable candidates.</li> <li>• Secondees who can bring valuable collaboration opportunities and insight exchange from other organisations.</li> </ul>	

No.	Agenda Item	Action and Deadline
	<p>The subcommittee expressed concerns about some of the highlighted cons in the proposed approach in that it would be time consuming to provide training and guidance to new staff. LAN assured the subcommittee that this had been considered and that it would provide increased responsibilities for managers who presently have no line management duties.</p> <p><b>The committee welcomed the report and confirmed their support to the recommendations.</b></p> <p><b>5.3 Salary comparisons</b></p> <p>LAN presented a report to the subcommittee illustrating the comparison of salaries between HWE, third sector and government departments after HWE salary pay rise and revalorisation of grades had been taken into consideration. The subcommittee were asked to note the report.</p> <p>LAN explained that although staff had given the level of salary as the reason for the high turnover, comparison of salary averages in the civil service and third sectors did not reflect this, although staff have gone to other organisations for a higher salary. The report showed that overall HWE salaries were on par with third sector across the grades but surpassed most civil service and government departments. CM stated that career progression was also the reason for staff leaving for higher salaries.</p> <p><b>The subcommittee noted the report.</b></p>	
6.0	<p><b>Forward Plan</b></p> <p>The subcommittee requested that learning and development be discussed at a future meeting.</p>	

No.	Agenda Item	Action and Deadline
7.0	<p><b>Any Other Business</b></p> <p>No other business</p> <p>The Acting Chair closed the meeting and thanked everyone for attending.</p>	

DRAFT



**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**

Date	Agenda Items
Standard Items for each meeting in public	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Declaration of Interest</li> <li>• Minutes and Actions from last meeting</li> <li>• Chair's Report</li> <li>• Chief Executive's Report</li> <li>• Committee Members Reports</li> <li>• AFRSC Report</li> <li>• Questions from the public</li> <li>• AOB</li> </ul>
Feb 2024	<ul style="list-style-type: none"> <li>• Draft Budget 2024/25</li> <li>• Business Plan 2 years 2024-26</li> <li>• Delivery and Performance Update</li> </ul>
May 2024	<ul style="list-style-type: none"> <li>• LHW presentation</li> <li>• End of year Delivery and Performance 2023/24</li> <li>• Business Plan &amp; KPIs 2024-26</li> <li>• Strategic Risk Register 2024/25 for approval</li> <li>• Final Budget 2024/25 for approval</li> <li>• Diversity and Equalities Update</li> </ul>