Healthwatch England

Public Committee Meeting

20 May 2025

Full Committee Papers

Healthwatch England 20 May 2025

Meeting #51 Committee Meeting in Public

12:00 pm – 14:40 pm

Location: Wandle Room 39, 2nd Floor, 2 Redman Place, Stratford, London E20 1JQ

Time	Public Committee Meeting – Agenda item		Presenter	Action
12:00	1.1	Welcome and apologies	CHAIR – DCA	
12:05	1.2	Declarations of interest	CHAIR - DCA	
12:10	1.3	Minutes of meeting held on the 20 February, and action log	CHAIR - DCA	FOR APPROVAL
12:15	1.4	Healthwatch report on ADHD	HEALTHWATCH ENGLAND: SUE EDWARDS & PAUL CALLAGHAN	PRESENTATION, FOR NOTING
12:35	1.5	Listening to Neurodivergent People in York	HEALTHWATCH YORK: SIAN BALSOM	PRESENTATION, FOR NOTING
12:50	1.6	Chair's Report	CHAIR - DCA	VERBAL, FOR NOTING
12:55	1.7	Chief Executive's Report	LOUISE ANSARI	FOR NOTING
13:00	1.8	Committee Members' Reports	COMMITTEE	FOR NOTING
13:05 – 13:35		Lunch Break		
13:35	1.9	Dash Review update	LOUISE ANSARI	VERBAL, FOR NOTING
13:55	2.1	Audit, Finance and Risk Sub Committee Update: a) Budget End of Year Position 2024/25 b) Budget 2025/26	JANE LAUGHTON	FOR NOTING FOR APPROVAL FOR APPROVAL

Time	Public Committee Meeting – Agenda item	Presenter	Action
	c) Strategic Risk Register 2025/26		
14:10	2.2 Business Items: a) Delivery and Performance Report for Year End 2024/25 b) Business Plan and Key Performance Indicators 2025/26 c) EDI End of year report	SANDRA ABRAHAM SANDRA ABRAHAM CHRIS MCCANN	FOR NOTING FOR APPROVAL FOR NOTING
14:30	2.3 Forward Plan	CHAIR – DCA	FOR NOTING
14:35	Questions from the public	CHAIR – DCA	
14:40	AOB:	CHAIR – DCA	
Date of Next Meeting – 23 September at Stratford			

AGENDA ITEM 1.3

Minutes of Meeting No. 50 – 20 February 2025

<u>**Present**</u>

Professor David Croisdale-Appleby (DCA)	HWE Chair	
Jane Laughton (JL)	Committee Member	**Item 2.0**
Belinda Black	Committee Member	
Professor Sultan Mahmud (SM)	Committee Member	

<u>**In attendance**</u>

Louise Ansari (LA)	HWE Chief Executive	**Item 1.7**
Chris McCann (CMcC)	Deputy Chief Executive	
Gavin Macgregor (GM)	Head of Network Development	**Item 1.9**
Ben Knox (BK)	Head of Communications	
Sandra Abraham (SA)	Head of Operations, Finance and Development	**Item 2.1**
Will Pett (WP)	Head of Policy, Public Affairs and Research & Insight	
Carmen Fuertes-Riestra (CFR)	Business Manager - Finance & Governance	
Clara Duval (CD) - *Minute Taker*	Business Support Coordinator	

<u>**Guests**</u>

Rebecca Curtayne (RC)	Healthwatch England, External Affairs Manager	**Item 1.5**
Tony Gravette (TG)	Healthwatch Plymouth Manager	**Item 1.5**
Mary Abraham	Slough - SCVS Community Champion, Berkshire Vision, Healthwatch, and other community groups in Slough Diabetes UK Slough Champion, Rotary Direct member	**Q & A**
Rachel Blaney (Bia)	Retired nurse and trustee with Croydon Mencap.	**Q & A**
Dr Robert Wilson	Head of Sands and Tommy's Joint Policy Unit	**Q & A**

Apologies

Belinda Black (BB)   Committee Member

Ben Knox (BK)   Head of Communications

No.	Agenda Item	Action Lead
1.1	**Welcome and Apologies** The meeting was opened by the Chair, David Croisdale-Appleby (DCA), who welcomed everyone including guest Tony Gravette (TG), Healthwatch Plymouth. Apologies were noted from Belinda Black. During the second segment of meeting, apologies were noted from Ben Knox. Members of the public were invited to submit questions via email and reminded that participation in discussions was not permitted during the meeting.	
1.2	**Declarations of Interest** No declarations of interest were made.	
1.3	**Minutes and Actions from previous Meeting** The minutes of the meeting held on 26 November 2024 were approved as a true and accurate record. **Update on actions**: The action log was reviewed, with updates on completed and ongoing tasks, particularly those related to the Dash review and digital systems knowledge sessions for committee members. **Matters Arising** There were no matters arising.	
1.4	**Presentation - A pain to complain: Presenting our new report on people's experience of the NHS complaints process** – Presenter, Rebecca Curtayne (RC), Healthwatch England	

No.	Agenda Item	Action Lead
	RC presented findings from Healthwatch England's report on the NHS complaints process. The study highlighted that complaints have doubled over 10 years, yet only 9% of people with concerns formally complain. Many lack confidence in the system, fear negative impacts on their care, or find the process unclear. Disadvantaged groups are less likely to complain, and NHS complaints advocacy services are underfunded and poorly promoted. Issues include unclear pathways, lack of standardised response times, and defensive provider cultures. **The Chair thanked RC for her & her colleagues' work.**	
1.5	**Presentation – Patient experiences of University Hospitals Complaints Service** – Tony Gravette (TG), Healthwatch Plymouth Manager TG from Healthwatch Plymouth shared insights from a collaborative study with the hospital on patient complaints experiences. Findings highlighted inconsistent response times, a lack of patient involvement, and varied service line approaches. Some complaints were handled well, but many patients felt unheard or saw little improvement. Recommendations included auditing service line differences, reviewing complaint processes, improving training, and making complaints information more accessible. The committee followed the presentation with a discussion on reinforcing the need for sustained efforts in improving NHS complaints handling, ensuring a culture shift towards patient-centred learning. Healthwatch England will continue advocating for systemic changes and ensuring local Healthwatch teams remain engaged in improving complaint processes. **The Chair thanked TG for his presentation.**	
1.6	**Chair's Report – David Croisdale-Appleby** The Chair provided a brief report, highlighting visits to over 90 local Healthwatch teams. Due to winter travel disruptions, visits were fewer in December and January but would now resume at full pace. The Chair emphasised growing enthusiasm among local Healthwatch	

No.	Agenda Item	Action Lead
	teams, increased volunteer engagement—particularly among younger people—and improved outreach to hard-to-reach communities. Concerns remain over the impact of the Dash review.	
1.7	**Chief Executive Report – Louise Ansari** The Chief Executive presented her report and praised the team for delivering high-quality work despite limited resources. The committee recognised the extensive influence of Healthwatch's work and its impact on national policy. Discussion focused on Healthwatch's role in social care, particularly its engagement with the Baroness Casey review. The team reaffirmed their commitment to influencing national social care policy and engaging with stakeholders such as the Association of Directors of Adult Social Services (ADASS). **The Chair thanked LA for the update and the committee noted the report.**	
1.8	**Committee Members' Reports** No reports from members were submitted to the committee.	
1.9	**Impact of Dash Review on Healthwatch: Louise Ansari** The Department of Health had confirmed that the final report would not be published until late March. However, Healthwatch had made significant contributions to the review, ensuring strong representation of patient and public perspectives. The committee agreed to continue monitoring developments while awaiting the final publication. **The Chair thanked LA for the update**	
2.0	**HWE Standing Order and Accountability Framework: Chris McCann** The committee reviewed updates to the Standing Orders and Accountability Framework. The documents had been comprehensively revised in 2023, so only minor changes were needed. The committee approved the updates.	

No.	Agenda Item	Action Lead
	The Chair thanked CM for the update and noted the report.	
2.1	**Audit, Finance and Risk Sub Committee (AFRSC) Update: Jane Laughton** JL – Chair of AFRSC provided an update, confirming that Healthwatch was on track with its financial position, with a small projected overspend. The risk register was reviewed, with major revisions planned after the Dash Review. The staff survey had been well received, with action plans in place to address areas for improvement. **The Chair thanked JL for the update and noted the report.**	
2.2	**Business Items: Sandra Abraham** The committee reviewed the delivery performance report for the year to date. Most projects were progressing as planned, though two had been cancelled due to cost and staffing constraints. The committee acknowledged the need to prioritise resources effectively.	
2.3	**Forward Plan** A discussion was held on engaging with primary care leaders, including GP and pharmacy representatives, to better understand challenges in service delivery. The committee agreed on the importance of strategic outreach and sector engagement.	
	Questions from the public No questions were submitted by the public.	
	AOB The meeting concluded with open discussions and final remarks. Members reiterated the value of combining national-level analysis	

No.	Agenda Item	Action Lead
	with insights from local Healthwatch teams. Future meetings were scheduled, with a key focus on the Dash Review outcome.	

	Future dates for committee and subcommittee meetings 2025
	
	   o Audit, Finance and Risk Sub Committee (AFRSC): 24 April
	   o Committee Workshop: 27 March
	   o Committee Meeting: 20 May	

	The meeting was then formally closed by the Chair with thanks to all attendees, including members of the public. **End of Meeting.**	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

20 February 2025

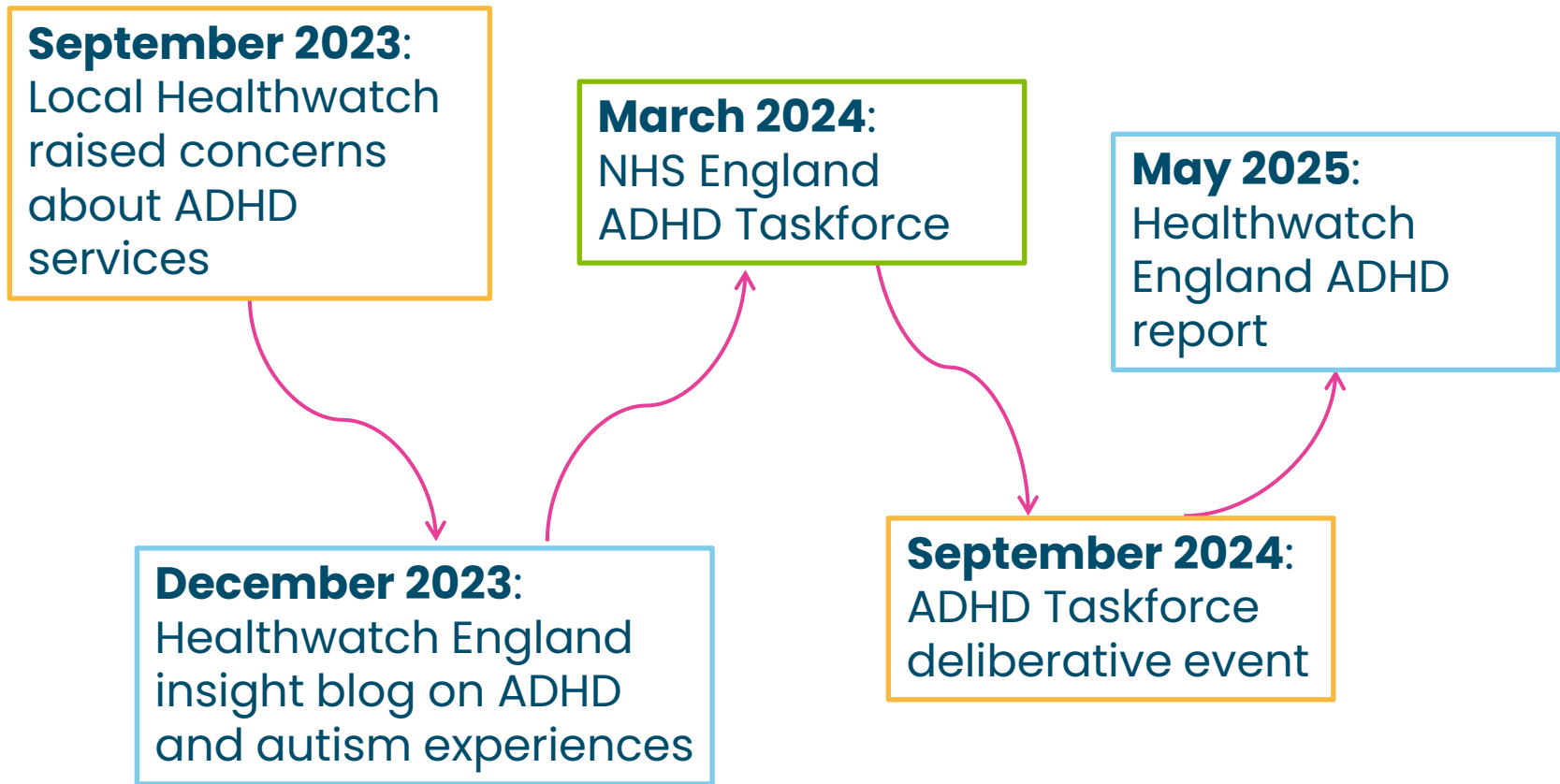| Agenda Item	Lead	Reference	Action	DEADLINE	STATUS
1.4	RC	Presentation: "A Pain to Complain" Report	Share findings with NHS England's complaints managers in May		Complete
	RC / Policy Team		Explore best practices from international and commercial sectors for handling complaints		Complete/ ongoing
	Comms Team		Work with local Healthwatch teams to improve advocacy service visibility	Q4 2025/26	Not Started
	CM		Present complaints report findings to the National Quality Board		Complete
2.0	CM / Governance Team	HWE Standing Order and Accountability Framework	Finalise updates and ensure gender-neutral language in governance documents		Complete
2.1	AFRSC	AFRSC Update	Review risk register post-Dash Review	Q2 2025/26	Not started (Pending Publication of Dash review
2.3	Policy Team	Forward Plan	Develop a framework for engagement with primary care leaders, including potential discussions with the Royal College of GPs and other sector bodies –		Complete
AOB	Josephine Buckle / Committee	-	Prepare for the March 27 workshop and upcoming committee meetings –		Complete

Recognising ADHD
Presentation on Healthwatch England research

healthwotch

Background

Why we decided to undertake this research

September 2023:
Local Healthwatch raised concerns about ADHD services

December 2023:
Healthwatch England insight blog on ADHD and autism experiences

March 2024:
NHS England ADHD Taskforce

September 2024:
ADHD Taskforce deliberative event

May 2025:
Healthwatch England ADHD report

ADHD research for the Healthwatch England Committee

Our research findings

healthwatch

About the research

YouGov ran polling for us about ADHD. It was was conducted between 8 to 27 January 2025 online. The total sample size was 2,579 adults with ADHD. The figures have been weighted and are representative of all English adults (aged 18+) with ADHD.

