Healthwatch England 10 June 2020

Meeting #31 Committee Meeting held in Public

Location: Teams Meeting

13:00	Public Committee Meeting - Agenda item		Presenter	Action
13;00	1.1	Welcome and apologies	Chair – RF	
13:02	1.2	Declarations of interests	Chair - RF	
13:05	1.3	Minutes of meeting held in March, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
13:15	1.4	Chair's Report	Chair - RF	VERBAL
13:25	1.5	National Director's Report	IR	For NOTING
13:40	1.6	Committee Members Update	ALL	VERBAL
13:45	1.7	Presentation – Healthwatch Response to COVID-19	CM	For DISCUSSION
13:55	1.8	Intelligence and Policy Report for Q4	CM	For DISCUSSION
14:10	1.9	Delivery and Performance update for 2019/20	IR	For NOTING
14:20	2.0	Funding Analysis of Local Healthwatch	IR	For DISCUSSION
15:00	2.1	Audit, Finance and Risk Sub Committee Meeting Minutes	DO	For NOTING
15:05	2.2	Risk Reports	DO	For APPROVAL
15:10	2.3	Forward Plan	DO	For DISCUSSION

15:15		Questions from the public		

15:25		AOB		
	Date of Next Meeting 9th September 2020			

Healthwatch England Committee Meeting (DRAFT)
Held in PUBLIC – Liverpool

Boardroom, Liverpool Women's NHS Foundation Trust, Crown street, Liverpool, L8 7SS

Minutes and Actions from the Meeting No. 30 – 11th March 2020

Attendees in person

- Sir Robert Francis – Chair (RF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Liz Sayce – Committee Member (LS)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham (DO)
- Lee Adams – Committee Member (LA)

Attendees telephone conference

- Helen Parker – Committee Member (HP)
- Andrew Barnett – Committee Member (AB)
- Amy Kroviak – Committee Member (AK)

Apologies

- None

In Attendance

- Imelda Redmond – National Director (IR)
- Gavin Macgregor – Head of Network Development (GM)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Presentation:

- Liverpool Women's Hospital Patient Advice and Liaison Service (PALS) Team
- Healthwatch Cheshire West & Cheshire East, Louise Barry

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed everyone to the meeting. No apologies noted.	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 – Talk on Patient Stories and Safety by Patient Advice and Liaison Service (PALS) Team at Liverpool Women's Hospital** Robert Clarke (Chair of Liverpool Women's NHS Foundation Trust) told the Committee about the challenges they face and investments the Trust was making into improvements in neo natal care	

	facilities. He also gave an overview of other innovations such as installing multi-gender toilets in public areas at the hospital and spoke about the important role of the PALS team. Kevin Robinson (Deputy Head of Patient Experience) told of the work done by the team in dealing with complaints and support for patients and their families and how the PALS team had joined up with families to improve the experience of bereaved parents following the loss of a baby. The presentation was very well received by the Committee.	
1.4	**Agenda Item 1.4 – Presentation by Healthwatch Cheshire West and Cheshire East** Louise Barry (Chief Executive Officer of Healthwatch Cheshire West and Healthwatch Cheshire East), gave a presentation on the work they coordinated as part of the consultation on the Long-Term Plan. They worked with the sustainability and transformation partnership (STP) that covers the Cheshire and Merseyside areas. They produced single report for the STP, but also produced a further 9 individual reports for each local authority area in their STP. The STP consisted of 9 local Healthwatch with a combined population of 2.5m+. Each Healthwatch promoted surveys in their areas through various channels including websites, social media, focus groups and engagement activities based on local knowledge and expertise. The focus groups included a cross section of communities in each Healthwatch covering students, people with autism, people with learning disabilities, cancer support groups, people with mental health problems, young people, older people, carers and representatives from local CCGs, local authorities, voluntary and faith groups. There were 320 attendees across 21 focus group events. They received 2,487 responses to the surveys of which 1,928 were general and 559 related to specific conditions, as well as 8,820 comments collected and shared with commissioners and providers. The main concerns and findings were: • People required help and treatment from professionals when needed and more home visits • Availability of more self-help information to support a healthy lifestyle and prevent illness was required • A more joined up approach to appointments and referrals with more community support required • People require easy access to GPs at times that suit them • People wanted to stay in their own home provided it was safe to do so • More funding for palliative care and integration of health and social care services • The impact of poor public transport links on loneliness and isolation • A joint decision required between individual and healthcare professional when choosing the right treatment • Benefits of continuity of staffing, good quality services information and timely communications The conclusion was that this was a significant piece of collaborative work that evidenced the reach, expertise, skills, responsiveness and usefulness of the Healthwatch network. With the focus on health, social care and the wider determinants of wellbeing, it gave an independent voice to people who wanted to have their say. Louise raised the issue of how little lead time there had been to get the project off the ground. The committee acknowledged that this had been a limitation of the project with timescales being set by NHSE. The Chair thanked Louise for the presentation and the committee acknowledged the great piece of collaborative work produced by Healthwatch Cheshire and Merseyside in such a short space of time.	

1.5	**Agenda Item 1.5 – Minutes from 13th November 2019 Committee Meeting** The Committee **APPROVED** the minutes **Matters Arising** **Action - Agenda Item 1.4 Birmingham Meeting** IR reported that Healthwatch England (HWE) is working with CQC and others on a response to how local Healthwatch deal with people being treated far from home. We will be feeding into work on upskilling inspectors. Healthwatch Lincolnshire worked with CQC on engaging people with Learning disabilities. This piece of work went very well and now three additional Healthwatch have been commissioned to run events to contribute to this work. This work will be complete by mid-April and HWE will share the learning through the network	
1.6	**Agenda Item 1.6 – Chair's Report** The Chair updated the committee on his activities since the last meeting. Since then the country has had a general election and was now in the planning phase to deal with the Coronavirus which will have a big impact on the work of HWE and all our lives. The Chair mentioned that he had met with Nadine Dorries (Parliamentary Under Secretary of State at the Department of Health and Social Care) to discuss the report HWE had recently published on the lack of learning from complaints in many NHS hospitals. At the meeting, it was suggested that Healthwatch England could help to convene a roundtable of key organisations to discuss possible reforms and what the minister can do to improve patient safety and complaints. The Chair presented at an all-party parliamentary group on incontinence care, which highlighted gaps in the system, but they were glad to see the work done by Healthwatch England in this area.	
1.7	**Agenda Item 1.7 – National Director's Report** IR spoke briefly about her written report and highlighted areas of note. She talked about how Healthwatch England will respond to **Coronavirus,** and the likely impact the Coronavirus will have on the work of Healthwatch England setting out the priorities for during this time. Healthwatch England is receiving regular briefings on the development of the virus from Department of Health and Social Care and NHSE/I. IR also explained to the Committee the main priorities for Healthwatch England during this time. Our role will be to get high quality trusted information out to the public and to provide support to the network. Healthwatch England have cancelled all face to face events from 11th March until further notice. This will be reviewed considering Government advice in the future. In response to PH asking if Healthwatch England had any feedback from the network relating to the coronavirus, IR responded not in significant numbers yet but that Healthwatch England must ensure that people have the right information and to deliver this they need to help the network to provide communication to the public and to assist them to be able to respond to the pending crisis. She added that a survey had been sent out to the network on 10 March to find out what issues the public were contacting them about. IR informed the committee that Healthwatch England had won 'Campaign of the Year' at the Public Sector Digital Awards for their **Public Awareness Campaigns** 'WhatWouldYouDo?' to engage people in the NHS Long Term Plan. The committee congratulated the team on this achievement.	

	IR brought the committee's attention to the Marmot Report on health inequalities published here. The committee noted the report.	
1.8	**Agenda Item 1.8 – Committee Members Update** Nothing to report	
1.9	**Agenda Item 1.9** – Long-term Plan Analysis CM referred to the previously circulated Long-Term Plan Analysis report, which was published on 29th January 2020, and went over some of the key points highlighting the recurring themes from across the country. He noted that the long-term plan had increased credibility and understanding of Healthwatch with key stakeholders. Once the plans of all the STP's have been published, we will scrutinise to establish how much has been taken on board. CM explained the outcomes and findings, including successes such as the commissioning; large geographical area that was mobilised; thousands of additional people engaged in NHS planning; the reports to STP for 2019 and all work delivered on time. There were some areas of note such as the funding the Healthwatch England received from NHSE did not correspond to the enormous amount of the work carried out. The committee noted the impressive piece of work completed in such a short space of time and commended the team in reaching people who were not always heard from, such as those with dementia. They found the examples of impact helpful and look forward to seeing how we can build on this.	
2.0	**Agenda Item 2.0 – Business Plan and KPI** IR gave an overview of the previously circulated Business Plan for Healthwatch England. She informed the committee that they would receive a full analysis of the outcomes and impact for the current year at the next Committee meeting in June. She highlighted as an example that Healthwatch England's focus on supporting funding to the network that we had been successful in preventing £600k from leaving the network and a further £847,751 being awarded to the network via our grant funding programme amounting to a net gain for the network of £1.5 million. The committee suggested that the "outcomes" of Aim 3 (*Ensuring your views help improve health and care*) of the Business plan, should contain additional information on impact and a broader representation of the population. They also questioned Aim 4 (*Organisational Management*) as to whether 100% staff survey completion rate is an achievable deliverable as the volume does not reflect the level of staff morale or engagement. They suggested that a composite engagement score is considered, and the survey questions reviewed so the responses reflect qualified levels of morale. This measurement will be moved to the management indicators Referring to KPI.7 (*85% of staff and volunteers report feeling part of one Healthwatch*), the committee asked how information is quantified regarding 85% of staff and volunteers feeling part of one Healthwatch and agreed that a baseline should be created. CM confirmed that this is being worked on over the next year. The committee requested the following KPIs to be removed: • **KPI 7 -** 85% of staff and volunteers report feeling part of One Healthwatch • **Aim 4 of Business Plan** - 100% of staff feeling engaged The Committee approved the Business Plan.	

2.1	**Agenda Item 2.1 – Draft Budget** DO as Chair of Audit Finance and Risk Committee introduced the draft budget for the next financial year (2020-21). Healthwatch England will receive the same budget (£3,446,233) as the current financial year (2019-20) however there will be a 2% pay uplift. DO mentioned that although the budget for 2019/20 has been accounted for including a predicted overspend of £85k, following adjustments for recharges, rebates and expected gains from staff vacancies, there is still £58k available for investment in the Healthwatch network and the sub-committee recommended that these funds are transferred via grants to the network. **DO recommended the budget to the committee. The committee approved the budget.**	
2.2	**Agenda Item 2.2 – Q3 2019/20 Delivery and Performance Report** IR explained to the committee that she would provide a much more detailed analysis at the next committee meeting in June. PH noted there had been a reduction in people sharing views and questioned the reason for this. The committee suggested that the report concentrates on quality of input rather than engagement and that it is essential to have a deep dive on this and review of KPIs. The figures should be qualitive and meaningful. They recommended that KPI 1 (*Public brand awareness will increase by 3% year on year*) is taken into consideration in a review of strategy. **ACTION:** • **Review KPI 1 at the Strategy Review in October 2020 -** *Develop and approve a strategy to transform our communications with the public and increase brand awareness*	CM
2.3	**Agenda Item 2.3 – Audit, Finance and Risk Sub Committee Meeting Minutes** DO referred to the previously circulated AFRSC minutes and highlighted the following: • There had been a 3% overspend to the budget, but this had been offset by a rebate from CQC recharges, which also funded additional grants for the Healthwatch network. • The sub-committee had worked with the team to clarify reporting functions • There will be 6-monthly updates on budgets • There will be quarterly review of grants • Healthwatch England will be looking at grants around coronavirus IR explained that an innovation grant of £58k had been transferred to Healthwatch Norfolk for distribution to the Healthwatch network. The Chair and the committee thanked the team and IR for the work they have done on this initiative and requested an analysis of funding trends for local Healthwatch. **ACTION:** • **GM will bring analysis of funding trends for local Healthwatch to next meeting**	GM
2.4	**Agenda Item 2.4 – Intelligence and Policy Report for Q3** CM referred to the previously circulated report, which provides NHS and social care leaders with a summary of the key issues the public have told us about primary, secondary, mental health and social care support and the top questions people are seeking advice about. CM explained to the committee that the team had worked hard to improve the quality and design of the report. The committee agreed that the simplified version was to be commended.	

	They congratulated the team on making a huge step forward and thought that the sentiment wheel was excellent and gave great impact visually. AM aired his views on GP de-registration and asked if GPs de-registration would be a campaign that Healthwatch England considered doing something about, at which CM re-assured the committee that "Access to GPs" will be one of the campaigns in the pipeline.	
2.5	**Agenda Item 2.5 – Standing Orders review** The Chair reminded the committee that the standing orders represented functions and accountability of committee members and asked if any changes were needed. There were concerns raised that the Committee Chair can remove members where the Chair has grounds for believing that the Committee member may be unable or unfit to carry out their duties as a Committee Member and queried if adjustments would be made if a member was incapacitated. The committee agreed that this could be a subject for the next committee workshop in April and the Chair agreed that this was a good opportunity to refresh their memories and suggested that members provide a one-pager expressing what they are there for. **The standing order was approved subject to obeying the law of the land.** **<u>ACTION</u>:** • **Committee members to provide a one-pager outlining the reason they are a member of the committee and what their role is.**	**All Committee**
2.6	**Agenda Item 2.6 – Purpose and location of June 2020 Committee meetings** **It was agreed that the next meeting of the committee will take place in Manchester and will be built around the NHS Confed and EXPO conference**	
2.7	**Agenda Item 2.7 – Forward Plan** For next committee meeting in June: • Funding analysis for local Healthwatch	**GM**
	Comments from the public None	
	AOB It was acknowledged that this was the final committee meeting that AB and LS would be attending as members. The other members of the committee joined the Chair in thanking them for their contribution as valuable members of the community.	
	There being no further business, The Chair thanked everyone for attending and closed the meeting at 14:40 pm.	
	Due to Covid-19 the next meeting will be held via Teams Meeting in June 2020. Further details to follow.	

AGENDA ITEM: 1.5

AGENDA ITEM: National Director's Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in March.

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

Since we last met in March a lot has happened both at Healthwatch and in the country. Our last Committee meeting on 11th March was the last time we held any public meetings before lock-down which came on 23 March. At our meeting on 11th March we discussed the priorities and role of Healthwatch during the pandemic. We set out how our main priorities would be to provide high quality information and advice out to the public, to provide support to the network and to provide a route for people to share their experiences of services during this time. Healthwatch England staff began to work from home on 16 March and the transition was smooth. We are grateful that were the beneficiaries of the investment that CQC had recently made to the IT infrastructure this made an enormous difference to us being able to begin to work from home immediately.

On 24 February we issued a notice to the network informing them that we were cancelling all face to face events until further notice, at that time I don't think we really understood just for how long this would be. The reaction from the network was mixed at the time but a number have said that it helped them cancel face to face events too.

Staff welfare was and is one of our priorities, we put measures in place to ensure that there were regular communication opportunities within teams, across teams and across the organisation. We introduced greater flexible working for staff to help them combine work with volunteering or work with the pressures of family life. The first two weeks of lock down were a shock to the system for us all. For some staff their roles became incredibly busy immediately for others it took some time to find the pattern of the new way of working. I am incredibly proud of how the staff and Healthwatch throughout the country have responded to this crisis.

1. Responding to COVID-19

Before the country went into lockdown, we had already acted - pausing face to face engagement to make sure we minimised the risk to the public, our volunteers and staff. We then set up an agile group, with representation from every team, to coordinate our work and focus support on the following areas. This continues to meet daily. We also quickly phoned round all Healthwatch to understand how they were responding to the pandemic and what they needed from us.

1.1 Supporting Healthwatch

We issued statutory guidance to local Healthwatch, local authority commissioners and council leaders on how Healthwatch should respond to COVID-19. This guidance emphasised the importance of:

- Providing advice and information to the public
- Rapidly alerting services to issues, especially public feedback that relates to safety and quality issues
- Refocussing spare resources to support the community effort against COVID-19.

In addition to statutory guidance we have also supported our network with additional guidance to help them adapt to the new environment. Examples include:

- The implications of the emergency NHS COVID-19 legislation
- Supporting the wellbeing of volunteers and staff
- Working remotely with staff and volunteers
- Public engagement using digital channels
- Support with understanding funding, employment and governance issues.

As a result of this work, visits to our network site and engagement on our Workplace on-line community in April were at their highest level since both were launched at the start of 2019.

We also moved quickly focus provide on-line training that address the immediate issues our services faced. Since April 580 people have attended webinars covering issues such as call handling, supporting volunteers and governance issues.

1.2 Public advice and information

We have focussed our public advice and information on supporting the Government campaigns during lockdown and developing advice and information in response to insight from the network.

