Healthwatch England 23 May 2023

Meeting #43 Committee Meeting held in Public

11:15 pm – 14:30 pm

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

Time	Public Committee Meeting – Agenda item		Presenter	Action
11:15	1.1	Welcome and apologies	CHAIR – BB	
11:20	1.2	Declarations of interests	CHAIR - BB	
11:25	1.3	Minutes of meeting held in February, and action log	CHAIR - BB	FOR APPROVAL
11:30	1.4	Presentation – HW Cambridgeshire & Peterborough. Maternal Mental Health.	Sarah Tingey - Information and Research Manager	FOR NOTING
11:50	1.5	A review of our winter support work	BK	FOR NOTING
12:05	1.6	Chair's Report including CQC Accelerating Improvement	CHAIR - BB	VERBAL, FOR NOTING
12:15	1.7	Adoption of Our Future Focus – Healthwatch England Strategy 2023-26	LAN	FOR APPROVAL
12:35	1.8	Chief Executive's Report	LAN	FOR NOTING
12:45	1.9	Committee Members Update	ALL	VERBAL, FOR NOTING
12:50 - 13:30		Lunch Break		
13:30	2.0	Business Items 2022-23 a) Delivery and Performance Report for Q4 (EoY 22/23) b) Diversity & Equalities End of Year Update	CM CM	FOR NOTING
13:45	2.1	Business Items 2023-24 a) Business Plan b) Budget Plan c) Strategic Risk Register 2023-24 d) KPIs	CM	FOR APPROVAL
13:55	2.2	Audit, Finance and Risk Sub Committee Meeting; EOY finance	HP	FOR NOTING

Time	Public Committee Meeting – Agenda item		Presenter	Action
		report 22/23; budget for 23/24; AFRSC ToR		
14:10	2.3	Forward Plan	CHAIR	FOR NOTING
14:15		Questions from the public	CHAIR	

Time		Public Committee Meeting – Agenda item	Presenter	Action
14:20		AOB	CHAIR	
		Date of Next Meeting September 2023 at Healthwatch Conference		

Healthwatch England Committee Meeting
Held in PUBLIC

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

Minutes and Actions from the Meeting No. 42 – 23 February 2023

Attendees

- Belinda Black – Interim Chair (BB)
- Helen Parker – Committee Member (HP) Online am only
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Lee Adams – Committee Member (LA)
- Umar Zamman – Committee Member (UZ)

In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Sandra Abraham – Head of Operations, Finance and Development (SA)
- Ben Knox – Head of Communications (BK)
- Jacob Lant – Head of Policy and Public Affairs & Research (JL)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Guests

- Lucy Davies – Chief Officer, Healthwatch Sheffield (LD)
- Sarah Fowler – Community Outreach Lead, Healthwatch Sheffield (SF)
- Sue Edwards – Research and Insight Manager (SE)
- Will Howard – Senior, Research Analyst (WH)

Apologies

- Phil Huggon – Vice Chair and Committee Member (PH)
- Pav Akhtar – Committee Member (PA)

Item	Introduction	Action
	Due to a Fire alarm in the building, the meeting didn't commence until 11:45. The Interim Chair opened the meeting and thanked everyone for attending.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Interim Chair welcomed Committee members and other attendees. Apologies from PH, PA and HP were noted.	
1.2	**Agenda Item 1.2 – Declaration of Interests** Nothing to declare	
1.3	**Agenda Item 1.3 - Minutes and actions from 22 November 2022 Committee Meeting** The minutes from the meeting held 22 November 2022 were accepted without amendment. There were no outstanding actions from the meeting held 22 November and all were marked as completed, except actions not yet due.	

	Matter Arising There were no matters arising.	
1.4	**Agenda Item 1.4 – Presentation by Healthwatch Sheffield - Sheffield African and Caribbean Mental Health Association (SACMHA)** Sarah Fowler (SF) and Lucy Davies (LD) gave a presentation about a project they had undertaken with the Sheffield African & Caribbean Mental Health Association (SACMHA) covering the experience of the African & Caribbean community in accessing homecare and domiciliary care. An overview of findings included: What worked well: • By using SACMHA's trusted relationships, they were able to overcome barriers and people's reluctance to take part in the project • Micro grant scheme was used, which allowed for direct payment for personalized support • PAs and carers from the same cultural background were invaluable, in addition to the patient knowing who was to provide their care. What worked less well: • Insufficient carers from different cultural backgrounds and insufficient training given or time taken to understand the cultural needs of an individual • Lack of consideration to individual's preferences • Provision of inexperienced and/or disrespectful staff • Participants feared that they would have to use their savings to fund their care. LD mentioned the recommendations made to decision-makers in the report, which included increasing diversity in the workforce, raising standards in the care sector, providing culturally appropriate care and advocacy. A Council action plan was prepared based on the report, and deeper conversations have occurred about how individuals felt. LD mentioned that it is too soon to know what impact the report and recommendations are having, but they have asked the council for regular updates. Healthwatch Sheffield acknowledges a risk of non-engagement, but they sit on the Adult Social Care Board and will continue asking questions relating to this area of work for as long as possible. LD recommended that other Healthwatch embrace the partnership approach to get the most impact and to trust the people who know the focus groups. Also, to bring together people in a room with commissioners and decision-makers to tell their stories of lived experience to drive change. **The committee noted the presentations and thanked SF and LD.**	
1.5	**Agenda Item 1.5 - Cost of Living Crisis** WH and SE gave a presentation on how people have changed behaviour due to the cost-of-living crisis, including the background to the ongoing research and an update on findings and actions to date and asked the committee to note the report. Highlights were: • There has been an increase in the number of people avoiding the use of health and care services since October 2022. • Women were more likely to avoid using services than men. • Women were more likely to cut down on essential expenditures such as heating, food and items/activities that kept them healthy than men. • There was a higher percentage of somewhat negative impact on mental health in women than in men, but the negative impact was roughly the same for both genders. • Publication of a news story in the national and regional press focused on people avoiding health and care services, medicines, plus the gender divide in the impact of the cost of living.	

	• Support to the network and a template survey for their use. • Different people were used for each of the four waves. There were 8000 people polled in total, comprising four waves of 2000 people. • Waves three & four looked at the regional breakdown and age, but there was a limitation on ethnicity data. • The poll was undertaken predominately to find areas specific to accessing healthcare, and this work will continue in our future direction. WH explained that the findings had been shared with NHSE and DHSC, and recommendations had been made to GPs, primary care staff, NHS Trusts and NHS Dentists. Liaison with specialist groups such as Money and Pensions Services, Citizens Advice and the Joseph Rowntree Foundation have also occurred. JL explained that guidance regarding the discretion given to pharmacies on prescribing over-the-counter medicines could be better and that pharmacies should receive direction from NHSE on when/what they can prescribe. **The committee noted the report and thanked WH, SE and the Healthwatch teams for the work they have put into this study.**	
1.6	**Agenda Item 1.6 – Chair's Report** The Interim Chair (BB) reported that following the Healthwatch awards, she had written congratulatory letters to all the winners and highly commended on behalf of the committee. The recipients were very appreciative to receive the acknowledgement. BB mentioned that she was working with a HW CEO to do some work on enter and view with mental health trusts on secure units and closed culture. BB reported that the DHSC have yet to announce a Chair for Healthwatch England, and her position had been extended until the end of March. BB's recent meeting with Dame Carrie MacEwan (DCM) – Chair of GMC, resulted in them wanting to engage more with Healthwatch. DCM spoke about patient voices and their work engaging with prisoners and the travelling community. **The Committee noted the report and thanked the Interim Chair**	
1.7	**Agenda item 1.7 – National Director's Report** LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the last committee meeting in November 2022 and asked the committee to note the report. LAN stated that strikes are mentioned in the report and the impact that they have had on the health and care system and praised the quality of the work that the Healthwatch network has done throughout the period. LAN mentioned Healthwatch England and the Patient's Association, along with others, were poised to take a slightly different line on the effect of strike action. Following the commencement of pay negotiations, this has been paused but is being monitored. There are regular meetings with NHS England to see what the impact of strike action is having on patients. JO commended the change in brand awareness over the last couple of years. LA commended the meetings with key figures and wanted to know if children's services would be reviewed. LAN confirmed that Healthwatch England regularly meets with ADASS, and a meeting with a children's social care director can be factored in. She thanked the committee members for attending meetings with stakeholders who have, in turn, expressed their appreciation for the work that Healthwatch do.	

	The Committee noted the ND report	
1.8	**Agenda Item 1.8 – Committee Members Update** Nothing to report	
1.9	**Business Items** **<u>Agenda Item 1.9(a) - Delivery and Performance Report for (Sep - Oct 22)</u>** SA updated the committee on our performance against our KPIs and Business Plan for April 2022 – January 2023. The committee were asked to note the report. Highlights were: • The RAG status of the risks has been changed from "delay" status to "not on track" or "target unlikely to be met" where appropriate, as requested by AFRSC. • KPIs that are unlikely to be met are: o "*increased proportion of data gathered through web form from black, Asian and ethnic minority groups*" due to privacy changes o "*25% increase in the number of times our evidence is accessed*" due to the need for a google analytics code to be added to the Reports Library on the National Data Store. • KPI – "*Establish the baseline of local Healthwatch reporting that equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved*" is now on track following further analysis. • "*50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024*" – March 2023 deadline has been extended to Q2 2023-24 due to problems with the Reports Library. JL reported that the Reports Library is accessible to the network, but nothing new has been added. The backlog consists mainly of 400 enter and view reports. Priority had been given to setting up the National Data Store. The aim is to get new items into the Reports Library and then work on the backlog, although reports are available from other sources, such as local Healthwatch websites. **The Interim Chair and committee noted the report and thanked staff**	
2.0	**Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report** DO provided a summary of the AFRSC meeting held on 24th January 2023. Points to note were: • Small underspend at end of September was forecast to be £9k at end of year including agreed virements, but since then there has been slight movement in funds which has been addressed. • Minor amendments were made to the risk register for reasons of clarity SA confirmed that the budget spend at the end of January 2023 was £2.5m from both pay and non-pay budgets. A slight underspend in pay budget has been vired to address non-pay budget overspend. A total estimated £25k underspend will go to digital expenditure. DO confirmed that the sub-committee looked at the KPIs, digital programme, and staff survey action plan and was pleased with the transparency and responses around issues raised in the staff action plan. JO reinforced the sub-committee's confidence in the tangible changes made in financial management over the past year. **The committee noted the report, and the Interim Chair thanked the sub-committee and SA for their work.**	

2.1	**Agenda Item 2.1 – Forward Plan** The committee agreed that more work and more detail are required on the Forward Plan. The governing principles will be based on our strategic priorities, such as risks, business plan and organisational development. A new plan will be drawn up in May. **The committee noted the forward plan**	
	AOB LAN mentioned that the annual Healthwatch conference will be held in person this year and will coincide with the committee meeting.	
	Questions from the public There were no questions from the public.	
	The Chair thanked everyone for attending.	
	The next meeting will be held 23rd May 2023 in Stratford, London Guests can join in person or online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

22nd November 2022

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20221122 1.9(a) Business Items	Sandra Abraham Gavin MacGregor	To review the Engagement objectives for strategy review and refreshed business plan for 23/24 by end of March 2023		Mar 2023	**Complete**
20221122 1.9(b) Business Items	Chris McCann	To provide bi-annual EEDI reports containing progress within the network		May 2023	In Progress

AGENDA ITEM 1.5

AGENDA ITEM: Review of our Winter Support Work

PRESENTING: Benedict Knox, Head of Communications.

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: In the Autumn of 2022, with the NHS and social care system facing a hard winter, we issued guidance to local Healthwatch on how they could play their part in helping keep patients safe.

This verbal update will look at the work we undertook and any potential lessons we can learn for the future.

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

AGENDA ITEM: 1.8

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 2023

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

Introductory note from the Chief Executive

As ever, March, April and May have been eventful months where the team at Healthwatch England have been proactive in their support for the network; in producing impactful research; and have responded to events impacting experience of health and care for patients, the public and communities. Notably:

- Following our research into the experience of parents' mental health around the time of giving birth, at the end of March NHS England published a new maternity delivery plan to drive improvement in maternity care. As part of this plan, NHSE have set out steps to improve maternal mental health services including the promise of new guidance for GPs on how to deliver the 6 week checks more effectively and commitments around ICSs monitoring implementation. Healthwatch Cambridgeshire and Peterborough will be giving a regional perspective today.

- Many people end up in a referrals 'black hole' between primary and secondary care. In early April we followed up on this work with our second phase report looking in more detail at how long it can take to get a successful referral. Nearly one in three GP referrals don't progress directly to a hospital appointment or joining a waiting list due to a lack of communication, choice, or administrative problems. This is worse for people needing mental health referrals. I used some of this data when I spoke to *The Times* Health Commission.

- The new system for data sharing between local Healthwatch and Healthwatch England went live on March, after 18 months of development,

and many local Healthwatch are already using the new system which should mean we are able to receive and analyse more insight from the network.

- We closed year end with a £5.7k underspend, a significant improvement on last year's outturn. The Audit, Finance and Risk Committee will comment further on their assurance on our finance and performance for 22/23.

1. Influencing

1.1 State of Support

In February we wrote to the Secretary of State for Health with our annual update of local Healthwatch funding:

- The 152 Healthwatch in England reported that they will collectively receive £25,400,000 from local authorities to carry out their statutory activities in 2022-23.
- Although funding in cash terms has increased slightly on the figures we reported in 2021-22, once inflation is taken into account, overall funding has fallen by £3.7 million.
- This means that most local Healthwatch have received an in-year real terms funding reduction.
- Seventy-five local authorities have not fully passed on the funding they received from DHSC for local Healthwatch.
- When local Healthwatch started work in 2013, the Department of Health and Social Care allocated £40,500,000 to fund the network. When adjusted for inflation, the real-term funding for local Healthwatch is now only 49% of what was initially allocated.

In our statutory advisory letter, we clearly stated that the funding model for local Healthwatch is no longer fit for purpose and that funding reductions now risk impacting the ability of some local Healthwatch to carry out their statutory functions.

We have therefore stepped up action with DHSC officials to look again at the model.

It is worth noting that in their report on ICSs, the Health and Social Care Select Committee also recommended that:

> *'DHSC should therefore review the funding and commissioning arrangements for Healthwatch, with a view to ensuring they are fit for purpose within the context of new ICSs, and support*

Healthwatch to have a clear voice. The outcome of this review should be reported to the House.'

Under parliamentary convention, the DHSC will be expected to respond to the committee within two months. We have followed up with the Department to start constructive discussions about the recommendation.

1.2 Maternal Mental Health

Healthwatch has a long history of investigating and campaigning on improvements for mental health support for new parents.

Work we did in 2015 led to the introduction of specialist Mother and Baby Units across the country, significantly increasing capacity to help those affected by more severe mental health challenges.

Work we did in 2019 helped to introduce a new 6-to-8-week mental health check for new mums to be delivered by GPs.

As part of our commitment to follow-up on policy wins and ensure they are translating into improvements for people on the ground, in September last year we launched a review of the 6-week check. We engaged 2,693 new mums in this work and published the results in Q4:

- Over one in 10 (16%) of new mothers and birthing parents who shared their experiences said they hadn't received the six to eight-week check.
- Of those who said they had been offered the postnatal check, only one in five, 22%, were satisfied with the time their GP spent talking to them about their mental health.
- Nearly half, 44%, of respondents felt that the GP did not spend enough time talking to them about their mental health, while a third, 30%, said that their GP didn't mention this during the check.
- One in seven, 15%, said they had had their six-week check over the phone, with many new parents finding it hard to verbalise their mental health struggles and discuss physical issues. In the worst cases, respondents felt the way their mental health issues were discussed was inappropriate and potentially harmful.

In response, at the end of March NHS England published a new maternity delivery plan to drive improvement in maternity care. As part of this plan, NHSE have set out steps to improve maternal mental health services including the promise of new guidance for GPs on how to deliver the 6 week checks more effectively and commitments around ICSs monitoring implementation.

1.3 Referrals Work – Phase 2 Summary

At the last committee meeting in February, we updated on the first phase of our investigation into how the referrals process is working for patients moving between primary and secondary care.

In that first report we highlighted the problem of cases not being processed properly and falling into "the referrals black hole".

In early April we followed up on this work with our second phase report looking in more detail at how long it can take to get a successful referral.

- Nearly one in five, 18%, respondents attended four or more GP appointments before getting a referral.
- 11% waited four or more months after their first GP appointment for GP to give a referral.
- Only 10% people were offered a choice of location to go to for their referral, with higher earners and those with higher level of education significantly more likely to be offered choice than other groups.
- Nearly one in three GP referrals don't progress directly to a hospital appointment or join a waiting list due to a lack of communication, choice, or administrative matters. This is worse for people needing mental health referrals.
- People told us that when they didn't get a referral, their symptoms worsened, impacting their mental and physical health, their ability to work, or a loss of income.

The NHS has a clear grasp on how many people are currently on hospital waiting lists, but it has a dangerous "blind spot" when it comes to understanding the challenges people face just getting on waiting lists in the first place.

This research will help to form our ongoing contribution to the NHS's elective recovery efforts and has already fed into our contribution to the Times Health Commission.