We also ran our own self-selecting survey throughout January 2025 to gain qualitative insight. We had 1161 completed responses in total.

How ADHD affects people's lives

ADHD affects every area of a person's life and has severe impacts:

Area of life affected	Negative impact – diagnosed
Concentration at work or when studying	63%
Carrying out household tasks	57%
Mental health and wellbeing	56%
Ability to work	53%
Self-esteem	50%
Ability to budget and manage money	47%
Ability to socialise	46%
Relationships	44%
Physical health	43%
Ability to take part in hobbies	40%

ADHD research for the Healthwatch England Committee

"My family find it difficult to understand my difficulties. My self-esteem has been affected because I find it difficult to take in instructions and carry them out. I desperately try to be organised but cannot achieve it, to the annoyance of my children. It's as if I freeze."

White British woman, aged 65 - 79, Essex (diagnosed)

Referrals and long waits for ADHD assessments

People are experiencing long waits, pushing them to pay for private assessments.

- Nearly half (45%) of those waiting for an assessment had been doing so for over a year.

- Nearly two in five people were considering paying for a private assessment

More than two in five (41%) waiting for an assessment had had more than one appointment with their GP before they were referred.

Along with long waits for assessment, people shared stories of referral delays and a reluctance to seek support due to long waits.

"I went to see a GP six years ago believing I had ADHD only to be dismissed, told to lay off caffeine and sweets. I went back a second time but was then treated as having anxiety.

"I went back a third time, three years ago and got referred. I was struggling so bad with symptoms my relationship was struggling, work was challenging due to lack of concentration and listening. I then asked for a Right to Choose assessment provider who saw me within nine months of referral. Had I not done this, I would still be waiting."

White British man, aged 25 – 49, Yorkshire (diagnosed)

The support that people need
Whilst waiting

Just two in five people were confident in their own ability to manage their ADHD traits whilst they waited

Nearly two thirds (64%) said they received poor or no information on how to manage their ADHD traits whilst they waited

People wanted a range of types of support, including how to manage their mental wellbeing (63%) and a single point of contact about the wait (44%)

"I'd like the chance to learn more about ADHD and symptom management. Just a check in with my GP while I wait would go a long way to helping me feel listened to and supported."

White British woman aged 25 – 49, Liverpool (undiagnosed, awaiting assessment)

Support at work

Overall less than one in five employed people told their employer that they had ADHD

Almost two-thirds (64%) who told their employer were offered at least one reasonable adjustment to support them at work

Over three quarters (76%) of those offered reasonable adjustments said they made a significant or moderate difference

Reasons for not telling their employer included:

- Not making a difference to their job (39%)

- Waiting for a formal diagnosis first (30%)

- Not wanting to disclose personal information (26%)

- Worried about implications for their job (23%)

The benefits of diagnosis

An ADHD diagnosis has positive, wide ranging and transformative impact on people's lives, including:

- 84% said it helped them understand the way their brain worked and their behaviour

- 58% said it gave them new strategies to manage their ADHD traits

- 58% said it made it easier for them to look after their mental health and wellbeing

- 54% said their self esteem improved

- 44% said the ADHD medication they had been prescribed made it easier to manage their ADHD traits

"It changed my life -I was able to get medication, workplace adjustments and coaching. I got a promotion at work, earned almost twice as much and now have a long career ahead of me. I'm able to manage my emotional regulation much better now. I can look up specific ADHD tips to organise my house so I don't feel like I'm drowning in mess now."

Asian British woman, London, 25-49 (diagnosed)

Key recommendations

1. Move ADHD assessments to the community

2. Review NICE referral guidance for ADHD

3. Provide better support to people waiting for ADHD assessments

4. Collect and publish data on ADHD assessment waiting times

5. Improve employers' support for those with ADHD

ADHD research for the Healthwatch England Committee

Any questions?

ADHD research for the
Healthwatch England
Committee

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Listening to neurodivergent people in York

20 May 2025
Siân Balsom, Healthwatch York

Our work on neurodivergence part 2

- Our August 2023 report was called "I want to know, I want a diagnosis, I want help."

- Work began in Spring 2023 when York Health and Care Partnership announced changes to the pathway

- We heard first hand considerable concern from people affected

- We volunteered to undertake an independent evaluation of the pilot

"I want to know, I want a diagnosis, I want help"

Pilot pathway for Autism and ADHD: Independent evaluation August 2023

healthwatch York

What we did to achieve change

- Hosted a public consultation

- Worked alongside York Disability Rights Forum (YDRF) to hold drop-in events in person and online

- Publicised all the ways people could share feedback including offering face to face, telephone and online interviews

- Heard from 249 people

- Report highlighted our key findings and key concerns – accessibility, appropriateness, effectiveness, clarity, risk management, public trust, and patient choice.

- Read the report at: https://bit.ly/IndependentAug23

"Being rejected from an assessment because I'm not currently a risk to myself.... really really made me want to be a risk to myself. It was rather triggering because I've previously had very volatile mental health (history of self-harm, suicide attempts etc.)"

"I don't think [people] appreciate just how vulnerable people are when they go to a GP for an assessment... "Hi, I appear to be a failure as an adult and can't fit in anywhere. Help!" That's a really hard conversation to have. To then be told... you're not struggling enough, or struggling in the right way to get an assessment, is utterly invalidating."

Adult ADHD and autism assessment requests blocked by NHS screening system

Yorkshire pilot scheme to combat rise in waiting times has not resulted in a single appraisal

A new screening system for adults wanting an autism or ADHD diagnosis has rejected up to 85% of requests for a referral since it was launched, adding to concerns from campaigners who warn it could become a blueprint across the NHS.

An independent assessment of the first three months of the pilot by Healthwatch York found significant problems with accessibility and a lack of support for those not referred for an assessment by the profiler.

Emily Douse, of Healthwatch York, said the findings highlighted some unanswered questions regarding how decisions have been made and how the pilot was implemented. "We've heard some distressing examples of how the pathway has impacted those seeking a diagnosis, and the wider community. ICBs need to meaningfully engage with those impacted, only then can informed decisions be made about how best to serve the neurodivergent community."

What difference did it make?

- Face-to-face and online engagement with the community by the ICB to continue amending the pathway
- Criteria removed – anyone needing a diagnosis can now go on the waiting list
- GPs and Community Mental Health Team can now make direct referrals to the Retreat
- Online tool no longer part of the assessment process
- Anyone can go through the Referral Support Service

What difference did it make?

- £40,000 investment (being made through the Community Mental Health Transformation project) in VCSE-led peer support service
- National implications for use of digital health technologies that have not been approved for such use
- City of York Council is completing an all-age neurodiversity JSNA and both this work and our subsequent look at the experiences of neurodivergent families are being used as evidence for this JSNA.
- This will shape our new Neurodiversity Strategy for York

Our work on neurodivergence part 3

Following on from our work, we decided to further explore the experiences of neurodivergent families in York because:

- Through our work we were much more aware of the many challenges families were experiencing

- Speaking with partners confirmed our concerns about the quality and availability of support for these families were shared

- City of York Council is working on a Neurodiversity strategy – we wanted these challenges front and centre in that work

Listening to Neurodivergent Families in York

January 2025

healthwatch York

Our work on neurodivergence part 3

Our partners:

Read the full report at https://bit.ly/NDfamiliesJan25

My name is Edward and I am nine years old. I am autistic with a PDA (Pathological Demand Avoidance) profile and have a diagnosis of generalised anxiety disorder, OCD, a tic disorder and PTSD. I was a high masker in primary school and academically high achieving but had significant unmet needs. This led to autistic burnout and PTSD at the start of year 3 - I became too unwell to go to school. I stopped eating at school and became distressed every evening worrying about school.

"I struggled with sitting on the toilet on and off for several hours due to anxiety which meant I wasn't getting enough sleep.

I asked for simple accommodations from my teachers to be told my suggestions weren't possible. School would not support an application for an Education, Health and Care Plan (EHCP) and we had to try different stages of support first but these accommodations were sadly too little too late."

The chronic masking had a catastrophic impact on my mental health leading to a complete loss of skills and being unable to function and complete basic tasks. I lost control of bodily functions and could not bring a cup of water to my mouth to drink without help when I was previously fully independent. I could also not leave the house for over a year and still struggle to talk about school even though I have been out of education for 19 months.

What difference did it make?

- Still early days…. But it is helping shape the needs assessment, the strategy and the action plan

Is that it?

- Currently supporting people around the Right to Choose, Shared Care and the ongoing medication challenge.
- Still long waiting lists for assessment
- Concern about the potential impact of the proposed welfare reforms on people awaiting assessments and their families, and those denied assessments
- Specific concerns about impact on single mothers with multiple neurodivergent children, especially around the changes to benefits for 19-22 year olds given the education challenges experienced

For more information
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Follow us on bluesky @healthwatchyork
Facebook.com/HealthwatchYork

2017 report: https://nds.healthwatch.co.uk/reports-library/support-adults-adhd

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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 February 2025

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Background

As ever Q4 has been an exceptionally busy period ensuring we end the financial year in a good budgetary and performance position. The team has been highly productive while navigating a shifting environment where we are seeing huge changes in the architecture of the NHS, with notably the announcement of the abolition of NHS England.

Whilst we continue to await the Dash review, we have continued to ensure that our work goes on and we have impact on national policy and support the network to have impact for service users locally.

1. Influencing

Increased protections for delivery of NHS letters

Last year, Ofcom announced a consultation on proposals to reduce the number of days letters are to be delivered to the public by Royal Mail. Given the feedback on people already receiving letters late, including after the date of their appointments, we raised concerns about the impact of these proposals on patients and NHS letters.

We have since worked with NHS England, Royal Mail, and other partners to secure key changes to protect patients from any changes. These includes the introduction of a new NHS-specific barcode to help post teams identify NHS letters in their system and make sure they're delivered on time; and new

guidance for NHS teams to understand the range of services they can use to send letters on time.

Action plan for eliminating cervical cancer by 2040

NHS England's new action plan for eliminating cervical cancer by 2040 was published on 28 March 2025 and adopted many of the recommendations we called for in our September 2024 **policy research report** on the topic. This includes introducing self-sampling for under-screened women (subject to a decision expected to be announced soon by the National Screening Committee and government), better booking methods and improved information on HPV.

We have also contributed key messages about personalised solutions in a new report *Fixing the System: Reducing Women's Reproductive Inequalities*, published by the All Party Parliamentary Group on Sexual and Reproductive Health in March 2025.

Health and Social Care Committee report on adult social care

On 5 May the committee published *Adult Social Care Reform: the cost of inaction,* and called on the government to better measure the human and financial costs of failing to reform social care. On page 8 it references our 2024 finding that as many as 1.5 million working-age people in England might not be getting the care for which they were eligible. We are now awaiting a response from Baroness Louise Casey to our offer to contribute to her independent commission on adult social care.

Public Accounts Committee report on dentistry

This parliamentary committee's report was published in early April and was yet another to declare that NHS dentistry was in crisis. Its recommendations to government include one we proposed in written evidence, that ministers set out a timetable for reforming the dental contract and ensure they consult with the public on proposals. DHSC has yet to respond.

Introduction of Patient Charter

As part of the new GP Contract agreed for 2025/26 (see below), a new 'Patient Charter' will be introduced. Published by NHS England, this will outline the standards of care that patients can expect from their GP practice. Practices will be required to publish this on their websites, with the aim of enhancing transparency and patient understanding of the services they provide. We have provided written input into the current draft of the Charter and continue to join

meetings with DHSC and NHSE as they finalise it. Our forthcoming work on GP Choice will be relevant to future reviews of the Charter.

2. External Updates

Abolition of NHSE, ICB cuts and review of all ALBs

In March, the government announced it would be abolishing NHS England over the next two years and bringing day-to-day running of the health service into the Department of Health and Social care. This could involve more than 9,000 jobs being cut across NHSE and DHSC. New legislation will be required to abolish NHSE. We await details of how the transition and functions will be managed.

At the same time, integrated care boards were told to cut running costs on average by 50%. NHSE's new CEO Sir Jim Mackay has told ICBs to look at areas of 'duplication' such as communications and engagement, which also run in local authorities and providers. Many ICBs are likely to merge to increase economies of scale. ICBs have to submit and agree plans for cuts to NHSE regional offices by the end of May.