Campaigns have ranged from the stay at home message at the start of the campaign, to the NHS is open for business campaign which was launched as the NHS entered is second phase response in early May.

We have also developed a host of public advice content on topics such as common questions about shielding, social distancing, looking after your mental health, planning for the end of life and bereavement and the support you can expect with issues like cancer.

The fact that website views of our advice and information content in April 2020 were twice as high as we would normally expect to see indicates the demand for this content is strong – especially when it comes to common questions about shielding.

1.3 Supporting people to be heard

We quickly developed guidance and resources to help Healthwatch (a) ask the right questions when it comes to COVID-19 research and (b) frame their communications in the right way.

We also strengthened the ways in which local Healthwatch can share this insight with us so we can rapidly share this evidence with national stakeholders.

At a local level we have seen local Healthwatch across England launch projects to provide rapid feedback to services about COVID-19.

For example: Healthwatch Worcestershire used the guidance to launch a local survey in partnership with local services which resulted in over 2000 people responding in the first week.

At a national level this insight has enabled us to quickly escalate issues with our partners, such as CQC, NHSE, PHE and DHSC, and get these addressed. We are now sharing this intelligence on a weekly basis helping to inform national communications and policy on a variety of issues including shielding advice, track and trace and the reopening of non-COVID services.

We are planning to build on this work from June, with the launch of a national campaign, in partnership with CQC, to encourage people to share their views to help services identify and address issues. The campaign aims to be one that any service can also use to get public feedback as the nation moves out of lockdown.

1.4 Supporting the wider response to COVID-19

We have also harnessed our resources to support the wider response to COVID-19. Across England, Healthwatch have freed up their volunteers to support those who are shielding. At a national level, we have also enabled local Healthwatch to support this effort. For example, Healthwatch were the first non-local authority or NHS organisation able to refer people for NHS responder support.

We have also encouraged the network to get involved by showcasing examples of the work other local Healthwatch are undertaking, which many readily do through Facebook Workplace or at webinars

1.5 Specific policy interventions on COVID

- **Do not attempt to resuscitate orders**
  Following concerns raised by the network and others on the inappropriate use of DNARs, we have produced a briefing for local Healthwatch on how these should be applied to patients approaching end of life during the COVID-19 response. One of worrying things we saw was the use of blanket letters sent to disabled people and elderly people. By escalating the networks concerns with NHSE we were also able to get a letter sent to the wider system clarifying that at no point should services look to apply blanket DNAR policies to groups of patients. You can read the NHSE letter here - https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/

- **Monitoring the impact of social care easements**
  In March the Government issued emergency legislation to support the COVID response. As part of this they granted councils permission, under certain circumstances, to not meet the duties set out under the Care Act. Whilst the changes do not relieve councils of their duties to protect people's human rights, it is vital to track the impact of these 'easements' on the people who rely on care services.

  We produced a piece of guidance for the network on what to look out for regarding application of the easements. We have also written to local authority Directors of Adult Services to offer our assistance in engaging with/tracking impact on those affected by local decisions.

  At the current time only 5 local authorities have enacted the easements, but we are concerned that more local authorities are reducing the level of care they are providing through the least formal mechanisms allowed under the emergency coronavirus legislation. We are now working with the CQC and Think Local Act Personal (TLAP), to collectively assess the impact of the easements.

- **Hospital Discharge**
  At the start of the pandemic the NHS issued new guidance to support the rapid discharge of patients from hospital to free up capacity for COVID cases.

  This guidance set out that for patients who are clinically fit for discharge, they must be discharged from hospital to home or another community setting within 2 hours. As part of this all care assessments must now take place in the community (not hospital) and discharge must take place 7 days a week as to not create any delays in the system. In addition to this, it was agreed that the NHS would fully fund the cost of care for people discharged from hospital for the duration of the pandemic covered by additional investment from the Government. You can read our update to the network on the changes here.

  Since the new rapid discharge guidance came in we have received a number of pieces of feedback about how it is working and what it can tell us about how well services are working together to meet people's full range of needs during this crisis. Following this, and interest in the topic among key stakeholders, we have developed a plan to investigate this further. Between June and September, we will be working with the network to look at what parts of the guidance have improved the discharge process and where things have not gone according to plan. The aim of this work is to provide the network with a key campaign topic to focus activity over the next period and ensure the NHS and care services have insight to support learning ahead of future spikes in demand. We have had early conversations with Equalities and Human Rights Commission, Nuffield Trust and 60 Healthwatch to help scope the project

- **NHS Contact tracing app**
  Committee members will be aware that NHSX has been developing a contact tracing App to support the Government's track and trace programme. We have been engaging with NHSX officials feeding in what we are hearing from the public so far about their views, as well as using our existing insight in NHS data sharing to inform the thinking behind the project.

  The app itself will work using Bluetooth technology, and will alert people if they have been in contact with someone who is showing signs off or test positive for COVID-19. For more, read our briefing to the network.

  Whilst we are supportive of the idea of an app, and indeed the use of any technology that can support widespread testing and control of the virus, we do have a few outstanding questions about the app. We have raised these with NHSX officials and will escalate further should we not received a satisfactory response.

  The public will need absolute transparency on the following questions to ensure the app's success:

  - What data will the app capture?
  - How will it be captured?
  - How will it be used?
  - Who will have access?
  - How long will they have access to it?
  - What happens to anyone who misuses the data?

-

- Non-Emergency Patient Transport (NEPT), we have contributed to the guidance on access to NEPT during COVID and as some services begin to get back to treating patients for existing conditions

- Clinical guidance on shielding patients accessing non COVID related services. We are now working NHSE to provide guidance for the people who are shielding to help them informed choices about accessing health services

- Through the NHS Assembly we have also made contributions to workstreams on impact of COVID services on social services and the impact for inequalities.

2.0 Key non-COVID activity

2.1 Patient Transport Review

In Q4 we continued to support NHS England's review of transport following our joint report with Age UK and Kidney Care UK in October last year.

The review has been split into several stages of engagement:

- Convening of a multi-stakeholder Expert Advisory Group (EAG)
- An open call for evidence
- A series of solution-based roundtables covering various topics
- A series of webinars to facilitate wider engagement
- Publication of an outcome report, based on feedback and evidence produced throughout the review
- A series of webinars with NEPTS providers, commissioners and trusts on next steps for implementation of the recommendations
- Parliamentary briefings on the final recommendations

Our input has included:

- Providing input on the Expert Advisory Group

- Submitting feedback from the network into the call for evidence
- Identifying relevant stakeholders with backgrounds in data and transport for invitation to the roundtables
- Directing stakeholders interested in attending the roundtables to NHSE
- Providing patient representation and feedback at the roundtables on what actions and solutions are working across different parts of the country

We supported three round tables in particular - Eligibility Criteria, Access and Service Failures; Volunteering and Community Transport; and Systems and Technology. Our feedback included:

- The need for patient transport service KPIs to be based on outcomes and experiences rather than activity.
- Suggestions that much more information on patient transport services be covered in appointment letters. This is better for patients as if they are eligible then they know transport is automatically covered. It also enables system capacity to be better planned for and managed.
- Also stressed that all transport needs of all patients (not just those eligible for NEPTS) need to be considered at appointment stage.
- The introduction of clearer eligibility criteria, to be focussed on the needs of the patients and carers

- The need for improved access to services for patients with communication support needs.
- That patient transport for appointments affecting whole communities – such as flu jabs – be organised by post code, rather than alphabetical patient name. This would be a more efficient and green use of transport.
- The introduction of a requirement that carers be included in patient transport packages.
- That integration of medical transport with existing community transport would be beneficial all round.
- Encouragement for CCGs and other trusts to place more faith in community transport operators.
- That investment in NEPTS makes savings elsewhere in the system.

Although the review has not been officially paused, NHSE/I is currently focusing on COVID-19 response to patient transport services. The publication of the outcome report, which was expected in late June, with resources and webinars rolled out to aid implementation from July, will likely be pushed back due to the COVID-19 pandemic.

We are now focusing on feeding in the latest insight from people's experiences of transport to and from health services during the pandemic. There is a chance the review could be significantly shaped by new ways of doing things that have emerged in recent months.

2.2 Clinical Review of Standards (CRS)

Last quarter we updated on the publication of our research into people's experiences of A&E and how this is shaping national thinking around the clinical review of standards.

We had anticipated that the final report by NHSE would be published by the end of March. However, on 17 March, Sir Simon Stevens wrote to the NHS setting out a number of changes in light of the response to COVID. This included deferring the publication of the CRS review until later in the year.

Despite the delay we remain encouraged that the messages coming out of our research around how to use targets to improve patient experience A&E have been heard by NHSE colleagues.

However, bigger questions are now emerging about the 18-week target for elective care. The COVID pandemic saw millions of procedures postponed to free up beds, resulting in a significant increase in the number of people on waiting lists. As the NHS moves into phase 2 of the COVID response, we will be engaging with NHSE on the process of restarting lists to ensure people's views are factored in. This will also likely affect this element of the CRS and we will be exploring further commissioning opportunities with NHSE to inform the development of this part of the CRS programme.

2.3 King's Fund Update

Last quarter we notified the committee that we had kicked-off work with the King's Fund looking at NHS admin issue.

At the heart of this project we have been working with five Healthwatch across the country who have been grant funded to carry our research with users about their experiences of admin processes. This has been continuing but has obviously been affected by the development of COVID. We had originally intended to complete the fieldwork by the end of April with a view to the King's Fund publishing their work in the summer.

Reflecting the longer timeframe now needed for this work, and the fact that Healthwatch are having to approach the fieldwork slightly differently we have been working to supplement the findings with analysis of the data on admin we hold at a national level.

This work has looked at three groups of patients:

- Sporadic users of health services - i.e. people who generally interact with NHS services only occasionally
- People who are/have been on a specific pathway of care
- People who use multiple health services, on a regular basis

The analysis so far has raised the following common issues:

- GP registrations
- Technical issues booking appts over the phone or online
- Services holding incorrect information about patients
- Booking errors – i.e. double bookings
- Delayed or inaccurate referrals
- Delayed letters informing patients of key information
- Delayed or misplaced test results
- Problems access the right medication

We will now be working with the King's Fund to incorporate this data into their research and aim to update the committee on revised timelines for this work at the next meeting.

2.4 Community voice in regional level decision making

Before the pandemic hit, we were working with the Department of Health and Social Care to feed in to plans for the proposed Health Bill to support the delivery of the Long-Term Plan. We used our submission to emphasise the need for formal representation of user/community voice at regional decision-making forums like STPs/ICSs.

Whilst local Healthwatch have been engaging well at STP/ICS level there are ongoing challenges about how this is resourced and how local Healthwatch work together in a consistent way to represent the views of all their various communities at a single decision-making level.

We understand that considering the pandemic the plans around legislation are currently on hold, but we are continuing to work on this issue. We have been using the network meetings to engage with local Healthwatch and establish their current concerns about work at this more regional level. One issue that is of particular concern is that of CCG mergers, but we are engaging with NHSE to explore how we address these concerns.

We also shared the experiences of the network on devolution with the independent cross-party Health Devolution Commission being led by Andy Burnham, Stephen Dorrell, Norman Lamb, Alastair Burt and Phil Hope. This included a summary of the work Healthwatch have done in Greater Manchester, the work with Surrey Heartlands STP and the Mayor of London's six tests. In summary we fed back that good devolved arrangements are where:

- It provides what people need in the way that they want it (i.e. putting people at the very centre of services)

- Understands its local population and makes a specific effort to reach out those who are typically under-served and seldom heard

- Has a focus on both individual and population outcomes in all areas of life instead of just clinical outcomes

- Is joined up across NHS, local authority and voluntary, community and social enterprises

- Considers the whole process of accessing care such as the impact of transport (see Healthwatch England's 'There and Back' report) and other potential barriers to access

- Has the patient and public voice represented formally at all levels of decision making – from feedback forms in services to organisations, like Healthwatch, having a place at the highest level of governance to hold services to account

2.5 NHS Mandate

At the end of March, we published our statutory advice to the Government on the NHS Mandate.

In short, we agreed with the Government that the key priority at this time must be responding to the COVID situation. We therefore backed the Government's approach to have an interim mandate and revisit later in the year.

In terms of our wider advice we urged the Department to consider how they involve the public in the setting of the new Mandate to NHSE. There has not been a full public consultation on this since late 2015, and whilst Healthwatch can use our ongoing evidence collection to assist with the annual refresh, it is not a substitute for proper public engagement on what the public want the NHS to focus on. In the response to us the Department acknowledge this and have agreed to discuss with us further later in the year.

As well as this general point about engagement we raised specific points around Government needing to use the Mandate to:

- Set a clear expectation that NHSE and NHSI will continue involving the public as the Long-Term Plan (LTP) is delivered. Plans for this should be clearly set out in the National Implementation Plan, which we now expect to be published later in the year.

  Further public involvement will be essential following the COVID-19 response, as timelines for the LTP will inevitably need to be revisited and in other areas elements of the plan will have been implemented faster than expected without the level of public involvement normally expected.

- Encourage the NHS to refocus performance management and metrics around what matters to patients.

- Ensure the NHS is learning from complaints and feeding this back to staff, patients and the wider public.

We also suggested that having a mandate setting process for social care might also help to provide some clarity re the Governments ambitions for the sector for the year ahead.

For more on our views on the NHS Mandate read our letter and submission here.

3 Support to the Network

Last year we began work to transform our support offer to Healthwatch. We've brought in new skills so we can deliver several new programmes: Sustainability, Impact, Quality, Collaboration, Volunteering and Campaigns. Five Regional Managers each have responsibility for leading one of the national programmes with a new role of Deputy Head of Network Development leading on Sustainability covering funding and commissioning plus a case load of around 30 Healthwatch Together with our Events and Learning and Development Programme we will be tracking the difference we make to Healthwatch effectiveness and impact. All posts have been recruited to and by the end of June we will have a full team

3.1 Learning and Development service to the network

A full Learning and Development programme was just about to be published, when COVID struck we cancelled all face to face events but immediately refocused our training and events, we moved all our training and events on line all of which have been fully subscribed. We have really had great engagement from the Network during this time in all aspects of our work

We've run webinars on Call Handling delivered by Samaritans (with new guidance is in the pipeline). This popular course is important for staff and volunteers who are on the frontline dealing with public inquiries and concerns. This is true more now than ever as all staff and volunteers are working from home without the usual support mechanisms you would get in an office.

We have organised a series of four workshops for volunteer managers to share good practice and tips about managing volunteers remotely. Many of our 4,000 volunteers have stepped into new roles, including helping their community or helping other organisations; while some are not able to be carryout roles outside their home as they are shielding but many of them have taken on providing telephone support to local people or to support the volunteers volunteer if for example they are shielding.

We've also run webinars to support Healthwatch prepare their Annual Reports so they can communicate the difference they make, so far it looks like we will get 100% compliance with all Healthwatch producing an annual report on time. The vast majority will be using the template we have prepared

We've run five sessions for Board members on COVID and Governance: plus, two for Chief Officers. We've connected with the Chairs of Regional Forums to find the best way to support Healthwatch sharing their know-how during COVID. All sessions have been fully booked, emphasising the importance of connection during this period.

In this year we have been focusing on the importance of Healthwatch demonstrating our effectiveness and impact – this is vital to Healthwatch sustainability and case for investment. The Quality Framework provides a shared understanding of the ingredients needed to run an effective Healthwatch.

We've completed the Early Adopter phase of the Quality Framework with 22 Healthwatch completing it. All 22 Healthwatch self-assessed against the Framework and found the process very beneficial – providing reassurance of their effectiveness plus identifying areas for strengthening.

Early analysis shows that the 22 Healthwatch report they are particularly good at managing staff and volunteers and engaging seldom heard people with varying approaches – a strength of the Healthwatch network. Although Healthwatch could point to examples of where they had made a difference, evidencing impact is an area we are focusing on strengthening - no easy task for a small budget, big remit organisation whose business is changing hearts and minds. We will be supporting through our Impact Programme, led by Jon Turner, Impact Manager. Healthwatch England acted as a critical friend with each of the early adopters

to identify how best to support them as well as taking the learning to improve how we support all Healthwatch. Examples are improving how Healthwatch access Healthwatch England resources and how we collect and share the good practice from across the Healthwatch network which the Quality Framework is identifying. Healthwatch are being invited to take part in the next phase of the Programme.

We designed the Quality Framework so it could also be used to help Local Authorities commission an effective Healthwatch. We've produced a *Guide to Commissioning an Effective Healthwatch* which includes information about their legal responsibilities, a checklist on what should be included in Healthwatch contracts and examples of Healthwatch outcomes which are aligned to the Quality Framework. We've already had 24 local authorities incorporate the Framework into commissioning arrangements.