1.4 Primary care

At the beginning of May, NHSE published a recovery plan for primary care. This encouragingly addressed a range of concerns we have been raising since our 2021 report.

The principle focus of the plan is to improve access to GPs, as this is seen as the single biggest factor driving record dissatisfaction rates at the moment. Key areas include:

- Improving digital telephone systems, currently only 50% of practices have digital systems. This will support patients to be better informed of waiting times whilst queuing or to request a call back, preventing patients facing big telephone bills after being on hold for hours.
- Eliminating the 'first come, first served' approach to managing appointments, with greater emphasis on practices making sure they deal with issues at first contact. so ending the "we have run out of slots today, call back tomorrow" scenarios.
- Greater use of digital triage tools (currently only used by 15% of practices), enabling access to services out of hours.
- Introducing more two-way communications between GPs and patients to enable better consultations.
- Training up more care navigators to help patients who are unable to use new digital systems to access the help they need.
- Making more use of community pharmacy by giving pharmacists great power to deal with seven common conditions such as sinusitis, earache, and shingles. Pharmacies will be supported to extend their support to help people manage blood pressure and ongoing oral contraception.

All these policy changes relate to calls we have made in the last three years.

Elsewhere on primary care matters, we wrote to the Minister to raise our concerns about the planned increases to dental charges for patients. From 23 April the current charges will increase by 8.5%, which is below inflation but still significantly higher than charge increases for prescriptions (3.21%). These increases come at a time when our data suggests people are already avoiding NHS dental care because of the cost, and could lead to extra burdens on other parts of the system including GPs and A&E. A copy of the letter is included in the committee papers.

1.5 Cost of living crisis

In early January we published the results from the first two waves of polling on the cost of living. We highlighted a significant rise in December in the numbers of people saying they were avoiding booking and attending NHS appointments or taking up prescription medication due to the cost.

Since then, we have conducted two more waves of public polling (in early

Feb and mid-March). These results suggest that the spike we witnessed in December was out of step with the other three waves, probably driven by:

- the cold snap in the weather in early December,
- rising concern around the cost of living with Government help yet to really have taken effect,
- And general seasonal money concerns around Christmas

There are important considerations here for how the NHS addresses seasonal concerns about people's finances that may mean people are avoiding going to see the GP or taking their routine medication during winter, potentially exacerbating pressures on A&E when things go wrong.

We will shortly be publishing findings from waves 3 and 4 that suggest that while the overall picture has improved since December, there remain certain groups of people who are still finding cost a barrier to seeking medical help and treatment.

2. External Updates

2.1 Hewitt Review

In March, former Health Secretary, Patricia Hewitt, published her review into ICSs. As reported last time, Healthwatch England sat on a number of the different workstreams helping to advise Patricia and her team, and we were able to create a number of opportunities for local Healthwatch to get involved and share their views on the role of public engagement in ICSs.

What does it say about the role of local Healthwatch in ICSs and the role of public engagement more generally?

- Local Healthwatch is acknowledged as one of many players that ensure "local accountability is hard-wired into ICSs", along with Health and Wellbeing Boards, trust governors and other bodies. The review also makes a clear statement about the need for *ongoing* involvement of local people in shaping health and care services:

  "Just as the care and treatment of individuals must be based on 'no decision about me without me', so local communities must be involved through a continual process of engagement, consultation and co-production in design and decision making about local services."

- However, the review does not call for any major change to the status quo. For example, it makes no recommendations that Healthwatch should have a mandated seat on ICBs. Hewitt makes clear that ICBs must retain flexibility. The review also avoided making any statement on the need to properly resource public involvement and engagement mechanisms and activities.

Are ICSs working to the right targets, and will they deliver for local people?

- The review calls for the government to reduce the number of national targets for local systems to around 10 and allow ICSs to additionally set a number of their own, local priorities. In setting targets, the review says, encouragingly:

  "It is vital that there is also full engagement and involvement with the public, patients, service users and carers (including unpaid carers), building upon the important work of Healthwatch, the Patients Association and many other patient and user advocacy groups."

- The review also makes some strong recommendations around needing to focus more on preventative care. This includes increasing spending on prevention to at least 1% of total budgets over the next five years, and the creation of a new national mission for health improvement to be led by the Prime Minister.

What else can improve joined up care for patients and service users?

- The review discusses in some detail the importance of shared care records and empowering patients by giving them more access to their own health information – such as hospital records, not just GP records. The idea of 'citizen health accounts' is floated, as well as making more of the NHS App, through co-designing improvements through a new national group that would involve patients and carers. It also calls on systems to tackle digital exclusion.

2.2 British Social Attitudes survey

At the end of March, the King's Fund and the Nuffield Trust released the results from the annual British Social Attitudes survey.

They showed that public satisfaction with the NHS has slumped to its lowest level ever recorded, with A&E performance being a big driving factor in this year's results.

- 29% of people are satisfied with the NHS:
  - 35% satisfied with GP services

    - 27% satisfied with dentistry
    - 30% satisfied with A&E.
- All figures have got worse since last year, but A&E services recorded the biggest change in public satisfaction and now is among people's top three priorities for improvement.
- The main reasons for dissatisfaction include long waits for hospital GP appointments, staff shortages, and opinions on lack of funding.
- 14% of people are satisfied with social care.

Despite the low satisfaction levels, the public continues to show very strong support for the principles underpinning the NHS.

The fieldwork for the BSA was conducted in Sep and October 2022, shortly after Healthwatch England had conducted our own research on public confidence in A&E. We were therefore able to work with the Kings Fund and Nuffield Trust to help corroborate their findings and it was good to see our work referenced in their outputs.

2.3 Industrial Action

After several staff strikes in March and April, there was a breakthrough in disputes at the start of May, when most non-medical staff unions accepted a government pay offer.

This will be paid to all staff covered by the Agenda for Change pay system - including RCN members, even though the college has since stated it remains in dispute with the government about seeking extra special recognition for nurses. The RCN is now running a new ballot of members from 23 May until 23 June - which, unlike previous ballots that counted votes on a trust-by-trust basis, will ask members if they support a nation-wide strike in England. If successful, further strikes could take place throughout the rest of this year.

Separately, the BMA started formal talks in early May with government over junior doctors' pay. A resolution here would be significant, as their previous 3-day strike has been the most disruptive to patient care of all action so far. Overall, since last December, nearly 540,000 patient appointments have needed to be postponed due to strikes, mostly hospital outpatients (431,000), community appointments (49K) or inpatient operations or procedures (43k).

We continue to hear very little feedback from patients and the public about the strikes, or any associated impact. This may reflect public sympathy for

striking NHS workers, as there has been little public outcry covered in the national media.

However, we will continue to monitor the situation, especially the outcome of the RCN ballot and BMA talks and review our approach accordingly.

Throughout all strike action to date, we have pushed the government, various unions and NHS bodies to follow our recommendations for clear and accessible communications for the public to prevent confusion for people in need of urgent treatment and support for those patients whose care has been delayed.

2.4 Social Care

At the beginning of April Government set out plans for next steps on social care reform.

This announcement has resulted in negative feedback from a number of key stakeholders, largely because less money is now due to be spent on social care than had been promised in previous announcements around the White Paper. This follows previous disappointment after the Government announced the delay to the rollout of charging reform until 2025 at the earliest.

Headline numbers from the revised plan include:

- Instead of £500 million for workforce, £250 million will now be invested to support recruitment and retention through the new care workforce pathway.
- £15 million will be spent on overseas recruitment which will help to ease some of the workforce pressures. However, for context 60,000 care work visas were approved in 2022 and there are currently estimated to be 165,000 vacant posts across the sector.
- £25 million has been earmarked for support of unpaid family carers, with further information to follow on how this will be spent. And an additional £3 million has been allocated to support broader volunteering in social care.
- £100 million will be spent on digital innovation including getting 80% of care providers to adopt a digital care record by March 2024. An extra £50 million will also be spent on improving data collection and analysis, including the CQC's new role assessing local authorities.
- £35 million has been set aside to trial and scale innovative approaches to improving quality. This will be overseen by a new innovation and implementation unit.

From a Healthwatch England perspective we had been monitoring whether the £5 million outlined in the White Paper for signposting, information and advice services remains. It is unclear whether this commitment has been rolled into the work of the new innovation and implementation unit or if it has been dropped.

We are now adjusting our planned activities on social care for 23/24 to take account of the revised plans for reform. We will keep the committee updated on these as they develop.

3. Support to the Healthwatch Network

3.1 Improving data collection

We have completed our work to support Healthwatch to find alternative solutions following our withdrawal of provision of the previous database, CiviCRM.

We have put in new systems that will allow Healthwatch England to analyse data collected by all Healthwatch. Currently, 20 Healthwatch have shared data with a further 59 on track to be sharing by the end of May 23.

3.2 Core Skills

We have worked with local Healthwatch to understand the core skills needed to run an effective Healthwatch, such as managing volunteers, providing information, and signposting and listening. We have published a core skills framework to support staff and volunteers access the learning and development they need for their particular role in their Healthwatch, plus a training calendar.

3.3 Healthwatch Quality Framework

Healthwatch England developed a Quality Framework with local Healthwatch and local authority commissioners. This sets out the key ingredients for running an effective Healthwatch. To date, 98 Healthwatch have completed it on a self-assessment basis which they use to help understand their achievements as well as focus on where they can improve.

An analysis of Quality Frameworks completed by 44 Healthwatch in 2022 shows two areas highlighted for greater need: support for Boards and demonstrating impact.

a. **Support for Boards**. Healthwatch boards play a vital role in setting the direction of their individual Healthwatch and ensuring they are effective. As well as tailored sessions and new resources on effective governance and decision-making, support has been provided on Board appraisals and recruiting for diversity with the help of Getting on Board, who worked with Healthwatch on action plans on recruitment.
b. **Demonstrating impact.** The role of Healthwatch is not only to reach out and listen to people's experiences, but to make sure this leads to positive change. In common with many voluntary organisations, demonstrating impact can be challenging. Healthwatch England have provided Healthwatch with support on planning, identifying and communicating impact. We have seen improvements in how Healthwatch communicate the difference they make.

Our National Awards and the annual report template we provide local Healthwatch provide a way to recognise the impact achieved by local Healthwatch. Healthwatch Bristol provide an example of how they communicate the difference they make.

4. Communications

4.1 Communication performance

We started the year with the ambition to continue to increase our communications reach when it comes to awareness of our role and the issues that the public tell us concerns them. We are pleased to report that we have been successful in this ambition with our media reach increasing 30% year-on-year and our social reach increasing by 6% in the same period. This result is despite an increasingly competitive media market and changes in social media channels that makes engaging specific communities harder.

Type	2021-22	2022-23	% change
Mentions of Healthwatch in the media	4967	5584	+12%
Media reach	2.6B	3.3B	+30%
Social media reach	6.2M	6.6M	+6%
Engagements with our social media messages	200K	322K	+61%
Website visitors	737K	635K	-13%
Experiences shared via our website	8.5K	11.6K	+36K
People following our channels	46K	54K	+16K

In other areas of our communications work we have also seen improvements, especially when it comes to the number of people engaging with our social media messages, sharing experiences with us and following our channels.

We have seen fewer people visiting our website following the high levels of demand we saw during the COVID-19 pandemic for advice. However, visitor numbers are still significantly higher than pre-pandemic levels.

We believe our communications work in the round has contributed to the findings of our recent brand awareness research. As mentioned in our last report, not only has awareness of Healthwatch stayed high but we have seen a significant increase in public understanding of our role.

4.2 **Other communication highlights**:

- **Impact reporting: In March, w**e published our annual report to Parliament and shared this with key stakeholders and MPs. The report has been downloaded over 700 time to date.
- **10th Anniversary:** In April, we launched our 'Healthwatch Heroes' campaign to celebrate our 10th Anniversary. The campaign, which was used by local Healthwatch across England, celebrated the people and professionals who have helped make care better by either sharing their stories or acting on feedback from the public.

- **Campaigns:** We have continued to run regular campaigns to support the public to share their views with us. Our latest push is focussed on people with learning disabilities and autism.
- **Brand support:** We have rolled out several new brand resources to help local Healthwatch improve their communications, as a result the number of brand resources created by local Healthwatch has increased by nearly 50% year-on-year.
- **Website support:** We have continued to support local Healthwatch to upgrade their websites from Drupal 7 to Drupal 9. Of the 93 websites we support, 42% are now on Drupal 9. This work is being moved to our digital team who expect all migrations to be complete by January 2024.

5. Equality, diversity and inclusion highlights

- Accessibility: We have continued to try and make our communications as accessible as possible over the past year. For example, we recently updated our Easy Read national feedback form. We measure our accessibility using accessibility software. As a result of our work to improve accessibility, our accessibility score has increased from 70 out of 100 (Good) in April 2022 to 90 out of 100 (Excellent) by March 2023.
- Our open letter asking for an update on NHS plans to improve the accessibility of healthcare information resulted in a commitment from NHS England to publish their plans this spring.
- Awareness of Healthwatch has increased amongst many groups that are more likely to face health inequalities (e.g. people from ethnic minority backgrounds).
- In January we published the first wave of our Cost-of-Living Insight (see influencing section 1.1)
- We have extended the EDI training programme for HWE staff by including two additional sessions on disability and LGBTQ+.
- Support has been provided for 20 HW on improving board diversity, including targeting Black, Asian and minority ethnic professional networks.
- We have published three case studies of how local Healthwatch are working with specific communities to spread learning across the network.
- We have delivered training on how EDI applies to the work of Healthwatch on inclusive leadership and developing easy read materials.

- A full report of our work on EDI in 22/23 is included on the agenda for today's meeting.

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

March
• Nuffield Trust summit, Windsor • The King's Fund provider collaboration conference – Speaking • Times Health Commission, Claire Bithell and others • Reform roundtable with Steve Brine MP (Chair of Health Select Cttee) • Networking Event - Local Healthwatch in the Midlands • NHS Confederation event – people and communities - Speaking • Primary Care Stakeholder Forum NHSE • HW Kent awards
April
• Medical Technology Group, Sebastian Phillips • Toothless England, Mark Jones • NHS Confederation, Matthew Taylor • HW Greenwich, Joy Beishon, Chief Executive • Joint meeting with user voice/patient safety organisations: HSSIB, PHSO, NHSE, CQC and others • Westminster Health Forum Policy Conference – Speaking
May
• Southeast London HW Lead Officers Meeting • Paul Whiteing, Action against Medical Accidents (AvMA) • Sam Roberts, Chief Executive, NICE • Executive Chair Edna Robinson, The Alternative Provider Federation (APF)

AGENDA ITEM: 2.0(a)

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

PRESENTING: Chris McCann, Director of Communications, Campaigns, and Insight

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and Business Plan objectives from April 22 – March 23

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

APPENDIX:

1. End of Year Performance Report against our Business Plan 2022-23

Background

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

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

Healthwatch England

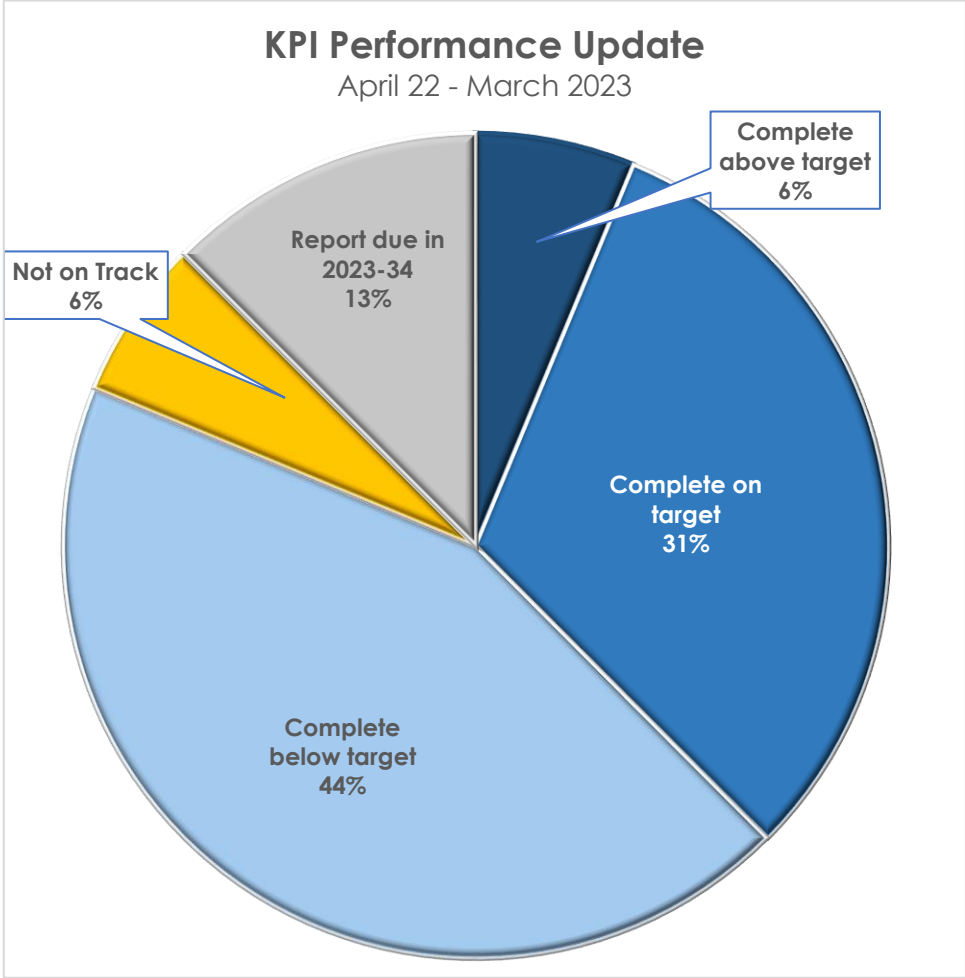
End of Year

KPI Performance Report

April 2022 – March 2023

SECTION ONE: KPI SUMMARY REPORT APRIL 2022 – March 2023

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



Delayed Indicators	EOY Target	Reason for delay
50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024.	31 Healthwatch	We have inducted 41 Healthwatch to the test version of the DSP. Of these 22 have yet to sign and return the data sharing agreement.
2023-204 Indicators		
% of stakeholders saying they value the work done by Healthwatch will increase by 5 points. (Baseline from 2020 was 71%)		Report due Q1 2023-24
% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)		Report due Q1 2023-24
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector.		Survey report due in 2023/24

SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status: Complete - Above target | Complete - On target | Complete - Target not met | Not on track - deadline extended | Results due 2023-24

No.	Description	Target	Progress	Progress Status (April 22 – March 23)	Lead
Objective 1: To find out the experiences of people needing or using health, public health, and social care services.					
1.	10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	Our conversion rate for 22-23 is 3.7%. However, this is because we have seen a hug increase in engagement with our social media content. We still achieved a 30% increase in people sharing experiences year on year. This was an experimental measure which we will retire.	**Complete –** Target not met	Head of Communications
2.	Our national advice is available to every website we support and four in five users rate our advice as useful.	Rate 4 out of 5 users	We have maintained our quality rating of 4 out of 5 for our advice and information	**Complete** – on target	Head of Communications
3.	100% of local Healthwatch sharing reports with us	100%	58% of Healthwatch sharing their reports with Healthwatch England. 43% (64) Healthwatch have not shared reports with us this year	**Complete –** Target not met	Director of Communications, Campaigns, and Insight
4.	50% of local Healthwatch sharing data on a regular (near real time) basis with Healthwatch England via the CDS by March 2023. 75% by March 2024.	50%	The Data Sharing Platform (DSP) is now rolling out to the network. 32 Healthwatch have signed an agreement allowing them to use our systems to share data (combination of SmartSurvey and DSP sign-up). We have inducted 41 Healthwatch to the test version of the DSP. Of these 22 have yet to sign and return the data sharing	**Not on track** – deadline extended to Q2 2023-24	Director of Communications, Campaigns, and Insight

No.	Description	Target	Progress	Progress Status (April 22 – March 23)	Lead
			agreement. Three Healthwatch (Surrey, Cornwall, and Richmond) have used the live DSP to share data. These systems have only gone live in the past month and we will be able to report a more accurate picture of how many are sharing data with us on a regular basis by the next committee meeting.		
Objective 2: To build a sustainable and high-performing network of local Healthwatch services.					
5.	Baseline: 61% of Board members, CEOs, and staff rate Healthwatch England support as good or very good (KPI)	61%	61% of board member, CEOs, and staff rate Healthwatch England support as good or very good.	**Complete** – Target not met	Head of Network Development
6.	Establish the baseline of local Healthwatch reporting that equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved.	-	We reported to National committee: HW reported that 75% of HW involve people with lived experience in the selection of project topics; 46% of HW report findings to people with lived experience. 79% of HW reported confidence or very confident in using the views of local people to shape plans.	**Complete** – on target	Head of Network Development
7.	80% of local Healthwatch report they are confident they will be able to use the views of local people to shape decisions around integrated care over the next year. (Baseline for this was 69% according to 2021 Annual Survey)	80%	Annual survey finds that 77% of LHW report that they are confident that they can use the views of local people to shape decisions around integrated care. An increase of 8% from last year. More in depth report provided to committee on 11th October.	**Complete** – Target not met, but we are 3% below the target but up from last year	Head of Network Development
Objective 3: Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements.					
8.	The proportion of new local Healthwatch CRM/CDS records containing demographic data will	60% of records will contain data about	At the end of Q4, 50% of the data shared via the feedback and signposting wizard of the CiviCRM had data on ethnicity. This	**Complete -** Target not met but we	Head of Policy, Public Affairs and

No.	Description	Target	Progress	Progress Status (April 22 – March 23)	Lead
	increase to 60% (Baseline from Q3 2021/22 sample is 15%)).	ethnicity by end of 2022/23	compares to 47% of the data in Q3. We are still unable to access the data that has been shared with us via the NDS.	increased from 15% to 50%. An increase of 35% points.	Research and Insight
9.	The proportion of data we gather through the webform from Black, Asian, and Minority Ethnic groups increased from baseline of 15% at end of 2021/22 to 20%. (Up from 4% at the beginning of the strategy)	Increase to 20% from baseline of 15%	Four percent of the webform data was from Black, Asian, and Minority Ethnic groups In Q4 2022/23. This represents no change from Q3 and has resulted from changes that make it harder to target people on social media	**Complete –** Target not met	Head of Communications
10.	Our content, accessibility and website user experience are rated as good (70 out of 100).	70 out of 100	Average rating across all measures is now 90 (Excellent). This is up from an average of 70 (Good) in 2021-22 and is an excellent improvement.	**Complete -** Above target	Head of Communications
Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice.					
11.	Our media reach grows by 10%.	10%	Our media reach is + 30% (22- 23 v same 21-22) We have also seen a 12% increase in media mentions year on year.	**Complete –** Above target	Head of Communications
12.	% of stakeholders saying they value the work done by Healthwatch will increase by 5 points. (Baseline from 2020 was 71%)	76%	To be reported on in Q1 23/24	Report due Q1 23/24	Head of Policy, Public Affairs and Research and Insight
13.	% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)	69%	To be reported on in Q1 23/24	Report due in Q1 23/24	Head of Policy, Public Affairs and Research and Insight

No.	Description	Target	Progress	Progress Status (April 22 – March 23)	Lead
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector.					
14.	Establish baseline of stakeholders who see local Healthwatch as experts in engagement (create baseline and measure this through stakeholder perceptions survey)	-	This KPI will be included in the stakeholder perceptions survey and will be reported on in 2023/24.	Survey report due in 2023/24	Head of Network Development
Objective 6: We are a strong and well governed organisation that uses its resources for greatest impact.					
15.	95% of staff feel they make a difference through their role.	95%	74% **NOTE:** The Question in the staff survey was rephrased to "My role gives me a sense of personal accomplishment/ achievement".	**Complete** – Target not met	Head of Operation, Finance and Development
16.	100% of projects that require DPIA completed.	100%	All projects that require an DPIA have now been completed.	**Complete** – on target	Head of Operation, Finance and Development
17.	100% of projects that require EIA completed.	100%	All projects that require an EIA have now been completed.	**Complete** – on target	Head of Operation, Finance and Development
18.	100% of projects with EIA have been evaluated (number of projects to be determined in the workplan)	100%	All projects were evaluated in Q1 to determine if an EIA Assessment was required	**Complete** – on target	Head of Operation, Finance and Development

healthwatch

2022-23 Business Plan Deliverables
End of Year Report

SECTION 2 PERFORMANC REPORTING AGAINST BUSINESS PLAN 2022-23

RAG Status: Complete | On Track | Not on Track | Severe delay

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

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our marketing and communications sustain public engagement with local Healthwatch in support of our policy and campaign goals.	In the final quarter of the year, we continued to run campaigns to sustain feedback from the public and to promote the insight that people have shared with us. Key issues we highlighted via the media and our channels included: the impact of NHS industrial action, issues with people being referred via their GPs, support for people on NHS waiting lists and the need to improve maternal mental health support.	Our media reach grew by 30%, year-on-year, while our social reach grew by 6%. We achieved our goal of sustaining interest in our work and met our target to increase our media reach of Healthwatch policy issues. Our latest public awareness polling indicates that we have sustained general awareness of our brand and increased awareness amongst priority audiences, such as people from an ethnic minority background.	Head of Communication	Complete
A greater proportion of the people we engage through our campaigns are willing to share their experiences and needs.	In the final quarter of the year, we ran a 'Because We All Care' campaign spike targeting older people. We also ran a general marketing campaign to raise awareness of our role and to encourage people to access our advice and to share experiences. We also provided resources so that	Engagement with our campaigns on social media increased year on year by 61%. This led to 36% increase in the number of views shared with Healthwatch England in 2022-23 when compared to 2021-22. However, 3.7% of people who engaged with our	Head of Communication	Complete

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	local Healthwatch could run these social media campaigns at a local level.	social media messages, went on to specifically share an experience. This was lower than our baseline of 5% or our stretch target to convert 10% of people. Moving forward we will look at whether there are any changes we can make to increase action.		
Our online advice and information content is more accessible to people and seen as trusted and useful.	In the final quarter, we continued to produce and update our advice and guidance that relates to the current issues people face. These issues include keeping well in winter and accessing health support in a cost-of-living crisis. We also continued to ensure that our information is accessible. For example, we rolled out new fixes for our website to improve accessibility. We are now reviewing our advice and information plans for the next 12 months.	We improved the score our accessibility software checker gives our website. Our score went from 70 out of 100 (good) at the start of the financial year to 90 out of 100 by the end of the year. The score website users can give our advice content remained on target with the average visitor scoring our content 4 out of 5 in terms of usefulness.	Head of Communication	**Complete**
Our systems enable us to highlight the issues different communities are telling us at a national, regional, and local level.	20 Healthwatch have shared their data with HWE using new data sharing platform with a further 59 tested the system ready to share in Q1 23/24.		Head of Policy, Public Affairs and Research & Insight	**On Track- continued in 2023 (Q1)**

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

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our work with local Healthwatch will ensure they understand, value, and access the support provided by Healthwatch England to be effective and have impact.	Our Quality framework provides a way for Healthwatch to understand their effectiveness and is supported by local authority commissioners. 105 Healthwatch have completed the Quality Framework and produced action plans to support improvement, Demonstrating impact is a priority area identified by local Healthwatch. 64 Healthwatch received support through our impact programme. 45% of HW were supported through our Board Support Programme on governance and decision-making. Q4 1,058 people booked to attend one of our webinars or peer networks and 286 people took one of our 18 e-learning courses.	Review of Healthwatch action plans found key focus is on improving governance and decision-making and demonstrating impact – in line with HWE support programmes. 30 HW reported they were better able to demonstrate their impact after receiving support from HWE (the other 34 have not yet completed their evaluation) Examples of action taken by Board members: Planned a board effectiveness and board evaluation review; Created a 'buddy' structure with a neighbouring Healthwatch; Conducted a skills audit. 84% participants said the session met their needs and 92% said they are likely to apply something they learned at work.	Head of Network Development	**On Track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
With our support local Healthwatch understand and adopt our updated brand purpose, values, and guidelines, including increasing focus on equality, diversity, and inclusion. (Expectations to be set through the Trademark license)	We have continued to roll out new resources local Healthwatch can use when communicating our brand. Highlights in the last quarter of this financial year included 'Healthwatch Heroes' communications toolkit to celebrate our anniversary, a new Annual Report template and training, as well as new logos for all Healthwatch.	The updated brand has helped to increase public awareness when it comes to what we do and the extent to which people would recommend us. We have also seen the use of the brand resources we supply to local Healthwatch increase 48% year-on-year.	Head of Communications	**Complete**
We have helped local Healthwatch Boards, staff, and volunteers to be more diverse and inclusive. (Driven through the EDI Roadmap).	We delivered support to Boards and Healthwatch Leaders on EDI and inclusive decision-making. 10 local Healthwatch took part in the second masterclass programme with *Getting on Board* – a Board recruitment specialist. 91 Healthwatch participated in the Your care, Your Way campaign on the Accessible Information Standard	All 10 have board recruitment and diversity action plans in place and some have already recruited new members.	Head of Network Development	**Complete**
DHSC and DLUHC (Department for Levelling Up, Housing and Communities) understand and value Healthwatch and this is reflected in investment and guidance to local Healthwatch Commissioners and ICSs.	We have continued to make the case to DHSC colleagues to progress conversations around Healthwatch funding models, highlighting the recommendations of the Hewitt Review and the Health and Social Care Committee (see next row). Louise also gave evidence to the Times Health Commission focused on the	Our block grant allocation was confirmed to be the same this year as last year. While given inflation this is still not ideal, in a challenging funding environment where other ALBs are seeing further funding cuts, it represents DHSC's recognition of our continued value.	Head of Policy, Public Affairs and Research & Insight	**Not on Track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	importance of listening to patients and the public.	Sponsor team have acknowledged the recommendations of the Health and Social Care Committee's report on Healthwatch funding and advise they are progressing internal conversations with ministers on possible different approaches to Healthwatch funding model.		
Healthwatch are included and properly resourced to be formally part of emerging regional structures of Integrated Care Systems and are confident in holding services to account in the new landscape.	We provided evidence, both formally and informally, to the Health and Social Care Committee inquiry on *Integrated care Systems: autonomy and accountability* and the Hewitt review.	In March the Health and Social Care Committee published the report of its inquiry on *Integrated Care Systems* with the recommendation to *DHSC to review the funding and commissioning arrangements* for Healthwatch, The Hewitt review (published April 2023) also acknowledged the importance of public involvement and Healthwatch's crucial role in holding to account. We are using these concrete cross-party recommendations to push discussions with Ministers and our sponsor team about Healthwatch funding.	Head of Network Development	**Not on Track**
Local Healthwatch have increasing focus on equality, diversity, and inclusion in their work; with greater	44 Healthwatch completed the Quality Framework which had been reviewed to improve EDI;	78% of Healthwatch reported they were confident in shaping	Head of Network Development	**On Track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
confidence working with specific local communities and can demonstrate the application of their public equality duty.		plans using the views of local people.		

Objective 3: Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements.

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our campaigns and communications are more accessible to as wide a range of population groups as possible because of new approaches, partnerships, systems and support.	We have continued to reach out to different sections of the community as part of our campaigns. For example, we contact over 80 organisations representing diverse communities as part of our maternal mental health and over older peoples feedback campaigns. We also finished planning on a feedback spike to get more feedback from people with learning disabilities and autism.	Although feedback from some sections of the community is overrepresented in our feedback (e.g., people with a disability and carers), we are not hearing enough from people from an ethnic minority background. Previous approaches we had used to target certain communities are no longer effective. We are currently reviewing our approach so we can improve performance in the next financial year.	Head of Communications	**Not on Track**
We will continue to ensure every piece of policy and research work we	Our policy research work on maternal mental health had a focus on ethnicity and the cost of living had a focus on income and disability.		Head of Policy, Public Affairs and Research & Insight	**On Track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
undertake has equalities focus to it. (See objective four for detail on topics).	We asked the 16 Healthwatch that we commissioned to produce unmet need in social care case studies to cover a wide range of inequalities.			
We will have used the insights gathered through our 2021/22 flagship campaign on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard.	We produced a template letter for local Healthwatch to send to their ICSs, highlighting their responsibilities to implement the AIS, and asking them what they are doing to prepare for the new standard. In April we provided comprehensive feedback on the draft version of the new standard and accompanying implementation guidance. We organised a stakeholder roundtable for our coalition to capture their feedback and collated it together with our own analysis.	The draft standard mentions our work repeatedly as a key driver of the changes and the entire review process. Our FoI work and survey are cited as background evidence for the need to bring in a new standard and guidance. Most of our recommendations have been integrated into the draft version of the standard. Coalition partners see us a collaborative leader and are involving us as partners in their own plans to publicise the new standard and raise awareness of it. We are planning comms activity for the re-launch of the new standard.	Head of Communications	**On Track**
The Digital Transformation Programme will deliver an increased volume and breadth of demographic data including relevant protected characteristics for us	Due to delays in developing the DSP for Healthwatch to share data with us, this deliverable hasn't been realised in this financial year.	We hope to continue this work into 2023/24, including taking steps to improve the number of people from Black	Head of Policy, Public Affairs and Research & Insight	**Not on Track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
to better report on disparities in experience of health and care.		and Asian backgrounds who participate in our surveys.		
Supported by the work under Objective 5 we will have built stronger links between decision makers and people with lived experience. This will see Healthwatch become more of a facilitator for engagement with seldom heard groups rather than speaking on behalf of them.	We have built mechanisms and processes to ensure all our own major research projects are informed by people with lived experience. And on the AIS campaign and on the NHS Long Term Plan refresh work we created opportunities for key system partners to hear directly from people with lived experience. However, we have not yet mainstreamed this in to all our major research projects.		Head of Policy, Public Affairs and Research & Insight	**Not on Track**