The Cabinet Office has also instructed all government departments to justify the existence of all their arms-length bodies and has suggested that new laws might be introduced to more easily abolish multiple ALBs in one go.

New GP contract agreed

In February 2025, NHS England published [changes to the GP contract for 2025/26](#). These changes were accepted by GP leaders at the British Medical Association (BMA), ending their dispute with the government and NHS England. The contract provides an additional £969m to general practice in the coming financial year.

Of note to previous and ongoing Healthwatch work, GP surgeries will be required to allow patients to request appointments online during working hours. The government hopes that this will free up phone lines and improve triage, though there are still concerns about access to appointment booking systems for those who are not available during core hours (for example those who work night shifts).

New targets for additional dentistry appointments

ICBs were each given their own target for delivering extra urgent appointments for the year starting 1 April 2025, in [a letter sent out in late February](#). These range from

2,740 for Coventry and Warwickshire ICB, to 57,559 for North East and North Cumbria ICB, with targets based on data on proportion of patients able to get a dental appointment from the GP Patient Survey. Across the 42 ICBs they total 700,000 and are to be funded by using dental budget underspend.

Pharmacy contract agreed between profession and government

On 31 March, DHSC and Community Pharmacy England announced they'd reached an agreement on funding and requirements for NHS community pharmacies, involving an increase of £800m in funding for 2024-25 and 2025-26. It includes news that the 'morning after pill' will be free at all NHS pharmacies.

Men's Health Strategy consultation

In April, DHSC launched a 12-week public consultation to inform its new Men's Health Strategy. We welcomed the exercise.

Healthwatch England will be conducting our own research on men's health to complement the strategy, which will include national polling on men's experiences and attitudes towards the NHS. This is due for publication later this summer. We have worked closely with DHSC to ensure that our research will align with the government's call for evidence.

Supreme court ruling on legal definition of sex

On 16 April, the Supreme court ruled that 'the terms "man", "woman" and "sex" in the Equality Act 2010 refer to biological sex'….[and]… 'a person with a Gender Recognition Certificate (GRC) in the female gender does not come within the definition of a "woman" under the EA 2010'. In a summary of its ruling, the court added its judgement 'does not remove protection from trans people (with or without a GRC) accorded by the 'gender reassignment' characteristic, and also from direct or indirect sex discrimination i.e. 'a trans woman can claim sex discrimination because she is perceived to be a woman'.

The Equalities and Human Rights Commission is due to run a two-week consultation soon to inform an updated statutory code for public bodies, expected out by end of June. New guidance on single-sex spaces (such as hospital wards) is also due out.

3. Support to the Healthwatch Network

Impact

With impact one of our five shared values, March's [National Impact Awards](#) celebrated how local Healthwatch make a real difference. The top award was shared by Healthwatch Milton Keynes for improving mental health support for women, and by Healthwatch Brighton and Hove, Healthwatch East Sussex, and Healthwatch West Sussex for their joint work on patient transport across Sussex.

Highly Commended recognition went to Healthwatch Barking and Dagenham (supporting South Asian communities to access social care), Healthwatch Herefordshire (improving access to health checks and vaccinations for people with learning disabilities), and Healthwatch Liverpool (helping people with trauma feel confident using healthcare). Commended were Healthwatch Dudley who helped people with communication needs and people with no fixed address to access GP services, Healthwatch North Yorkshire for their project which resulted in better access to mental health support and Healthwatch York who ensured adults entering the Autism and Attention Deficit Hyperactivity Disorder pathway experience a more straightforward journey.

Healthwatch teams came together for the Awards Showcase Day to hear more about each project, why it mattered, and the long-term difference each is making. Congratulations to all 18 Healthwatch teams who were shortlisted.

Learning and Development

Learning and development is a key part of how we support local Healthwatch. Our programme builds essential skills through a range of formats to suit staff and volunteers, with training delivered by local Healthwatch, external experts, and Healthwatch England. The 2025/26 core skills framework and training calendar is now available.

In the past year, Healthwatch staff and volunteers have taken part in over 3,800 learning sessions, including 1,452 people who completed our popular e-learning courses. Our induction course introduces new starters to Healthwatch, our shared values, and how we make a difference. Other courses explore key topics such as equity, diversity and inclusion, and volunteer management. Feedback has been consistently strong, with 97% of learners reporting that they will apply learning in their work and 87% reporting that their needs and expectations were mostly or completely met.

Quality Standards

As we await the outcome of the Dash review, we are already acting on suggestions and recommendations from our conversations with local Healthwatch and local authority commissioners. This includes exploring the introduction of quality standards for local Healthwatch — building on the existing Quality Framework completed by many and recognising the growing maturity of the network.

4. Communications

Highlights from the last quarter:

We have continued to deliver our work programmes to raise awareness of our services, highlight the experiences that people share with us, and support local Healthwatch in doing the same. Highlights from January to March include:

- Campaigns: Our joint campaign with CQC culminated in our first national week of action in February. During Share for Better Care Week, we harnessed stakeholder support, social media, influencers and PR to highlight how everyone can transform an everyday spare moment — whether waiting for the kettle to boil or the bus to arrive — into an opportunity to make a positive impact by sharing feedback about their care. The campaign, supported by charities, the NHS, social care services, councils and national bodies, resulted in impressive improvements in most of our communication metrics. For example, public feedback to Healthwatch England increased by 571% compared to the average week. We are now using the learning from this campaign to inform our campaign for 2025-26.

- Marketing: We have continued to test new social media channels, increase the mix of our content, and improve the marketing of our content. This work is bearing fruit. For example, our investment in YouTube has led to it becoming our fastest-growing channel with a 90% increase in followers, and one of our videos explaining Healthwatch has been viewed 267K times. We have also continued to support local Healthwatch to market their service by providing new brand resources and marketing toolkits. For example, we published new videos explaining Healthwatch and how we can help.   Over 45 local Healthwatch services requested localised versions of these videos so far.

- Insight and advice: We have continued to secure high-profile coverage for our reports and insights. For example, our report on the experience of trauma survivors in March was covered by BBC News, included an interview by BBC Radio Four Women's Hour and was featured in the Independent. We have also continued to produce new advice and information, syndicating new advice articles to local Healthwatch websites every month and finished our review of past advice to ensure it is optimised for search engines to find.

Taking stock of the year

We have also completed our annual review of our communications performance. Despite the pause to our communications that resulted from the pre-election period for government bodies, our performance has improved year-on-year in many areas:

- Social reach and engagements: Our social media content gained an audience reach of 22M (+11% year-on-year) and received 788K engagements (-11% year-on-year).

- Media mentions: The media activity of Healthwatch saw 9099 media mentions (+126% year-on-year). Major news outlets, including the BBC, the Guardian, the Times, the Independent and the Mail, repeatedly covered our work,

- Audience actions: 21,000 people shared their experiences with us (+58% year-on-year). 266K users viewed our advice and information (+30% year-on-year). 185K users viewed our news and insight blogs (+ 28% year-on-year). 34K users viewed our insight reports (+23% year-on-year). However, we saw a drop in people searching from their local Healthwatch, 90K people used this service (-40% year-on-year).

- Supporters: Our supporter numbers across email and social media grew to 94,170 (+30% year-on-year).

- Prompted awareness: Awareness of our brand has remained steady. Our latest polling indicates that 38% of people are aware of 'Healthwatch' (+1 percentage point year-on-year), and 37% are aware of 'Healthwatch England' (+1 percentage point year-on-year). However, understanding of our brand has improved. Of those who have heard of Healthwatch, 34% know a little or a lot about what we do (+5 percentage points year-on-year).

5. Equality, diversity, and inclusion highlights

A fuller outline of our work in this area is contained in the report at agenda item 2.2 but below are some highlights from the last six months.

Support to Healthwatch

- We've developed a programme of work to help Healthwatch focus more explicitly on tackling health inequalities. Our National Awards referred to above explicitly recognise Healthwatch's contribution to tackling health inequalities. It also includes embedding equity as one of our shared values, delivering training and using peer networks to share examples of effective local practice (see above), and reviewing local authority tender specifications to ensure they specify this issue. While only a proxy indicator, our analysis of all Healthwatch annual reports found that 82% (127 reports) included a clear focus on health inequalities.

Policy and research

- In February 2025, we published a **high-profile report on the scale and impact of poor administration of care** in partnership with the King's Fund and National Voices.
- In March 2025, we published **a report on how trauma cards could improve access to care** for those who have survived incidents of trauma.

Communications

- During 2024-25, we ran our Share for Better Care campaign. The joint campaign with CQC aims to increase feedback from those facing inequalities, especially from ethnic minority and low-income audiences.

How we work

- In Q4, we ran a further three training sessions for all staff on: Neurodiversity – ADHD, autism and dyslexia, visual impairment and understanding the experiences of trauma survivors. For 2025/26, we plan to continue our EDEI staff program, focusing on the protected characteristics we will support in our projects and activities. Our next session, scheduled for July, will cover BSL sign language, followed by additional sessions including black men's health.

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

February 2025 (Post- Committee Meeting 20 February)		
Date	**Event / Meeting**	**Attendees/Delegate(s)**
21	ADHD Taskforce - Fourth Meeting	**Anita Thapar** – Cardiff. AC UK **Adrian James** - NHSE
24	Welsh Affairs Committee: Cross-border healthcare	**Alyson Thomas** - llaiscymru.org **Chris McCann** - HWE
24	10YP Vision WG2	**Tom Kibasi** - DHSE
25	Panel Speaker - Shelford Group's Annual Event	**Emily Hughes** - Shelford Group
27	NHS Equality and Diversity Council	**Joan Saddler, Neil Churchill** - NHSE
28	Healthwatch and NHSE	**Amanda Pritchard, CEO NHSE**

March 2025		
Date	**Event / Meeting**	**Attendees/Delegate(s)**
4	Working together	**Helen Vernon** - NHS Resolution
7	Speaker - Empowering Every Woman: International Women's Day 2025	**Claudia Tannant** – NHS ConFed
9	Covid 19 National Day Of Reflection Event 2025, national memorial arboretum, wreath laying on behalf of patients	**Ellie Orton OBE** - CE, NHS Charities Together
11	Keynote speaker – HW Leicester & Leicestershire - Conference	**Gemma Barrow** – Manager, HW Leicester & Leicestershire
25	10 Year Health Plan - Partners Council	DHSE

April 2025		
Date	**Event / Meeting**	**Attendees/Delegate(s)**
4	Update on diabetes care	**Colette Marshall** – CEO Diabetes UK
9	Joint meeting: patient/public voice group	**Chris Day** – CQC **Neil Churchill** – NHS, and 10 others
17	Introductory Meeting	**Sir Mike Richards** – Chair, CQC
25	Westminster Health Forum Keynote Speaker	**Baroness Finlay of Llandaff**

HEALTHWATCH ENGLAND

Annual Budget 2025/26

Committee Meeting – Tuesday 20 May 2025

healthwatch

COMMITTEE PUBLIC MEETING

Tuesday, 20 May 2025

Agenda item: 2.1b

ITEM: Healthwatch England Annual GIA Budget & Procurement Plan 2025/26

PRESENTING: Sandra Abraham

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This is a summary of our budget for 2025/26.

RECOMMENDATION: Committee are asked to APPROVE the report

Background:

The following tables below present our confirmed budget of £3,350,000 for the financial year 2025/26 and the breakdowns in this budget. This includes allocations to our staff pay, non-pay expenses, internal recharges, and financial pressures including NHS pension charges and National Insurance increases.

Our procurement plan outlines the goods and services we will procure over the value of £10k.