We have gathered and analysed Healthwatch contract information so we can best support Local Authorities with commissioning, including promotion of the new *Guide* and encouraging take up of the Quality Framework. Part of this process is to spot any potential difficulties with commissioning. Over the last quarter we have prevented a break in service, supported a local authority to make sure their contract was legally compliant and supported local authorities with joint commissioning arrangements.

Digital Requirement Programme:

The user research part of this project has now been completed and Wildman and Herring are working hard to compile the findings into their final report. This has seen some delay due to the impact of COVID-19 we expect a final report and recommendations soon.

And finally: - Sir Robert Francis and I met with Lee McDonagh, Director General at the Department for Health and Social Care on 28 May. This was an incredibly positive meeting, we have agreed to meet regularly with her and other key people to share our regular insight from the public to help them, and we will also focus on specific key issues such as public patient representation on the new NHS structures. We'll report more at our next meeting. We have very good relationships across the department and are consulted with regularly but this gives us the opportunity contribute to DHSC strategic direction too.

Key Meetings Attended since the last Committee meeting

March	
Saudi Ministry of Health	With Dr Jwaher Al Saud, Chief of Beneficiary Affairs
Patients Association (Bi-Monthly meeting)	With Rachel Power, Chief Executive Officer, The Patients Association
Good Things Foundation - parliamentary roundtable to discuss the benefits of a digital first health service (Roundtable discussion)	House of Commons
COVID-19 (Coronavirus) with NHS England and NHS Improvement - Webinar	With Professor Keith Willet (NHS Strategic Incident Director for Coronavirus) and Dr Neil Churchill (Director for Experience, Participation and Equalities)
West Midlands Healthwatch Network Meeting – Birmingham	Chaired by Chris Bain – Healthwatch Warwickshire
Supporting Discharge – Webinar	Integration and Better Care Fund – LGA Westminster
Virtual Healthcare Breakfast - COVID-19: Supporting the Healthcare Workforce (Zoom Meeting)	Public Policy Project - London

Primary Care Network Engagement	Robert Kettell, NHS Improvements
April	
Designing your Innovation Workflow – Webinar	By Idea Drop
PPE Guidance Meeting	Professor Stephen Powis, Medical Director – NHS England & NHS Improvements
Non-Emergency Patient Transport Services Review (NEPTS), Expert Advisory Group meeting	NHS England & NHS Improvements
Meeting with Peter Walsh, Chief Executive	Action against Medical Accidents - Croydon
NHS Assembly Public Voice COVID Response Meeting	NHS England
Meeting with VoiceAbility and Healthwatch England	Lauren Macleod - Director of Business Development & Jonathan Senker – Chief Executive from VoiceAbility
COVID-19 briefing	With Prof Keith Willett - NHS England & NHS Improvements
Non-Emergency Patient Transport - Project update	With Emily Hough, Director - NHS England & NHS Improvement
Virtual Healthcare Breakfast - COVID-19: The development of vaccinations	With Rt Hon Stephen Dorrell, Chair of Integrated Care Journal (ICJ) – Public Policy Project, London
External Strategic Advisory Group	CQC
Virtual Healthcare Breakfast - Virtual COVID-19: Supporting the social care frontline	With Rt Hon Stephen Dorrell, Chair of Integrated Care Journal (ICJ) – Public Policy Project
Department for International trade-Saudi Arabia.	With Julie Ounaha, NHS Account Specialist & Export Catalyst Specialist, Department for International Trade-Saudi Arabia.
National Quality Board	National Quality Board, Skipton House
ADASS	With Cathie Williams, Chief Officer - ADASS
Think Local Act Personal Partnership Programme Board (TLAP)	With Caroline Speirs, Head of TLAP and Tim Parkin, Senior Policy Advisor from TLAP
Rapid Expert Advisory Group	NHS England & NHS Improvement
NHSX Contact tracing app	With Richard Sloggett, Senior Fellow, Health and Social Care, Policy Exchange
Virtual Healthcare Breakfast - “COVID-19: Planning for the future”	With Rt Hon Stephen Dorrell, Chair of Integrated Care Journal (ICJ) – Public Policy Project
Rapid Expert Advisory Group Meeting	NHS England & NHS Improvement
May	
Meeting with Sharon Brennan	Health Service Journal (HSJ)
Meeting with Rachel Power	Patients Association
Rapid Expert Advisory Group - Continued care for shielded individuals	NHS England & NHS Improvement
Meeting - ADASS & Healthwatch	With Cathie Williams, Chief Officer – ADASS & Sir Robert Francis

Different people making a difference' Series: Decision making engagement with COVID 19 impact on BME communities – Webinar	NHS Confederation – BME Leadership Network
NHS Assembly meeting (Virtual)	NHS England & NHS Improvement
Meeting with Healthwatch reps from Network Regional forums	Healthwatch Regional Network
NHS Assembly huddle - social care	NHS Confederation
PCN Network National Stakeholder Group call	With Graham Jackson, Chair NHS Clinical Commissioners Ruth Rankine and Ruth Rankine, PCN Development Director from NHS Confederation
Roundtable event discussion: How do we maintain a personalised approach to access to care and treatment, including palliative and end of life care in light of COVID-19?	NHS England & NHS Improvement
Board Governance Workshop (Online)	Healthwatch Network
Integrated Care Delivery Partners' Group (former STP Advisory Group meeting)	NHS England and NHS Improvement
Non-Emergency Patient Transport Services Review (NEPTS), Expert Advisory Group meeting	NHS England & NHS Improvements
Meeting with DHSC & Healthwatch England	With Lee McDonough and Sir Robert Francis

AGENDA ITEM: 1.7

AGENDA ITEM: Healthwatch Response to COVID-19

PRESENTING: Chris McCann

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: How Healthwatch England has responded to the Covid-19 crisis. Outlining approach to supporting Health and Social care sector's response to the virus by:
Supporting the Healthwatch network staff and volunteers in providing public advice and information and supporting the public information campaign on Covid-19.
Encouraging people to share their stories of COVID-19 so issues can be identified, and more people will be encouraged to come forward.
Feeding insight on issues back to key stakeholders such as DHSC and the NHS to make them aware of issue that need to be addressed.

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

What are people telling us about COVID-19?

Key messages from our evidence – 20 May 2020

About

This regular briefing aims to provide an update about the COVID-19 related:
- information and advice the public are seeking from Healthwatch,
- experiences people have shared about care.

The following insight is informed by data from 116 local Healthwatch services across England.

Key messages by issue

Community response

- Local Healthwatch continue to signpost people to services for help with getting food and medication deliveries.

- We continue to hear about the effect of the lockdown and loneliness on people's mental health. In particular, we have heard how some autistic people have felt increased anxiety due to being unable to follow their usual routine.

- People have told us that the communication around eligibility for and provision of government food parcels has been unclear. Some of those who have received a food parcel have not been told when to expect the next one – causing them stress as they are unsure about how long these supplies need to last and what will happen next.

Shielded people

- People continue to express confusion about whether they should be shielding. One report from Healthwatch Bracknell Forest has raised a concern about the system through which people can register online as shielding. In this case, people can access support in the first instance, but unless their GP then confirms that they need to shield, the support stops. However, there has been no follow-up communication to explain this.

- We are also now starting to hear more questions about what will happen next after the first 12-week shielding period has passed – including for parents who are shielding with children who may soon be expected to go back to school.

Digital divide

- We continue to receive mixed feedback about digitalised care. The move to remote appointments has worked well and been welcomed by some, especially in some of the more rural areas of the country. However, concerns remain about accessibility for people with additional communication needs and those not online, and suitability of remote consultations/assessments for some people, for example, people with learning disabilities.

Access to services for non-CO VID-19 issues

- People continue to tell Healthwatch that they are unsure about what to expect from the healthcare services they would usually access and how their needs will be met during this time. Our insight suggests there has been a lack of communication about these changes in some areas, for example, regarding podiatry and other community-based services.

- Local Healthwatch continue to provide information to people about how to access emergency dental care in their area. We have heard mixed feedback about people's experiences of this care itself:

> "I first tried calling my dentist and all local dentists without success. I then called NHS111 and was referred to A&E, which resulted in them giving me strong painkillers that knocked me out for 2 weeks and did not help... I [was then] in touch with my dentist and was given two courses of antibiotics. I was eventually referred for actual treatment to the triage centre yesterday. They referred me to [a local dental practice] and told me to contact the practice directly if I hadn't heard from them, which I did both yesterday and again today... The dental practice said that they haven't received anything as yet but would contact me as soon as they do. They did not fill me with confidence as the conversation was inconsistent and the dental nurse I spoke to advised me to go back to my dentist to be re-referred..."

> "I needed emergency dental care as I had been suffering all weekend with toothache and found out from my local Healthwatch newsletter what to do. I called my usual dental practice... The receptionist took all of my details and details of my issues and asked me to email photographs of the affected area through to her. A dentist then called me back within 40 minutes. She offered advice on pain medications and advised that a prescription for antibiotics would be ready at a local practice for me to collect. I was advised that it is my responsibility to follow this issue up with my usual dentist after the coronavirus outbreak and that the [prescription] of antibiotics without being seen is not usual practice. I felt this was a good service under the current restrictions."

Transport

- People continue to tell us about issues surrounding transport to appointments that are going ahead. For those thinking about arranging private transport, the cost of attending one or more hospital appointments (that maybe some distance away) is prohibitively expensive.

- For some of those accessing community transport services, queries continue to be raised about how referrals to these services work, and who is responsible for providing PPE to the volunteers supporting these services. Previous feedback also highlighted people's

concerns that the transport options available to them, including patient transport, could not guarantee enough distancing between users.

Hospital discharge

- Whilst until recently we have received limited feedback about hospital discharge, we are now starting to hear more about this issue. Our evidence so far suggests that in some cases, discharge to social care has been rushed or not sufficiently organised to meet people's care needs, and that these problems are further increased by poor communication from healthcare services to people's next of kin:

> "The family were not informed that their relative, who was very ill and experiencing delirium, was being sent home. There was no communication from the doctors throughout their stay in hospital. They were not tested for Covid-19, but then tested positive on readmission 24 hours later... Staff were about to send them to a care home that was not expecting them, before the family intervened."

Praise

- We continue to hear how thankful people are to health and social care professionals when they or their family receive kind, compassionate care. People have shared with us what a difference this can make – especially in difficult and upsetting situations:

> *My mother was taken to A&E... The doctor taking care of her called me to tell me she almost certainly had Covid-19 and that it was very unlikely she would pull through. He was gentle, kind, caring, honest and clear. He called me back a bit later on a mobile to let me talk her, tell her I loved her and say goodbye. He then made sure that she got back to her care home, where they looked after her, got her into her own bed, and she died very shortly afterwards. The A&E doctor made such a huge difference to this horrific experience and his gentle honesty was appreciated more than I can ever express. What a job."*

Talk to us

If you have a question about the contents of this update, please either *contact a member of policy or research team* or email CV19Enquiries@Healthwatch.co.uk

AGENDA ITEM: 1.8

AGENDA ITEM: Intelligence and Policy Quarterly Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: Committee noted Q3 Intel Report

EXECUTIVE SUMMARY: Q4 Intel Report

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

Background

Attached is the insight report for quarter four 2019/2020 for your information. We have followed a similar format to the quarter three report, but this will not be published on our website due to the need to prioritise COVID-19 related work. We will consider publishing it at a later stage.

What people are telling us

A summary (January – March 2020)

Introduction

Each month, thousands of people share their experiences with us about health and social care services. This report aims to provide NHS and social care leaders with a summary of:

- Key issues the public have told us about primary, secondary, mental health and social care support.
- The top questions people are seeking advice about.

This report covers the period January – March 2020 and is informed by 30,421 people's experience of care. This period covers the start of the COVID-19 pandemic.

What issues cut across health and care?

Read how a **lack of support whilst waiting for treatment** is affecting people's experiences, and about the **initial impact of the COVID-19 pandemic.**

Speak Up 2020

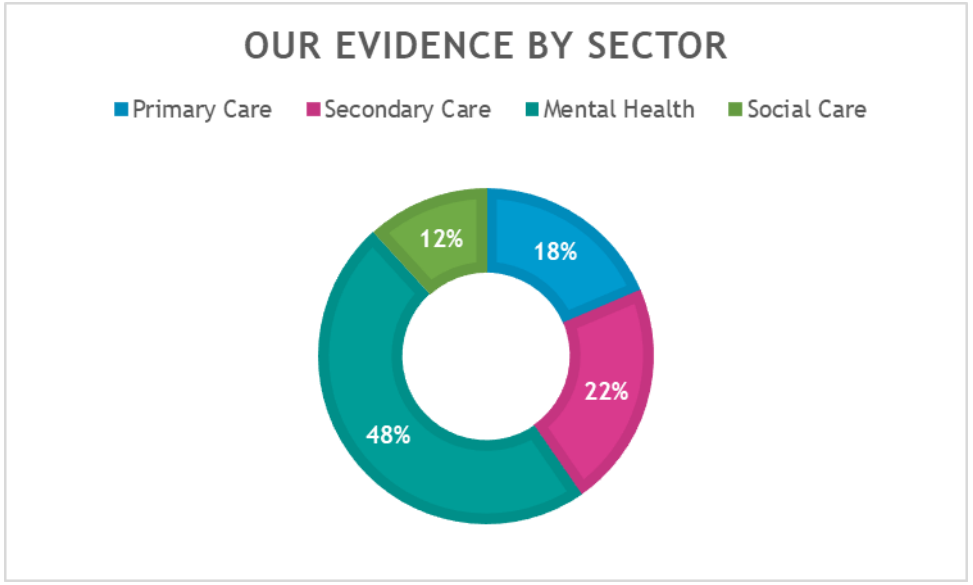
Read about the findings of our January '#SpeakUp2020' campaign to find out about people's experiences of care.

What's happening in my sector?

Look at our primary care, secondary care, mental health and social care snap shots to see the ongoing concerns people would like services to address. These sections and the recommendations have been developed from feedback shared with us before or at the very start of the pandemic.

The evidence that informs this report

27,160 people's views drawn from 170 Healthwatch reports published to our reports library about local NHS and social care services, as well as individual feedback from the public. The graph below shows the proportion of all our evidence by sector.



The top questions people are seeking advice about

1. How do I make a complaint?
2. How do I access advocacy support?
3. What services are available for me to access support with my mental health?
4. How can I access out of hours services?
5. How can I find a local GP?
6. What are my options if I need care?

Issues that cut across health and care

Find out about the issues that people raise in every area of care.

What happens while you wait?

Before the COVID-19 pandemic started, we heard the impact delays were having to people's experiences of care involving:

- Getting an appointment
- Surgery
- Assessment
- Support or treatment
- Being on a waiting list
- Waiting in the hospital or GP surgery to be seen

However, to meet the substantial increase in patients as a result of COVID-19, the NHS implemented a blanket postponement of many routine treatments. We will undoubtedly see a spike in this issue. It will also continue to be an issue for some time as the NHS looks to get back on track with waiting lists.
People have been sharing experiences of what it is like to wait for longer times than expected for appointments with us for some time. This insight may provide some valuable suggestions to providers about how they can help people have positive experiences and be reassured during extended waiting times.
Our evidence has shown that people may not mind waiting if they are given information about how long it will be until they see someone and if it is updated on a regular basis. People also value information on how they can support themselves in the meantime. If waiting in hospital or GP waiting rooms, people want to have reasonable facilities, including water, other refreshments and comfortable chairs.[1]

Steps that people say would have helped improve their care:

- Provide updates and communicate to people about how long they can expect to wait for an appointment, support, surgery or treatment.
- Tell people what support or action they can take in the meantime to manage their health condition.

[1] See What Matters to people using A&E, Healthwatch England, February 2020

- Provide regular updates to reassure people that they have not been removed from the waiting list.
- Provide estimated waiting times in hospitals and GP surgery waiting rooms so people know what to expect.
- Improve the comfort of waiting areas and provide refreshments.

How long do I have to wait?

Due to abdominal pains a man contacted NHS 111 who signposted him to an urgent care centre. After waiting two hours to be seen, he was given a 9am 'ambulatory care' appointment at the local hospital for the following day. When he went to hospital, the receptionist told him that she didn't have a record of his appointment and told him to wait. Over an hour later, the man asked the receptionist for an update. She said she couldn't see his details on the screen and told him to wait again. The man was seen shortly afterwards and had various checks before being sent through to another area and told to wait. After a while, he had a further examination and was told to wait again. A trolley with sandwiches came around to everyone in the waiting area except him. He later discovered that this was because he had abdominal pains, but no one explained this to him. After waiting four hours the man spoke to someone again about his wait. He had previously informed staff that he was a full-time carer for his wife so couldn't be away too long and he reiterated this. He was again told to wait. After waiting for five hours he told a nurse he was going home. She responded that he had to wait until he was seen by a doctor to release him. After a further 20 minutes, he signed a release form and left.