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

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
By leveraging the impact of existing work, we will secure significant policy changes on at least two existing Healthwatch England influencing topics / system priorities. (See policy and research list for topics).	This quarter we published our research on GP referrals and maternal mental health. The referrals work received widespread news coverage. The maternal mental health work helped us establish a relationship with the NHSE maternity transformation	Shortly following the publication of our maternal mental health report, NHS England released their Three-Year Delivery Plan for Maternity and Neo-natal Services. Several key responsibilities and themes	Head of Policy, Public Affairs and Research & Insight	**On track**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	team and secure commitments on the back of our recommendations. We continued follow-up conversations with statutory partners on access to primary care based on past work and feeding back on the AIS/collecting feedback from our stakeholder coalition.	outlined within the delivery plan mirror what we have called for in our report, our wider work and what we are hearing from the public. These are set out in detail here. As outlined above, the Accessible Information Standard has integrated most of our recommendations In the coming week we are anticipating the release of the primary care recovery plan, which makes commitments in several areas we have repeatedly advocated in our work on primary care, including better telephone booking systems and training more care navigators to support people through the patient pathway.		
Local Healthwatch will be supported to close the loop on key national policy wins to ensure they lead to local impact.	We provided guidance to Healthwatch on taking forward issues around the impact of the cost of living increases on health and social care, including a template survey, how to obtain feedback on the cost of living in	Several local Healthwatch published local reports and insight on accessible communications, using our national recommendations to test how well their ICS/local	Head of Policy, Public Affairs and Research & Insight	**Complete**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	general engagement and how to take issues forward with providers. We provided local Healthwatch with a template letter to write to ICSs on the accessible information standard.	services were implementing the standard.		
We will have developed in-depth insight on one new area drawn from the policy and research long list (generated using insights from the network on current priority issues for service users and the public). Project to be selected based on opportunities for addressing health inequalities, chances of successfully influencing and potential for external funding.	We completed our field research with 16 local Healthwatch on unmet need in social care. We are currently analysing the insight we have gained. The results will be used to inform our future campaign in terms of how we help bring about improvements in health and care. As part of our strategy development work, we have also identified our future priorities, which include women's health and primary care access, as well as social care.	Our work on the Accessible Information Standard campaign and social care has taught us that we need to apply a much longer time frame to our policy campaigns of at least 18-months. We will apply this learning to how we shape major policy campaigns moving forward.	Head of Policy, Public Affairs and Research & Insight Head of Communications	**On Track**
We will build on the success of our agile approach to collecting and communicating our evidence by conducting more real-time reporting, building better ways to reach decision-makers, and doing more to highlight our impact.	We continue to produce our monthly stakeholder bulletins covering up to three issues per month in brief. Topics covered recently include the cost of living; winter pressures, shortages of medication and support for women going through the menopause.	The item on medication shortages prompted the Pharmaceutical Services Negotiating Committee to contact us to discuss issues of mutual concern. In several stakeholder meetings, partners have mentioned without prompting our policy	Head of Policy, Public Affairs and Research & Insight Head of Communications	**Complete**

Business Plan Deliverables	Update *Key information or exceptions (e.g., reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
		positions or content they have seen in our insight bulletin.		
We will have reviewed our model of analysis to ensure we are making best use of new streams of data, where possible cutting our insights by ICS and making even greater use of external data sources to triangulate our findings.	In Q3 the team completed and reported back on the analysis model project. This has reviewed: • How we make better use of other data sources (ONS, HES) and methods like social media listening, panels etc. • How we cut our data via ICS • How we improve the way we engage with children and young people This has been factored into the development of the evidence model for the new strategy.		Head of Policy, Public Affairs and Research & Insight	**Complete**

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

Business Plan Deliverables	Update Key information or exceptions (e.g., reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
We will have developed a plan to work with the network (local Healthwatch)	We convened a panel of people with lived experience as part of the consultation on our strategy.	The feedback was used to help inform our Strategy and we strengthened relationships	Head of Network Development	**On Track**

Business Plan Deliverables	Update Key information or exceptions (e.g., reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
and support the development of their engagement skills. This will include: • An audit of good practice to create a library of engagement methodologies and share expertise across the network. • The creation of a common set of standards for local Healthwatch on 'Active Participation' • Establishment of a network of Inclusion Ambassadors that will be actively supporting more inclusive approaches to local Healthwatch engagement. Scoping of a national panel of people with lived experience of health inequality to help shape our work.	We ran a successful pilot of the Inclusion Ambassadors, consisting of local volunteers with lived experience assisting other Healthwatch with recruitment and retention of volunteers with lived experience. We supported the Healthwatch engagement network, including inviting national organisations to discuss engaging with particular communities. A draft of an e-learning is now complete and we will launch in Q2.	with lived experience led VCSE. LHW were supported on volunteer recruitment plans and findings on the pilot will be shared with the network. Local Healthwatch got information on different approaches to engagement which they can apply in their localities		
We will have significantly increased the profile of Healthwatch as leaders in engagement and strengthened our connection with other engagement professionals across and beyond our sector.	This activity was deprioritised to allow capacity to support Healthwatch on Integrated Care systems.		Head of Network Development	**On Track**

Objective 6 – A Strong and well governed organisation that uses its resources for greatest impact.

Business Plan Deliverables	Update Key information or exceptions (e.g., reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
Our governance will be reviewed to ensure our procedures are compliant.	The committee reviewed its standing order, made amendments, and approved the new standing orders.	The review of our governance will ensure that Healthwatch England business is conducted efficiently and effectively with clearly defined roles and responsibilities.	Head of Operation, Finance and Development	**Complete**
We will have staff with the capabilities and skills to support Healthwatch England's strategic aims, bolstered by learning and development programmes.	The staff has undergone a variety of learning and development programs to advance in their roles including an EDI Programme to develop a culture that embraces Equality, Diversity, and Inclusion. During Q1 of 2023-24, we will implement a fair learning and development process that guarantees every staff member receives appropriate training for their respective roles. All staff will also have a personal development plan.	Staff participation in learning and development programs will aid employee retention, significantly improve their current job functions, and develop a skilled workforce to accomplish our strategic goals.	Head of Operation, Finance and Development	**Complete – Carried over to 2023-24**
Our annual budget allocation, contracts, and funding to local Healthwatch will be maximised to deliver efficiencies in our work programmes and demonstrate value for money.	At year-end 2022-23 we spent 100% of our GIA budget allocation in staff pay and non-pay allocations against our programme of work. The impact of our work has been outlined throughout the	Local Healthwatch funding has been important in supporting delivery of our Learning and Development and Research Programmes. Examples of benefits include:	Head of Operation, Finance and Development Head of Network Development	**Complete**

Business Plan Deliverables	Update Key information or exceptions (e.g., reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
	year in our National Director/CEO Reports and in this report. We put a process in place whereby all funding to local Healthwatch is evaluated to ensure outcomes are achieved and we can demonstrate value for money.	• Contributing to development of an e learning course on data protection by Healthwatch Birmingham • Development and delivery of a workshop on rewarding and recognising the contribution of volunteers. • Supporting Healthwatch with recruiting and supporting Board diversity • 2 local Healthwatch sourcing people for in depth interviews for a national maternal mental health project • Healthwatch developing e learning on collecting demographic data.		
We will capture our impacts in our performance reporting that will showcase the difference we have made on Health and Social Care issues.	Our impact and the difference we have made in the Health and Social Care issues are now being. shared quarterly with committee in our Chief Executive Report (formerly known as the National Director's report).		Head of Operation, Finance and Development	**Complete**

Business Plan Deliverables	Update Key information or exceptions (e.g., reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
We will undertake Equality Impact Assessments (EIA) in our projects and programmes to ensure that our activities align to our Equalities strategy.	All projects that required an EIA Assessment have now had one completed.	By completing an equality impact assessment (EIA) we have ensured that their policies and practices are fair and do not present barriers to participation or disadvantage any protected groups from participation.	Head of Operation, Finance and Development	**Complete**
We will have a more robust process in place for Data Protection Impact Assessment (DPIA) to support research and insight.	All projects that required a DPIA Assessment have now had one completed	Conducting a DPIA on our projects have improved our awareness of the data protection risks associated with a project.	Head of Operation, Finance and Development	**Complete**

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

Background

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

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

This paper highlights some of our actions in this area in 2022/23

Policy and Research

We continue to apply an equalities lens to all our policy and research work, and we have continued to use our existing policy influencing work to push on two key health inequality issues in the media:

- Firstly, drawing on our evidence around NHS dentistry and the elective backlog, we have raised concerns about the development of a two-tier NHS with people who can afford to pay privately receiving treatment much faster. In NHS dentistry, we are seeing people be able to book routine private consultations within a week, yet NHS patients are facing waiting lists of up to three years in some areas. When it comes to elective care, our research has shown that whilst 8% of patients have already paid for private treatment, and another 14% said they were considering it, two-thirds (65% of people on waiting lists) said going private simply wasn't an option for them financially. In April we gave evidence to the Commons Health and Social Care Select Committee inquiry on dentistry alongside a local Healthwatch representative and our evidence has featured strongly in the committee's report.

- In August, NHSE announced that it had met the target to get to all people who had been waiting two years or more for elective care. Following our recommendation, we understand that nearly 6,000 patients could be seen faster, further from home because they were offered transport and logistical support to access care. We have repeatedly used our voice in the media to

call for this support to be extended to those still on waiting lists for elective care.

Social Care

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

From a representative poll of the public, we carried out in the summer, we found that less than half of people (49%) correctly identified they would need to go to their local council for an assessment. Those who correctly identified where to go were also more likely to come from more well-off households.

One of the key findings was that people with additional needs, unpaid carers, people with learning disabilities, people with physical disabilities and multiple long-term conditions may not be getting the care they need.

- Nearly a third of our respondents, 30%, said they had 'additional needs', such as a long-term illness, an invisible condition, informal caring responsibilities, or a learning disability.
- People living with these needs often require support from social care services, however only 12% of those surveyed had accessed, wanted, or tried to access social care services. This suggests:
- Half of people with additional needs are not even accessing care.
- And of these twelve per cent of people we polled who are accessing care:
- 19% found both care and financial assessments not very or not at all helpful
- 17% found the support they receive not very or at all helpful.

We will be seeking to expand on these findings in our social care work in 23/24 as poor information and advice services appear to be a key driver in people's needs not being met in a timely way.

Referrals

We conducted a poll with over 2,000 adults in England between September and October to understand people's experiences getting a GP referral.

To understand the full range of people's experience with referrals, we spoke to:

- People with an experience of being told they'd be referred for tests, diagnosis, or treatment; a total of 1,518 people.
- Those who expected or requested a referral but failed to get one; a total of 626 people.

Some experienced multiple problems, and findings around the progression of referrals changed based on patient conditions and other characteristics:
For instance, referrals for cancer have a higher progression rate than referrals for mental health support.

- Only 66% of people aged 18-24 said their referral had progressed to a hospital appointment or joining a waiting list.
- For those really struggling financially, the figure was 63%,
- For LGBTQ+ people, 59%
- For neurodivergent people, 58%.

For context this is against an overall progression rate of 71% for all respondents.

Cost of living crisis

In January we published the results from the first two waves of polling on the cost of living. We highlighted a significant rise in December in the numbers of people saying they were avoiding booking and attending NHS appointments or taking up prescription medication due to the cost.

Since this time, we have conducted two more waves of public polling (in early Feb and mid-March). These results suggest that the spike we witnessed in December was out of step with the other three waves, probably driven by:

- the cold snap in the weather in early December,
- rising concern around the cost of living with Government help yet to really have taken effect,
- And general seasonal money concerns around Christmas

There are important considerations here for how the NHS addresses seasonal concerns about people's finances that may mean people are avoiding going to see the GP or taking their routine medication during winter, potentially exacerbating pressures on A&E when things go wrong.

We will shortly be publishing findings from waves 3 and 4 that suggest that while the overall picture has improved since December, there remain certain groups of people who are still finding cost a barrier to seeking medical help and treatment: younger people, people with disabilities, and people on benefits. And across all waves, there are 6% who are consistently affected by financial hardship.

Maternal Mental Health

Healthwatch has a long history of investigating and campaigning on improvements for mental health support for new parents.
Work we did in 2015 led to the introduction of specialist Mother and Baby Units across the country, significantly increasing capacity to help those affected by more severe mental health challenges. Work we did in 2019 helped to introduce a new 6-to-8-week mental health check for new mums to be delivered by GPs.
In September we launched a review of the 6-week check. We engaged 2,693 new mums in this work and published the results in Q4:

- Over one in 10 (16%) of new mothers and birthing parents who shared their experiences said they hadn't received the six to eight-week check.
- Of those who said they had been offered the postnatal check, only one in five, 22%, were satisfied with the time their GP spent talking to them about their mental health.
- Nearly half, 44%, of respondents felt that the GP did not spend enough time talking to them about their mental health, while a third, 30%, said that their GP didn't mention this during the check.
- One in seven, 15%, said they had had their six-week check over the phone, with many new parents finding it hard to verbalise their mental health struggles and discuss physical issues. In the worst cases, respondents felt the way their mental health issues were discussed was inappropriate and potentially harmful.

In response, at the end of March NHS England published a new maternity delivery plan to drive improvement in maternity care. As part of this plan, NHSE have set out steps to improve maternal mental health services including the promise of new guidance for GPs on how to deliver the 6 week checks more effectively and commitments around ICSs monitoring implementation.

Health Disparities: waiting for planned care

In June we published a report that showed that long delays for treatment, last-minute cancellations, and a lack of personalised information and support disproportionately affect certain groups.

Our research highlighted that these challenges are not always experienced equally across all patient groups and a poor experience of waiting is linked to wealth, disability, education, gender or ethnicity.

Disabled people, those with lower levels of wealth, women, and people from ethnic minority backgrounds are the most likely groups to have been waiting over four months for treatment and to have experienced a delay or cancellation. And when we combine identities, for example, by looking at responses from people from an ethnic minority background with lower wealth and comparing their experiences to people from a white British background with higher wealth, their experience is worse.

- People from ethnic minority backgrounds respondents with lower wealth (63%) are more likely to have had their treatment delayed or cancelled than people from white British backgrounds with higher wealth (38%)

Women and disabled people are also most likely to have been negatively impacted by their long wait for care, with relationships, socialising, ability to provide care for a loved one, and mental health and wellbeing suffering as a result.

People with lower levels of education are more likely than people with higher education to be happy with the information the NHS has provided them. And though some disparities are clear to see, others require a more nuanced look at identities and characteristics for us to understand the barriers different people face.

Wealth is a factor in long waits and poor experiences. When we look at all populations combined, wealth is a crucial indicator for both long waits and poor experience of waiting. We asked participants questions about the length of their wait, communication from the NHS, and the impact waiting was having on them:

- Those with lower wealth (54%) are more likely to have been waiting or have waited longer (over four months) for hospital care/treatment than those with higher wealth (43%)
- Those with lower wealth (57%) are more likely to have had their treatment delayed or cancelled than those with higher wealth (46%) combined.
- Those with higher wealth (55%) are more likely to have been given a clear point of contact with the NHS than those with lower wealth (44%)
- Those with lower wealth are more likely to have been negatively impacted by the wait than those with higher wealth.

Disparities between lower and higher education. Our results also highlight education as a significant indicator behind people's experience of waiting:

- Just 54% of people with lower education felt well-informed about their treatment compared to those with higher education (63%).
- Just 53% of people with lower education felt well-informed about their condition compared to higher education (63%).
- 63% of people with a lower level of education felt the communications they received from the NHS were clear and easy to understand, compared to 73% of those with higher education.
- Only 46% of those with lower education were given a clear point of contact at the NHS compared to 55% of those with higher education.
- 60% of people with lower education and 67% of people with higher education were happy with the amount of information the NHS gave them to manage their condition.

Ethnic disparities

- On cancellations, we asked participants: "Was your treatment delayed or cancelled at any point?" In total, 51% of all respondents answered yes. However, we can see a disparity in experience by ethnicity. People from ethnic minority backgrounds (57%) are more likely to have had their treatment delayed or cancelled than all respondents (51%) combined.
- At 42%, people from white British backgrounds respondents are least likely to have had treatment delayed or cancelled. People from ethnic minority backgrounds (51%) were also more likely to have been given a week or less notice before their care was delayed or cancelled than people from white British backgrounds (37%).

Women are more likely to be impacted than men

Our results also highlight several gender inequalities when waiting for care.

These included that women were more likely than men to:

- Have waited more than four months for treatment (54% vs 42%)
- Have had their treatment delayed or cancelled (56% vs 46%)

The importance of intersectionality

Taken independently, ethnicity, disability, wealth, education or gender won't explain all the barriers someone might face 100% of the time. Often, factors can combine to show a worse experience for people with multiple protected characteristics.

We looked at the ethnic and wealth disparities in the experience of hospital delays or cancellations. When we combine those indicators and look at ethnicity and wealth together, the differences are even more pronounced.

People from ethnic minority backgrounds with lower wealth (63%) are more likely to have had their treatment delayed or cancelled than people from white British backgrounds with higher wealth (38%).

Similarly, when we looked at education as a factor in people feeling well-informed about their treatment and condition, people with higher levels of education were around 10% more likely to feel well-informed. But when we combine education with ethnicity, these results are far starker, with differences climbing to 17% (treatment) and 25% (condition).

We have called for an improvement in NHS processes for contacting patients. NHS England accepted several Healthwatch recommendations in their Elective Recovery Plan. These included:

- Implementing the guide to good patient communications.
- Ensuring patients don't feel forgotten by putting regular updates in place, across different communication channels.
- Improve the experience of waiting for care.