HWE GIA Budget 2025/26

GIA Budget Summary	Budget (£)	Notes
GIA Annual Budget	**3,350,000**	Our confirmed total budget allocation. This budget also includes a £48k uplift from CQC to help with our NHS Pension Charge of £144k.
Budget Breakdown		
Staff Pay	2,182,286	Staff cost is based on: • 3% vacancy rate (£1,935,983) • Includes £50k staff pay internal recharges • £143,933 NHS Staff Pension Charge • £52,370 NI Increase (£16.5k NI % increase and £36k NI threshold increase). If we receive additional funding for NI then this will be credited back to us.
Non-Pay	1,167,714	Includes £150k internal recharges. Excluding the £150k CQC recharges we have **£1,017,714** to spend on our projects and activities within non-pay

Pay Budget 2025/26

Account Description	Total Sum of 2025/26 Pay Budget
Sub Total Staff Pay	1,995,859
Staff pay budget based on a 3% Staff Vacancy rate	**1,935,983**
Pay Internal Recharge to CQC	50,000
NHS Remaining Staff Pension Charge (CQC has given us £44k towards our pension cost of £144k)	143,933
NI Contribution Increase	52,370
Total Pay Cost	**2,182,286**

Non-Pay Budget 2025/26

| Programmes	Description	Estimated Budget
Communication & Media	Printing and Design, Subscriptions, Campaigns, Fees for digital marketing	£195,383
Data & Digital	Hosting, Maintenance & Development, Smart Survey, Pen-testing, Workvivo by Zoom	£214,626
Local Healthwatch Relationship	LHW Training, Annual Conference, New Healthwatch Model, Easygenerator subscription	£61,000
Organisational Management	Staff Training, Travel, Accommodations, subsistence, subscriptions, meeting room hire, catering, general office expenses (stationery) and CQC Internal recharges	£165,102
Evidence, Engagement, and Influence	Research, policy and communications work	£147,500
Dash Review Plan (New Healthwatch Model)	Pending the publication of the Dash Review. We will allocate funds to support transition advice and activity.	£60,000
All teams	Projects being across teams to respond to 10YP and Dash including our new strategy development	£174,103
Internal Recharges	Payments made to CQC for services including finance, procurement, HR, legal, facilities and front-line enquiries service (NCSC).	£150,000
TOTAL COST		**£1,167,714**

Non-Pay Procurement Plan 2025/26

Team	Supplier	Service Provided	Start Date of Contract	Estimated Value £
Communication	Cision (Gorkana) and NLA Media Access Licence	Media database and monitoring	1 April 2022	**£15,600** (FY25/26)
Communication	PR Agency	PR Support	TBC	**£28,000** (FY25/26)
Communication	HH Associates Ltd	Design, video and photography	1 April 2024	**£25,000** (FY25/26)
Digital	Circle Interactive Ltd	Hosting, Maintenance & System Development	Initial contract start date was 1st May 2022 we've now gone into the extension period for another two years: 1st April 2024 to 31st March 2026	Two Year Spend 2024/26 up to £182,000 (including VAT) Total contract value £541,205 (Including VAT) **£110,626** (FY25/26)
Digital	SmartSurvey Ltd	Enterprise "hub and spoke" Survey platform	Start date May 2025 – April/May 2029 – 2+2 contract.	**£60,000** p.a. (FY2025/26) Total four years: £240,000.00
Digital	TBC	Security/pen testing	TBC	**£10,000** (FY2025/26)
Digital	Workvivo by Zoom (replacement of Workplace by Meta)	Healthwatch communication and collaboration platform	April 2025	**£34,000** (FY2025/26)
Network Development	Kaleidoscope	New Healthwatch Model	September 2025	**£60,000** (FY2025/26)
Total		55		**£343,226**

HWE GIA Budget Comparison 2019 –2026

	2019-20 £	2020-21 £	2021-22 £	2022-23 £	2023-24 £	2024-25 £	2025-26 £
GIA Annual Budget	3,465,934	3,417,906	3,377,309	3,208,000	3,299,760	3,343,688	3,350,000
Additional Income	56,646	39,337	219,929 (used to pay LHW)	31,758	63,472	14,250	*tbc*
TOTAL INCOME	**3,522,580**	**3,457,243**	**3,597,238**	**3,239,758**	**3,363,232**	**3,357,938**	**3,350,000**
Staff Pay (Excl Internal Recharges)	1,953,919	2,000,481	2,089,576	2,158,275	2,236,303	2,232,534	2,132,286
Non-Pay (Excl Internal Recharges)	1,083,183	1,040,030	776,448	822,186	940,594	966,801 (Plus, accruals 13,296)	1,017,714
Internal Recharges	485,478	451,328	283,362	253,550	200,076	204,239	200,000
TOTAL EXPENDITURE	**3,522,580**	**3,491,839** (Overspend £35k)	**3,149,386** (Underspend on GIA Budget £227k)	**3,234,011** (Underspend £5k)	**3,376,973** (Overspend £13k)	**3,358,988** (Overspend £1k)	*tbc Q4 2026*
Percentage of Budget Spent	100%	101%	93%	100%	100%	100%	*tbc Q4 2026*

HWE GIA Budget Comparison 2019 –2025 Chart

HWE GIA Budget and Spend 2019 – 2025
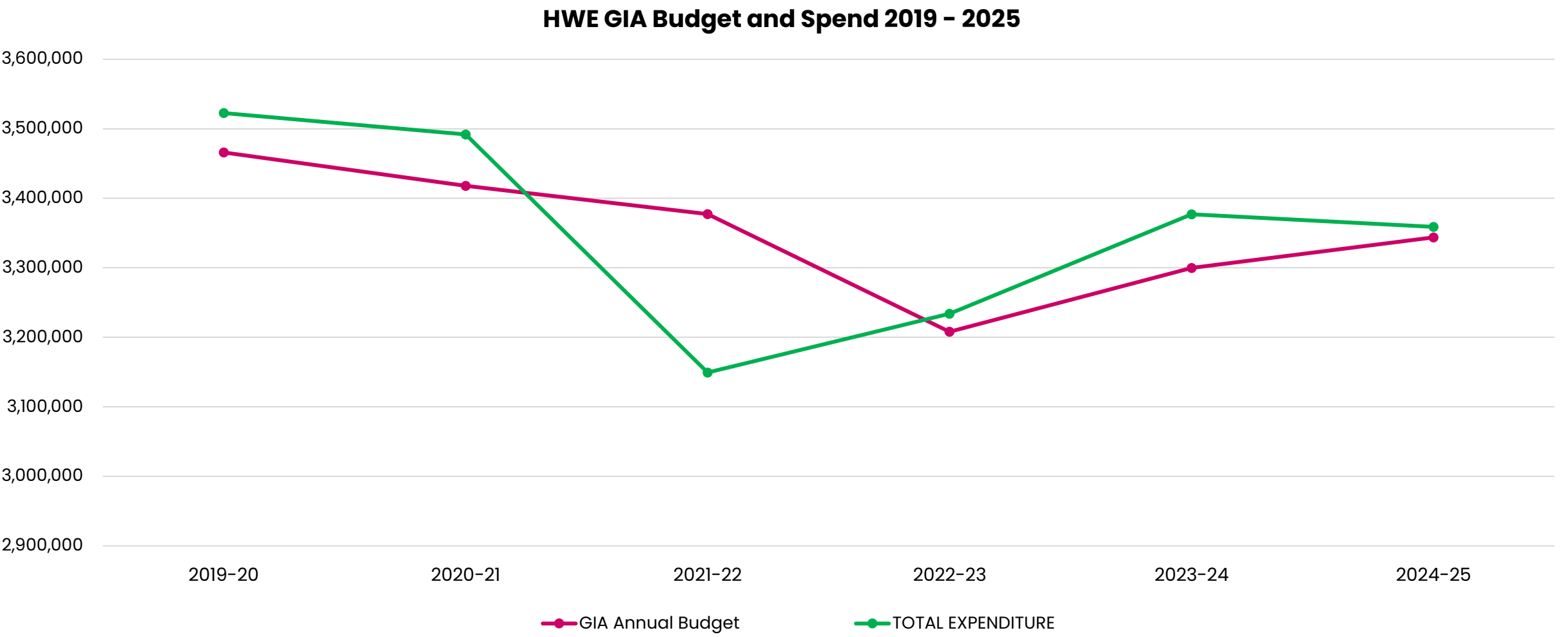
AGENDA ITEM: Strategic Risk Register 2025/26

PRESENTING: Jane Laughton

PREVIOUS DECISION:

EXECUTIVE SUMMARY: The Strategic Risk Register for 2025/26 outlines risks to Healthwatch England's strategy, network operations, and business plan from April 2025-March 2026. The register indicates specific measures to mitigate each of these risks.

RECOMMENDATIONS: Committee is asked to **APPROVE** the risks presented in the register.

Strategic Risk Register 2025/26

The strategic risk register was reviewed by the AFRSC in April following amendments to the register by the Leadership Team in March. This register will be reviewed again following the publication of the Dash Review to include any risks that may impact our organisation.

The risks are placed in order of their post-mitigation rating with the highest risk placed first.

The highest red flagged risks are:

Risk Area	Risk Number and Description	Post mitigation Rating
Strategic Aim Three	**SRO1 –** Healthwatch England does not have enough financial resource to deliver on our strategy and meet out statutory duties, leading to a loss of effectiveness and credibility and a severe risk to our future and consequentially public voice not being heard in the system.	**Rating 16 high**
Strategic Aim One	**SR02 –** If local Healthwatch do not have sufficient resources, they will not be able to fulfil their statutory activities locally, leading to a break in service, weakening community representation and	**Rating 16 high**

Risk Area	Risk Number and Description	Post mitigation Rating
	diminishing health and social care advocacy.	

Committee is asked to APPROVE the risks presented in the register

Risk Area	Risk Number and Description	Post mitigation Rating

healthwatch

Healthwatch England

Strategic Risk Register 2024–26

CREATED BY: Leadership & Committee March 2024

REVIEWED BY AFRSC: 24 April 2025

APPROVAL BY FULL COMMITTEE DUE: 20 May 2025

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR01	FINANCIAL	Healthwatch England does not have enough financial resource to deliver on our strategy and meet out statutory duties, leading to a loss of effectiveness and credibility and a severe risk to our future and consequentially public voice not being heard in the system.	Chief Executive	3	4 (Imp) 5 (Lh) **20 (High)**	- Following the Dash report, we will seek to increase our resource base either via increased GIA to fund any transition and ongoing work, or through additional funds from the CQC if we remain a part of it - We have set out our scenario planning for changes in our GIA budget/ income over the coming years. - Increasing public awareness of Healthwatch's important role and showing the impact we have. - LT and Committee proactive in seeking	We will reforecast the annual budget in October 2024 and January 2025 and take mitigating actions on reprofiling spend that are needed.	4 (Imp) 4 (Lh) **16 (High)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						appropriate further sources of income. • We engage extensively with political and Government stakeholders to ensure that they place a high value on the work that Healthwatch carries out.		
SRO2	FINANCIAL	If local Healthwatch do not have sufficient resources, they will not be able to fulfil their statutory activities locally, leading to a break in service, weakening community representation and diminishing health and social care advocacy.	Head of Network Development	1	4 (Imp) 5 (Lh) **20 (High)**	• Following the publication of the Dash report we will seek to ensure that any new arrangements to commission local Healthwatch are on a more financially sustainable footing • We engage with local authorities to support commissioning of effective Healthwatch, protect/enhance budgets and prevent breaks in service.	• We are identifying potential changes to the Healthwatch model to address Healthwatch resource challenges and variation across the network (as per Dash mitigation in current control).	4 (imp) 4 (Lh) **16 (High)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						- We engage with Council leaders where we become aware of a council's intention to reduce funding significantly. - We provide a report to DHSC on Healthwatch funding and notify them if we become aware of potential breaks in service. - We provide and evaluate training and support to Healthwatch providers on demonstrating their value and continued case for funding through impact and effectiveness programmes		

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR03	RESOURCES /REPUTATION	Local Healthwatch may not have the capability to deliver their statutory functions, leading to variation in the standard of local Healthwatch and the overall reputation of the Healthwatch brand	Head of Network Development	1	4 (Imp) 5 (Lh) 20 High	• We provide resources and deliver a learning and development programme aligned to HW core skills and identified needs. • We gather key data from Healthwatch, including analysing annual reports to inform our support to local Healthwatch and discuss the results with individual Healthwatch. • We provide a Quality Framework to support Healthwatch to understand their effectiveness and identify areas for improvement.	• We will monitor staff turnover and engage with providers and commissioners if there are concerns about delivery by a local Healthwatch against contract expectations • We will review our approach to forming an opinion on the effectiveness of a Healthwatch and our power to report an opinion to a local authority. • We will review the Quality Framework in 25/26 in preparation for changes to Healthwatch.	4 (Imp) 3 (Lh) 12 Medium

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR04	INFLUENCE AND IMPACT	If the health and care system doesn't act on what Healthwatch England says, there is a risk that this may prevent us from creating significant change in service delivery and, in turn, limit our ability to improve the overall access, outcomes and experience for people and patients. This risk could be exacerbated if we find barriers in engaging and influencing the new Government.	Head of Policy, Public Affairs and Research and Insight	2	4 (Imp) 4 (Lh) **16 High**	• We are already cutting our data by ICS to ensure it is presented at the right level to support local decision making • We continue to support local Healthwatch to work collaboratively to engage with their ICSs. • We continue to engage regularly with NHSE on engagement and involvement. • We have published our Evidence Model to provide more confidence in the quality of our work • We have engaged new sponsor Minister Baroness Merron.	• We are developing an overarching campaign to go back to basics and build support for listening and engagement across the NHS and social care. • We are working with the DHSC as part of the Dash review to explore options for a new, more sustainable model for Healthwatch in context of system reforms.	4 (Imp) 2 (Lh) **8 Medium**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR12	RESOURCES /REPUTATION	There is a risk that Healthwatch's strategic and operational independence is not recognised in reviews of the Health and Care ecosystem, or assessments being carried out on ALB's.	Deputy Chief Executive	1	(4) Imp (3) Lh **12 Medium**	• We have engaged with DHSC with the outcome that Dash review phase 1 is specific to CQC and did not include HWE. • We engaged with the Darzi review and our work on waiting for care is referenced in it. • We have engaged with DHSC and Penny Dash on TOR for follow-up review of wider patient safety/listening landscape. This has focused on the importance of a statutory patient voice that is local, trusted and independent, as well as ensuring that Healthwatch will be assessed on its merits and delivery.	• We will continue to engage with stakeholders in DHSC across projects like the Dash review, and 10-year plan being led by Sally Warren, ensuring that an independent public voice is seen as integral to the success of forthcoming reforms. • We will continue to ensure that Healthwatch is seen as a strong independent organisation through the publications of our research and insight reports and by having robust	(4) Imp (2) Lh **8 Medium**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• We have developed our vision for Healthwatch in the future and shared with key stakeholders. Setting out a clear position on how as an independent organisation HW can ensure that public voice helps to deliver for patients. • We continue to have a strong media presence which reinforces our role as the independent statutory body for patient and public voice	positions and a strong media presence on the issues of the day in the Health and Care sector.	
SR13	Digital	A cyber-attack causes our systems to be compromised. Leading to a data breach and subsequent reputational damage	Deputy Chief Executive	3	5 (Imp) 3 (Lh) **15 (High)**	• Our digital hardware is provided by CQC who have robust firewalls and protections in place. • We engaged a data proprietary specialist in the development of our	• We will prioritise cyber security in our forthcoming digital strategy. • We will put in place a crisis response plan to ensure we can respond in an	5 (Imp) 2 (Lh) **10 (Medium)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						bespoke data architecture platforms. • All staff undertake mandatory information security training. We have produced robust data sharing agreements and guidance for local Healthwatch. • We carry out annual pen testing on our web platforms	agile fashion to any incident. • We will engage an external provider to carry out penetration testing of our web platforms.	
SR05	DIGITAL	If Healthwatch England's DDAT approach, digital recruitment, capability and capacity and Digital Strategy do not keep pace with developments in data and digital technology, we risk our ability to be relevant and risk others	Deputy Chief Executive	3	4 (Imp) 3 (Lh) **12 (Medium)**	• Broad stakeholder engagement project feeding into the development of new digital strategy. • New solutions support an adaptive approach to unknown changes	• Future proofing our developments on existing platforms to support new technologies as they emerge. • New digital strategy supporting a cross organisational,	5 (Imp) 2 (Lh) **10 (Medium)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		taking this space/losing competitive advantage.				in DDaT and organisational needs. • We engaged an external provider to scope the potential usages of emerging tech.	network and stakeholder approach. • The Digital Strategy will set objectives for ensuring that we stay on top of potential beneficial developments. • Robust evaluation process for new DDaT solutions based on ROI balancing cost, data security and efficiency gains. • We will provide DDaT training and education for staff and committee members to ensure they have an understanding of Digital development.	