"I felt fobbed off every time I asked hospital staff about the time I had to wait. There was nothing to read and no information on waiting times. Initially there were no cups at the water dispenser".[2]

Other cross cutting issues:	Steps that people say would have helped improve their care:

[2] 1642_6958, Healthwatch North Tyneside

Poor administration	• When services return to normal, ensure that correct information about appointment dates and times are provided to people. • Communicating whilst people wait for referrals is essential so that they do not continue to chase them up. This will help to identify where administration errors may occur which delay referrals.
Staff attitudes	• Remind staff of the importance of taking time to listen to people to understand their needs. Being mindful to be empathetic and not dismissive is especially important to vulnerable people, those who face language barriers, and people with multiple conditions. • Emphasise the importance of offering personalised care, with people getting choice and control over the way their support is planned and delivered.
Lack of communication between services	• Review the current communication channels between services, if any, to ensure that they address any difficulties and better integrate services.

The impact of the coronavirus pandemic

In March 2020, as the coronavirus pandemic unfolded across the country, people started to share with us their questions, views and experiences of health and social care during this time.

These are some of the key issues that people told us about:

Information for everyone

People highlighted how important it is for information to be clear and accessible to everyone – especially as government advice was developing and changing quickly.

We heard that people were particularly struggling to find information in British Sign Language, Easy Read format, and other community languages. People also raised concerns about accessing up-to-date information for other groups – including Roma, Gypsy and Traveller communities, and people who are socially isolated and do not use the internet.

Managing long term conditions

People expressed worries about managing their long-term health conditions, and asked questions about what to do or expect from the services they would usually access during this time.

These issues presented even more of a challenge for people who struggled to get through to their GP practice on the phone or had not yet received any information about the changes to their local services. This made it difficult and stressful for people to access their repeat prescriptions – especially if they were not able to use online systems as an alternative.

Some people with existing health conditions told us they were finding it difficult to understand which advice applied to them, including advice about shielding. While some people believed they should be shielding didn't receive the letter telling them to do so, others received the letter unexpectedly.

Social care support

People who rely on home care raised concerns about getting the support they need – particularly if their care support workers or family carers became unwell. We heard that people were unsure about whether care workers should be wearing personal protective equipment (PPE) when providing care at home, and if so, where they could get it from.

We also started to hear about the impact of social distancing measures on the respite support available:

"In the initial announcement, children with special educational needs were going to continue to go to school. We have been firmly told by the school today that our child should not be attending. While I completely understanding what the government is trying to do, I'm not sure how we are going to manage. We have respite provided by my parents

(who are both over 70) and community groups – but all of this has stopped now. We manage well with this support but do rely on it. I am anxious about the future now."[3]

Praise for health and social care professionals

As always, we have heard how much people appreciate health and social care professionals when they or their family receive great care.

"My father was rushed into A&E. He was treated as soon as he arrived, tested for coronavirus as he had a chest infection. Staff had masks, gloves and aprons on until they got the results. As a family, we were treated with respect and kept informed of what was going on."[4]

While these are some of the main issues we heard about during March 2020, we continue to review all the feedback we receive about people's experiences of health and social care during the coronavirus pandemic. Our plans are to investigate hospital discharge and the impact of COVID-19 on social care.

We are keen for the Healthwatch network to continue engaging and capturing views on a wide variety of issues – from the experiences of people who have had routine treatment cancelled and may now face an extended wait, to those who have been using new digital systems to interact with care. Ultimately, we want to make sure we capture the good that has come out of the health and social care system's response to COVID-19, but also ensure that any gaps are closed as quickly as possible.

[3] Healthwatch York, 1693_3950

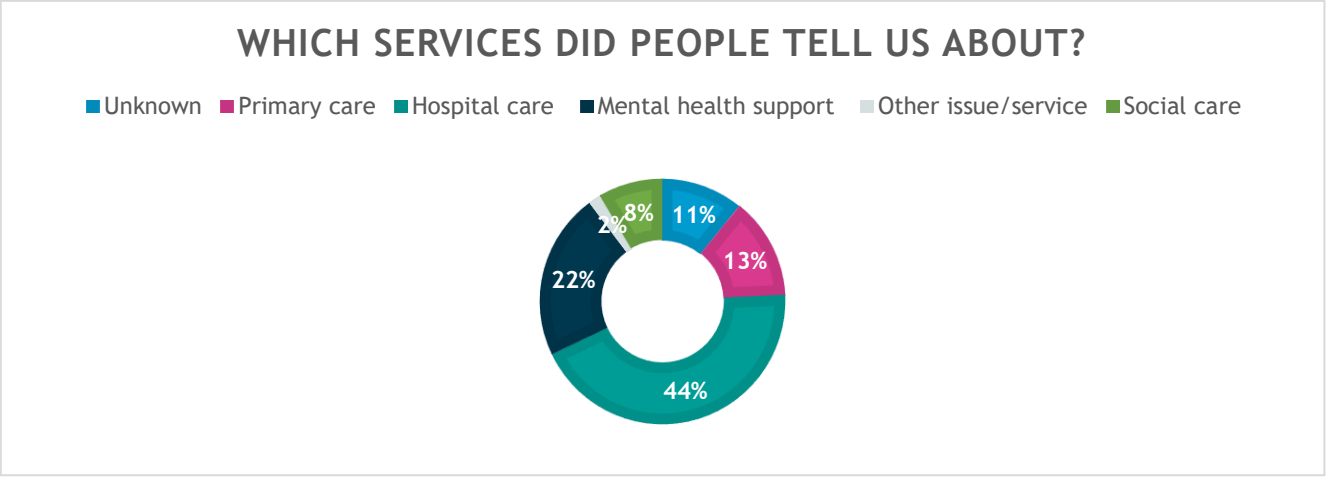
[4] Healthwatch Bedford Borough, 1704_5640

Speak Up 2020

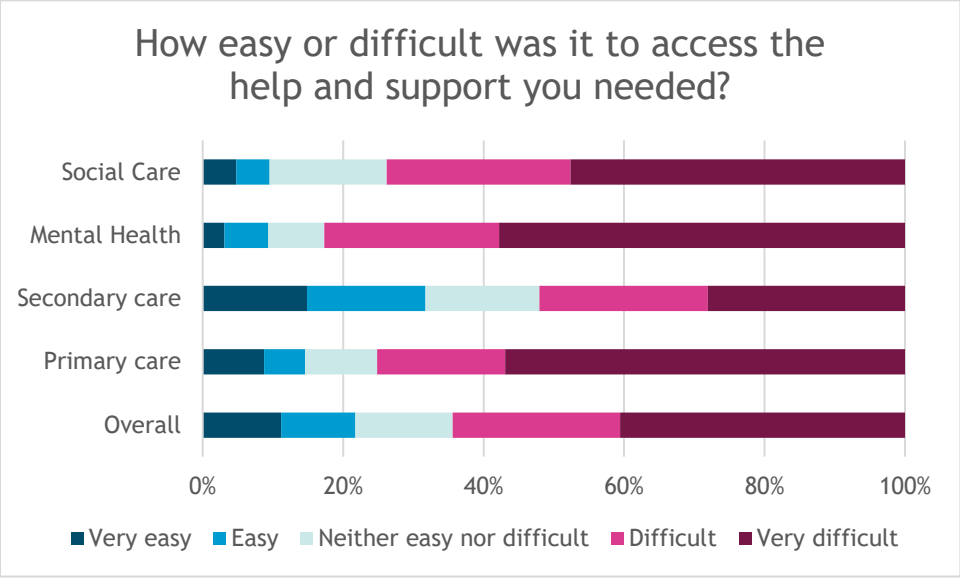
In January we undertook the '#SpeakUp2020' campaign to get people's views on the top priority areas that the network is working on: mental health, social care, and hospital care, as well as other services and issues. We hosted a short survey on the Healthwatch England website and received 1,044 responses from people living all over England.

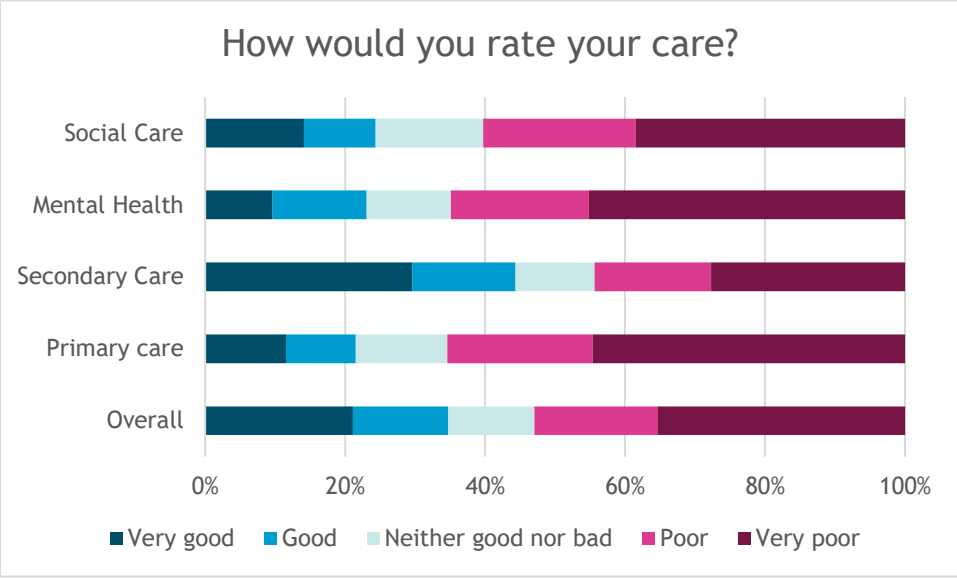
Of these people:

- 78% were women
- 74% were heterosexual
- 31% were aged 65 or over
- 12% were from Black, Asian and Minority Ethnic backgrounds
- 33% were disabled
- 49% had a long-term health condition
- 20% were carers



The survey asked people to tell us about their experience of accessing the help and support they needed, how they rated their care, and their experience of further treatment or care.





These charts show that survey respondents who had sought treatment from secondary care had better experiences than people who needed treatment from mental health or primary care providers. Four out of five people who needed support from mental health services found it difficult or very difficult to access it, compared to half of people who needed to access secondary care.

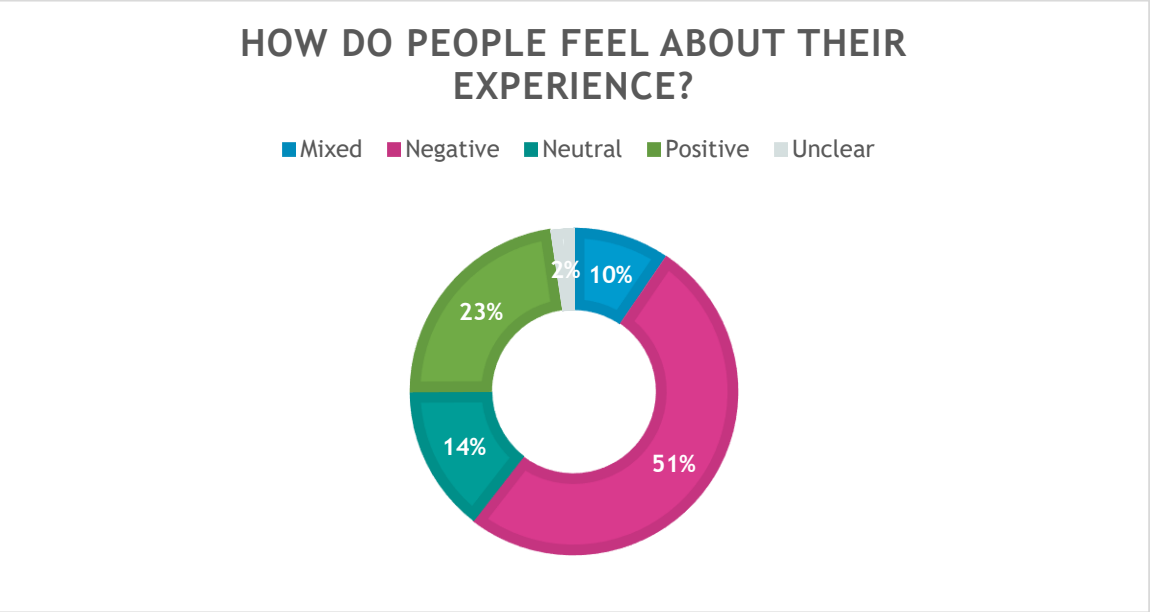
"I was desperately depressed, anxious and suicidal. My doctor referred me to a mental health team. The team CANCELLED five appointments before I actually got to see them."[5]

[5] Quote from the survey

Ongoing issues by service area

Primary care

5,666 people's experiences informed this section.



Service area:	Ongoing issues:	Steps that people say would have helped improve their care:
General Practice	Difficulties in getting an appointment	• Offering more dates in advance for online appointments. • Better telephone systems to reduce time left on hold, and prevent people being turned away after travelling to GP to book an appointment in person. • Ensuring that people know about extended access programmes.

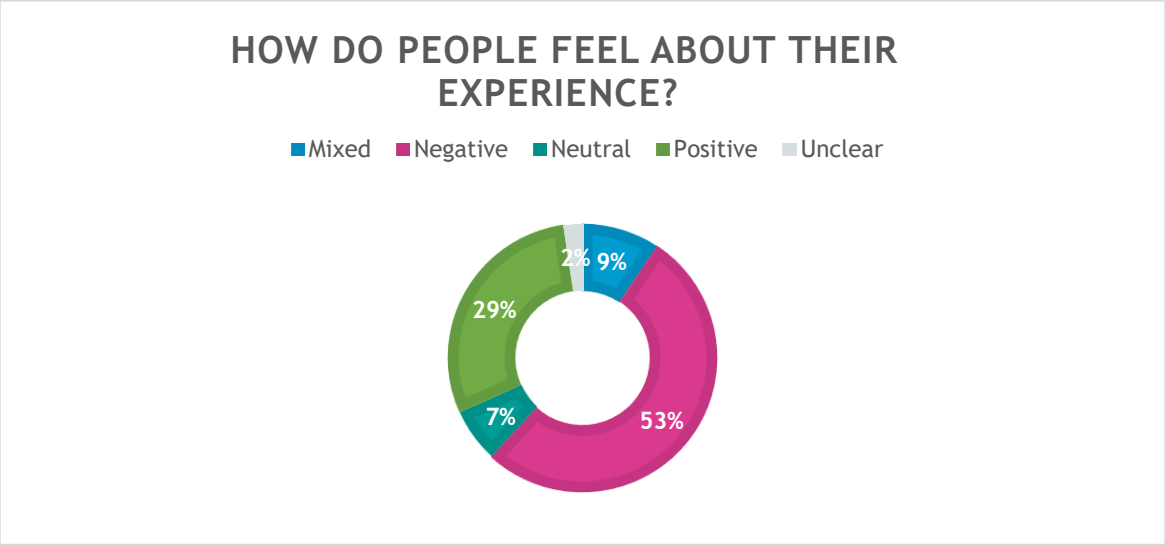
Dentistry	Access to NHS dentistry	• Increase the availability of dental appointments.
	Clarity about the cost of NHS dentistry	• Be transparent about costs prior to treatment. • Promote sources of help with finances e.g. NHS Low Income Scheme, to help people avoid delaying treatment.

"I'm struggling to get an appointment at my GP practice. I tried calling and was on hold for over 45 minutes on one occasion and 37 minutes another. When I go into the practice, they say I must call at 8am in the morning, but by the time I call all the appointments have gone. I'm a diabetic and need my prescription updated but the receptionist just says to call the next day. Getting fed up with this."[6]

[6] [6] HW Warwickshire, 1685_2853, 2/2/2020

Secondary Care

6,618 people's experiences informed this section.



Service area:	Ongoing issue:	Steps that people say would have helped improve their care:
Urgent and emergency care	Lack of patient transport	• Individual circumstances, such as inability to pay for taxis, should be considered. • Better coordination of patient transport and investment in its provision.
	Difficulties accessing NHS 111	• Provide clear and realistic information on what to do or who to call, if a person is unable to talk to someone on the phone.
Hospitals	Lack of understanding around how to complain	• Provide clear information about how people can make a complaint.