The Elective Recovery Plan also recognised our calls to:

- Improve the support people need while they wait, such as providing people with better access to pain management, physiotherapy, and mental health support.
- Provide support with transport and accommodation where patients choose to travel for quicker care at a specialist hub.
- Give people more control over their appointments. We have called for better options for people to feed back about their issues while waiting for elective care procedures. This includes making it easier for patients to update the NHS when there are changes in their condition, including allowing people to book, view or cancel their appointments through the NHS app. New features allowing this in the NHS app are now available to patients at 20 NHS trusts, with more trusts expected to make this available by March 2023.

Working with local Healthwatch

Learning and Development

We offered 9 EDEI support sessions with 126 Healthwatch participants, including on producing easy read materials; making your communications accessible; understanding Equality, Diversity, Equity and Inclusion and how it applies to Healthwatch and working with LGBT+ communities.

- *'This is by far the best training course [Easy read] that I have attended in the past 10 years! I found it thoroughly engaging and brilliantly run. Thank you very much for all the practical help which we will be using going forward.'*

'Harry {the trainer] was incredibly informative about working with LGBTQ+ communities and how to approach working with them in the future.'

Data collection and analysis

We have revised our data classification to support consistent collection and analysis of data by Healthwatch, including the use of demographic data. Our broader work includes providing e learning, guidance and survey templates. We have seen a significant increase in the collection of demographic data by local Healthwatch. We have put in place new platforms to improve the quality, quantity and speed of data that we receive from local Healthwatch, and these have been well received by the network. As a result of this work, we have seen an increase in demographic data collection by local Healthwatch. We will continue to roll out and embed these systems in 2023/24.

Supporting Board Diversity

Healthwatch England commissioned Getting on Board to deliver a series of workshops, masterclasses and discussion events over the course of a year to improve their board recruitment and retention, with focus on diversity. 44 local Healthwatch took part, each with an action plan which included activities such as undertaking skills audits, new recruitment packs, improved induction, and review of selection process.
[On board diversity training] "I really enjoyed the variety of Healthwatch's experiences as well it is always good to know that we are not alone in our struggles but also get great hints, tips and advice from our colleagues."

We commissioned the *Diversity Trust* who ran a session on Inclusive Leadership for Local Healthwatch, with 9 out of 10 participants saying they are likely to apply learning in their work.

Quality Framework

Healthwatch England updated the Quality Framework (enables Healthwatch to understand their effectiveness) to improve focus on EDI. An analysis of completed Quality Frameworks by 44 Healthwatch shows that they are using a variety of approaches to reach and connect with local communities: working with diverse volunteers; recruitment of Board members; community reference panels to assist with decision-making (e.g. Healthwatch Assist Group through Healthwatch Devon, Plymouth and Torbay). We funded Healthwatch NE Lincolnshire to run sessions for Healthwatch on working with and involving young people.

Inclusion Ambassadors

We ran the Inclusion ambassador programme throughout 22/23 to help Healthwatch recruit and support volunteers with lived experience. Four Healthwatch volunteers used their expertise to support four other Healthwatch on recruiting and supporting volunteers with lived experience. Activities included reviewing policies and practice on recruitment of volunteers. One participating Healthwatch fed back '*We are already receiving more interest in our volunteer roles from the particular ethnic minority community – thank you!'*

Local authority commissioning of Healthwatch.

We provide a checklist to support local authorities' draft contract specifications. This checklist includes requirements to gather and report on the demographic characteristics of the local Healthwatch. This includes their board, staff and volunteers and the people who local Healthwatch engage during their activities. The checklist also requires local Healthwatch to carry out equality impact assessments when planning significant activity and for governance oversight of any mitigating actions. Where local authorities share their draft contracts with us, we use the checklist to review the draft contracts and advise the local authorities accordingly.

How we work

Strategy & Business Planning

In November, we began reviewing our strategy and actively engaged all staff, committee members, local Healthwatch, and stakeholders in the process of developing our new strategy.

We always seek to use the diverse range of skills within our committee to assist in our work and ensured that all staff were included and given the opportunity to contribute to our organisational plans and Business Plan for 2023-24, which highlights the work we aim to deliver throughout the year.

Equalities Impact Assessment

As part of our responsible approach to project management, we have implemented a strict protocol of conducting an Equality Impact Assessment (EIA) for all projects that require one. By assessing our projects through an EIA, we ensure that our projects are align with the values of fairness, inclusivity, and equality.

Learning and Development

Throughout the year we have supported the ongoing development of our staff by providing them with learning opportunities that align with their roles and responsibilities. Through the CQC Academy learning and a prepaid Knowledge Academy Pass, our staff have had access to continuous learning and development initiatives. Additionally, we provided valuable secondment opportunities and mentorship to those who were interested in improving their skills and self-confidence.

In October 2022, we took a step further and commissioned The Diversity Trust to design a comprehensive training program to run over 2 years for all staff. Through this program, we aim to cultivate a culture of equity, equality, diversity, and inclusion within the Healthwatch England team and enhance our approaches in this area. This training included the following key components:

- Recognising and avoiding microaggressions
- Delivering a diverse and inclusive workplace
- Understanding unconscious bias
- Leadership's role in promoting equality, diversity, and inclusion.

Ultimately, we hope to attract, recruit, and retain a diverse range of highly talented individuals within our team.

In 2023-24, we will be introducing a new Personal Development Plan (PDP) for all staff. Additionally, we will be launching new guidelines that will facilitate the access and utilization of learning and development opportunities.

Recruitment

We are committed to promoting fairness and inclusivity in our recruitment process by providing equal opportunities to both internal and external candidates. We have also encouraged more candidates to apply from diverse backgrounds and protected characteristics, and our efforts have resulted in a more diverse committee and staff group. We have implemented a blind sift process for all applications. This process focuses solely on skill, ability, and experience to provide every candidate with a fair chance. Moreover, we ensure that our recruitment panels are diverse to reduce the risk of biased decision-making. Our approach to recruitment is key to fostering a diverse and inclusive workplace.

Behaviour

We have clear zero-tolerance policy on harassment and bullying, and we make it unequivocally clear that such behaviour will not be tolerated under any circumstances.

Staff Groups

We provide appropriate channels that enable all employees to voice their concerns and suggestions. Our Race Equality Network (REN), LGBT & Equality Network, and Staff Engagement Group (SEG) have been critical in ensuring this.

The Staff Engagement Group (SEG) has proven to be particularly effective in bringing to light issues that are inconsistent with our organisation's equality goals. This enables our leadership team to promptly address the issues raised, ensuring fairness and equality across the board. Amongst other areas in 22/23, SEG highlighted the need for us to take supportive action around mental health; and menopause for example.

Staff Survey

In November, we conducted a staff survey that showed 84% of staff felt HWE had a good approach to equality, diversity, and inclusion. In comparison to the staff survey of 2021-22, the results were mixed, with some areas showing improvement but others showing less positivity. As a result, an action plan has been implemented to address concerns raised by the recent staff survey, including low morale due to issues such as pay and promotion opportunities.

Committee Skills Audit:

We conducted a skills audit on our committee members to identify their areas of expertise. This allowed us to target the appropriate members for visits or seeking their expertise help regarding programs of work.

Communications

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

Your Care, Your Way campaign

We ran 'Your care, your way', our campaign to highlight the issues patients with communications needs face when it comes to accessible healthcare information. The initiative, which is run in partnership with 14 national charities, aims to strengthen the rights people have under the Accessible Information Standard (AIS) and ensure the Standard is properly implemented by services. Over the past year we have:

- Published evidence on the issues people face, as well as recommendations on how the AIS can be improved.
- Reached out to sections of the community whose needs are not currently covered by the standard so their voices can be heard.

- Conducted and published new research highlighting the extent to which the NHS is meeting the AIS.
- Supported local Healthwatch to hold local services to account when it comes to providing accessible healthcare information.

Our campaign has received extensive media coverage and has helped result in a review of the AIS by NHS England. We expect the outcome of this work in the summer and hope that most of our recommendations will be adopted.

Making our own communications accessible

We have continued to take steps to make our service more accessible. Over the past year we have:

- Rolled out our updated visual brand, which has been designed to be more accessible and provided resources and training for local Healthwatch to use this locally.
- Updated our core website that local Healthwatch use and had it tested to improve accessibility. 41% of the 92 sites we support have already migrated to this more accessible website.
- Updated the resources to make feedback easier for people with communication needs. Our new SignLive service allows British Sign Language users to contact us. We have also negotiated a deal whereby local Healthwatch can access this service at a 20% discount. We have also updated our EasyRead feedback form.
- Provided training and resources to our staff and local Healthwatch to help people write and communicate in a more accessible way.

We measure our accessibility using accessibility software. As a result of our work to improve accessibility, our accessibility score has increased from 70 out of 100 (Good) in April 2022 to 90 out of 100 (Excellent) by March 2023.

Reaching out to different sections of the community

Over the past year, as well as running surveys to find out about specific issues such as people's experiences of GP referrals, we have also used our communications to engage different sections of the community.

Because We All Care, our joint campaign with CQC, to encourage people to share their experiences, has seen three distinct drives focused on people with long-term conditions, older people and individuals with autism or a learning disability. For each communications drive, we provided resources to enable local Healthwatch to run campaigns at a local level. The campaign is currently being evaluated.

As a result of our collective communications, we have seen awareness of Healthwatch amongst specific communities increase between 2021-22 and 2022-23:

- Awareness amongst Black, Asian and other ethnic backgrounds has risen from 34% to 41%.
- Awareness amongst people with a disability has also increased significantly from 38% in 2021-22 to 48% in 2022-23.
- Awareness among people with other protected characteristics remains higher than average public awareness. These groups include carers and people with long-term health problems.

However, although awareness amongst ethnic minority communities has increased, we have not seen a corresponding increase in the proportion of people from these communities providing feedback via our national feedback form. This is in part due to factors such as changes to social media platforms which make it harder to target specific communities.

We have undertaken work to understand and promote the approaches local Healthwatch are taking to engage specific communities. We are also planning a new campaign for 2023-24, which will specifically target people from low income and ethnic minority backgrounds. The research which will underpin this campaign should identify tactics we can deploy to better engage these specific groups.

AGENDA ITEM 2.1(a)

AGENDA ITEM: Healthwatch England 6-month Business Plan 2023-24

PRESENTING: Chris McCann and Leadership Team

PREVIOUS DECISION: Review of the organisational plans and themes at National Committee Workshop in March 2023.

EXECUTIVE SUMMARY: The attached 6-month Business Plan (Apr – Sept 2023) outlines the top line deliverables we aim to deliver of our new strategy, along with our budget for 2023-24.

RECOMMENDATIONS: Committee Members are asked to APPROVE this plan

Background

This 6-month business plan has been collaboratively developed by staff throughout our organisation, with the valuable input of the Committee. It articulates our objectives, and activities for the next six months.

We recognise the importance of staying agile and responsive to the changes in our internal and external environment as we implement this plan. For this reason, we plan to revisit and evaluate our progress in September, after the new Chair has been appointed, to ensure that our actions are aligned with our changing environment, and that our resource allocation and strategies are still optimal to achieve our desired outcomes.

Committee Members are asked to APPROVE this plan.

DRAFT

HEALHWATCH ENGLAND

6 Month Business Plan

April – September 2023

SECTION ONE: Business Objective Setting (April – September 2023)

Communications

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

Objective	Activities	Owner / Lead
Increase awareness and understanding of our brand, especially amongst those facing inequalities.	• Develop new campaign platform to target those facing health inequalities in partnership with CQC. • Support communication of the state of patient experience report and communicate other key insights (cost of living, GP referrals etc.) • Develop new strategy covering search, social and referrals.	• Head of Communications • Head of Communications & Research and Insight Manager • Head of Communications
Provide a consistent and accessible brand communications experience.	• Audit brand, roll updated trademark and develop plan to strengthen brand until 2026. • Work with development team to improve network communications and carry out a review of network channels, including the network site.	• Head of Communications • Head of Communications, Head of Network Development & Digital Systems Development Manager

Objective	Activities	Owner / Lead
	• Develop one network marketing, content and campaigns plan. • Work with digital to support website roll out and content syndication	• Head of Communications & Head of Network Development • Head of Communications & Digital Systems Development Manager
Grow number of advocates and supporters	• Develop a supporter strategy for professionals and the public. • Start rolling review of communication channels and systems	• Head of Communications & Research and Insight Manager • Head of Communications

Data and Digital

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

Objective	Activities	Owner / Lead
In 2022/23 we put the fundamental building blocks in place. We will continue to develop digital and data systems support the public to understand how	• A six-month period will be required to bed in the new systems delivered at the of 22/23.	• Digital Systems Development Manager

Objective	Activities	Owner / Lead
sharing their experience makes a difference through change at national, regional and local levels.	• Scoping of long-term strategic vision for digital will begin including development of Feedback and customer journey (Network Relationship)	• Digital Systems Development Manager
Our digital systems increase our reach, give good user experience, and support our business objectives.	• Finish migration of LHW websites to Drupal 9 • Transfer of website management from Comms to Digital • Integrate website with National Data Store	• Digital Systems Development Manager • Digital Systems Development Manager • Digital Systems Development Manager
We aim to deliver faster, better quality, consistent data that is easily available to and valued by health and care system	• Set clear objectives to collect and share demographic data. • Extend analysis tools to allow view by ICS area. • Backlog to be uploaded to the reports library by August 2023. • Uploading of new reports carried out by local Healthwatch. • Promotion of SMART Survey.	• Digital Systems Development Manager • Digital Systems Development Manager • Research Insight Manager • Research Insight Manager • Digital Systems Development Manager

Objective	Activities	Owner / Lead
	• Work with CQC on data sharing.	• Director of Communications, Campaign & Insight

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

Objective	Activities	Owner / Lead
Ensuring that the projects we undertake is designed to deliver real-world impact on addressing inequalities in access to and outcomes from peoples experience of Health and Care	• Publish findings on Cost of Living (testing new methods) • Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs. • Scope our plans for later in the year on women's health • Develop new campaign platform to target those facing health inequalities.	• Director of Communications, Campaign and Insights
Ensuring that we continue to develop an evidence base that focuses on demographics and geographic spread to provide a reflective sample	• Promote the benefits of the new NDS to LHW who previously not shared data. • Upload the reports backlog.	• Head of Network Development • Research Insight Manager

Objective	Activities	Owner / Lead
	• Set up ongoing programme to manage incoming volumes of data and support better sampling of our data.	• Research Insight Manager
Further promote local Healthwatch interventions on Equality Diversity and understanding the impact that it's having. Share good practice across the network	• Updated network roadmap on EDI. • Develop improved approach to understanding demographic make-up of LHW.	• Head of Network Development • Head of Network Development
Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion	• Delivery of the second half of our EDI training Programme to cover - Recognising and avoiding microaggressions, Delivering an inclusive and equitable workplace, Inclusive Leadership.	• Director of Communication, Campaigns and Insight & Head of Operation, Finance and Development

Evidence, Engagement and Influencing

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

Objective	Activities	Owner / Lead
Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.	• Conduct gap analysis of volume, quality and geographic spread of data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data. • Promote the benefits of the new NDS to LHW who previously not shared data. • Backlog to be uploaded to the reports library by August 2023. • Upload function for reports library to be fully operational and LHW adding their own reports.	• Research and Insight Manager • Head of Network Development • Research and Insight Manager • Digital Systems Development Manager
Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.	• Conduct gap analysis of volume, quality and geographic spread of data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data.	• Research and Insight Manager

Objective	Activities	Owner / Lead
	• Promote the benefits of the new NDS to LHW who previously not shared data. • Backlog to be uploaded to the reports library by August 2023. • Upload function for reports library to be fully operational and LHW adding their own reports.	• Head of Network Development • Research and Insight Manager • Digital Systems Development Manager
Our priority areas, approaches and recommendations are designed with and informed by those with direct experience	• Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs. • Conduct joint project with LHW on Inpatient Mental Health Units (Commissioned E&V) – Feed in to DHSC review. • Properly scope our plans for later in the year on women's health.	• Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager • Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager • Head of Policy, Public Affairs and Research and Insight
We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through	• Support local Healthwatch to collaborate and influence across ICS areas.	• Head of Network Development

Objective	Activities	Owner / Lead
our research with campaigns to secure changes in line with our policy recommendations.	• Develop our regional public affairs strategy which tracks LHW across all ICS. • Develop parliamentary engagement plans for long-term sustainability of the network. • Scope plans for assessing the development of diagnostic hubs and virtual wards and how patients are experiencing these new ways of delivering care.	• Head of Policy, Public Affairs and Research and Insight • Head of Policy, Public Affairs and Research and Insight • Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager
Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.	• Complete final scoping of social care campaign and launch. • Continue work on access to primary care – with new focus on eye health and pharmacy. • Complete round three of stakeholder perceptions research. • Publish remaining policy position statements on the website.	• Head of Policy, Public Affairs and Research and Insight • Research and Insight Manager • Head of Policy, Public Affairs and Research and Insight • Head of Communications

Objective	Activities	Owner / Lead
	• Work with comms to develop web channels for sharing more policy focused content. • Follow-up on findings from Referrals project with phase 2 findings and support network to promote.	• Head of Policy, Public Affairs and Research and Insight • Head of Policy, Public Affairs and Research and Insight

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.