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR06	REPUTATION	If we provide inaccurate information to the public or we do not act on a serious concern raised with us by the public, we risk damaging our brand and people not returning to use our service again.	Head of Communications	1	5 (Imp) 2 (Lh) **10 (Medium)**	- We have an internal planning and clearance process in place for our communications. - We check information with third party organisations or individuals when relevant. - We enable public to feedback on our service and content. - We monitor and manage risk via weekly and monthly cross team meetings. - We have a crisis management policy in place. - We have an escalation process for local Healthwatch to raise	We are reviewing our safeguarding approach with CQC and the training we provide to staff.	5 (Imp) 1 (Lh) **5 (Medium)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						patient safety concerns with CQC		
SR07	DIGITAL	If we do not maintain consistent uptake from the network and continue to improve our digital, data and Technology systems, this will impact on our ability to gather a sufficiency and richness data for analysis, and share data which could have negative impact on the effectiveness and reputation of Healthwatch England and the network.	Deputy Chief Executive	3	5 (Imp) 2 (Lh) **10 (Medium)**	• Continue to evaluate our current solutions and models, adjusting them to keep them relevant and effective for our data systems and web presence as well as to inform future procurement and development. • Small footprint solutions freeing resources for further development/procurement.	• Increase flexibility of existing platforms to support third-party solutions enabling more responsive action to required change. Incentivise uptake of data and web solutions by creating a value-added feedback loop – more incoming data benefits users supplying data. • We will continue to engage with local Healthwatch to ensure that we continually refine and improve our digital platform and	5 (Imp) 1 (Lh) **5 (Medium)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
							training offer to improve uptake.	
SR08	STAFFING RESOURCES	Healthwatch England may suffer from low staff morale and high staff turnover if (a) pay rates do not keep up with inflation or (b) if the progression of pay is restricted within the organisation (c) lack of promotional opportunities within our small organisation.	Chief Executive	3	3 (Imp) 4 (Lh) 12 (Medium)	• Evaluate the competitiveness and relevance of salaries and benefits in collaboration with the Care Quality Commission (CQC), including plans to implement a capability pay framework pending approval from the Department of Health and Social Care (DHSC). • Keep staff informed of the additional excellent benefits on offer to all employees. • All staff to have a personal development and performance plan (PDP)		2 (Imp) 2 (Lh) 4 (Low)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• Implemented a Learning and Development plan & policy to provide employees with equitable training and development, opportunities to enhance their skills and promote satisfaction.		
SR09	DIVERSITY	If we do not have a diverse committee and staff team, then we risk a low diversity in thinking and experience.	Head of Operations, Finance and Development	3	4 (Imp) 3 (Lh) **12 (Medium)**	• Transparency in the recruitment process • We continually review our recruitment processes to ensure that we are maximising our opportunity to attract staff and committee members from diverse backgrounds. • Recruitment panels reflect diversity wherever possible.		4 (Imp) 1 (Lh) **4 (Low)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						- We will seek lesser-known networks and agencies to find a wider range of candidates. - Actively encourage candidates from all the protected characteristics to apply for roles at all levels, and candidates are anonymous when shortlisted. - We actively review the diversity of our staff team and committee, and we will strive to make sure our staff and committee are diverse to reflect the population served. - We have reviewed alternative workforce including secondments and interns and will potentially be taking		

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						part in the 10,000 Black Interns scheme.		
SR10	REPUTATION	If a local Healthwatch fails to respond or collaborate effectively with us and/or each other, there is a risk of significant loss of reputation and impact.	Head of Network Development	3	4 (Imp) 3 (Lh) **12 Medium**	• We provide resources and support peer networks for Healthwatch on collaboration with other Healthwatch, including within Integrated Care Systems • We promote, support, and monitor participation of local Healthwatch in nationwide activities. • We monitor and support local Healthwatch sharing data with HWE	• We will collate HW priorities and facilitate collaboration between HW.	4 (Imp) 1 (LH) **4 Low**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR11	EQUALITY, DIVERSITY, AND INCLUSION	If Healthwatch (including local Healthwatch) fails to engage with those seldom listened to groups, it may lead to inadequate representation of their unique perspectives and situations, which can lead to less accurate insights into health and social care quality and damage to our reputation and credibility.	Deputy Chief Executive / Head of Communications	1	5 (Imp) 2 (Lh) 10 (Medium)	• We have an annual EDI plan in place. • We ensure our communications are accessible. • We are transparent about where we need to improve and how this will be achieved. • We have carried out a range of programmes with a specific focus on EDI. • We have updated our organisational EDI plan to reflect the commitments made in our refreshed strategy. • We have communicated the results of several policy priorities with a strong equalities dimension	• We will engage with key stakeholders to ensure we land our emphasis on equality, diversity & inclusion (EDI) positively. • We are running a campaign to better engage diverse communities.	4 (Imp) 1 (Lh) 4 (Low)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						(e.g., cost of living impact on health and elective waiting times), as well as running a major campaign with an EDI focus on Accessible Information • We are clear about who we target, which population we target and why, because we do not have the resources to cover every health equity population.		

Risk Grid April 2025 – March 2026

Impact	Risk Ratings				
	Risk Ratings Based on scores				
5 – Very High	5 SR07 – Digital SR06 – Reputation	10 SR05 – Digital SR13 – Digital	15	20	25
4 – High	4 SR09 – Diversity SR10 - Reputation SR11 – EDI	8 SR12 – Resources /Reputation	12 SR03 – Resources/Reputation SR04 – Influence & Impact	16 SR01 – Financial SR02 - Financial	20
3 – Medium	3	6	9	12	15
2 – Low	2	4 SR08 – Staffing Resources	6	8	10
1 – Very Low	1	2	3	4	5
	1 – Very Low	**2 – Low**	**3 – Medium**	**4 – High**	**5 – Very High**
	Likelihood				

Legends

Very High
High
Medium
Low

AGENDA ITEM: 2.2a

AGENDA ITEM: KPI and Business Plan Progress Report (April – March)

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 at the end of year for 2024/25

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

Background

The following report provides an overview of our performance against our key performance indicators (KPIs) and our progress against our two-year Business Plan 2024-26.

The table below outlines a summary of our progress so far.

Status	Progress on Activities	Progress on KPIs
Projects completed	19	10
Projects on track	32	5
Projects not on track	1	4
Projects on hold or paused	3	0
Project unlikely to be met at year-end or project cancelled	2	1
Projects not yet started	4	2

Committee Members are asked to NOTE this report.

HEALTHWATCH ENGLAND

Business Plan 2024 – 2026

Progress Update – April – March 2025

Business Plan 2024-2026: Updates on delivery from April 2024 -March 2025

RAG Status

| Completed (Target met/not met) | On Track | Not on Track | Unlikely to be met or cancelled | Project Stopped or Paused | Project not yet started |

COMMUNICATION
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.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Update	Delivery Date	KPI RAG Status
1	To increase public and professional awareness of our brand, especially amongst those facing inequalities.	To deliver a year-long national campaign in partnership with CQC to increase feedback from those facing inequalities.	We ran Share for Better Care Week in February 2025. The week long campaign harnessed stakeholder support, PR and social media. We also tested the use of radio advertising and social media influencers. The campaign resulted in a 632% increase in people visiting our have your say form and a 571% increase in people providing feedback. We are currently doing a full evaluation of the campaign to inform our next campaign.	Head of Communications	Q4 2025/26	Complete	KPI	Brand awareness +10% (from 40% to 50%)	Q1 25 awareness was currently 38% (+or- 3%). This is slightly more than awareness in Jan 24 but within margin of error.	Q4 2024/25	Not on track
		To review the strategy and put in place an updated campaign for 2025-26 to increase feedback from those facing inequalities.	Not started until Q1 25.		Q4 2025/26	Not yet started					
		To launch a professional campaign to encourage a culture of listening in the NHS.	An initial strategy has been developed and approved. However, work has been paused until Q1 25 until we know the outcome of Dash review.	Head of Communications / Head of Policy, Public Affairs and Research and Insight	Q2 2024/25	Paused					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Update	Delivery Date	KPI RAG Status
		To support the communication of our insight to professionals and the public. Key issues include primary care, social care, and women's health.	We have continued to promote our new insight. Despite delays caused by the election, our media mentions and reach via media have surpassed 2023-24. We have now achieved our target for the year. The number of website users viewing our news and blogs Q1-Q4 is up 28% year on year. Users to our insight pages is up 23% year on year.	Head of Communications	Q4 2025/26	On track					
		To deliver our digital communications strategy covering search, social and partnership referrals.	Despite having to pause activity during the election, our social media reach has increased 10% year on year, however we did see an impact on our social media engagements which fell 13% year on year. We have also managed to maintain visitors to our website and increase the number of people taking key actions, such as viewing advice, sharing an experience or looking at our insight. We are still waiting for digital team to complete the amendments needed to achieve a pass on our accessibility testing. However, we have been able to complete our plans to test new channels (YouTube and Blue Sky) and update our approach to existing channels (SEO and Facebook).	Head of Communications	Q4 2025/26	On track					
2	**To provide a consistent and accessible brand communication experience.**	To deliver our plan to continually improve the use of our brand through training and resources. To review our brand to inform our next strategy.	We have continued to deliver our plan of new and updated brand resources. Updates include new videos explaining the role of Healthwatch, an updated visual brand guide and other tools such as wording to use on answerphones and email auto-responders. We have also developed new training and tools. For example, we have developed a new accessible survey for the network, as well as 'about us'	Head of Communications	Q4 2025/26	On track	KPI	50% of those who have used us would recommend us (up from 39%).	Jan 25 36% of those we polled said they would recommend us (+or- 3%). This is a slight fall from the same as Q1 24.	Q4 2024/25	Not on track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Update	Delivery Date	KPI RAG Status
			information translated into other languages.			On track (green)					(orange)
		To deliver our plan covering brand marketing, content, news, and campaigns.	Our always on marketing and PR campaign lost six weeks of activity due to the election. However, despite this we have maintained engagement and seen year on year improvements in a number of areas including our media mentions (+125%), website visitors via organic search (+46%) and email marketing (=11%).	Head of Communications	Q4 2025-6	On track					
		To explore new ways to increase our reach and engagement. Approaches include PR, national awards, social and paid-for content syndication; marketing partnerships; new content formats and new systems.	We have started testing the use of AI to increase efficiency. We have looked and pros and cos of using AI in written content and for video production and continue to explore ways it can make our work more efficient. Content syndication has gone live after a successful pilot with local Healthwatch.	Head of Communications	Q1 2025-6	On track					
3	To grow our public and professional supporter base.	To deliver our supporter strategy for the public and professionals.	We have continued to deliver our supporter strategy following our user research in Q1. We have undertaken a number of steps, including updating the onboarding journey for public users so they understand more about how we can help them. We have also introduced a separate professionals onboarding journey. Supporter numbers have increased by 30% since April 24.	Head of Communications	Q4 2025/26	On track	KPI	200K channel subscribers (up from 50K). Compared to 2024	Current followers: 94K +30% since 01 April 24.	Q4 2025/26	On track
		To explore new ways to increase actions and involvement by the public and professionals in our work. Including opportunities to attend	We will start this work in Q1 2025-26.	Head of Communications/ Head of policy and insight.	Q2 2025/26	Not started					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Update	Delivery Date	KPI RAG Status
		events, feedback on projects and advocate.									