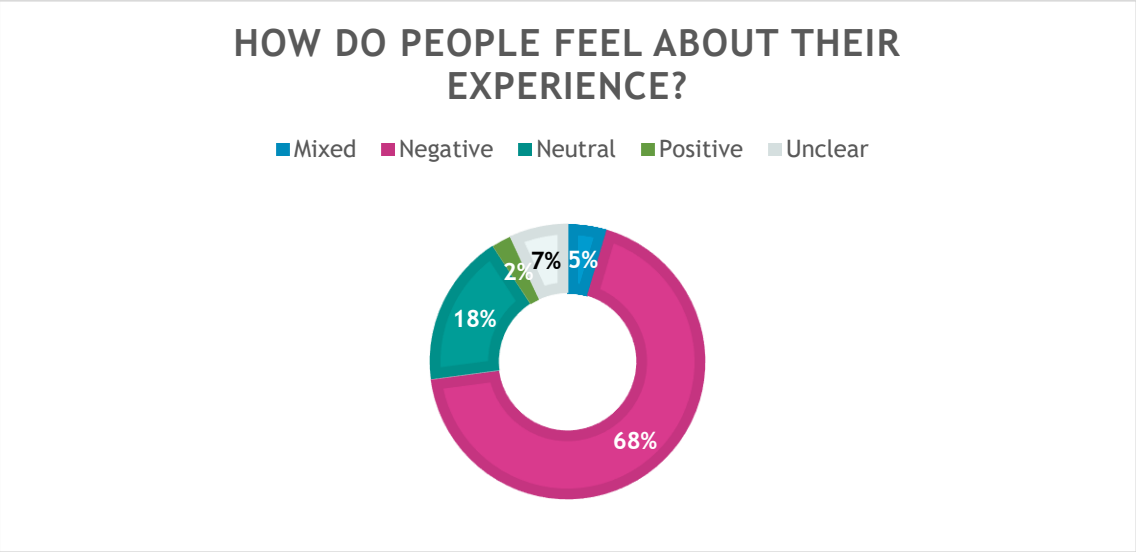
How do I get home after being discharged?

"A person told us about their experience of being discharged from A&E, following admission by ambulance. They say they were told that there was no patient transport provision. They were concerned that they only had their nightwear and slippers and no purse, and that they would have had to take multiple buses to get back home."[7]

[7] Healthwatch North Yorkshire, 1785_3325

Mental health services

14,561 people's experiences informed this section.[8]



Ongoing issue:	Steps that people say would have helped improve their care:
Family involvement	• Clearly outline the expectations of care with all people who are involved in someone's care. This will improve communication between health professionals and the public, as well as empower people to feel involved in their care.
Holistic support	• Remind staff of the importance of taking time to listen to people to understand additional factors that may be exacerbating their issues. • Consider working alongside integrated health and social care teams.
Disagreement with diagnosis	• Encourage clear communication about how a diagnosis was made.

[8] This figure is larger than usual due to a local Healthwatch report about the mental health needs of young people based on a sample of 11,950

	• Allow for discussion with the person and loved ones involved.
Medication management	• Provide regular medication reviews to monitor side effects and allow discussion of additional worries with the person taking medication.

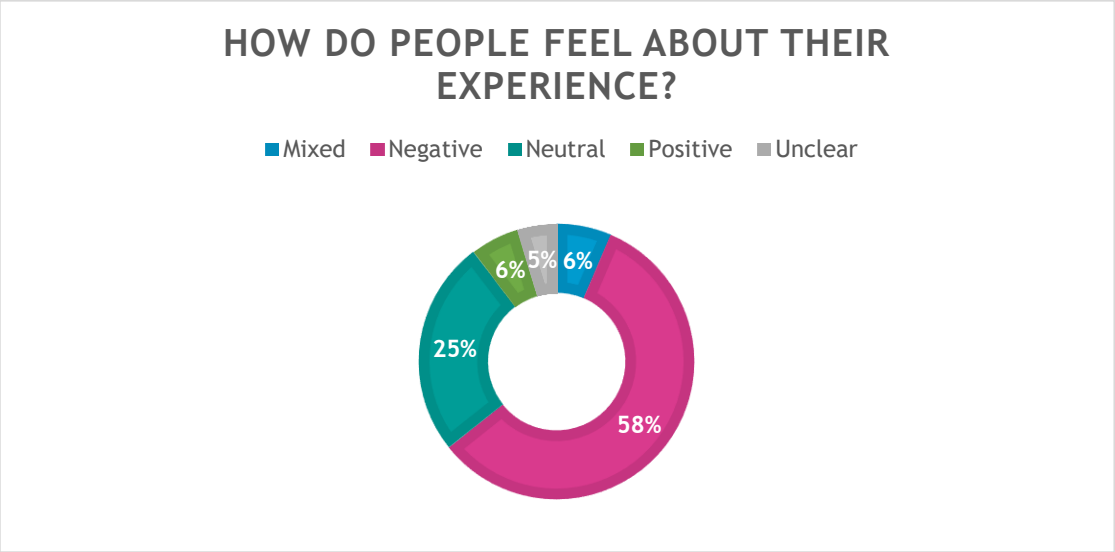
My psychiatrist won't change my medication

"Someone contacted us as they would like to make a complaint about their psychiatrist's unwillingness to consider a change of medication. The medication was making them drowsy and they couldn't work as a result. They are too frightened of the withdrawal symptoms to consider changing their medication regime without medical supervision."[9]

[9] Healthwatch Hertfordshire, 1705_3104

Social care

3,576 people's experiences informed this section.



Ongoing issue:	Steps that people say would have helped improve their care:
Paid carers aren't always providing good quality care	• Ensure all paid carers are aware of the basic standards of care they are expected to provide and how families can contact them outside normal working hours. • Ensure that domiciliary care companies can continuously improve the quality of care they provide. • Parliamentarians should listen to the care sector to understand why paid carers might not always provide good standards of care ahead of social care reform.

Experience of poor-quality care

"A woman receiving domiciliary care following an operation told us about problems with one care worker who had offered to empty the chemical commode. Although she tried to explain to the care worker that the commode could only be safely emptied by a specialist company, the care worker took the full commode up to the bathroom and brought it down half full. When the woman's grandson came home, he found that they had spilled the contents in the bathroom, landing and up the stairs, and that the care worker had used towels to mop up the mess and then put the soiled towels over clothes drying on the banister. The carer also put their hand on the woman's chest when she tried to get up and told her to sit down. The woman did not like this."[10]

[10] Healthwatch Hillingdon, 1617_5794

AGENDA ITEM No:1.9

AGENDA ITEM: Delivery and Performance Report – Highlights 2019/20

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q3 (2019/20)
EXECUTIVE SUMMARY: This paper summarises the delivery and performance against our Business Plan and KPIs for 2019/20. It also looks at highlights delivered in 2019/20 and what we expect to deliver in Q1 (2020/19).

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

Background

The report below provides highlights of our work throughout the year (2019/20) and our end of year performance on the delivery of our business plan and KPIs for 2019/20 and what we have achieved so far in Q1.

This is rather long report as it looks back on the achievements for the whole of 2019/20,

Summary

2019/20 saw the implementation of the second year of the strategy agreed by Committee in January 2017. In year one we focused a significant amount of transition from old ways of doing things to new ways. We reported to you last year on the significant changes we made during that year which included establishing a right to give grants to Healthwatch, setting up a new website that was properly interactive, establishing methods for collecting information directly from the public, establishing a research function, a programme of transforming our offer to the network, the work carried out in that year laid the foundations for us to move into 20219/20 with the platforms in place to help really improve our impact on creating improvements in health and social care, in our relationships with external stakeholders and in our relationship with the network.

The 2019/20 business year has been a year of real achievement for Healthwatch England and the Network.

Nowhere has the been more apparent than in how we have enabled people's voices to shape policy developments in health and social care and deliver more real-world impact than ever.

Our work on Maternity and Mental Health was crucial in influencing NHSE plans to introduce a new six-week check for mental health of new mums to be rolled out from April. This came with an addition £12 million of funding for GPs to deliver the service and will help 600,000 new mums.

Our work on dentistry saw CQC carrying out 100 visits to care homes, these visits resulted in a significant change in practice across the care sector. Both in care homes and home care providers are now making free tooth brushes and tooth paste available to residents as well as ensuring oral health needs are included in care plans. Our work on access to dentistry means that from 2020 onwards all dental practices will be legally required to update their info on NHS.UK once a month. This will make difference to people looking for a dentist and expose where there are genuine gaps in provision.

We ensured that the NHS Clinical Review of Standards put improved patient experience at the heart of its agenda. On A&E, the factors that matter most to the public, like quick and meaningful triage, will be prioritised. Publication of the final report by NHSE has been delayed due to Covid -19, we anticipate that the document will show the introduction of a new target around guaranteed time to triage of 15 mins. On elective care we led a coalition of partners in securing a year-long extension to the testing of new targets for elective care, this extension meant that a more considered approach to focusing on what is important to people when they considering elective care.

The report on Patient Transport Review was a great example of how by leveraging our evidence and combining it with data from external partners we can put an issue on the national policy agenda. We continue to work hard to keep the review itself on track and understand that when the final report is published it is going to come with additional investment in the service.

Our work in developing the Mayor of London's 6 Tests was a real coup. There are 33 Healthwatch in London, but it has traditionally been an area it is difficult to have large scale collective impact. Our work with the mayoral office creates the platform in policy for local Healthwatch to have significantly more influence in London as whole. These tests have to be met before the Mayor will give approval to any major service change in London. Engagement with the public and with Healthwatch are one of the tests.

Our contribution to the NHS Long Term Plan work in has helped to change perspectives of what we are capable of in terms of reach and insight we can develop. We are increasingly seen by key stakeholders as an organisation that they want to work with who can help them achieve their own goals and NHSE included a section in the template form for STPs/ICSs to set out how they have responded to the input from local Healthwatch. This was the largest scale work that Healthwatch has ever untaken. We began the influence by sharing the insight we had from 85,000 people. This was followed up by work in every part of the country with every Healthwatch taking part. This included 40,000 people responding to on line surveys, 500 events taking place. Each lead Healthwatch produced a report for the STP, and many produced a detailed report on their findings for each local authority area. It was an impressive effort from all.

The reach and impact of our communications work continues year on year. We have seen across the increases in engagement on digital platforms, from social following to website visitors (up nearly 50%). This is despite purdah and not running our main public facing campaign of the year. We also collected over 15,000 people's views directly via our website.

And we have seen an increased take up from the network of our brand support with an increase of 20% in the number of users of the communications centre and 81% rise in the number of brand resources created for the network. Over 300 people having signed up for our communications training.

Our work protecting funding has been vital to sustaining the network. Each year the team collects contract information for every Healthwatch. 2019/20 was the first year when Commissioners made no corrections. Despite operating in an environment where the squeeze on local authority funding is ever more intense, 2019/20 saw the lowest overall reduction in HW funding – just 2% compared to 7% in 17/18 and 4.3% in 18/19. The network continues to be affected by reductions in local authority funds, but we have managed to stem that flow and through cooperation and challenge with local government have been ensured that in the region of £600k budget reductions have been avoided. Additionally, in the past two years we initiated a grants programme and have distributed funds to Healthwatch throughout the country totalling £847,751. Bringing net financial benefit of almost £1.5 million to the network.

This year for the first time we also so 100% compliance from the network for the production of annual reports, we improved the template that encourages Healthwatch to focus on how they make a difference.

Our flagship National Conference was more successful than ever with 130 LHW (85%) represented – up from 115 the previous year and 90% of those participating felt conference was useful experience.

We have continued to improve our Learning and Development Programme: ensuring it is a coherent offer, based on needs of the Network through the Learning and Development Survey and other feedback; aligned to the Quality Framework.
A lot of work has taken place to understand how Healthwatch make a difference, including working with the Network to develop the Making a Difference toolkit. We want Healthwatch to routinely report their impact to HWE and we have an Impact Programme being developed to take this work forward in 20/21.

The introduction of the Quality Framework required a major effort to secure buy-in from the Network on its development and take up by the early adopters. We have emerged from this phase with every participant happy to be an advocate for the process which will key rolling it out across the network. And we have already seen how the process has led to the HW adopting a different approach to issues like; positioning for a tender, recognising the need for a new approach to impact reporting, strengthening board diversity.
The relationship with the network has been transformed, facilitated by the embedding of Workplace and we are working much more cohesively together than ever before. A culture

has been embedded at HWE where regular and meaningful engagement with the network is a clear expectation.

There are areas of the strategy that was set two years ago that do not feel as relevant now as they did then, indeed some of our ambitions were dependent on factors beyond our control and so it is timely that the Committee will be carryout a mid-term review of the strategy to ensure that we use our resources to have the greatest impact.

Business Plan & KPI End of Year Report 2019/20

Aim 1: Support you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them

Transforming our communication with the public

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-19	Target 2019/20	Result Q4 2020	RAG Status
Comms Develop and approve a strategy to transform our communications with the public	We will have an agreed plan in place to reach and engage with more people to be implemented 2019- 2023	We have developed an approach, which builds on many of our existing approaches to communications. In terms of our overall communications outcomes for 2020/21 we saw improved performance in most areas. **Reach:** Our follower base on social and email subscribers grew by 30% year on year. However, the social reach of our social messages did decline by 13% because we did not run all our planned campaigns. **Acquisition:** We saw year on year growth across all channels our biggest areas of growth were referral (89%), email marketing (123%) and paid for (500%). **Engagement:** Engagement with our social media content grew 72% year on year, while visitors to our public website grew by 46% year on year. We also saw a similar increase in views of our website content. **Action:** Action across all our channels also grew year on year. Users visiting our website via social grew 44%, while website actions by public website users grew 72%. In terms of specific actions, the number of people	• Our reach continues to grow but like all organisations, this requires consistent campaigns running and greater investment in paid for search and social to boost reach and campaigns to extend • We have also seen increased engagement by our audiences with 40% more people visiting our website, viewing our content and taking action on our site. We have also seen significant increase with our social media content. • In terms of action, more people are finding their Healthwatch, reading our advice and information and downloading our reports and publications year on year.		Develop and approve a strategy to transform our communications with the public	0	Communication Strategy in place	**0**	**Delayed** **On track to be delivered in 2020/21**

		finding their local Healthwatch grew by 22%, while downloads of our publications grew by 62% year on year.							
Deliverables	**Predicted outcome(s)/benefit(s) at start of year (April 2019)**	**Outcome Achieved at End of Year (March 2020)**	**Benefits or impact from achieving this outcome**	**Update Notes**	**KPI**	**Baseline 2018-19**	**Target 2019/20**	**Result Q4 2020**	**RAG Status**
Comms Develop and approve a strategy to explore greater public engagement	We will have an agreed plan in place that will encourage more people to share their views but also to have a shared sense of purpose of supporting the health and social care services to be high quality, safe, responsive and effective for people in need of those services	N/A	N/A	**DELAYED** To be rolled out in the Communication Strategy for 2020/21	Develop and approve a strategy to explore greater public engagement	0	To complete a Public Engagement Strategy	**0**	**Delayed** **On track to be delivered in 2020/21**

Comms
 	
Our advice and information are used by more people from 707,800 to 848,000
	More people will be helped to get the right information and advice	• We have delivered our programme to deliver content that meets the most common questions people ask Healthwatch and syndicated out 14 advice articles in 2019/20
		• We improved the marketing of our advice and information through search, third party referral and social
		• Overall views of our digital content increased by 37% year on year.
		• Monthly advice and information content views increased from an average of 8K per month in Q1 2019 to 23K per month in Q4 2020.
		• In total our advice content was viewed over 120K times in 2020.
			• Using data to identify and focus on the publics most common questions and then improving the marketing of this content has resulted in a 187% increase in monthly views of our advice
			• We have started to use this data in our reporting to committee in terms of helping to identify the issues that the public most want information on. Top four issues by page views are:
			  ○ Help finding a dentist (20%)
			  ○ Rights to registering with a GP and whether you need proof of address (15%)
			  ○ Help making a complaint (10%)
			  ○ Help travelling to services (9%)
					Our advice and information are used by more people	707,800	848,000	**Healthwatch Network 413,319**
								
								Healthwatch England 140,000
									Completed (Ongoing tracking)
									
									Below target

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Comms Increase brand awareness from 32% to 36%	Our brand is better known and understood – Our brand helps us engage more people to improve policy and practice at a local, regional and national level		n/a	**WORK PAUSED BY CQC DUE TO COVID-19.** Need to review findings.	Increase brand awareness from 32% to 36%	32%	36%	***See Update***	**Delayed** **Carried over to 2020/21**
Comms We will see a 100% increase in the number of people sharing their views sharing their views with HWE	We will have greater insight into the publics views of health and social care which we will feed into the design, delivery and improvement of services and policy	We ran two campaigns to collect people's views in partnership with the network (#WhatWouldYouDo? & #SpeakUp 2020). We cancelled or paused two other campaigns (young people's mental health cancelled & joint campaign with CQC paused due to COVID-19). We achieved our annual target and collected over 15K people's views in 2019/20.	• Out of the box campaigns make it easier for LHW to use campaigns to support their existing work. • Using our national channels to collect feedback on behalf of local Healthwatch is effective in terms of user action and gives us access to the data. • We have established a model that we can now mainstream into our communications if there is capacity in the intel team to analyse the views people share.		We will see a 100% increase in the number of people sharing their views sharing their views with HWE	7,000	14,000	**15,000**	**Completed (Above Target)**

Comms
 	
We will see an increase of 20% in the number of people sharing their views with LHW
	We will have greater insight into the publics views of health and social care which we will feed into the design, delivery and improvement of services and policy	• Nearly every Healthwatch took part in a nationally led campaign in 2019/20.
		• We also saw over 300 staff sign up for our monthly training and bi-annual CommsCamp events.
		• We also know that use of our communications resources increased significantly:
		  ○ Staff visiting the communications centre up 20% year on year
		  ○ Communications resources created using the communications centre up 81% year on year.
			Because we have now started to collect views on behalf of local Healthwatch we now have access to more data.
			