Objective	Activities	Owner / Lead
People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them.	• Develop a clear narrative which makes a compelling case for why listening to people leads to better health and well-being, including contribution of Healthwatch. • Develop an action plan to embed a culture of listening across health and care organisations and the value of Healthwatch.	• Chief Executive Officer • Head of Network Development

Objective	Activities	Owner / Lead
The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch.	• Scope updated Healthwatch model (NDT to scope, Policy team to promote with stakeholders)	• Head of Network Development & Head of Policy, Public Affairs and Research and Insight
HWE and local Healthwatch effectively collaborative ensuring that people's feedback creates service improvements locally and changes in national policy where needed.	• Consult and re-define HWE & LHW collaborative approach and support offer and communications with the Network. (2023) • Support Healthwatch and ICBs • Support local authorities on Healthwatch commissioning. • Provide more support for network communications and carry out a review of network channels, including the network site (Development team, comms and digital) • NDT to support data and report sharing (Digital, research)	• Head of Network Development • Head of Network Development • Head of Network Development • Head of Network Development, Head of Communications & Digital Systems Development Manager • Digital Systems Development Manager & Research and Insight Manager

Objective	Activities	Owner / Lead
	• Delivery of HW F2F event (HW conference sept), plus 2 online events aligned to strategy. • Introduce core skills framework and L&D Calendar • Support LHW to work effectively with CQC, including adapting to new CQC model.	• Programme Events Manager • Learning and Development Manager • Head of Network Development

Organisational Development

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

Objective	Activities	Owner / Lead
Learning and Development We will support and develop staff to ensure they have the right skills to deliver on our strategic goals. We will create a formalised and equitable process for requesting training and development opportunities.	• Produce an Organisational Development plan. • Produce and implement a training agreement for any professional courses sponsored by HWE.	• Director of Communications, Campaign and Insight & Head of Operations, Finance and Development • Head of Operations, Finance and Development

Objective	Activities	Owner / Lead
	• Produce a guideline and ensure that all staff have a personal development plan (PDP) set for 2023-24.	• Head of Operations, Finance and Development
Governance Our Committee will be diverse and maintain the highest standards of governance.	• New committee members will be appointed upon the appointment of the new Chair or interim chair in Q1. • An interim governance review (Standing Orders. Cttee size) will be complete in Q1.	• Chief Executive Officer and Head of Operations, Finance and Development • Director of Communications, Insight and Campaigns
Finance Healthwatch England will maintain its financial viability and maximize the use of its resources, by exploring every possible avenue for raising funding and revenue.	• We will carry out scoping work for a three-year financial sustainability model to be included in the 3-year Business Plan. • Review supplier contracts before renewal on a rolling basis.	• Head of Operations, Finance and Development • Head of Operations, Finance and Development
Culture and Behaviours	• Delivery of the second half of our EDI training programme to cover, Recognizing and avoiding microaggressions, delivering an inclusive and equitable workplace and how	• Director of Communications, Campaigns and Insight & Head of

Objective	Activities	Owner / Lead
We will create a new process with committee and staff to establish a new culture set within our organisation.	leaders can promote equality, diversity, and inclusion. • Produce quarterly report on staff diversity.	Operations, Finance and Development • Head of Operations, Finance and Development
<u>Management of our programmes of work</u> Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy.	• Programme Management Framework Templates to be reviewed. • Produce quarterly performance reports for Leadership and committee	• Head of Operations, Finance and Development • Head of Operations, Finance and Development
<u>Enquiries & Complaints</u> We will have a consolidated process for handling and responding to our complaints, enquiries and Freedom of Information requests (FOI).	• Scope out what data each of the following groups are collecting: - NCSC - Social media sites (Comms) - Employee email accounts - Research team • Scope a process that consolidates the reporting of our enquiries from the various groups	• Head of Operations, Finance and Development • Head of Operations, Finance and Development
<u>Healthwatch England Intranet</u>	• Scope the options available for an intranet e.g. SharePoint Site and/or staff team channel.	• Head of Operations, Finance and Development

Objective	Activities	Owner / Lead
We will have an intranet service so that staff can stay informed and have easy access to our business information.	• Assemble a Task Force working group. • Commence work with Comms, CQC and the task force working group to create the intranet site.	• Head of Operations, Finance and Development • Head of Operations, Finance and Development
Programme of Internal Audit We will develop an internal auditing programme to identify areas of concern, so we gain further assurance on our operations.	• Investigate the audit process for HWE via CQC. • Produce a constructive guidance and an assurance map of HWE processes.	• Head of Operations, Finance and Development • Head of Operations, Finance and Development

SECTION TWO: Budget 2023-24

Budget 2023-24	Amount (£)
Total Pay	£2,106,731
Total Non-Pay	£841,000
Healthwatch England Recharges	£252,269
Total Healthwatch England Annual Budget	£3,200,000

Non-Pay detailed Budget 2023-24	Amount (£)
Conference (Healthwatch Week)	60,000
Books Journals & Subscriptions (Comms)	13,000
Books Journals & Subscriptions (Staff)	15,000
Digital (Engagement)	60,000
Digital BAU (hosting, maintenance, support)	155,000
Digital Marketing (Subscriptions and Licences)	70,000
Digital (Piloting New Healthwatch Model)	50,000

Meeting room hire	27,000
Learning & Development (HWE Staff)	55,000
Learning & Development (LHW)	50,000
Office supplies	4,000
Printing and Design costs	55,000
Public Engagement Expenses (Campaigns)	20,000
Policy & Research Activities	155,000
Staff Travel and Subsistence	52,000
Total Healthwatch England Annual Budget	**£841,000**

SECTION THREE: Commercial and Contracts

Supplier	Service Provided	Estimated Start Date of Contract	Estimated Value £
Circle Interactive Ltd	Hosting, Maintenance & System Development	1 April 2022	£131,680.00 (FY23/24)
SmartSurvey Ltd	Enterprise level survey Platform	1 April 2023	£58,360 (FY23/24)
Cision (Gorkana) and NLA Media Access Licence	Media database and monitoring	1 April 2022	£!2,000 (FY23/24)
Graylings	PR Support	1 April 2022	£20,000 (FY23/24)

Supplier	Service Provided	Estimated Start Date of Contract	Estimated Value £
Allied Printed Services (APS)	Design, video and photography	1 April 2020	£40,872 (FY23/24)
Meta Workplace	Online community	1 April 2023	£31,350 (FY23/24)
BrandStencil	Brand management platform	1 June 2021	£7,000 (FY23/24)
Total			**£301,262**

Strategic Risk Register and KPIs for 2023-24 will be presented in a separate document.

HEALTHWATCH ENGLAND – COMMITTEE MEETING

Tuesday 23rd May 2023

Agenda item: 2.1(b)

ITEM: HWE Budget 2023-24

PRESENTING: Chris McCann

PREVIOUS DECISION:

EXECUTIVE SUMMARY: This is a summary of our agreed budget for 2023-24

RECOMMENDATION: Committee are asked to Approve the Budget

Background

The agreed GIA budget of £3.2m for our financial year 2023-24 is presented below. Of this budget, £2.1m has been allocated to pay, accounting for a 12% vacancy rate. The remaining £841k has been allocated towards the non-pay budget, with a breakdown below for your reference.

This budget reflects the needs and expectations of our organisation according to the operational plans underpinning year 1 of our new strategy. We will conduct regular reviews and two reforecasts (October & January) to ensure good budget management through the year.

The committee are asked to Approve the Budget.

Healthwatch England Annual Budget 2023-24

Budget 2023-24	Description	Annual Budget £
Pay	Staff and Committee Pay Costs	**£2,106,731**
Non-Pay	Our Activities	**£841,000**
HWE Recharges	CQC Management Fees	**£252,269**
Total GIA Budget		**£3,200,000**

Breakdown of Healthwatch England (Non-Pay) 2023-24

HWE Description	Budget (£)	Lead
Other General Supplies & Service	4000	Sandra Abraham
Books Journals & Subscriptions (Communication)	13,000	Ben Knox
Books Journals & Subscriptions (HWE General)	15,000	Sandra Abraham
Printing Design Costs	55,000	Ben Knox
Public Engagement Expenses	20,000	Ben Knox
Public Relations Expenses (inc. Policy & Research)	155,000	Chris McCann
Staff Travel and Subsistence	52,000	Sandra Abraham
Learning and Development Network	50,000	Gavin Macgregor
Piloting new HW model	50,000	Gavin Macgregor
Learning and Development HWE Staff	55,000	Sandra Abraham
Conference and Seminars (Healthwatch Week)	60,000	Gavin Macgregor
Meeting Room Hire	27,000	Sandra Abraham
Total FM Computer Contracts (Digital BAU - Hosting Maintenance Support)	155,000	Chris McCann
Total FM Computer Contracts (Digital Marketing)	70,000	Ben Knox
Total FM Computer Contracts – Engagement	60,000	Sandra Abraham
Total	**841,000**	

HEALTHWATCH ENGLAND – COMMITTEE PUBLIC MEETING

Tuesday 23RD May 2023

Agenda item: 2.1 (c)

ITEM: Draft Strategic Risk Register 2023-24

PRESENTING: Chris McCann

PREVIOUS DECISION: Draft Strategic Risk Register was reviewed at AFRSC in April with further reviews for Committee.

EXECUTIVE SUMMARY: We are presenting the final draft strategic risks for 2023-24 to the committee, which outlines the threats against the delivery of our 3 strategic aims and our mitigating actions.

RECOMMENDATION: Committee are asked to APPROVE the Strategic Risk Register

Background

The draft strategic risk register was formulated by the leadership team and reviewed by the committee in March, by the AFRSC in April and a final review by committee in May. Following the reviews, adjustments have been incorporated into the draft register presented below and indicted in blue text.

The strategic risk register has been segmented into four distinct sections: cross-cutting risks - those that impact all three strategic aims, and risks that affect strategic aims one through three. In each section, the risks have been arranged based on their post-mitigation rating, with the highest risks appearing at the top of each section.

We propose conducting a review of the strategic risk register during the June committee workshop, allowing the newly appointed chair to further engage with our risks.

Overall, the highest risks are:

Risk Area	Risk Number and Description	Post mitigation Rating
Cross-Cutting	**SRO1 -** *Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.*	**Rating 16 high**
Strategic Aim One	**SR22 (New Risk) -** *Local Healthwatch may lack the necessary skills and resources to effectively reach and provide support to individuals facing complex health issues or those with low engagement levels*	**Rating 15 high**

Committee are asked to APPROVE the Strategic Risk Register

Healthwatch England

DRAFT Strategic Risk Register 2023-24

CREATED BY: Leadership & Committee March 2023

DRAFT REVIEWED BY COMMITTEE: 23rd March 2023

FULL REVIEW BY AFRSC: 19th April 2023

APPROVAL DATE: Committee Meeting 23rd May 2023

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
HEALTHWATCH ENGLAND CROSS CUTTING STRATEGIC RISKS								
SR01	**FINANCIAL**	Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.	Chief Executive	3	4 (Imp) 5 (Lh) **20 (High)**	• We are exploring opportunities for income generation outside our annual GIA budget; and ensure that income is either clearly for spend over multiple years or we can spend in year. • 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	• We will reforecast the annual budget in October 2023 and January 2024 and take mitigating actions on reprofiling spend that are needed. (*October and January*)	4 (Imp) 4 (Lh) **16 (High)**
SR21	**STAFFING**	Healthwatch England may suffer from low staff	Chief Executive	3	3 (Imp) 4 (Lh)	• Evaluate the competitiveness	• All staff to have a personal	3 (Imp) 3 (Lh)

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
New Risk		morale and high staff turnover if (a) pay rates do not keep up with inflation or (b) if the progression pay is restricted within the organisation (c) lack of promotional opportunities within our small organisation			**12 (Medium)**	and relevance of salaries and benefits in collaboration with the Care Quality Commission (CQC) • Keep staff informed of the additional excellent benefits on offer to all employees. • Low staff morale is largely attributed to our non-competitive pay. We are working collaboratively with the (CQC) to enact a capability pay framework, contingent on approval from the Department of Health and Social Care (DHSC).	development and performance plan (PDP) (May 2023) • Create and implement a Learning and Development plan & policy to provide employees with equitable training and development, opportunities to enhance their skills and promote satisfaction. (*May 2023*)	**9 (Medium)**
SR04	**FUNDING**	Failure to demonstrate the difference Healthwatch England makes and to show the	Head of Network Development /Head of Policy, Public Affairs and		5 (Imp) 2 (Lh)	• We have an impact programme to help	• We are building follow-up check points in to all our national	5 (Imp) 1 (Lh) **5 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		broader value of our work and impact, nationally, risks cuts to our funding, reputational damage and people having less trust in the brand.	Research & Insight		**10 (Medium)**	us identify impact at local level. • We communicate impact nationally and locally through interventions such as the Healthwatch Awards, Annual Reporting, and our new regular stakeholder bulletin, as well as media and other communications work. • The business plan includes a range of actions to increase our reach and influence, including demonstrating the impact we make.	campaigns work, these will support local Healthwatch to ensure the policy wins we secure nationally result in changes on the ground.	
STRATEGIC RISKS FOR AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need								
SR22	**RESOUR**	Local Healthwatch may lack the necessary skills	Head of Network Development	1	(5) Imp (4) Lh	• We have an engagement	• We will develop a new approach to	(5)Imp (3) Lh

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
New Risk		and resources to effectively reach and provide support to individuals facing complex health issues or those seldom listened to.			**20 High**	programme with local authority commissioners on contract amounts and specifications. • We deliver support to HW on core skills. • We monitor LHW effectiveness, including through the Quality Framework • We operate a local Healthwatch risk register.	understanding Healthwatch effectiveness	**15 High**
SR11	**EQUALITY, DIVERSITY, AND INCLUSION**	Failure to engage with those seldom listened to 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.	Director of Communication, Insight and Campaigns / Head of Communications	1	(5)Imp (2) Lh **10 (Medium)**	• We have an annual EDI sub 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	• We will engage with key stakeholders to ensure we land our emphasis on equality, diversity & inclusion (EDI) positively. • We are developing a campaign to better engage diverse communities.	(4) Imp (2) Lh **6 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						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 (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		
SR23 New Risk	**ADVICE AND INFORMATION**	By providing advice and information, which is either incorrect or incomplete, we risk damaging our brand and	Head of Communications	1	(5)Imp (2) Lh **10 (Medium)**	• We only focus on non-medical advice that helps people better use or make the most of health and care.	• We are planning to review and improve our support to local Healthwatch when it comes to	5 (Imp) 1 (Lh) **5 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		people not returning to use our service again.				• We check information with third party organisations or individuals. • We enable public to feedback on advice and monitor and review articles.	advice and information. • We are planning to introduce content syndication to ensure local Healthwatch have access to the latest advice content.	
STRATEGIC RISK – AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them.								
SR24 New Risk	**CULTURE**	Due to the lack of an embedded culture around actively listening and acting on the views of patients and service users within the health and care system, there is a risk that this may prevent us from creating significant change in the system's cultural norms and service delivery and, in turn, limit our ability to improve the overall access, outcomes and experience for people and patients.	Head of Policy, Public Affairs and Research and Insight	2	(3) Imp (4) Lh **12** (**Medium**)	• 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 collaborative to engage with their ICSs. • We are working with the DHSC to explore options for	• We are planning an overarching campaign to go back to basics and build support for listening and engagement across the NHS and social care. • We are developing an agreed evidence approach for Healthwatch will help to further build the credibility of our	(3) Imp (2) Lh **6** **(Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						a new, more sustainable model for Healthwatch in context of the ICS reforms. • We will engage with the emerging NHSE structured model for engagement and involvement.	work, our methods, and our insights.	
SR25 New Risk	**IMPACT**	Financial limitations, workforce shortages, and high demand on the health and care system may cause a de-prioritisation of listening to patients and service users. This, in turn, may decrease engagement with Healthwatch at both the national and local levels, leading to a reduction in our impact.	Head of Policy, Public Affairs and Research and Insight	2	(3) Imp (4) Lh **12 (Medium)**	• We continue to make our insight products easy to access, with recommendations developed in partnership with professionals to help them land in the most constructive way. • We also continue to work largely on existing system priorities to ensure there is a ready-made audience with capacity to listen to our findings.	• We are planning an overarching campaign to go back to basics and build support for listening and engagement across the NHS and social care	(3) Imp (2) Lh **6 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR26 New Risk	**INFLUENCE AND IMPACT**	A general election in 2025 causes a period of policy development stasis that diminishes our ability to achieve change.	Head of Policy, Public Affairs and Research and Insight	2	(2) Imp (4) Lh **8 (Medium)**	• We are already exploring how our work can be used to highlight key areas of concern for people/patients ahead of manifesto development. • We are also shifting our policy research projects to look increasingly at how existing policy is being delivered, rather than trying to shape new policy. E.g., looking at the effectiveness of diagnostic hubs.		(2) Imp (1) LH **2 (Low)**

STRATEGIC RISK – AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement.