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
4	To find out the experiences of people needing or using health, public health, and social care services.	Set a vision for our digital and data that will support us achieving our strategic objectives including real time feedback to people who share their experiences of health and care.	The Draft Strategy has been produced and presented to committee.	Director of Communications Insight and Campaigns	Q3 2024/25	Complete					
		Create implementation plan for new DDaT strategy, with dependencies on cost and capability	This element will be created once the Digital Vision and strategy has been formed		Q2 2025/26	Not yet started					
5	Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements.	Continue to increase the volumes of and quality demographic data that we receive and improve demographics presentation via dashboard.	74% of Healthwatch that shared data with us in Q4 2024/25 included some demographic data. This is a slight increase on Q3 when it was 73%. Due to pressure of other work, we have not had time to contact the Healthwatch that don't collect and share any demographic data with us.	Digital Systems Delivery Manager / Research and Insight Manager	Q4 2025/26	Not on track					
6	To find out the experiences of	Improved error checking and resilience to Data	Work completed	Director of communication,	Q2 2024/25	Complete					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
	people needing or using health, public health, and social care services.	Sharing Platform (DSP). Supporting users uploading data to Healthwatch England. (simplify)		Insights and Campaign / Head of Policy Public Affairs and Research							
7	**To provide a consistent and accessible brand communication experience.**	Website template onboarding new Healthwatch to Healthwatch England's template.	Onboarding is on track for 25/26.	Director of communication, Insights and Campaign	Q4 2025/26	On track					
8	**To build a sustainable and high-performing network of local Healthwatch services.**	Impact tracker automation and integration solution, supporting Healthwatch to track and identify and promote their impact to stakeholders.	Project near completion with just final permissions being applied along with some out of original scope archiving abilities.	Director of communication, Insights and Campaign / Head of Network Development	Q4 2025/26	Complete					
		Development of cloud solution for the Healthwatch to communicate their activities to Healthwatch and Healthwatch England, supporting collaboration opportunities in the network.	A specification has been created. Work is not expected to start until FY25/26.	Director of communication, Insights and Campaign / Head of Network Development	Q4 2025/26	Paused					
		National Data Store (NDS) API development to support dynamic data analysis by allowing applications like Power bi to directly connect to datasets within the system.	This activity was cancelled after a review and cost and security concerns about the project.	Director of communication, Insights and Campaign	Q4 2025/26	Project Cancelled	**KPI**	Completion of the API	Project cancelled so KPI can no longer be achieved		Project Cancelled

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.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
9	Ensure our external research, policy and communications work helps improve health equity	We will ensure that every research and policy project we undertake is designed to have an impact on addressing health inequalities.	All of our new projects have been planned to have an impact on addressing inequalities: Eye care - age, disability, ethnicity, income Trauma cards – gender, refugees, neurodivergent, victims of domestic abuse and sexual violence ADHD – gender, ethnicity, income GPs and choice, income, ethnicity, rurality, disability Pharmacy - income and ethnicity Referrals - income and ethnicity	Head of Policy, Public Affairs and Research	Q4 2025/26	On track	KPI	100% of our research and policy projects to include an equalities focus.	All new policy research projects have an equalities focus	Q4 2025/26	Complete
		Continue to shine a light on health inequalities across all areas of health and care through our insight pieces	Most of our Q4 insight pieces have inequalities focuses: ethnicity and belief for end of life care; rurality for people with addictions; ethnicity and long term health conditions for bad admin	Head of Policy, Public Affairs and Research	Q4 2025/26	On track	KPI	Over half of insight pieces published to focus specifically on health inequalities	All insight pieces have health inequalities focus	Q4 2025/26	Complete
10	Ensure our internal processes and policies ensure EED&I in our staff support and culture	Continue to provide comprehensive EED&I training for all employees, including management and the leadership team, to foster an inclusive environment.	We have produced and rolled out an EEDI All Staff Training programme covering the following sessions: - Introduction to EDEI and Legislation (Oct 24) - Confident and Constructive Challenge - Trans Community-Trans Health (Nov 24)	Head of Operations, Finance and Development	Q3 2024/25	Complete					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
			- Neurodiversity - ADHD Autism (Dec 24) - Visual Impairment - Eye Care (Jan 25) - Trauma Survivors (Feb/Mar 25)								
	Supporting EED&I activity across the network	Integrate and commission EDI across the L&D Programme, including peer networks	We published our new 'Introduction to EDEI' e-learning course this quarter which has been taken by 135 people with 87% satisfaction rating. We have delivered webinars on understanding EDEI, accessible communications, producing Easy Read materials and disability awareness.	Head of Network Development	Q4 2025/26	On track	KPI	20 sessions/peer networks/ e learning with an EDI focus	Introduction to EDEI - 20 booked. 100% positive feedback; EDEI peer network - Understanding the AIS - 29 booked; 7 LHW user tested the Introduction to EDEI e-learning - to be published August 2024	Q4 2025/26	Complete
		Prioritise tackling inequalities as part of Collaboration Programme	We published Healthwatch priorities to support Healthwatch contacting each other for learning and collaboration	Head of Network Development	Q4 2025/26	On track					
		Understand and communicate the tackling health inequalities dimension of Healthwatch achieving outcomes and Impact	Analysis undertaken - examples of HW tackling inequalities included in draft report delayed by Dash Review. Examples showcased in Annual Awards and in our communications.	Head of Network Development	Q4 2025/26	On track					
		Support local authority commissioning to include EDI in tender and contracting	This is business as usual for NDT Regional Managers and focusses on local Healthwatch duties under the Equality Act and the gathering and reporting of demographic characteristics of Healthwatch staff, Board and volunteers as well as people who use the local Healthwatch service	Head of Network Development	Q4 2024/25	On track					
		Carry out annual Healthwatch People Diversity survey to		Head of Network Development	Q2 2024/25 Q2 2025/26	Complete	KPI	Diversity survey completed and tracked	Results of Diversity Survey shared with National	Q2 2024/25 Q2 2025/26	Completed

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
		inform Healthwatch England support							Committee and local Healthwatch. The results show the network broadly represents some protected characteristics, notably ethnicity and sexual orientation.		

EVIDENCE, ENGAGEMENT, AND INFLUENCE

STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
12	**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.**	• Publish State of Patient Experience 2025, two years on from 2023 report.	Due to the need for Policy team input into the Dash Review and work to support the NHS 10 year plan, we pushed the report back to November/December 2025	Head of Policy, Public Affairs & Research	Q2 2025/26 (Subject to change)	On track	KPI	**KPI Spanning all projects** At least two major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	Our work on **physician associates** drew attention to the issue of patients not knowing whether they are seeing a doctor or other professional (including a physician associate). Further to this work, the GMC announced changes to Good Medical Practice guidance to strengthen requirements for	Q4 2025/26	On track
		• Continue to ensure that our work on primary care, including dentistry and GP access, is high on the policy agenda.	We have published findings on waiting for on eye care in Q4. The second piece will be published in April 2025. We have commenced a new project on GPs and the extent to which they involve patients in their care and are rerunning polling on access to pharmacy services.	Head of Policy, Public Affairs & Research	Q4 2025/26	On track					
		• Publish findings on Pharmacy First and deliver an insight	We are on track to publish our 'one year on' findings in Q1	Head of Policy, Public Affairs & Research	Initial findings: Q1 2024/25	On track					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
		piece to provide a 'one year on' assessment of how public attitudes have changed			One year on: Q1 2025/26	Green		healthcare professionals to introduce themselves to patients.		Green
		• Deliver a project on patient experiences of optometry services, with a view to informing a possible Eye Care Strategy	We received over 2,000 responses to our survey. Commissioning LHW to get responses from ethnic minority people was successful, although some struggled to reach their quotas.	Head of Policy, Public Affairs & Research	Q4 2024/25	On track		The **elective recovery plan** published in January 2025 announced a minimum set of standards that providers must meet on how they communicate with and support patients while they await elective treatment. This followed several reports in which we pressed for better support for people while waiting. We remain confident of further policy wins on **home testing for cervical screening** and mechanisms to **protect NHS letter delivery standards** over the coming months.		
		• Deliver our social care campaign in partnership with other health and care organisations to raise awareness ahead of general election and influence direction of new administration.	The government has announced a review into social care reform, reporting in 2026 and 2028. We have welcomed this announcement and are working to influence the review itself. We also gave written evidence to a Health and Social Care Select Committee inquiry into the cost of reform delays and have published our latest evidence and policy calls for social care.	Head of Policy, Public Affairs and Research	Q4 2025/26	On track				
		• Deliver a women's health project to align with year three of the women's health strategy (possibly on UTI, endometriosis, or women's access to sexual health services)	We published a short report on the needs of people who've experienced trauma (who are mainly women) on 3 March 2025.	Head of Policy, Public Affairs and Research	Q1 2025/26	On track				
		• Facilitate a lived experience workshop to help launch and provide direction to a new	We ran a lived experience deliberative workshop with 30 people in September. We drafted a report on the findings and have recently heard that NHS England	Head of Policy, Public Affairs and Research	Q2 2024/25	Complete	85% of national stakeholders saying Healthwatch is a trusted and valuable	Not started yet - awaiting the outcome of the Dash Review		

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
		NHSE ADHD taskforce	have used the findings to agree the work of the ADHD task force				organisation. (Baseline from 2023 is 79%)	before proceeding		
		• Deliver a project raising awareness of patient and parent experiences of ADHD/autism services to influence through national NHSE taskforce.	We are set to publish our ADHD findings at the end of April, to coincide with publication of the national ADHD taskforce's interim report.	Head of Policy, Public Affairs and Research	Q3 2024/25	On track				
		• Deliver a project to reveal the 'hidden waiting list' of people awaiting follow up appointments and explore patient experiences of follow ups	This project has been stopped due to capacity constraints within the team.	Head of Policy, Public Affairs & Research	Q4 2024/25	Project cancelled				
		• Deliver a project on the limitations of the complaints landscape and recommendations for reform.	We have undertaken polling research on people's experience of the complaints process and FOI work on resourcing to complaints and PALS teams. We fed this work into the Dash Review in November 2024 and will publish a report in January 2025.	Head of Policy, Public Affairs and Research	Q4 2024/25	On track				
		• Complete projects on diagnostic hubs and cervical screening that have carried over from 2023/24.	The report on CDCs was published w/c 27/8. The cervical screening report was published w/c 15/9	Head of Policy, Public Affairs and Research	Q1 2024/25	Completed				
		• Assess how we are perceived across stakeholders through round four of stakeholder	This project has been delayed until Q1 2025/26, due to the need to work on the Dash Review and the NHS 10 Year Plan.	Head of Policy, Public Affairs and Research	Q2 2025/26	On track				

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
		perceptions research.				On track (green)					On track (green)
13	**Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.**	• Publish insight pieces once per month, with a strong focus on stakeholder engagement and achieving impact from published pieces.	Seven insight pieces were published in Q4 2024/25 - on vaccinations, smoking cessation, urgent and emergency care, hospital discharge, poor admin (including additional polling), support for people with addictions, end of life care	Head of Policy, Public Affairs and Research	Q4 2025/26	On track	**KPI**	At least ten insight pieces to be published per year, a minimum of two with additional quantitative insight.	7 published in Q4 2024/25, bringing the total to 16 in this financial year. One of these includes additional quantitative insight	Q4 2024/25	On track
					Q4 2025/26	On track	**KPI**	Four insight pieces to be assessed as impactful under the new impact model	Insight piece output remains on track, though the impact model is still being refined and finalised to assess impact	Q4 2025/26	Not on track
14	**Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.**	• Support local Healthwatch to engage and influence effectively with new political stakeholders.	Template letter shared with local Healthwatch on 12 July. Policy team-led webinar held on 17 July attended by 46 local Healthwatch on how to work with new MPs.	Head of Policy, Public Affairs and Research	Q1 2025/26	Complete	**KPI**	Three quarters of MPs say that they know at least a little about what Healthwatch does (Baseline 60%, 2023) *Note that this KPI may be dropped/amended we review how stakeholder perceptions research is undertaken*	Not started yet - awaiting the outcome of the Dash Review before proceeding	Q1 2025/26	Paused until Dash review
		• Support local Healthwatch to deliver implementation of the revised Accessible Information Standard.	The revised AIS has still not been published by NHSE	Head of Policy, Public Affairs and Research	Q2 2024/25	On hold					

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.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
15	**Healthwatch England and Local Healthwatch have evaluated and redefined their relationship to maximise collective quality and impact (nationally, regionally, and locally).**	Deliver Healthwatch England's statutory activities to provide advice and support to local Healthwatch including: • Delivery of a Learning and Development programme aligned to core skills framework • Delivery of an events programme including National Conference and Awards • Facilitate communication and collaboration between Healthwatch England and local Healthwatch, as well as among Healthwatch themselves, to enhance our collective effectiveness and influence. • Delivery of a programme to support Healthwatch to demonstrate and communicate their impact	L&D Programme completed; Conference and National Awards delivered; 81 attendees; promotion of Award winners and shortlisted completed. Collaboration completed; Impact programme completed, including feedback to HW re. annual reports 23/24 to selected HW. Report on funding and activity prepared – publication delayed pending Dash Review	Head of Network Development	Q4 2024/25 Q4 2025/26 Q3 2024/25 Q4 2024/25 Q4 2024/25	Complete	**KPI**	Number of Healthwatch reporting outcomes in annual report 90% of Healthwatch rate Healthwatch England support as good or very good	93% of LHW reported at least one outcome in their report. Our rating of reports in terms of outcomes shows a further significant annual shift towards LHW performance as at a medium/good level. There is still work to do to move more LHW to the stronger end of the scale and plans will be agreed in relation to the small number that show no real progress. (see table below) We propose to delay this until after the Dash Review as we may need to ask Healthwatch specific questions	Q4 2024/2025	Complete

Rating	22/23	23/24
Low/ poor	36%	19%
Posi signs	42%	45%
Med/ Good	13%	29%
High/ Strong	5%	7%