			We also know that local Healthwatch have increased their use of the communications resources we provide by a significant amount.
					We will see an increase of 20% in the number of people sharing their views with LHW	406,000	487,000	**336,000**	**Completed (Below Target)**

Aim 2: Providing a high-quality service to you

We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.

Deliver on transformation plan to enable the network to be more effective

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Network Dev We will Introduce the new quality framework. 30 Healthwatch will have signed up to use the new Quality Framework with six reporting against it	We will have a shared understanding of the HW effectiveness between providers, commissioners and Healthwatch England. It will help to tackle the complaint about the inconsistency within the network. The public should receive a better service	Outcome to be reported in May 2020	N/A	**Due to Covid19 we have completed 21 reviews of QF.** Learning will be shared with Leadership and the Network. Next steps will be to ask remaining Healthwatch when they want to participate in the Quality Framework programme.	30 Healthwatch to sign up to the Quality Framework	1	30	**21**	**Completed (under target- overall a good achievement)**
Network Dev 10 Local Authorities will specify the Quality Framework in their tender documents	This will enable a shared understanding of the Healthwatch network effectiveness between providers, commissioners and Healthwatch England. It will help to tackle the complaint about the inconsistency within the network. The public should receive a better service			Resource pack for Commissioners is promoted April 2020. We are identifying all contracts which are due to retender and contacting Commissioners to offer support. We have written to Commissioners with advice regarding impact of COVID on delivery of Healthwatch services.	10 Local Authorities will specify the Quality Framework in their tender documents	0	10	**24**	**Completed (Above target)**

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Network Dev We will have a new network agreement in place	The mutual obligations of Healthwatch and Healthwatch England, including the requirements for the trademark licence and support offer from Healthwatch England will be clear. Expectations will be clearer and impact improved			**WORK PAUSED DUE TO COVID-19 Consider reintroducing into Q3 2020/21**	We will have a new network agreement in place	0	50 Healthwatch sign up	***See updates***	**Delayed** **(carried over to 2020/21 Q3)**
Network Dev & Comms 50 Healthwatch will be signed up to use the Healthwatch website offer	The public will have access to higher quality information that is timely and relevant	46 websites are now live. 4 Healthwatch websites in production which have been delayed by COVID-19 Healthwatch network staffing issues. One Healthwatch due to a contract change has taken down a site that was live. Including this Healthwatch, 51 Healthwatch have signed up to use the new site. 10 local Healthwatch due to start work in Q2 2020.	• We have improved the digital knowledge of 70 staff who have been through our training. • We have an established digital group who meet and discuss and agree collective improvements • We increased access to our content – especially advice and information and supported the network to review and improve their content. • We have improved brand consistency. • Website lowered costs for some Healthwatch and ensured that they are using a user tested and security tested system.	Our work to benchmark the average Healthwatch network website user has been delayed by COVID-19.	50 Healthwatch will be using the Healthwatch base website	14 live sites	50 Healthwatch signed up to website offer	**46 live sites**	**Delayed** **Carried over to 2020/21**
Network Dev & Intel We will introduce a Research Governance Framework	The standard of research carried out by the network will improve and be more consistent and so we will be more influential in improving health and social care services.	30 Healthwatch have successfully applied the framework and fed back positively to Healthwatch England.	It has been used by the network to help with: • Contract management • Project planning and management • Collaboration and coordination across different Healthwatch • Identifying areas of strength and for improvement/training needs • Raising awareness and building confidence in research practices in the network	Completed	We will introduce a Research Governance Framework	0	30 Healthwatch will sign up	**30 Healthwatch signed up**	**Completed** **On Target**

			• Consolidating quality assurance/quality checks in research in Healthwatch involved • Promoting the use of testing to refine research methods • Encouraging Healthwatch to record and identify good practice and learning • Encouraging Healthwatch to evaluate and record impact • Instilling confidence in Healthwatch who have used it and built credibility with stakeholders.						
Deliverables	**Predicted outcome(s)/benefit(s) at start of year (April 2019)**	**Outcome Achieved at End of Year (March 2020)**	**Benefits or impact from achieving this outcome**	**Update Notes**	**KPI**	**Baseline 2018-10**	**Target 2019/20**	**Result Q4 2020**	**RAG Status**
Network Dev & Intel We will introduce "Making a Difference Toolkit" (Impact toolkit)	We will have much greater clarity on the impact we are having at a local, regional and national level. This will help us to have greater influence			**WORK ON IMPACT HAS BEEN PAUSED DUE TO COVID-19** The Making a Difference toolkit is available on the website and considering development of online learning for Q2. We have suspended action on impact to support the Healthwatch network focus on response to Covid. We postponed the Impact Workshops. We will carry out review of annual reports to inform national programme. The Qualify Framework pilot has identified impact as area to be strengthened. New Impact Manager will be developing national programme.	We will introduce "Making a Difference Toolkit" (Impact toolkit)	0	30 Healthwatch will sign up	**2 Healthwatch signed up. We have not analysed numbers of HW**	**Delayed** **Carried over to 2020/21**

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Network Dev Continue to identify and mitigate risk across the network, including to maximise/protect funding, ensure contracts meet statutory requirements and ensure continuity of service	The network will be provided with enough support and advise to address challenges including funding			We have asked all Healthwatch Network about economic impact of COVID on income, particularly trading and fundraising or delayed payment of grants/local authority funding affects the contract holding organisation (including if they provide other services). We continue to offer advice to local authorities. Risk register continues to be reviewed.	**No KPI Assigned**				**Completed** **(ongoing through to 2020/21)**
Network Dev We will use the learning from the Network survey to develop and deliver • the 19/20 Training Programme. • a new induction resource for Healthwatch network. • the events programme, including national conference. We will celebrate success through National Awards. We will develop a new competency framework based around the quality Framework.	Staff and volunteers from across the network will develop the skills they need to have greater impact			In response to Covid-19, we rejigged the Learning and Development Programme in place with webinars and COVID relevance: e.g. call handling and remote management of volunteers. Online resources are being developed for Q1: induction, plus how to guides. Models of engagement are being produced on track. Enter & View pilot by Healthwatch postponed due to COVID. We will consider alternatives to National Conference	**No KPI Assigned**				**Delayed** **Ongoing Carried over to 2020/21**

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Intel Develop and approve a digital plan for the network	We will have a digital plan in place once approved will deliver greater insight and impact			Report has been disseminated for questions and feedback. Delays experiences over March/April.	**No KPI Assigned**			Not complete	**Delayed** **Carried over to 2020/21**

Aim 3: Ensuring your views help improve health and care

We want more services to use your views to shape the health can care support you need today and in the future.

We will further develop our insight to influence policy at a national level, regional and local level

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
National Director We will develop a programme of work that improves our understanding, reporting and actions on equalities and diversity issues	We will understand better where we get our insight from and will be able to target gaps in our knowledge better			A gap analysis of our data has been undertaken and we have done a partial review of the support that the network needs re their public equality duty. Committee have met to discuss the framework for the programme which will now be developed for delivery next year.	We will develop a programme of work that improves our understanding, reporting and actions on equalities and diversity issues	0	Programme completed	**0**	**Delayed** **Carried over to 2020/21**

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Policy We will develop and approve an approach to actively targeting more front-line professionals	We will have a plan in place to reach out to front line staff who will have a greater understanding of our role and the importance of sharing feedback	All our products are now developed with specific target audiences in mind, with a focus on getting our insight out beyond national policy maker circles. This is being done by breaking up previous larger insight products into more relevant and actionable chunks. We have developed a new stakeholder management model for the year ahead which will bring more structure to our engagement with core groups and ensure better cross organisation work with stakeholders.	The work to define these audiences has helped to clarify what we mean by front-line professionals – e.g. we mean local service managers/commissioners and local/regional leaders. This is based on testing attitude among frontline doctors and nurses (through representative bodies – RCN, RCGP etc.) which showed time available to absorb our work is limited with these individuals possessing limited ability to bring in change. However, there is significant appetite among provider/commissioner leadership for our insight.	We had planned to have the new stakeholder management approach operating from April but work and recruitment of new External Affairs Manager both delayed due to Covid. EA Manager appointed and awaiting start date but leads for each stakeholder area agreed.	We will develop and approve an approach to actively targeting more front-line professionals	0	Plan in place	**Partial delivery**	**Delayed** **Carried over to 2020/21**
Intel We will develop methodology to track the use of Healthwatch findings	We will know where we have been successful in influencing national and regional policy	Learning and impact which includes how our evidence has been used has been incorporated into the organisational planning and prioritisation process and the programme management framework to enable us to better track impact. The Making a Difference Toolkit has been rolled out which will enable the network to track their findings and share impact with us. The Research Governance Framework has been rolled out to a number of Healthwatch which has encouraged Healthwatch to evaluate the impact of their research and record good practice.	We have a number of ways to track and collect data on the use of our findings and help us gauge our impact.	A paper is currently being prepared which brings together the different approaches to tracking the use of our findings some of which are currently in place. We will be exploring how we can make slight amendments to the CRM to prompt users to record appropriate intelligence to identify the difference we have made.	We will develop methodology to track the use of Healthwatch findings	0	Track in place	**Partial Delivery**	**Delayed** **Carried over to 2020/21**

Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Intel Put a plan in place to secure safe access to the data held by partner organisations relevant to the work of Healthwatch	Access to more data will make our insight more useful and we will have greater impact	A plan has been developed to trial and test information sharing with key stakeholders – NHSE, NHSX and CQC in 20/21. The plan also includes developing a tactical process to engage stakeholders in information sharing to inform our campaign activity and planning/prioritisation processes.	Provides a clear commitment to engaging stakeholders in a consistent way to share data systematically and securely as well as according to need.	The plan has been developed and is ready to be delivered as part of the 20/21 workplan.	Put a plan in place to secure safe access to the data held by partner organisations relevant to the work of Healthwatch	0	Plan in place	**Plan in place**	**Completed**
Intel The Reports Library will contain all historical reports and new reports will be uploaded within 7 days of publication	The public, professionals, academics and Healthwatch network will be able to access the findings of the network's reports to use in their own work	The Reports Library contains all the archived reports we knew about at the beginning of FY 19/20. It also contains all the new reports we have received since over the year. All new reports will be uploaded within 2 weeks of receipt by Healthwatch England. We now have 4212 reports available on the library.	The public, professionals, academics and the Healthwatch network will be able to access the findings of the network's reports to use in their own work.		**No KPI Assigned**				**Completed**
Policy Ensuring that our insight is relevant to a wide range of policy debates through regular engagement, briefings and meetings.	A broader range of organisational, policy and elected stakeholders will use, value and refer to our evidence	We have broadened the use of our evidence (and the value of our role) across core stakeholders. E.g. DHSC now much broader than just sponsor team – with working with comms intel team, various policy teams, and strategy unit. NHSE much broader engagement than just PPI team.	**Politically** We have seen Parliamentary mentions quadruple in the last year and Healthwatch England invited more regularly into early stages of select committee inquiries – most recently on dentistry, system change, social care and the handling around covid-19. **System priorities:**		**No KPI Assigned**				**Completed** **(ongoing through to 2020/21)**

		We have had significantly more engagement with system partners including think tanks and charities. Politically we have seen more regular engagement with Ministers through both ND and Chair, as well as broader use of evidence across parliament.	Our work on the LTP and the Clinical Review of Standards has positioned us at the heart of two of the biggest policy debates over the last 12 months with Healthwatch evidence significantly shaping the debate and securing a number of key policy wins. **Healthwatch priorities:** Our work on maternity and mental health, on transport, and on complaints are three key issues we have put on the agenda this year and started to secure some key policy wins. **Legacy issues:** Our work on dentistry in October has finally secured DHSC agreement, and a statutory instrument, to make it mandatory for dentists to update their information on NHS.UK solving a common problem for users.						
Policy Reviewing (Q1) the potential contribution Healthwatch could make in relation to public health	We will integrate conclusions into our policy, communications and campaigns work	Discussion held with committee in Q1. Agreed to apply a health in all policies approach and help local Healthwatch understand how to get involved in public health. Guidance on public health shared with network in Q2 to help them understand how they can get involved in public health issues. Guidance on legal role of Healthwatch shared in Q3 clarifying where public health sits in our remit.	Our Health in all policies approach has been used to help set policy priorities for 2020/21 and will continue to frame lines of enquiry. Our role in responding to Covid-19 is key example of how we can play a significant role in a major public health campaign. Promoting how we have supported this will be a key activity in early 2020.		**No KPI Assigned**				**Completed**
Deliverables	**Predicted outcome(s)/benefit(s) at start of year**	**Outcome Achieved at End of Year (March 2020)**	**Benefits or impact from achieving this outcome**	**Update Notes**	**KPI**	**Baseline 2018-10**	**Target 2019/20**	**Result Q4 2020**	**RAG Status**

	(April 2019)								
Policy We will further develop our approach to partnership work by building on the partnerships we developed in year 1 and producing a plan and delivering on a plan for year 2	With strong partners our reach and knowledge will increase, and we will become relevant to more people	Revised approach to partnership developed with Director of Communications, Insight and Campaigns as part of business planning for 2020/21. We are seeing an increase in number and type of organisations approaching us to carry out joint working. Audit across the organisation identified list of joint working with 36 organisations. (This does not count the number of originations increasingly sharing our material via their channels)	Key partnerships in the year: • Extended our reach – 100 plus partners on maternity and mental health. Our partnership with CSP provided joint working for LHW. • Extended our influence – Kidney Care UK and Age UK on patient transport. Alzheimer's Soc on Dementia Care Assessments Report. Joint work with National Voices, Neuro Alliance, MSK Alliance, Versus Arthritis on elective care. • Increase our credibility – working with the KF and National Voices on the NHS Admin project. • Increasing our evidence – our work with NHSD and CQC. • Our partnership with NHSE on the development of the engagement practitioners network positioned LHW at heart of broader community.	Early partnership discussions with NHSE on development of integration index are positive but on hold due to Covid. Still remains 70k on the table for this work.	**No KPI Assigned**				**Completed** **(On going carried over to 2020/21)**
National Director We will develop our programme on engagement by: • Capturing and using learning from Healthwatch activity • Building a consistently growing profile for our work on engagement amongst key audiences • Build on the significant engagement work we have carried out with the public on	More organisations, policymakers and professionals, including those who affect the resources available for engagement and for Healthwatch locally, will understand and value: • What Healthwatch does • How and why we do it • Effective public engagement in health and care This will lead to the development of services	We are systematically capturing and publishing evidence from local Healthwatch every quarter. We also are capturing the learning from network through the quality framework interviews to help us systematically understand what challenges the network are facing, where and how we might be able to help further. We have built a significant profile for the organisation among key stakeholder audiences meaning we have been brought in at the beginning	Our overall position within the sector and standing among partners is significantly higher. We know this through the type and level of meetings that we are being asked to attend, and the stage at which we are brought in to projects. It is also clear from the breadth of partners who want to work with us, both more teams within DHSC and NHSE and a wider range of partners.		**No KPI Assigned**				**Completed** **(On going carried over to 2020/21)**

the NHS long term plan • We will seek other opportunities for the network to carry out significant engagement activities before new plans are introduced	that better reflect the needs of the public Healthwatch will have authority and growing expertise in engaging with the public simultaneously across the country or region	of major projects like - the Clinical Review of Standards and the Access to Primary Care Programme. The extent to which our insight is being listened to and valued by our stakeholders is clear through the response and value others have placed on our insight in the management of COVID. We have also secured 40k of funding for the network and have 150k of funding on the table for next year. The LTP work has been vital in creating the model for this and ensuring partners understand the investment needed to return valuable insight from people.							