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR07	**DIVERSITY**	Failure to have a diverse committee and staff team risks a lack of a range of expertise and 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. • We will seek lesser-known networks and agencies to find a wider range of candidates. • Actively encourage candidates from all the protected characteristics to		4 (Imp) 2 (Lh) **8 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						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.		
SR27 New Risk	**REPUTATION**	Due to the Healthwatch network failing to respond or collaborate effectively with us and 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 support Healthwatch to collaborate within ICS areas. • We promote, support, and monitor participation of LHW in nationwide activities. • We support HW peer networks to support HW collaboration.	• We will collate HW priorities and facilitate collaboration between HW. • We will monitor and support LHW sharing data with HWE	4 (Imp) 2 (LH) **8 Medium**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR28 New Risk	**RESOURCES - STAFFING**	A significant staff turnover could lead to a loss of corporate memory within our organisation. The loss of experienced and knowledgeable staff may hinder the organisation's ability to maintain service continuity, sustain effective relationships with partners, and reduce the overall quality and reputation of the organisation.	Chief Executive / Head of Operations, Finance and Development	3	3 (Imp) 3 (Lh) **9 (Medium)**	• We have a training programme in place to build the confidence and skills of middle managers. • We will identify staff who could take on key roles if the incumbent leaves. • We have a proper documentation of policies and procedures in place to help retain	• We will review organisational development for the whole organisation. *(May 2023)* • Identify key roles within our organisation and develop an effective succession plan.	3 (Imp) 2 (Lh) **6 (medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						organisational knowledge. • To mitigate against staff turnover, we have created an action plan, which, includes initiatives to provide better learning and developmental opportunities, as well as promoting growth within the organisation wherever possible.		
SR29 New Risk	**DIGITAL**	Failure of our new digital systems to improve our ability to gather and share data and provide the basis for further improvement in Digital, Data, and Technology (DDaT) could result in damage in its ability to provide a quality service and negative impact on the organisations reputation.	Director of Communications, Insight and Campaigns	3	5 (Imp) 2 (Lh) **10 (Medium)**	• We will evaluate the current model, to including not only our data platforms but also our approach to our web presence. • We have a specific risk register for the Digital Programme which is reviewed by AFRSC	• Horizon scan opportunities that may become available via emerging technologies	5 (Imp) 1 (Lh) **5 (Medium)**

Risk Grid April 2023 – March 2024

(Categories highlighted in pink represents LHW Risks)

2 risks rated high, 10 risks rated medium, 1 risk rated low

	Risk Ratings				
Impact	**Risk Ratings Based on scores**				
5 – Very High	5 SR04 -Funding SR23 – Advice & Information SR29 - Digital	10	15 SR22 - Resources	20	25
4 – High	4	8 SR07 - Diversity SR27 - Reputation	12	16 SR01 - Financial	20
3 – Medium	3	6 SR11 - EDI SR28 – Resource-Staffing SR24 – Culture SR25 – Impact	9 SR21 – Staff Resourcing	12	15
2 – Low	2 SR26 – Influence & Impact	4	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: 2.1(d)

AGENDA ITEM: Key Performance Indicators (April 23 – March 24)

PRESENTING: Chris McCann, Director of Communications, Campaigns, and Insight

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper states our key performance indicators (KPIs) for 2023-24 allowing us to assess and monitor the efficiency, and success of our business plan in alignment with our strategic aims.

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

Background

This paper presents the updated version of our key performance indicators (KPIs) for 2023-24.

As you are already familiar with the proposed KPIs, your valuable recommendations have been carefully reviewed and incorporated into the document. To easily identify the amendments stemming from your feedback, the changes have been highlighted in blue text.

The new KPIs will enable us to assess and track the progress and effectiveness of our business plan while maintaining alignment with our strategic aims.

The committee is asked to approve the following key performance indicators.

healthwatch

Healthwatch England

Key Performance Indicators

April 2023 – March 2024

SECTION ONE: STRATEGIC AIMS KEY PEFORMANCE INDICATORS

No.	Operational Plan	KPI Description	Target	Notes	Completion Month	Lead
STRATEGIC AIM ONE – To support more people who face the worst outcomes to speak up about their care and access the advice they need						
1.	**Evidence, Engagement and Influencing**	HWE gathering insight data from all 42 ICS areas (at least quarterly) (Currently at xx%)	42 ICS		March 2024	Head of Policy, Public Affairs and Research and Insight
2.	**Evidence, Engagement and Influencing**	65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 47%)	65%		March 2024	Head of Policy, Public Affairs and Research and Insight
3.	**Evidence, Engagement and Influencing**	100% of all policy and research projects to have an equalities angle to them, exploring the experience of a particular community or communities	100%		March 2024	Head of Policy, Public Affairs and Research and Insight
4.	**Data and Digital**	75% of Healthwatch regularly sharing data (monthly) with HWE via our new systems.	75%		March 2024	Director of Communication, Campaign, and Insight
5.	**Data and Digital**	70% of Local Healthwatch who respond, rate our digital systems as good or very good (data collected via the satisfaction survey).	70%		March 2024	Director of Communication, Campaign, and Insight

No.	Operational Plan	KPI Description	Target	Notes	Completion Month	Lead
6.	**Communications**	5% increase in media and social reach (Apr-Oct 22-23 v 23-24)	5%	Social reach: We aim to increase from a monthly average of 550K in 22-23 (or 3.8M over seven months) to a monthly average reach of 577K (or 4.0M over seven months) Media reach: We aim to increase from a monthly average of 281M in 22-23 (or 1.9B over seven months) to a monthly average reach of 295M (or 2.0B over seven months)	October 23	Head of Communication
STRATEGIC AIM TWO – To ensure care decision-makers act on public feedback and involve communities in decisions that affect them						
7.	**Evidence, Engagement and Influencing**	We achieve a 25% year-on-year increase in the number of times our evidence is accessed by our stakeholder audiences	25% year on year	Measured via the sources below) (5) • Visits to the reports library • Visits to news and insight content (including downloads of reports and access to policy position pages). • Numbers of people engaging with our stakeholder bulletin	March 2024	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	KPI Description	Target	Notes	Completion Month	Lead
8.	**Evidence, Engagement and Influencing**	% of stakeholders say they are using our insight and evidence to inform their decisions. (New KPI – would need to create a baseline).	Baseline to be set		March 2024	Head of Policy, Public Affairs and Research and Insight
9.	**Evidence, Engagement and Influencing**	80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%)	80%		March 2024	Head of Policy, Public Affairs and Research and Insight
10.	**Evidence, Engagement and Influencing**	80% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)	80%		March 2024	Head of Policy, Public Affairs and Research and Insight
11.	**Evidence, Engagement and Influencing**	At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	2		March 2024	Head of Policy, Public Affairs and Research and Insight
STRATEGIC AIM THREE - To be a more effective organisation and build a stronger Healthwatch movement						
12.	**Evidence, Engagement and Influencing**	75% of local Healthwatch routinely (at least quarterly) sharing data and reports with us via the CDS (Currently at xx%)	75%		March 2024	Head of Policy, Public Affairs and Research and Insight
13.	**Organisational Development**	Completion of a financial sustainability model for Healthwatch England	Completion		March 2024	Head of Operations,

No.	Operational Plan	KPI Description	Target	Notes	Completion Month	Lead
						Finance and Development
14.	**Equality, Equity, Diversity, and Inclusion**	EDI objectives in 100% of staff personal development plans.	100%		January 2024	Director of Communication, Campaign, and Insight
15.	**Equality, Equity, Diversity, and Inclusion**	90% of staff feel valued and respected in the workplace	90%	Measured through the staff survey	January 2024	Director of Communication, Campaign, and Insight

AGENDA ITEM 2.2

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) of 19 April 2023 - meeting minutes
PRESENTING: Helen Parker
PREVIOUS DECISION: N/A
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting
Minutes of meeting No. 22, Meeting Reference: AFRSC202322

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 19 April 2023 10:00 am-12:00 pm Teams Meeting

Attendees:
Andrew McCulloch (AM) - Chair
Helen Parker (HP) - Sub-Committee Member

In Attendance:
Louise Ansari (LA) National Director
Sandra Abraham (SA) – Head of Operations, Finance & Development
Chris McCann (CM) - Director of Communications, Insight and Campaigns
Jonathan Nartey – CQC Strategic Finance Business Partner
Felicia Hodge (FH) – Committee Administrator (minute taker)

Apologies
Danielle Oum (DO) – Chair
Sir John Oldham (JO) – Sub-Committee Member

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:**	

No.	Agenda Item	Action and Deadline
	The Chair (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC) including Jonathan Nartey, CQC Strategic Finance Business Partner. **1.2 Minutes of the meeting held on 4th October 2022:** The draft minutes of the meeting held on 24th January 2023 were approved without amendment. **Action Log** Please see Appendix Action Log. The action log was noted. All actions are complete, included on the agenda or not yet due. **1.3 Matters Arising** **Staff Pay Award** The committee wanted to know if staff received the one-off pay award as mentioned at the previous meeting. SA informed that CQC finance system did not allow for this provision to be made to staff, but staff did receive £25 voucher rewards instead. **Committee Effectiveness Review and Handover** The sub-committee requested that the review of the committee effectiveness be reviewed and introduction and handover to new committee members take place by Autumn 2023. **ACTION – LAN & SA to discuss format over next 6 months**	**LAN/SA**
2. 0	**Finance and Procurement** **2.1 Q4 Financial position 2022/2023** SA explained that the figures in the report are provisional as confirmation of actual figures are awaited from CQC, but they should be similar. Points to note were: • 100% of budget spent, with £2k expected overspend. • £800K - Non-Pay budget spent	

No.	Agenda Item	Action and Deadline
	• £251K – Spent on Internal charges • £61k underspend in Pay Budget due to staff movements vired to non-pay budget. • £63k overspend on non-pay due to planned additional spend including increased travel expenditure. • CQC undertaking final checks to ensure correct coding applied to all departmental accounts, which could lead to some adjustments being made. Expected adjustments could lead to £5k underspend. Final figures will be shared with sub-committee when received. • £17k Income from London ADASS – received in full. • £14,758 income due from NHSE has been invoiced for work completed and the funds have been accrued 22/23 budget. JN introduced himself to the sub-committee and asked if there is anything more that CQC can do to assist. SA responded that quicker responses to invoices being raised and increase in the level of accuracy in coding would be helpful, plus escalation of the HWE credit card reinstatement. LAN credited LT and the finance team for good budget management throughout the year. **2.2 Draft Budget 2023/24** SA gave a detailed report on the draft budget. Points to note are: • Budget £3.2m same as last year • Pay Budget - £2.1m; non-pay budget - £841k; CQC management fees £254k. • Pay budget operating on 12% vacancy rate and includes 3% pay increase Sept – Mar • Committee members reducing at end of December 2023 to 6 members resulting in £22k savings in pay budget. • Staff movements and committee member reduction should allow for money to be set aside for pay increases. • Planned recruitment of 2 new members to digital team • Planned negotiation of reduction in internal recharges, by examination of SLAs and services where reduction of service	

No.	Agenda Item	Action and Deadline
	charges is possible. JN will provide a detailed cost breakdown of each service charge. • Seeking to reduce desk allocation from 7 to 5 desks resulting in £15k savings. The sub-committee asked for a comparison of variances from the actual 2022/23 budget to the 2023/24 budget and commentary on what is driving the changes to the new figures for the full committee. They questioned the sustainability of 12% vacancy rate. **ACTION – SA to provide high level variance commentary comparison with actual 2022/23 figures and draft 2023/24 budget for next committee meeting.** LAN agreed that 12% vacancy rate is not sustainable year on year and informed the sub-committee of the potential to reshape some of the teams. The variables will be looked at over the summer and along with the financial remodelling, will be shared with the committee in Sept/Oct. **ACTION – LAN to bring back proposals for structure and finance models at AFRSC meeting in Sept/Oct.** **The committee noted the report and welcomed the information and the support given by CQC.**	**SA** **LAN**
3.0	**Risk review** **3.1 Draft Strategic Risk Register 2023/24** SA presented the draft Strategic Risk Register and explained that at the workshop in March the committee had been presented with draft risks against the strategic aims and cross-cutting risks that spanned all three aims. The committee had requested adjustments, which had been outlined and incorporated into the new draft register. She asked that the revised draft register be reviewed and recommended to the full committee at the meeting in May for their approval. Points to note were: New register includes: • A combination of all risks based on HWE future focus • Old risks that are still relevant to new strategic aims	

No.	Agenda Item	Action and Deadline
	• Old risks that have been amended to align with the new strategic aim. The highest risks were: Cross Cutting **SR01 -** *Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.* – **Post Mitigation Rating 16 High** Strategic Aim One **SR22 (New Risk) -** *Local Healthwatch may lack the necessary skills and resources to effectively reach and provide support to individuals facing complex health issues or those with low engagement levels* – **Post Mitigation Rating 15 High** Amendments to the risks as suggested at the workshop were highlighted in blue in the report. The sub-committee conveyed their concerns with the terminology "those with low engagement levels" in **SR22,** due to the diversity of the problems and asked for this to be amended. They also wanted to know what was planned for the new approach under this risk. **ACTION – CM to review and reframe the wording in SR22** LAN explained that the Quality Framework and the annual reports have been effective to a degree in measuring impact and ensuring that LHW are meeting their statutory requirements, but we need to do more in this area that can be reported back to the committee. It is felt that we need to review the framework, and the plan is to liaise with the network on how this can be improved to measure the level of performance. **The Sub-Committee noted the report and asked for an update in due course.**	**CM**

No.	Agenda Item	Action and Deadline
4.0	<u>KPI Review</u> **4.1 KPI Refresh** SA explained that the KPIs have been separated into two sections. The first part consisting of KPIs aligned against the new strategic aims and the second which focuses on operational plans consist of performance indicators and is for information only. The sub-committee were asked to review the KPIs and recommend them to the full committee for approval. The sub-committee were pleased with the report and sought clarification on the following points: • **Section One, Strategic Aim Three, item 16** - *90% of staff feel valued and respected in the workplace* Would be measured through the staff survey. SA confirmed it would. • **Section Two, Operational Plan, Item 1** - *% of stakeholders believe Healthwatch applies robust research methodologies in its work (New KPI – would need to create a baseline)* Definition of terms used such as "robust research methodologies" and how is insight valued. KPI will need to be modified to make it useful. After a short debate it was agreed that whilst the issue is right, the wording in the description is wrong and will need to be reviewed and amended. To be able to measure the KPI an evidence framework will need to be created to articulate what our research represents. • **Section Two, Operational Plan, Item 3** - *100% of report recommendations made after engagement with people with lived experience and/or professionals.* The sub-committee asked for the wording to be reviewed. LAN agreed that the wording needs amending along the lines of "and where appropriate with professionals", as in some cases consultation with professionals would be required.	

No.	Agenda Item	Action and Deadline
	<u>ACTION</u> – CM to review and amend wording of KPI Section 2, item 1 to define terms and values and KPI Section 2, Item 3 to include where appropriate with professionals. The sub-committee requested that underlying operational plans linked into the higher strategic aims and that targets set are realistic, • **Section One, Strategic Aim Two, item 11** - *At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.* The sub-committee sought clarification of how significant contributions would be captured. LAN responded that Healthwatch have been in the room with people who are drawing up policy such as HW involvement with The Fuller Review, Hewitt Report, H&SC Select Committee, the review of what ICBs need to do in regard to patient engagement and the NHS Medium-Term Plan. Healthwatch has been mentioned and thanked for their contributions. **The sub-committee noted the report.**	**CM**
5.0	**Digital Transformation Programme** CM gave a verbal update on the digital transformation project. He reported the following to the sub-committee: • Phase 1 had been delivered in budget and on time. • National Data store is up and running and data is being shared by LHW who seem to like the way the system works. • Norfolk fund has been fully utilised. It was used to support the transfer from Civi CRM • Few delays from suppliers caused setbacks with the building blocks but work has been delivered on time and it will take about 6 months to bed in, at which time progress will be reviewed.	