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
		• Publish a report on the funding and activity levels of the Healthwatch network			2024/25						
		• Deliver Healthwatch England's statutory activity to provide advice and information to local authorities on commissioning an effective Healthwatch service.	Advice and information provided to local authorities in run up to tendering. Template specification promoted to local authorities. Liaised with local authorities where there is a potential break in service/reduction in budget/transition of provider.	Head of Network Development	Q4 2024/25	Complete					
		• Assist and evaluate Healthwatch in establishing effective relationships with the new Care Quality Commission structure and assessment approach and support the implementation of a new patient safety escalation process.	Escalation process implemented by CQC and promoted to Healthwatch. Evaluation of relationships between HW and CQC completed. Results shared with CQC. Support offered to all Healthwatch in advance of CQC local authority assessment. New CQC report on HW interaction and raising of issues. Work scheduled to identify where relationship working well to support CQC reset post Dash.	Head of Network Development	Q4 2024/25	Complete					
16	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's	• Scope and propose a new model, building consensus with stakeholders and develop and deliver an implementation plan, aligned to the 2030 workstream	We will await outcome of Dash Review and create a new project to support any change programme.	Head of Network Development	Q3 2024/25	Complete	KPI	New Model proposal	This work is complete as we await the outcome of the Dash Review and Govt response. We will create a new project to support any outcomes arising from the review.	Q3 2024/25	Complete

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	KPI RAG Status
	feedback and the work of Healthwatch										

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	RAG Status
17	**Sustainability of Healthwatch England and the Network – Healthwatch 2030**	• Scope and cost a programme of work to explore organisational impact and shape for the long term	We have developed preferred new model where Healthwatch England would be the commissioner of local Healthwatch with funding coming via HWE preventing top slicing and improving consistency of quality in LHW. We are awaiting the publication of the Dash Review to see how the recommendations will affect our organisation. This review is currently delayed, and the project has now been moved over to 2025/26	Chief Executive	~~Q3 2024/25~~ Q1/2 2025/26	On track					
		• Undertake wide consultation on opportunity and risk for Healthwatch	LT had a session with Kaleidoscope on change management. Scoping of transition arrangements following Dash report.		~~Q3 2024/25~~ Q1/2 2025/26	On track					
		• Build into next strategy iteration 2026–2030	This will be included in the assessment of the current strategy, following the publication of the Dash Review, which has now been delayed to April/May 2025. This activity has been moved to 2025/26.		~~Q3 2024/25~~ Q1/2 2025/26	On track	**KPI**	Creation and assessment of new models for Healthwatch (incorporating the NDT models work)		Q3 2024/25	Complete

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	RAG Status
		• Take advantage of opportunities for expansion of Healthwatch role and financial sustainability in an agile way; continue to explore income generation and modelling shape of Healthwatch England.	We have developed preferred new model where Healthwatch England would be the commissioner of local Healthwatch with funding coming via HWE preventing top slicing. We have been exploring income generation opportunities with CQC, which would allow Healthwatch to compete for substantial items of work for which we are currently ineligible to bid.		Q4 2025/26	Complete (ongoing)	KPI	Involvement of 100 stakeholders in developing 'Healthwatch 2030	We have engaged with over 100 HW providers, 100 local authorities, with a range of national stakeholders	Q4 2025/26	Complete
		• Review progress on our 2023-26 strategy 'our future focus'	Discussions on our strategy will take place following the publication of the Dash Review. This is likely to now take place in Q1/Q2 2025. Our two-year business plan has been reviewed, and committee will review the slight amendments at the next public committee meeting in May 2025		~~Q3 2024/25~~ Q1/2 2025/26	On track	KPI	New strategy process and delivery by end March 2025	Review is due to commence in September 2025	Q2 2024/26	Not started
18	**Culture** We will create a new process with committee and staff to establish a new culture set within our organisation	• Complete our new culture development process	We have successfully identified our five core values and the corresponding behaviours for both staff and LHW. In March, the committee held a workshop to pinpoint behaviours that align with these values, which will be incorporated into a new charter. This charter has been drafted and will soon be circulated to the committee for review. The production of the committee charter has been delayed due to	Chief Executive Officer/ Head of Operations, Finance and Development / Head of Network Development	~~Q3 2024/25~~ Q1 2025/26	On track	KPI KPI	80% of staff feel that their daily work practices and interactions align with our new cultural values and expectations by Jan 2025	98% of staff felt able to put into practice our new values at work	Q3 2025/26	Complete

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	RAG Status
			the recruitment of new committee members in February. This delay was necessary to ensure the new members could contribute to the charter. We now expect to complete the charter by May 2025.							
		• Clearly outline new values and behaviours expected across Healthwatch England and the network	We engaged with several peer network on 'living the values' and have shared all of their suggested behaviours with the whole network. We have published seven videos and other resources on the new values page of our intranet and the network site and promoted these in a blog from Louise.		Q2 2024/25	Complete	70% of the network understands the values and behaviours.	The question asked in the network survey was not about the understanding of the values and behaviours, but whether LHW have or intend to adopt the values or whether their existing values align with the shared values. The results of the network survey report showed that 76% of LHW either plan or have adopted or their values align with the shared values.	Q2 2024/25	Complete
		• Define and agree mechanisms for ensuring culture is embedded in our internal processes and external work	We ran scenarios discussion at the whole staff meeting in July and October and a values into action session in our away day in September.		Q3 2024/25	Complete				
		• Evaluate the impact of our culture change work	This impact will be evaluated in Q4 2025/26		Q4 2025/26	Not started				

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	RAG Status
19	**Review of Policies** Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.	• Review the CQC policies that govern us and produce a condensed version that is applicable to our work.	We have currently reviewed 15 of the policies.	Head of Operations, Finance and Development	Q4 2025/26	On Track	**KPI**	100% of CQC policies set for review are abridged and approved for Healthwatch England use.	We have currently reviewed 15 policies	Due Q4 2025/26	On Track
20	**Service Level Agreements (SLAs)** Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.	• Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving and review SLAs in January 2025.	We will be reviewing our SLAs in Q1 and setting our measurable standards within these SLA.	Head of Operations, Finance and Development	Q4 2025/26	On track	**KPI**	100% of SLAs meet or exceed the defined standards in the SLAs agreements.	The measurements of the SLA standards will be drafted in Q1 and the level of service we receive will be reported on in q4 2025/26	Q4 2025/26	Not yet started
21	**Finance and Governance** Our committee, finance and staff will maintain the highest standards of governance	• Review the committee standing orders and accountability framework (January 2025).	This activity was completed in Q4 2024/25	Head of Operations, Finance and Development	Q4 2025/26	Complete					
		• We will maintain a full quota of committee members in post.	We appointed Joanna Bircher as a new committee member on April 1st. We aim to co-opt one more member by the end of Q1 to complete our committee.		Q4 2025/26	On Track					
		• We will conduct two budget reforecasts (October and January) to ensure accurate financial projections and align resources effectively.	We completed our second budget reforecast in January and presented our report to AFRSC on the 23 January. At year end we spent 100% of our budget with a small overspend of £2k.		Q4 2024/25 and Q4 2025/26	Complete					
		• We will carry out an annual staff survey to improve staff overall experience	The results of our annual survey were shared with committee and staff in November/December. We had an overwhelming positive		Q3 2024/25	Complete					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)		KPI Updates	Delivery Date	RAG Status
		and enhance organisational performance.	response with over 60% of our questions scoring 80% and above. An action plan has also been created to address the four areas of concerns - Pay, It, bullying and harassment and opportunities and development.	Head of Operations, Finance and Development							

AGENDA Item: 2.2 c

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 2024, we published our annual action plan on how we would deliver on our commitment to Equalities, Diversity and Inclusion in 2024-25.

This paper highlights our work in this area from April 2024 to March 2025.

1   Policy and Research

1.1   Deaf and hard of hearing people's experiences of Health Care

In April we published **a blog** on deaf and hard of hearing people's healthcare experiences.

It's important that deaf and hard-of-hearing people can get information in an accessible way. However, feedback suggests not all services are complying with key legislation.

Our research shows that deaf and hard of hearing people have difficulties with accessing GP surgeries, as GP surgeries often insist on booking

appointments via phone call. Requests for communication via text messages are often ignored, leading to poor access to GP appointments.

This means some deaf and hard-of-hearing patients experience a lack of privacy because they have to rely on family members to make appointments for them. Similarly, deaf and hard-of-hearing people, who need face-to-face appointments so that they can lip read, may have to rely on a family member to help them communicate and understand what the healthcare professional is saying.

We also heard that some hospitals and GP surgeries lack assistive listening technology that would be helpful to deaf and hard-of-hearing patients. Healthwatch East Sussex found that multiple GP surgeries in Eastbourne did not have hearing loops installed. Some surgeries that did have them installed failed to ensure the loops were working correctly.

We have had a strong influence on a proposed updated version of the Accessible Information Standard to require services to do more to help people with communication needs. We continue to press government to press through legislation that will put the AIS on a statutory footing.

1.2   Healthcare for people living rurally

In April we also published **a blog** highlighting how some people in rural areas have told us they are struggling to access basic health care.

We recommended that:

- Councils should work with local health providers when making decisions on public transport to facilitate public access to remote health providers.
- NHS England, Integrated Care Boards (ICBs) and hospital trusts should do more to raise awareness of transport support and financial help with travel.
- NHS England must reopen its review of the health travel cost scheme to speed up reimbursement for those eligible.
- Transport support schemes should be extended to cover primary and community care and hospital appointments.
- NHS England should work with ICBs to improve the implementation of the non-emergency patient transport service (NEPTS) review. This

includes making sure support is available for all patients travelling to and from renal dialysis appointments.

- NHS England should support NHS trusts in considering further reducing the costs of parking charges.

Access to NHS dentistry:

- ICBs should consult with local Healthwatch and councils about which parts of communities are experiencing poor access to NHS dental services and target provision accordingly.

Choice in the type of appointment:

- GP practices and hospitals should inform patients of alternative modes of appointments, like video call or telephone, and provide clear instructions ahead of time on how these will work.

Loss of local services:

- Council-led Health and Wellbeing Boards must ensure they are reviewing local pharmacy provision if changes such as closures affect access in rural areas. This should happen in addition to the mandatory pharmaceutical needs assessments they're required to carry out every three years.
- Integrated Care Boards (ICBs), which are responsible for overseeing pharmacy services, should publicise the availability of distance-selling and/or online pharmacies that can process NHS prescriptions and send medication out to people by post. There are **rules to protect public safety about online pharmacies**, including displaying a logo showing they are registered.

1.3   Pharmacy – access and cost barriers

We have published two major reports this year, "**Pharmacy: what people want**", at the end of April, and "**Pharmacy Closures in England**" at the end of September.

The first report dives into people's experiences of and attitudes towards pharmacy services at the outset of Pharmacy First. It highlighted the impact of the cost-of-living crisis on people's uptake of prescriptions. Although 90% of prescriptions in England are dispensed free of charge, the

cost-of-living crisis impacts pharmacy usage, with five per cent of people saying they have avoided taking up one or more NHS prescriptions because of the price.

Our results show that younger people are particularly affected by this. Those over sixty are entitled to free prescriptions, which explains the lower figures for older people.

We recommended that awareness of PPCs and local NHS Minor Ailments Schemes should be raised through national campaigns and the wider rollout of NHS posters.

Our second report, found higher rates of both permanent and temporary closure were recorded in areas that were rural, had older populations, and had fewer GPs per head. We called for cross-system work to ensure patients were better notified of pharmacy closures and a national evaluation to consider issues facing pharmacy, including workforce, funding, data, and estates.

1.4   Unmet social care need for disabled adults

In July, we published **new research** into social care for disabled adults. This showed how transformative social care can be for those receiving it, but that too many struggle to access it.

Key findings:

- Up to 1.5 million disabled adults in England could be eligible for social care or other support but aren't receiving it.
- When people receive social care support, their experiences are very positive, with 78% of disabled adults aged 18-64 agreeing that their care helped them live the lives they wanted to.
- Social care helps people stay healthy, do their favourite activities, eat and drink, work and volunteer, and look after themselves and their homes.
- Only 9% of people we spoke to disagreed that care helped them live the lives they wanted to.
- Access to social care remains a challenge. 28% of our total sample had never accessed care, despite self-identifying as eligible.

- Most people waiting for care assessments received information and support, including how long they could expect to wait for an assessment (32%) and information on what to expect.
- Around 10% of people received no support at all while waiting.

Based on this report's findings, we set out the following recommendations:

- The Government must fund local authorities to raise public awareness of social care, improve ways of accessing social care services, and find potentially eligible individuals through proactive outreach and statutory information, advice, and signposting services.
- Funding should be made available to local councils to boost social care capacity and support councils in addressing existing care assessments and care package backlogs.
- Funding should be ringfenced for organisations providing independent advice and guidance related to social care.

In response to broader challenges facing social care, we set out the following recommendations for long-term and funded reforms:

- A fully funded and long-term reform plan for social care addressing:
- Workforce challenges, including retention, recognition and pay.
- A focus on prevention of care needs and support to help people live as well and as long as possible in the place they call home.
- More support for unpaid carers, including reform of **Carer's Allowance** and improved access to support for themselves and those they care for.
- Expanded access to **Care Act advocates** to support everyone accessing a social care needs assessment.

1.5   Community diagnostic centres – accessibility issues

In August we published '**A local diagnosis: Learning the lessons of Community Diagnostic Centres**', examining people's experiences of going for tests and scans at community diagnostic centres (CDCs). Almost all patients spoken to on our behalf by local Healthwatch reported an overall positive experience of CDCs, especially the convenient location.

However, at several sites, we identified accessibility issues. These included:

- barriers for d/Deaf people and people experiencing hearing loss.
- issues with English language interpretation.
- barriers for people with mobility difficulties, Autism, and dementia.