Aim 4: Organisational Management

We will be a well-run high-performing organisation

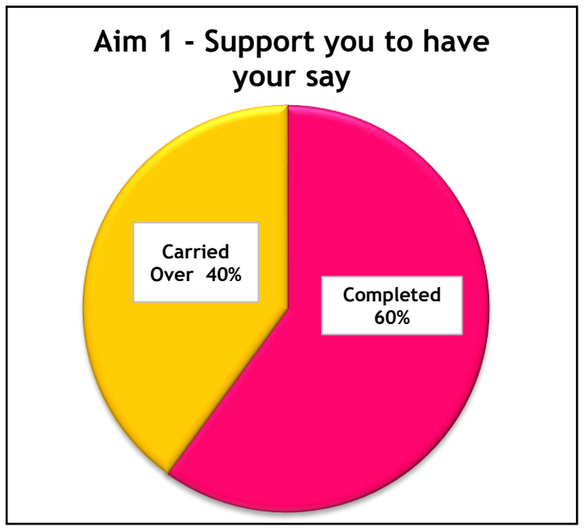
We will be a well-run high performing organisation.

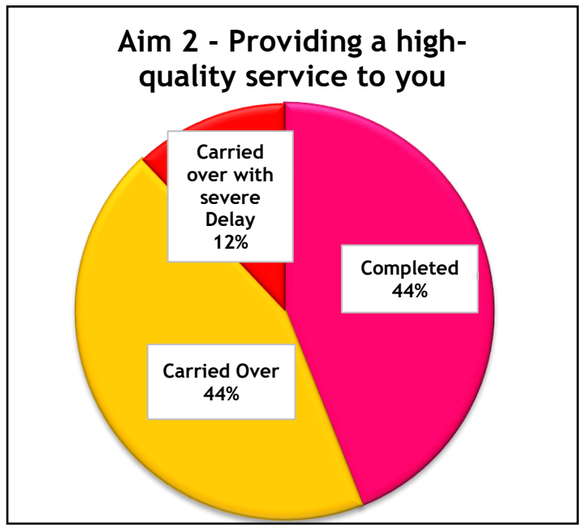
Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Operations 100% of staff will complete the staff survey	This will improve staff morale, open lines of communications and make managers aware of any problems	Areas of concerns have been identified following the recent staff survey and action plans have been put in place to address all areas of concern		Staff survey completed in March. Results shared with Committee.	100% of staff will complete the staff survey	97%	100%	**85%**	**Completed** **Below target**
Operations 100% of staff will have regular 1:1's and staff development plans in place	Staff will be able to share insights and concerns, improve productivity, keep track of objectives and discuss any personal developments or training needs	Results of the survey will provide an outcome to this deliverable		Staff 1-2-1s are now recorded on ED portal. This portal shows 100% of staff had their performance reviewed in Q4.	100% of staff will have regular 1:1's	0	100%	**100%**	**Completed**
Deliverables	**Predicted outcome(s)/benefit(s)**	**Outcome Achieved at End of Year (March 2020)**	**Benefits or impact from achieving this outcome**	**Update Notes**	**KPI**	**Baseline 2018-10**	**Target 2019/20**	**Result Q4 2020**	**RAG Status**

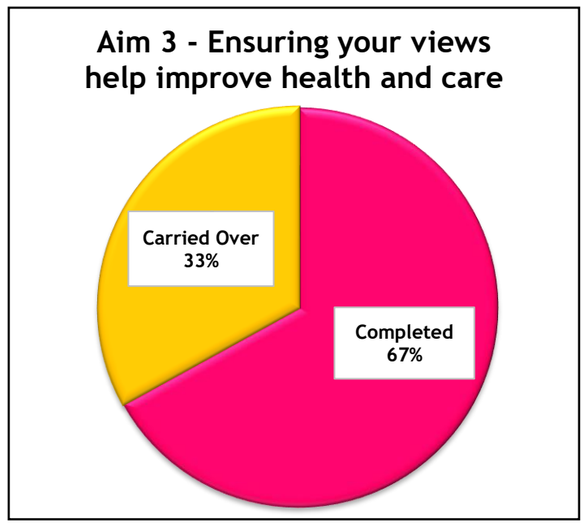
	at start of year (April 2019)								
Operations 100% of the approved budget will be spent	This will show we have effectively utilised the available resources to achieve the objectives of the organisation and made the case for an increased budget in the following year.			Total budget allocation spent	100% of the approved budget will be spent	100%	100%	**100%**	**Completed**
Operations 90% of programmes will be on track	We are achieving the overall strategic goals of our organisation			At EOY 50% (23) projects were completed within year. 17 projects had minor setbacks largely due to Covid-19 and 3 projects had severe delays all of which has been carried over to 2020/21.	90% of programmes will be on track	41%	90%	50% of projects delivered in year	**Completed** **Below target, but 9% up on last year**
Operations Ensure that Committee have reviewed and completed all relevant governance procedures: • Committee Appraisals (May 2019) • Review Standing Order (Mar 2020)	Committee members are compliant and operating within governance rules and guidelines	Committee has completed all relevance governance procedures and are compliant and operating within governance rules and guidelines		Committee appraisals took place in May 2019 The standing order was approved in March 2020.	**No KPI Assigned**				**Completed**

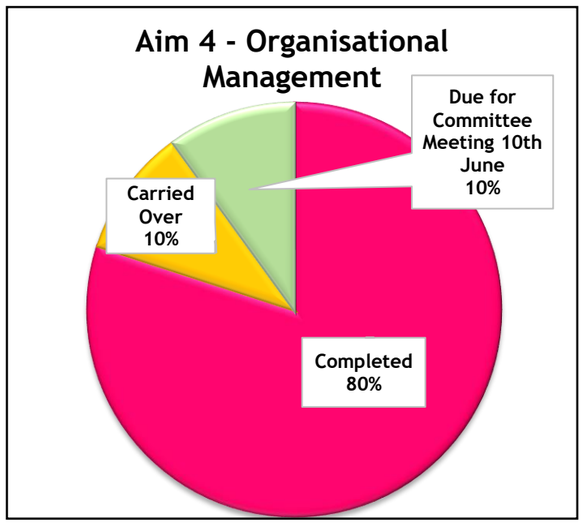
Deliverables	Predicted outcome(s)/benefit(s) at start of year (April 2019)	Outcome Achieved at End of Year (March 2020)	Benefits or impact from achieving this outcome	Update Notes	KPI	Baseline 2018-10	Target 2019/20	Result Q4 2020	RAG Status
Operations We will report to the Committee on the diversity of our staff team and Committee and will make plans to improve any under representation	A diverse and highly skilled team will deliver diverse thinking and perspectives across all levels leads to increased relevance to public and LHW network			Reporting on diversity of our staff will be presented to committee at the next committee meeting in June 2020.	**No KPI Assigned**				**Due at next committee meeting (10th June)**
Operations Secondment opportunities for local Healthwatch to carry out work for Healthwatch England (One Healthwatch).	We benefit from the broad range of skills and expertise within our network to deliver projects on our behalf where necessary	We have offered secondment opportunities to the LHW network to support engagement with the Long-Term Plan, mental health, communications and research			**No KPI Assigned**				**Completed**
Operations Staff training and development needs identified and a plan for development will be put in place.	We benefit from an accomplished and skilled organisation which will enable us to deliver our business plan and strategic aims			Courses for learning and development has been taken up by individuals and teams and we continue to support staff who need training to increase their skillset	**No KPI Assigned**				**Completed**
Operations Develop group training for Leadership Team and Managers.	We benefit from an accomplished and skilled organisation which will enable us to deliver our business plan and strategic aims	Other group training courses have been identified but paused pending completion of the Network Development team restructure and review of training requirements		Theory of Change group for leadership and managers took place in February.	**No KPI Assigned**				**Delayed** **Carried over to 2020/21**
Deliverables	**Predicted outcome(s)/benefit(s)**	**Outcome Achieved at End of Year (March 2020)**	**Benefits or impact from achieving this outcome**	**Update Notes**	**KPI**	**Baseline 2018-10**	**Target 2019/20**	**Result Q4 2020**	**RAG Status**

	at start of year (April 2019)								
Operations Continued collaboration with CQC to achieve efficient business processes including: • Finance • Procurement • HR Services • Governance • Business Support • EDHR Network	We have good working relationships and infrastructure within CQC which helps to support our organisation and provides cost savings via joint procurements.	We continue to have a good working relationship and infrastructure within the CQC and have benefitted from the savings via joint procurements.		Service Level Agreement (SLA) has been updated and signed off.	**No KPI Assigned**				**Completed**









Healthwatch England - Year 3, 2020-21 - Work we delivered in Q1

2020-21 Q1 AIM 1 - Support you to have your say

- We have collected and analysed data from new and existing sources to produce timely Covid 19 intelligence updates as part of our overarching response to the pandemic. In addition, the research team have developed necessary guidance to support the network to carry out remote engagement and gather views on people's experiences during the pandemic.

Digital:

- We have developed and launched 47 new local Healthwatch websites with 4 sites pending.
- We have established a new group of 7 local Healthwatch to adopt the website, which will be split into two smaller groups
- We have begun a review of our channels, starting with improvements to our email marketing and a focus on our network communications.

Brand awareness and support:

- We have trained 51 Healthwatch on how to use our annual report template
- We have developed and shared COVID-19 specific communications guidance, graphics, pictures, templates and messages
- We have supported Healthwatch to celebrate our volunteers as part of volunteer's week.
- We have developed articles on our website to showcase the work that local Healthwatch have been doing throughout the pandemic, as well as showcasing people's experiences to encourage others to do the same.

Patient feedback programme

- We have developed a new campaign with CQC to encourage public feedback as we exit COVID-19
- We have made improvements to the public feedback form and begun collecting views directly about COVID-19

Internal communications programme

- We have developed a new monthly email for Healthwatch Chairs
- We have developed a twice weekly COVID-19 email for staff
- We have developed and rolled out a host of COVID-19 specific guidance
- We have set up and support a COVID-19 workplace chat group
- We have developed a stakeholder update to keep people informed about what we are hearing from the network.

Public advice and information

- We have developed a host of COVID-19 specific advice articles covering planning for end of life, shielding, coping with bereavement, mental health, as well as accessing care for specific conditions like cancer

Impact

- As of the end of April
  - Engagement with our social media and email marketing has increased year on year
  - Traffic to both our public and network site where 40% higher than the previous year,
  - Views of both our public and network advice were up by a similar proportion.

2020-21 Q1 AIM 2 - Provide a high-quality service to you

- Published a Guide to Commissioning Effective Healthwatch, which was distributed to all Local Authority Commissioners – to support our Engagement Programme with local authorities as part of our approach to protect Healthwatch income.
- Published our first Models of Engagement with three Healthwatch providing a toolkit so other Healthwatch can use the models in their area.
- Developed and delivered online Learning and Development Programme with Covid in mind comprising
    - Remote Volunteer Management
    - Call Handling
- Produced good practice briefing on remote management of volunteering. Held a briefing with NHSE on NHS Responders for Healthwatch and follow up conversation to discuss NHS Responders becoming Healthwatch volunteers.
- Delivered sessions on Governance and Decision-Making for Healthwatch Boards and Advisory Groups.
- Produced guidance for Boards, Chief Officers and Local Authority Commissioners on Covid, statutory activities and Running a Healthwatch. Rang round all Healthwatch to understand impact of Covid and their support needs. Identified examples of good practice and case studies.
- Completed the Early Adopter phase of the Quality Framework, fed back learning to the Network and booked in Healthwatch for the next phase.
- Collected contract information for all Healthwatch to inform engagement programme for 20/21 with Healthwatch and Local Authorities to protect Healthwatch income and support effective commissioning.
- Carried out a review of funding position of Healthwatch, key drivers and trends.
- Reimagined Conference for a Covid world.
- We will have begun work on our business systems to improve our efficiency and effectiveness. Management of our Events Programme will be integrated into our database, allowing us to understand how Healthwatch engage; our database will capture improved impact of our training sessions; we will have gathered core information from the Network which is used to compile HWE's Annual Report.
- Provided ongoing support to Healthwatch staff in planning and delivering their renewed work plans/programmes in pandemic period.

2020-21 Q1 AIM 2 - Provide a high-quality service to you

- Commissioned/facilitated the sharing of Healthwatch network local and regional insight for The King's Fund (pre-Covid collaborative project looking at NHS administrative processes), CQC (for publication in 2020 State of Care Report and prepared the groundwork for pilot of NHSE/Healthwatch Bladder and Bowel Health project in Bristol.

- We have held feedback sessions with the early adopters of the Research Governance Framework, learned from the pilot and we are now working in response to produce complimentary guidance and further develop the framework.

- In response to Covid 19 we created a CiviCRM solution to make it easier to capture and report on data relating to the pandemic, this included the provision of webinars and guidance for the network.

- We have created adaptable CiviCRM solutions to help support new Healthwatch operating models, such as where Healthwatch are being jointly commissioned, showing that we can provide flexible digital products and support services.

- We have simplified the Healthwatch import function in response to user research to make it easier to use for all Healthwatch to encourage wider take up and information sharing. The improvements have also led to greater accessibility to the data held in the CiviCRM by the intelligence team which has enhanced our intelligence process.

- We have developed 2 webinar training sessions to help the network with their research planning and survey design. Take up of these webinars has been excellent and more will be forthcoming this year and next.

- We have completed guidance on how to obtain consent for the network.

2020-21 Q1 AIM 3 - Ensure your views help improve help and care

- We have undertaken a literature review on how digitalisation of health and care services affects people from different communities to inform our policy priority planning process and campaign activity.

- Published advice and guidance for the network on a variety of topics including:
  - Guidance on which of their statutory functions to focus on during the COVID response (this was also shared with local authority commissioners and leaders).
  - Changes to hospital discharge process
  - Clarifying the use of DNARs
  - The introduction of the Care Act Easements
  - Changes to NHS dentistry provision during the pandemic
  - The development of the contact tracing app
  - Changes to CQC approach to inspection

2020-21 Q1 AIM 3 - Ensure your views help improve health and care

- We developed and agreed a project plan for a new piece of work responding to COVID. This will explore people's experiences of hospital discharge and assess the impact of the new rapid discharge guidance introduced by the Government to help the system cope with the pressures of COVID. This will involve partnership working with the Healthwatch network and key stakeholders including the Nuffield Trust, the British Red Cross and the Equalities and Human Rights Commission. Conversations with these groups have already started. The project aims to publish by the end of Q2.

- We share insight with NAO for their investigation into 'Readying the NHS and social care for the COVID-19 peak'.

Political engagement

- We have provided evidence for the Health and Social Care Select Committee on the impact of covid-19 on patients receiving treatment and support for non-COVID conditions. This inquiry focused specifically on cancer, maternity services and mental health.

- We have engaged with the Women and Equalities Committee on their inquiry into 'Coronavirus and the impact on people with protected characteristics'. We fed in our early findings, particularly around the lack of accessible information provided for people with sensory impairment, learning disabilities or English as an additional language. We have agreed to fed in more intel in six months' time when the committee revisits.

- We will continue to produce this guidance as the NHS moves in to phase 2 and support the comms team to develop relevant materials for the network to understand changes in guidance and practice.

- We have also hosted webinar with partners including CQC, NHSE and Groundswell to keep the network briefed on key emerging issues.

- We have also started development of, and will begin to roll out, our new stakeholder engagement and influencing training for the network. This will now be developed through a series of target webinars.

Stakeholder engagement / Partnership working

- We have been sharing regular stakeholder briefings with key partners using the data analysed by the intel team. This has been regularly shared with DHSC, NHSE, NHSX, PHE, CQC, ADASS and LGA colleagues. We are now expanding this by creating a version for a broader range of system stakeholders.

- This engagement has seen us achieve a number of important changes – including the revised messaging from NHSE on DNARs and fixing a number of teething issues with the NHS volunteer responder programme.

2020-21 Q1 AIM 3 - Ensure your views help improve health and care

- We have also been asked by NHSE to advise on a number of pieces of public communication. Over the coming weeks we will be looking to provide particular support in relation to comms to those who are shielding.
- We are part of joint piece of work with CQC and Think Local Act Personal to track the impact of the Care Act Easements on local residents. This has involved engaging with the 7 local Healthwatch in the areas affected and we will be looking to expand this work through a joint survey later in Q1.
- We have agreed a way forward for the Digital Health and Equalities Programme. This will now start properly from September and will focus on working with primary care providers to ensure that new digital services are meeting the needs of all patients. As part of the scoping of this we have agreed to undertake some partnership working with Traverse, a social research agency, to explore the experiences of people using non-face-to-face appointments. This will take place over the rest of Q1 and in to the first part of Q2, with local Healthwatch helping to recruit participants.
- We are currently scoping and will finish in Q1 engagement with all relevant Select Committees and APPGs to map out where we need to be feeding in our insights over the coming year. Covid has changed the landscape considerably here so we are having to keep under constant review.
- We have been working to encourage the network to engage their MPs and tell them what they have been doing to support the local COVID response effort. This has seen some positive messages on social media from MPs and their constituency offices.
- Following the General Election, we have engaged with the new shadow ministerial team and will be looking to secure meetings with relevant Shadow Ministers in Q1.