No.	Agenda Item	Action and Deadline
	The sub-committee expressed their content with the progress and asked if milestones have been set over the next six months to a year. CM responded that it is hoped that 50% of LHW would be using the new system regularly within 6 months and 75% by the end of the year. **The Sub-Committee noted the report and requested regular updates on the uptake and on how the system is being used.**	
6.0	**Committee Governance** **6.1 AFRSC ToR** SA presented an updated version of the Sub-committee's terms of reference and asked the sub-committee to review and recommend any further amendments. She explained that the sub-committee Chair had already reviewed the document and was agreeable with the contents. The sub-committee were asked to agree and recommend the document for full committee approval. LAN asked the sub-committee to note that there is a compliance report needed for the committee on mandatory training. **The sub-committee noted the compliance and agreed the Terms of Reference without amendment for recommendation for full committee approval. They also noted that the effectiveness of the committee will be scrutinised over the next 6 months with the assistance of new members.**	
7.0	**Workforce** **7.1 Workforce Annual Review** **SA presented an overview of the workforce report for 2022/23 to the sub-committee as the CQC HR report had not yet been received. Points to note were:** • Staff turnover April 2022 – March 2023 was 17.9% which is above the CQC organisational rate of 15.6% • Avoidable leavers (Those who resign) total 13.9% (CQC rate 10.6%)	

No.	Agenda Item	Action and Deadline
	• There were 2 unavoidable leavers (Retirement or end of fixed term contract) • Average length of service of leavers was 2.9 years. • Main reason for voluntary resignation was for promotion or better reward package. • 49 days lost due to staff sickness of which 32 days was due to cold/flu over winter. • Figures were based on a headcount of 51 including committee members. • The report on diversity of the workforce is not yet available. The sub-committee asked for committee members to be excluded from the headcount as it distorts the actual staff figures and percentages and requested sight of the equalities data when available. They found the report very useful and were happy with the relatively low level of sickness reported, including the low stress levels. They reiterated that given the size and nature of the organisation; avoidable leavers were inevitable. The sub-committee requested a copy of the diversity report when it becomes available and not to wait until the next period for the annual staff review reporting. **ACTION - SA to provide sub-committee with staff diversity report when available from CQC.**	SA
8.0	**Forward Plan** The sub-committee enquired if HWE can make more use of CQC internal audit for assurance before the current AFRSC members step down and suggested inviting someone from CQC Audit to the July meeting to provide constructive guidance and an assurance map of HWE processes. SA informed the sub-committee that she has built a relationship with CQC Audit and HWE are already covered in the CQC finance infrastructure. She has a meeting due with them shortly. However, audits have been done on HWE finance in the past and an internal audit in line with the sub-committee's suggestions would be welcome. CQC Audit would provide a list of the items they would	

No.	Agenda Item	Action and Deadline
	like to audit. If the audit is within the CQC infrastructure, there would be no charge to HWE. However, there will be a charge if the audit is specific to HWE and outside CQC's usual processes. LAN mentioned that the HWE report to the CQC Audit Committee and have monthly updates with CQC Finance Dept. as well as risk and finance meetings with the CQC CEO. **ACTION- SA to investigate process for HWE internal audit.**	SA
	Any Other Business - none	

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HEALTHWATCH ENGLAND – COMMITTEE PUBLIC MEETING

Tuesday 23rd May 2023

Agenda item: 2.2

ITEM: Finance Summary Report for EOY 2022-23

PRESENTING: Helen Parker

PREVIOUS DECISION:

EXECUTIVE SUMMARY: This is a summary of our budget spend at the end of 2022-23

RECOMMENDATION: Committee are asked to NOTE the report

Background

1. 2022-2023 End of Year Report

At the end of our financial year finance for 2022-23 we spend spent 100% of our budget. Our total spend was £3,202m comprising £2.1m spent on pay, £790k on non-pay and £253k on internal recharges with a total underspend of £5k.

Budget 2022-23	Description	Annual Budget (April 22)	1st Reforecast Budget (Oct 22)	2nd Reforecast Budget (Jan 23)	Spent as at end (March 23)	Variance against original Annual Budget & Spend
Pay	Staff and Committee Pay Costs	£2,220,960	£2,196,569	£2,154,835	**£2,158,275**	£62,685
Non-Pay	Our Activities	£736,000	£759,665	£801,399	**£790,428**	-£54,428
HWE Recharges	CQC Management Fees	£251,040	£251,766	£251,766	**£253,550**	-£2,510
Total GIA Budget		**£3,208,000**	£3,208,000	£3,208,000	**£3,202,253**	**Underspend £5,747**

Pay Budget

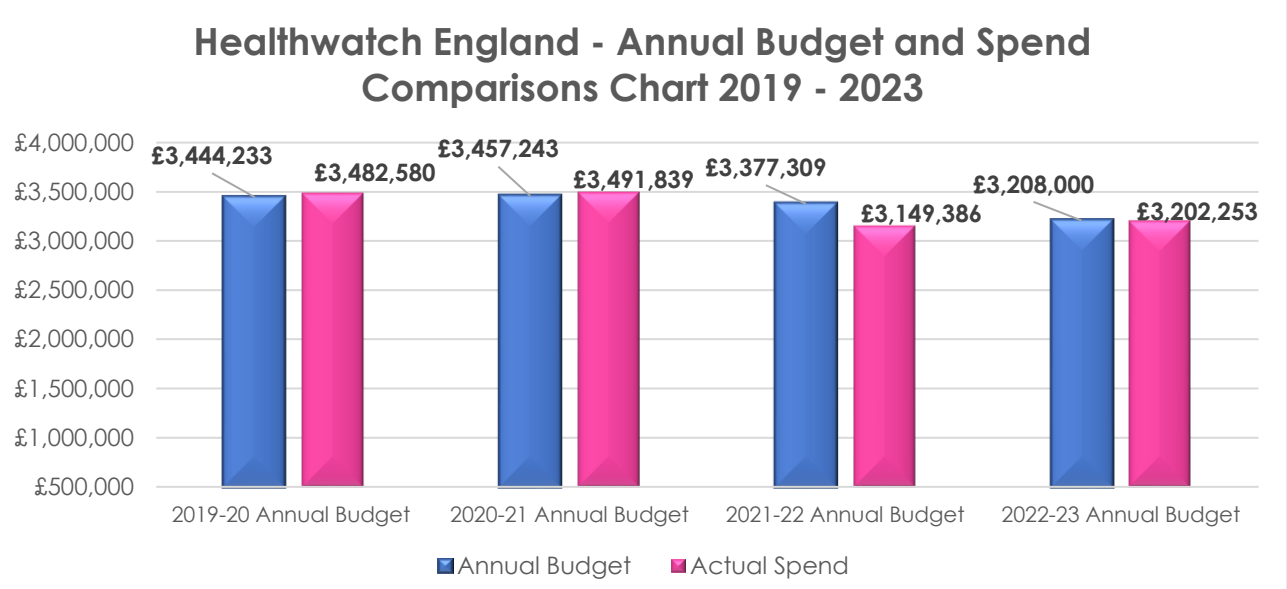
Throughout the financial year, we have had various staff movements within our organisation, with vacancy in the role of Strategy, Planning, and Performance manager yielding the most significant saving. This position remained unoccupied for a year, resulting in an estimated £40k cost savings. Cumulatively, staff changes led to a 12% vacancy rate, contributing to a £62k underspend of our allocated pay funds (including considering the pay award for 6 months). To align with our re-forecasted targets, the savings were reallocated to the non-pay budget to address overspending in specific budget lines and to our internal recharges to cover a slight overspend of £2k.

Non-Pay Budget

Due to some unpredictable line expenditure e.g., travel, certain budget lines led to unforeseen expenditure, but we also had planned over expenditure in some lines, which together resulted in an overspend of £54k in our non-pay budget. At re-forecasts one and two we vired £54k from pay to non-pay to restore balance, resulting in an overall underspend of £5k.

Internal Charges

Our internal pay budget was slightly overspent by £2k due to additional recharges in our pay budget. A virement from pay to internal recharges of £2k restored this balance.



Income

During 2022-23, we completed two external funded projects:

1. The London Safeguarding Adult Board received £17k funding from London ADASS.

2. The Literature Review for Long-Term Plan Update included £14k funding from NHSE.

We have fully accounted for the London ADASS project. The NHSE payment has not been made yet due to delayed processing of invoices and purchase orders by CQC and NHSE. However, we have accounted for it in our 2022-23 budget, and the payment will be completed by the end of April.

Income (Funder)	Total Funds	Funds Paid Out By HWE	Funds Paid in By Funder	Outstanding payments from funder
ADASS	£17,000	£17,000	£17,000	£0
NHSE	£14,758	£ 14,758	Awaiting payment from NHSE	£14,758
Total Income Budget	**£31,758**	**£31,758**	**£17,000**	**£14,758**

AGENDA ITEM: 2.2

AGENDA ITEM: AFRSC TOR – Review

PRESENTING: Helen Parker

PREVIOUS DECISION: No previous decision

EXECUTIVE SUMMARY: The following AFRSC terms of reference were reviewed by the AFR Sub Committee and recommended for approval by the full committee. The full committee's effectiveness will be reviewed over the next six months.

RECOMMENDATIONS: Committee is asked to **Approve** the AFRSC Terms of Reference.

Background:

The AFR Sub Committee were asked to review their current terms of reference and make any necessary recommendations for amendment. Proposed amendments were designed to improve the Committee's efficiency and effectiveness and be consistent with the committee's established purpose.

Terms of Reference for the Audit, Finance and Risk Sub-Committee

1 Membership

1.1 The Sub Committee will comprise four members, including the Sub Committee Chair. Members of the Sub Committee will be appointed by the full Committee.

1.2 All members of the Sub Committee will be Healthwatch England Committee members at least one of whom will have recent and relevant experience in finance, procurement, audit and risk management, the Chair of the Committee will not be a member of the Sub Committee.

1.3 The Chair will appoint the Sub Committee Chair.

1.4 The Chair and Sub Committee Chair will between them appoint Members to the Sub Committee.

1.5 The Sub-Committee may appoint co-optees following the rules set out in *Statutory Instruments – Healthwatch England Regulations 2012*

1.6 Committee members who are not members of this Sub Committee may be invited to attend all or part of any meeting as and when appropriate.

2 Support for the Sub Committee

2.1 The Committee Secretary, or their nominee, will act as Secretary the Sub Committee and will ensure that the Sub Committee receives information and papers in a timely manner to enable full and proper consideration to be given to issues.

2.2 The Sub Committee will also normally be attended by the following staff, to support its work:

- Chief Executive Officer
- Head of Operations, Finance and Development
- Strategy, Planning and Performance Manager
- Committee Secretary

3 Quorum

3.1 The quorum necessary for the transaction of business will be two members.

3.2 In the absence of the Sub Committee Chair and/or an appointed deputy at a Sub Committee meeting, the remaining members present will elect one of themselves to chair the meeting.

4 Frequency of routine meetings

4.1 The Sub Committee will meet at least four times a year at appropriate internals in the financial reporting and audit cycle and otherwise as required.

4.2 Outside the formal meeting programme, the Sub Committee Chair will maintain a dialogue with key individuals involved in the organisation's governance, including, as appropriate, with the Chair, Chief Executive Office, Deputy Director, and Head of Operations. Finance and Development

5 Notice of meetings

5.1 Meeting dates for each financial year will be confirmed as soon as possible by the Committee Secretary.

5.2 Notice of each meeting confirming the venue, time, and date together with an agenda of items to be discussed, will be forwarded to each member no later than five working days before the date of the meeting. Supporting papers will be sent to Sub Committee Members at the same time.

5.3 Agendas and supporting papers will be sent in electronic form and by post where the recipient has agreed to receive documents in such a way.

5.4 Agendas and supporting papers for routine meetings will be sent in electronic form, and by post when requested, no later than six working days before the date of the meeting.

6 Minutes

6.1 The Committee Secretary will minute the proceedings and decisions of all meetings of the Sub Committee.

6.2 Draft minutes of Sub Committee meetings will be agreed with the Sub Committee Chair and then circulated to all members of the Sub Committee unless it would be inappropriate to do so in the opinion of the Sub Committee Chair.

7 Duties of the Sub Committee

7.1 Financial management and reporting

7.1.1 The Sub Committee will review the draft budget and make a recommendation to the full Committee.

Procurement

7.1.2 The Sub Committee will monitor the integrity of financial management and controls, and the financial statements of the organisation, including the quarterly reports and the annual financial statement. The Sub Committee will review and report to the Committee on significant financial and reporting issues.

7.2 Risk management

7.2.1 The Sub Committee will have oversight of the strategic and operational risks of the organisation, keeping under review the systems that identify, assess, manage, and monitor risks, including HR risks.

7.3 Audit

7.3.1 The Sub Committee will review and approve the internal audit plan ensuring that it is appropriate for the current needs of the organisation and is aligned to the key risks. It will receive regular reports on work carried out.

7.4 Compliance

7.4.1 The Sub Committee will have oversight of organisational compliance with mandatory training

7.4.2 The Sub Committee will receive regular updates on HR activity (e.g., staff sickness rates, completion of mid-year and annual reviews etc.)

8 Reporting

8.1 The Sub Committee Chair will report formally to the Committee on its proceedings after each meeting on all matters within its duties and responsibilities. This report will be in the format of minutes.

8.2 The Sub Committee will make whatever recommendations to the Committee it deems appropriate on any area within its remit where action or improvement is needed.

8.3 The Sub Committee Chair has a duty to raise any concerns regarding the senior management and oversight of Healthwatch England (such as impropriety or mismanagement) directly with the Healthwatch Committee Chair, or with the Chair of the CQC, as appropriate.

9 Review

9.1 The Sub Committee will at least every 2 years review its own effectiveness, terms of Reference for 'fitness for purpose', and report verbally its conclusions to the Committee.

APPENDIX 1: Draft Role specification for Chair of the Sub Committee

NB These are in draft

1 **Purpose**

1.1 To ensure that Healthwatch England's risk, finance and audit management process are operating efficient and effective

1.2 to ensure that Healthwatch England's risk, finance and audit management process are operating efficient and effective

2 Main duties and responsibilities

To:

2.1 Provide expertise to the Sub Committee

2.2 Support, challenge and direction to Audit, Risk and Finance Sub Committee Members to ensure their contribution is relevant and effective.

2.3 Guide and advise the Committee in the approval of the annual report, annual financial statement, and strategic risk register.

2.4 Assure the Committee that Healthwatch England's financial integrity is sound

2.5 Ensure that an update report of each Sub Committee meeting is presented to the Committee at meetings in public

2.6 Ensure that the responsibility and duties of the Committee as outlined in the Terms of Reference are well understood by the Committee Members and executed as effectively as possible

2.7 Oversee the process for the Sub Committee reviewing is effectiveness, taking measures to address any issues

2.8 Undertake any other duties as requested by the Chair and/or Committee

2.9 Sub Committee Members, Chair, staff, and the audit team will have free and confidential access to the Chair of the Sub Committee

3 Appointment and accountability

3.1 The appointment will be for a three-year fixed term period with the opportunity to extend for a further three-year term, subject to an annual review which will be undertaken by the Chair of the Committee

3.2 The Chair of the Sub Committee is accountable to the Chair of the Committee

4 **Personal specification**

4.1 In addition to the skills, abilities and personal qualities required of a Committee Member, the Chair of the Audit, Risk and Finance Sub Committee must be able to demonstrate expertise in one or more of the following areas: audit, risk,

financial management

4.2 You will have: -

4.3 • The skills, knowledge, and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management.

4.4 • Recent experience of risk management

4.5 • Financial literacy, with the knowledge and ability to provide the right level of assurance to the Committee on the finance and risk management of the organisation.

4.6 • Good communication skills, with the ability to explain complex issues clearly

4.7 • Good interpersonal skills

5 Values

5.1 To be committed to behaviours of Healthwatch England:

5.2 To be committed to the Nolan principles which are the basis of ethical standards expected within the public sector.

APPENDIX 2: Role description for the Members of the Audit, Finance and Risk Sub Committee

1 Purpose

1.1 To work with the Chair to ensure that to ensure that Healthwatch England's risk, finance and audit management process are operating efficient and effective

1.2 Ensures that the work of the organisation offers value for money.

2 Main duties and responsibilities

2.1 To provide expertise to the Sub Committee

2.2 To participate effectively in meetings, questioning and seeking clarification on matters falling within the Sub Committee's remit.

2.3 To support the Chair in guiding and advising the Committee in the approval of the annual report, annual financial statement, and strategic risk register.

2.4 To understand the procedures, key controls, and risk management to assure the Committee that Healthwatch England's financial integrity is sound

2.5 To execute the duties and responsibilities as outlined in the terms of reference effectively

3 Appointment

3.1 The appointment will be for a three-year fixed with the opportunity to extend for a further term subject to review by the Chair of the Sub Committee.

4 Personal specification

4.1 In addition to the skills, abilities and personal qualities required of a Committee Member, the Chair of the Audit, Risk and Finance Sub Committee must be able to demonstrate:

4.2 • Have the skills, knowledge, and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management

4.3 • Financially literate with the ability to read and understand basic financial statements, to know the right questions to ask of management or the auditors and interpret and evaluate the answers

4.4 • Good communication skills, with the ability to explain complex issues clearly

4.5 • Good interpersonal skills

4.6 • The time required to fulfil the role

5 Values

5.1 To be committed to the behaviours of Healthwatch England:

5.2 To be committed to the Nolan principles which are the basis of ethical standards expected within the public sector

AGENDA ITEM:2.3

AGENDA ITEM: Forward Plan

PRESENTING: Chair

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 6 – 9 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2023/24

Date	Agenda Items
Standard Items for each meeting in public	• Welcome and Apologies • Declaration of Interest • Minutes and Actions from last meeting • Chair's Report • Chief Executive's Report • Committee Member's Report • AFRSC Report • AOB
Sep 2023	• LHW or other Presentation • Delivery and Performance Update • CEO and Chair report • Questions from the Public • AOB • Annual conference in person
Nov 2023	• LHW or other Presentation • Committee member farewells • CEO and Chair report • Delivery and Performance Update • Diversity & Equalities Update • AFRSC Minutes • Questions from the Public • AOB
Feb 2024	• LHW or Other Presentation • Delivery and Performance Update • CEO and Chair report • Diversity & Equalities Update • AFRSC Minutes • Questions from the Public • AOB
	Workshops
Jun 2023	• Committee Accountability Framework

Date	Agenda Items
Oct 2023	• Financial models for 24/25
Dec 2023	• Staff survey findings and action plan

Note: Further meeting dates for 2024 will be scheduled once the new chair has been appointed.