Our recommendations included calls for CDCs to be made as accessible as possible, through:

- Independent reviews of the accessibility of each site.
- Proactive identification and response to communication and accessibility needs.
- Local initiatives to hear from people with different accessibility needs.
- Listing information about the accessibility of different sites online.

1.6 Our Annual Equality, Diversity and Inclusion action plan

Also in July [we published our annual action plan](#) setting out how we intend to meet our commitment to creating a service that recognises the needs of every community, and helps them get the care they need.

To create change for the most disadvantaged in society, we'll embed EDI across all areas of our work.

1. We'll keep designing our research, policy and communications work to bring about change on EDI-related issues.
2. Make sure our evidence base focuses on demographics and geographic spread, accurately reflecting the communities we represent.
3. Involve more people from affected communities in our work and form partnerships to help make change happen.
4. Make sure our communications are accessible and successfully reach marginalised audiences.
5. Support local Healthwatch in building the skills and evidence they need to challenge local health and care decision-makers to improve EDI.
6. Foster a workplace culture that promotes and embraces EDI and demonstrates best practice around equity.

1.7 Cultural barriers to support.

In August, we published a **blog telling the experiences of Edithe**, 51, originally from Cameroon and who now lives in south London. She is a full-time, unpaid career to three of her adult children who have autism and learning disabilities.

It highlighted how support is very hard to find and is not clearly signposted.

1.8 Getting help with health costs?

In September, we blogged about **access to the how the NHS offers support for people on low incomes** to help with care costs and how it can be improved.

1.9 Research on cervical screening tests on the NHS

In September, we published '**Cervical screening, my way**'. This recognised, among other things, that a significant proportion of cervical screening non-attenders are of Black, Asian and other minority ethnicity.

Our research showed that when asked about the benefits of a self-testing kit, over half of respondents, 53%, chose "privacy", followed by "avoiding discomfort", 52%, and "easier to find time", 47%.

Women were also asked to choose out of 11 factors that would encourage them to take up cervical screening in the future. The most important for them were:

- Sensitivity from healthcare staff about worries women might have about the examination and previous experiences, 62%;
- A healthcare professional carrying out the screening being the same gender, 61%;
- Ease of travelling to the screening appointment location, 53%; and
- A wider choice of appointment times, for instance, in the morning or over weekends, 52%.

Women of Asian heritage were more likely, 30%, than White, 26%, or Black, 20%, women to say one reason for their hesitancy was embarrassment at having to undress in front a healthcare professional.

The report called for a more personalised approach to cervical screening to help the NHS meet its ambition to eliminate cervical cancer by 2040.

1.10   Overcoming language barriers to care

Also in September, we published a **blog on how Healthwatch Hull is working with volunteer language interpreters** to help make it easier for people to get NHS care.

The blog also outlined patients' rights on interpreting and translation in the NHS.

National NHS guidance requires free interpreters to be providing during primary care appointments for people who cannot speak English.

Best practice guidance also states that children, relatives or friends should not be used as information interpreters and that the NHS should book interpreters who meet professional standards and who ideally are familiar with medical terminology.

Our previous research has shown that the NHS doesn't always meet these requirements, for a variety of reasons, including:

- Lack of staff awareness about how to book
- Not checking patients' language needs before an appointment
- Lack of available professional interpreters

This often leaves people relying on volunteers, friends or family to help.

Healthwatch England sit on an NHS England working group that is developing a new framework for translation and interpreting services, which aims to ensure the language needs of patients are fully met by the NHS.

1.11   Challenges people face living with learning disabilities

In the UK, approximately 1.5 million people have a learning disability. Many people with learning disabilities find it difficult to learn, develop new skills, understand information and interact with other people. Therefore, accessing the support they need to live as independently as possible is crucial.

We investigated and published **the care stories people have shared with us** to identify the four common challenges they face accessing support.

- Moving between services

- Services closing
- Social life
- Accessible communication and inclusive healthcare

1.12   Trans or non-binary peoples' experience of GP services

In October 2024, we launched a survey of trans and non-binary peoples' experiences of accessing GP services. We will publish the finding of this work in June 2025.

1.13   Battling barriers to NHS dentistry – a veteran's story

To mark Remembrance Day in November 2024, we shared **the story of an army veteran's struggle to access NHS dental care** after leaving the armed forces.

1.14   Scale and impact of poor NHS admin

In February 2025, we published a **high-profile report on the scale and impact of poor administration of care** in partnership with the King's Fund and National Voices.

This highlighted that poor admin places a particularly heavy burden on people who have additional needs – for example, people who have a hearing or sight impairment, a learning disability, or those with long-term conditions. It is also harder to navigate a complex health system if you have low literacy levels or do not have easy and affordable access to a phone or the internet.

The research found:

- Nearly 2 in 3 (64%) of those who had used at least one NHS service in the previous 12 months had experienced at least one of the admin issues asked about (either personally or it had happened to someone they care for).
- Almost 1 in 3 people had personally had to chase for results (32%), while 1 in 5 (20%) had received an invitation to an appointment by letter or text after the date of the appointment.
- Some groups are more likely to have experienced these issues than others. Those from ethnic minority backgrounds, those with long-term conditions, and those who say they are struggling financially are all more likely to have experienced these issues.

Our recommendations for change included:

- Better measurement of patients' experience of admin
- Clear goals and targets for local systems
- A greater focus on designing and delivering two-way communications across the NHS

1.15   Improving support for trauma survivors

In March 2025, we published **a report on how trauma cards could improve access to care** for those who have survived incidents of trauma.

The research aimed to build on the work of local Healthwatch, such as Healthwatch Essex, in rolling out trauma cards. These are wallet-sized cards that a person with trauma can give to a healthcare professional. The cards explain that the holder has experience of trauma, and link to resources to help provide sensitive, appropriate care.

our research found that:

- 59% of adults in England say they have experienced trauma at some point, which equates to about 27 million people.
- Around two thirds (67%) of women and around half (51%) of men say they have experienced trauma at some point.
- 39% of those who have experienced trauma say they think that their trauma has negatively impacted their experience of health and care services.
- Nearly a fifth (18%) of people who have experienced trauma say they 'often' or 'fairly' often avoid services because of their trauma. This equates to around 4.9 million people
- Over two in five (43%) of those currently experiencing trauma would be likely to use a trauma card, and nearly a third (30%) of those who have experienced trauma in the past would be likely to use one. This equates to about 1.6 million people and about 7.4 million people respectively

We called on NHS England to ensure support for a national evaluative pilot of a trauma card initiative, allowing anyone across England to order a trauma card and have it delivered to them for free, along with an information sheet that clearly explains how and when to use the card.

1.16 Agricultural workers' access to healthcare

In March we published [a blog on an initiative in Durham to improve farmer's access to care.](#)

Almost 500,000 people in the UK work in agriculture. Long hours and isolation can harm farmers' physical and mental health. The demands of farm life can also keep farmers from seeking the care and support they need.

But thanks to local farmers speaking with Healthwatch about the challenges they face making health appointments at a fixed time, local GPs are taking a fresh approach to giving the local farming community better access to healthcare

2. Communications

We have continued our work to improve the accessibility of our communications and brand for different audiences.

- **Advice and information:** We are reviewing our past advice and information to update it; ensure it meets accessibility standards and is easier to find via search. When asked to rate our online advice regarding usefulness, the average rating given by the public in 2024-25 has been four out of five.
- **Local Healthwatch training:** This financial year, we have run six training sessions to help local Healthwatch staff make their writing more accessible. We have updated the course materials, as well as our online course writing course.
- **Local Healthwatch resources:** This year we have done even more to ensure that our information both nationally and locally is as accessible as possible.
  - Easy read information for people with learning disabilities: We have developed an easy read online feedback form and introduced a library of easy read images the network can use to support easy read materials.

- o BSL Information: We have developed a national BSL feedback form, which also be made available to local Healthwatch once testing is complete.
  - o Foreign languages: We have had information about Healthwatch translated into 14 languages. Translated 'About us' leaflet templates will be rolled out in Q1 of 2025-26 to local Healthwatch.
- **Content and channels:** We use a system to monitor the accessibility of our website content continually. Our latest score for content accessibility was 84 out of 100. This score is slightly below our usual standards and has resulted from updated international web accessibility standards. The issue will be resolved once our website suppliers have made the required changes.
- **Campaigns:** During 2024-26, we ran our Share for Better Care campaign. The joint campaign with CQC aims to increase feedback from those facing inequalities, especially from ethnic minority and low-income audiences. The campaign was impacted by a six week pause during the election and a cross Government pause on campaigns. However, the phases we able to run were successful. Key highlights included:
  - New research to help care communicators: We produced research on the communication barriers our target audiences face and opportunities to increase feedback. Our findings were shared via two webinars which were attended by over 300 professionals.
  - Feedback campaigns: We ran several issue specific feedback campaigns. For example, over 2500 responded to our survey on eye care (29% of respondents were not financially comfortable, while 11% were from a non-white ethnic background).
  - Share for Better Care Week: The week-long campaign encouraged people to spare three minutes to feedback on care. With the support of TV Doctor Ranj and other social media influencers, PR, stakeholder outreach and radio advertising, we saw 571% increase in weekly feedback (compared to the average week in 2024-25). While we continue to get a strong response from those on a low income (35% of respondents), as well as those with a disability (32%) or long-term health problem (52%), we did not see a disproportionate increase in feedback from non-white

communities (35). Our updated campaign for 2025-26 will seek to test new local approaches to address this feedback gap.

3   Supporting the Network

- We ensured values are part of new template contract specification for local authority commissioning of Healthwatch.
- We are particularly pleased with the outcomes arising from e learning on applying EDI to local Healthwatch which include actions on volunteer recruitment; communication and accessibility and collaborating with local organisations to better engage specific target groups.
- Our analysis of national survey has given us a picture of how Healthwatch are applying values, including equity within their work - to be reported in State of Network report for Q4.
- The EDEI Peer Network looked at EDEI and how it applies to Enter and View
- We ran 11 sessions with an EDEI element including LGBTQ+ and understanding race workshops

4   Promoting equitable working practices in Healthwatch England

4.1   Business Planning 2023-24

In May, the committee approved our two-year business plan for 2024-26. This plan has been developed collaboratively with staff across our organisation with input from the committee. Our work encompasses projects focused on protected characteristics, including neurodiversity, transgender health, visual impairments, and support for trauma survivors.

We continuously aim to utilise the diverse skills of our staff and committee members to support our efforts, ensuring that every staff member had the opportunity to contribute to the Business Plan for 2024-26.

4.3   Staff Survey

In October we conducted a staff survey that showed 99% of staff felt Healthwatch England has a strong and effective approach to equity, diversity and inclusion. This marks a notable improvement of 9% when compared to the staff survey conducted in 2023.

4.4   Culture and behaviour

We have successfully concluded our review of our organisational culture, which included a series of engaging sessions with staff, committee members, and local Healthwatch representatives. Through this collaboration, we have established our new behaviours and values: equity, collaboration, impact, independence, and truth. These principles aim to foster a more inclusive and harmonious environment where everyone feels appreciated and empowered.

4.5 HWE Intranet

Our new intranet is a crucial resource for supporting equity, diversity, and inclusion (EDI) within our organisation. It provides easy access to a wealth of information including EDI initiatives, training and policies making essential resources readily available to all staff. By centralising this information, the intranet ensures that everyone has the opportunity to stay informed about our commitment to fostering an inclusive workplace.

4.6 Business Planning 2024-26 (Revised for 2025/26)

In May 2024, the committee approved our two-year business plan for 2024-26. This plan was again reviewed in March for the final year collaboratively with staff across our organisation with input from the committee for our final year of the plan 2025/26. Our work throughout the year encompassed projects focused on protected characteristics, including neurodiversity, transgender health, visual impairments, and support for trauma survivors.

We continuously aim to utilise the diverse skills of our staff and committee members to support our efforts, ensuring that every staff member had the opportunity to contribute to the two-year Business Plan for 2024-26.

4.7 Learning and development

We remain committed to supporting our staff in their learning and development by ensuring that each staff member has a personal development plan in place. Additionally, our learning and development guide also focuses on providing equitable and fair opportunities for skill growth.

In November we ran an all-staff training session on understanding issues faced by Trans people delivered by the charity Transactual. In Q4, we ran a further three training sessions for all staff on: Neurodiversity – ADHD, autism and dyslexia, visual impairment and understanding the experiences of trauma survivors. For 2025/26, we plan to continue our EDEI staff program, focusing on the protected characteristics we will support in our projects and activities. Our next session, scheduled for July, will cover BSL sign language, followed by additional sessions including black men's health.

AGENDA ITEM: Public Committee Meeting Forward Plan

PRESENTING: Chair

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out for the agenda items for the Public Committee meeting taking place in 2025.

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

Healthwatch England Committee Meeting in PUBLIC Forward Agenda 2025

Date	Agenda Items
Standard Items for each Public Committee meeting • Welcome and Apologies • Declarations of Interest • Minutes and Actions from last meeting • Local Healthwatch and Healthwatch England policy project highlight • Chair's Report • Chief Executive's Report • Committee Members' Reports • AFRSC Minutes and Report • Delivery and Performance report • Forward Plan • Questions from the public • AOB	
23 September 2025	• Review of 23-26 strategy • HWE Conference • Speak-Up Guardian Annual Update
25 November 2025	• LHW/HWE or other **External** presentation on a key influencing area • Business Plan 2026/29 • EDI update • October Budget Reforecast 2025/26 • Financial Modelling 2026/27