2020-21 Q1 AIM 4 - Organisational Development

- Completion of the updated version of the EDHR Impact Assessment for the sub-strategies/programmes of work.
- Review of Induction pack/update for Committee by end June and end July for staff.
- All staff objectives set for 2020/21

AGENDA ITEM No: 2.0

AGENDA ITEM: Local Healthwatch Funding

PRESENTING: Gavin Macgregor (Head of Network Development) and Julie Turner (Deputy Head of Network Development)

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This paper sets out:

- Funding trends for Healthwatch
- What's on the horizon: emerging trends, future issues and potential responses
- Factors which are more likely to protect Healthwatch funding
- Current and planned action by Healthwatch England

RECOMMENDATIONS: Committee Members are asked to **REVIEW** and **COMMENT** on this report.

Introduction

Healthwatch England collect and analyse funding and contract information for all 151 Healthwatch on an ongoing basis. We operate a Network risk register that is continuously updated with mitigation and scrutinised by Healthwatch England's Leadership Team.

Funding challenges faced by the Network partly informed the restructure of the Network Development Team to ensure we have sufficient capacity and capability to deal with key risk to the network. This is reflected in establishing a Sustainability Programme as part of the Network Transformation Strategy, designed to meet our strategic aim of supporting Healthwatch to provide a high-quality service.

1. Local Healthwatch Funding

The 151 Healthwatch in England are expected to collectively receive £25,536,039 from local authorities to carry out their statutory activities in 2019/20.

The funding for local Healthwatch comes from the Department of Health and Social Care (DHSC) but is provided through two separate funding channels.

The larger part of the funding comes through the central government grant to local government. The DHSC therefore delegates the distribution of this to the Ministry of Housing, Communities and Local Government (MHCLG).

The smaller part of the Healthwatch funding is provided direct to councils by the DHSC via the annual Local Reform Community Voices grant (LRCV).

2. Funding and Commissioning Trends

a) Healthwatch funding has been reducing but the rate of reduction is decreasing

Core Healthwatch funding from councils has fallen by 36.6% per cent compared with the original allocation of £40.3 million set out by the DHSC.

The percentage of budget cuts for the last three financial years has fallen
2017/18 – 7.5 per cent (actual)
2018/19 – 4.3 per cent (actual)
2019/20 – 2.0 per cent (projected)

b) Budget reductions are not evenly spread across the network – they are concentrated across 33 local Healthwatch in 2019/20

18 of these budget cuts were brought in through a formal retendering or contract extension exercise. The other 15 were 'in contract' reductions.
The average (mean) reduction was 9% (£17,800) but this ranged from 1% to 46% with the most commonly occurring (mode) reduction being 5%.

In total, the 33 Healthwatch affected in 2019/20 are receiving £3,162,432 under the amount DHSC initially earmarked for the service in their area. This represents a 41.8 per cent reduction in core statutory funding.

Funding cuts result in:

- staffing reductions and in turn capacity
- reduction in advice and information provision to under five days a week
- reduction in leadership capacity e.g. part time Chief Officers, or local Healthwatch sharing a Chief Officer reducing their capacity to influence.

c) LRCV Only

71 local Healthwatch, almost half the network, now get most of their funding via the LRCV Grant, including six who only receive LRCV, despite the Local Authority Social Services Letter (LASSL) clearly stating that the LRCV is the smaller proportion of the two funding sources provided to local authorities (LRCV and central government grant to local authorities).

84 local Healthwatch now receive less funding than that provided for the Local Involvement Networks (LINks).

d) Lack of transparency

It is not possible to say for certain how much of Councils' money provided by the DHSC for Healthwatch is being diverted elsewhere as the DHSC has not published a total spending figure since 2013/14. (Note the figure at this time was £40.3 million).

However, if councils were following the LASSL letter then we would expect as a bare minimum for the Healthwatch network to be receiving an extra £2.8 million.

Local authorities are not required to report to DHSC on Healthwatch spending – other government grant schemes make such requirements which may improve transparency. Lack of ring fencing means Commissioners have a harder job making the case for investment in Healthwatch. There is no likelihood of ring fencing being introduced.

Healthwatch England could advocate for all Healthwatch funding to be directed through LRCV with the added requirement for local authorities to report to DHSC on funding to improve transparency. However, DHSC has previously indicated that the future of direct grants as a funding mechanism may be uncertain.
Without changes to the funding model we cannot fully mitigate SR24 (which refers to Local authorities reducing funding for Healthwatch).

e) Late payment

In recent years the DHSC has been late in allocating the LRCV (December, rather than April in 2019 – the latest ever), despite continued pressure from Healthwatch England, resulting in some local authorities delaying allocation of funding, including into the financial year, requiring providers to draw on reserves.

Healthwatch England will continue to request earlier notification of the LRCV grant.

f) Contracts are increasing in length

Circa 10 Healthwatch are on an annual grant or contract, making it difficult to plan and which acts against the impact cycle - typically taking a Healthwatch two years to complete. A minimum of a three-year contract is needed by all Healthwatch.

We are seeing a positive trend toward local authorities issuing longer contract terms. Out of 25 tendered contracts in 19/20, 20 of them had better terms; two have five-year minimum contracts and the vast majority of the rest have core contracts of three years and with extensions the overall contract terms is five, six or seven years. Two have the same terms. Three are yet to be awarded/confirmed.

Healthwatch England could advocate for a minimum of three-year contracts being stipulated in regulations.

g) Commissioning a legally compliant and effective Healthwatch

The high churn in commissioners and often large portfolio of commissioned services can result in commissioners with poor understanding of Healthwatch. In turn this can result in contracts and tenders not meeting legal requirements and/or including terms which can affect Healthwatch effectiveness and independence.

h) Healthwatch England Intervention

The Network Development Team believe our extensive engagement programme with both Healthwatch providers and Commissioners, including our work on the Quality Framework and supporting Healthwatch articulate their impact, have made a considerable contribution to

- reducing the rate of reduction in contract budgets
- increasing contract length
- supporting commissioning of legally compliant and effective Healthwatch through for example, contract terms and outcomes focus.

Sometimes we see procurement teams overriding the recommendations of Commissioners and imposing rules which cut budgets and impact on effectiveness, often without any understanding of the specific statutory functions of Healthwatch. We will be introducing a communication programme with procurement teams in 2020/21.

3. What's on the horizon: emerging trends, future issues and potential responses?

a) **Funding picture for 2020/21**

Circa 46 Healthwatch contracts will be coming to an end by March 2021 of which

- 22 are likely to have a contract extension discussion
- 24 will face a tendering process

Based on what we have seen up to March 2020, we expect to see more Councils opting to extend rather than retender, particularly as Covid may mean having to focus on other areas rather than run a tender exercise for a relatively low value contract. However, we cannot rule out radical budget cuts due to the severe financial pressures facing local authorities.

b) **Budget Size, Impact and Effectiveness**

Healthwatch England currently does not have a consistent approach to understanding impact across the network – something that we are seeking to rectify through our Impact Programme and Quality Framework.

As part of this work, Healthwatch England will seek to undertake focused work with some of Healthwatch who will be undergoing a tender process in 20/21 and 21/22

a) a deep dive to understand evidence of impact
b) identify any performance issues through the Quality Framework which might be a factor in budget decisions by the local authority
c) Understanding the full impact of selected Healthwatch should help to underpin our case for investment at national level.

c) Joint commissioning

We have seen a trend with several local authorities coming together to jointly commission Healthwatch:

- Three councils in Bristol, South Gloucestershire and North Somerset.
- Three councils in Plymouth, Devon, Torbay.
- Three councils in WAM, Slough and Bracknell Forest
- Two councils in Middlesbrough, Redcar and Cleveland.

This often reflects wider structural reconfigurations and commissioning arrangements. However, local authorities can use such arrangements to drive down overall funding through budget setting and the competitive process. It has the potential for loss of local identity and presence and potentially impact.

Healthwatch England has worked with local authorities who have opted to jointly commission a Healthwatch. For example, we are working with Councils in Bristol, South Gloucestershire and North Somerset which saw funding reduce from £379,000 to £300,000 to understand the impact of the new model. This includes the new provider undertaking the Quality Framework which has been incorporated into the contract and monitoring arrangements. We have yet to see how the provider will be effective with a diverse geographical area with both urban and rural populations and one part-time Chief Officer rather than the previous three.

Planned work for 2020/21 includes identifying where tenders are coming up in neighbouring authorities, so we are ready to support potential joint commissioning arrangements and mitigate any potential reductions in budgets, but our ability to influence the latter is limited due to our powers.

d) Multiple providers

Over recent years we have seen relatively few new providers enter the market. We have seen five-six providers increase their number of Healthwatch contracts, with one provider with eight contracts. Generally, they have good bid writing skills and, in some instances, submitted a budget significantly below that of the incumbent by reducing leadership and staff capacity.

Multiple providers present additional risk to Healthwatch England. Due to our limited advisory role and their reporting requirements, Healthwatch England has little oversight of their financial and legal health. If they suddenly went into administration, this would seriously impact on Healthwatch capacity to mitigate risk across several, dispersed local authority areas and prevent breaks in service.

We are looking at how we might use the Quality Framework to better understand the parent and Healthwatch relationship, including strengthening transparency on the legal requirement around decision-making.

e) **Powers to provide general advice and raise concerns**

Healthwatch England has powers to provide general advice and raise concerns with local authorities. We discharge these duties mainly through the work of the Network Development Team engaging with local authorities.

The National Director has formally raised concerns by writing to the local authority Chief Executive where proposed budget reductions are significant (under £100k). In addition, Healthwatch England Committee, through the Chair, have legal powers to formally raise concerns with the leader of the Council and consider putting such concerns in public. We have only employed this power once with Staffordshire.

While Healthwatch England can raise concerns, we cannot insist on them being addressed – something reinforced by the Care Quality Commission team from whom we have sought advice. Despite, considerable staff resource, we have been unable to reverse disinvestment, except in one instance.

Healthwatch's interventions may be seen as ineffective by local authorities, presenting a risk to our reputation in carrying out our power.

f) **Reporting on effectiveness and Value for Money**

The legislation states that local authorities should report on a Healthwatch's effectiveness and value for money, yet the law does not stipulate to whom they should report. Local authorities do not carry out this function as far as we are aware (they may argue they do through Council reporting).

This is perhaps an opportunity to strengthen transparency and could be remedied, for instance, by the Secretary of State issuing directions, as they did regarding annual report content.

g) **Impact of Covid**

The impact of Covid19 is likely to put significant pressures on local authority funding and the need to focus on essential services which is already being discussed with Healthwatch England by commissioners. We expect Councils to be reviewing all budgets to identify savings. This has substantial risk even for high budget Healthwatch.

In recent years, many Healthwatch generate income over and above their core funding – mainly through picking up commissioned work from health bodies or local authorities. These funding sources are likely to be affected by Covid-19, which may result in a shrinkage of Healthwatch staff and resources and accompanying activity.

h) **Changing structures**

Recent structural changes to the health system include the introduction of Integrated Care Systems/Sustainable Transformation Partnerships, the merger of 72 CCGs to 17 and devolution.
Yet these new structures do not necessarily reserve a place for Healthwatch on these new decision-making bodies as the Health and Care Act 2012 does regarding Health and Well Being Boards, thereby potentially reducing Healthwatch's influence.

Healthwatch England has set out proposals on how this could be remedied in proposed legislation. It remains to be seen what the draft legislation will set out - with Covid we now expect this to be the autumn at the very earliest.

Conclusion

A considerable amount of staff time is dedicated to managing risk within the network. The Network Development Strategy has seen some success in protecting Healthwatch and contract terms. Early results from the work on impact and the Quality Framework are promising to strengthen the Healthwatch case for investment. The funding from NHSE for the work on the Long-Term Plan also shows promise in opening other revenue streams.

We have yet to understand the financial impact of Covid, but local authority budgets were already facing considerable challenge for 2020/21 and beyond. Lack of a ring-fenced budget and Healthwatch England's limited powers to influence budgets mean Healthwatch core funding remains a considerable risk individually and collectively.

Without either a significant injection of money to local government or a radical legal review of the structure and the flow of funds to Healthwatch, we as Healthwatch England can only continue to do our best to mitigate risks, particularly true for SR24 which refers specifically to the risk that local authorities reduce the funding they provide for Healthwatch.

AGENDA ITEM 2.1

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting
Minutes of meeting No. 10
Meeting Reference: AFRSC200514

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 14 May 2020
10am-12pm
Teams Meeting

Attendees:
Danielle Oum (DO) – Chair
Andrew McCulloch (AM) – Sub-Committee Member
Helen Parker (HP) - Sub-Committee Member
Phil Huggon (PH) – Sub-Committee Member

In Attendances:
Imelda Redmond (IR) – National Director
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Felicia Hodge (FH) – Committee Administrator (minute taker)

Guests
Gavin Macgregor (GM) – Head of Network Development
Julie Turner (JT) – Deputy Head of Network Development
Amie McWilliam-Reynolds (AMcWR) – Head of Intelligence and Analytics

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:** Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC). No apologies received.	
1.2	**Draft Minutes of Meeting of February 2020:** Minutes of the last meeting were AGREED.	
1.3	**Action Log** Please see Appendix Action Log. All actions completed, in progress, or being presented under their own agenda item.	

2. 1	**<u>Finance and Procurement</u>** **Finance Year End 2019/20** Commenting on previously circulated papers JC reported that the budget of £3,444,233 allocated for 19/20 was fully spent. She reported that in year 2019/20 we had negotiated a reduction in management fees of £159,000. This rebate ensured that that we finished the year at a zero position. We were able to mitigate the overspend that we reported to Committee in November because of this rebate and some underspend in salaries. There were a few virements in the budget as follows: From Pay to Digital Research Project - £70,000 From Training to Conference Costs - £29,000 From General Supplies to Public Engagement Expenses - £6,000 JC had produced a table showing grant funding to the network for the sub-committee to note. PH asked if Healthwatch England had control to see if the conditions of the grants are fulfilled. JC confirmed that that we receive reports from local Healthwatch via the Development team before the funds are released. IR informed the committee that the £58k innovation grant given to Norfolk Healthwatch was on the condition that it is held as a restricted fund in their accounts. Healthwatch England will work in partnership with them and other Healthwatch to set up the innovation programme. Due to people's capacity and COVID, this programme has been delayed. Once there is more capacity both within the network and at HWE the programme will be progressed. The sub-committee asked for assurance that the money spent on grants including invoices raised and paid will be reflected in the correct financial year. JC replied that lessons had been learned from the Long-term plan project and that she can confirm that in this financial year there are mechanisms in place to record the process. JC confirmed that as of today's date, no new funding has been granted for this year. IR confirmed that we will report back to the sub-committee on how the Norfolk grant money is spent when the programme commences. The sub-committee asked for assurance and clarification of specifics on what they will see from Healthwatch England when grants are issued in relation to invoices, payments etc. JC confirmed that the table will show: • The request from the local Healthwatch to make the payment • Confirmation that request received • When Healthwatch England placed order for payment on the system • Purchase order generated	

	• Date Invoice received • Date finance liaison team issued the payment She stated that CQC has informed her that payment takes 5 days to be credited to the local Healthwatch account. The committee found this very helpful. **ACTION:** • **IR to report back to the sub-committee on how the Norfolk grant money is spent when the programme commences.**	**IR**
2.2	**<u>Quarterly Financial Position Q4</u>** Included in 2.1 above	
2.3	**<u>Quarterly Procurement Update</u>** JC reporting on procurement for 2019/20 explained that there had been very little procurement in the last financial year. Most of the procurement related to The Digital Transformation Project. Additional funds were transferred across to support user research. She summarised key procurements raised during the year: • Theory of change - £11k • Facebook Workplace (contract renewal)- £35k • Secondment projects supported by the network focusing on communications, mental health and research work. The Chair asked if there would be a review of the approved budget for 2020/21 and if so, could this include grants to LHW. JC responded that this would be dependent on the work plan for this year which the Leadership Team are currently reviewing. Considering the COVID-19 situation, there may be a need to stop some activities. Based on their findings, decisions will be made about grant funding. AM highlighted that there may be strategic issues arising from the COVID-19 crisis that will require Healthwatch England to change or accelerate part of our strategy i.e. digital transformation or innovation by local Healthwatch and that we should be flexible in allocating some of our underspend as there may be some strategic shift in the autumn. The Chair informed the committee that the ICSs and STPs are currently pulling together restoration recovery plans and there is going to be big resets in the NHS at the end of the year. This will also be a real opportunity for Healthwatch to have an impact and to be a voice of the public and patients regarding service changes. It may be that changes to the approved budget will be needed and a response will be required from Committee in a timely way. The sub-committee agreed that decisions may have to be made between meetings and that JC would keep them informed by email.	

	Committee noted that there are likely to be large underspends in both pay and non-pay and asked for early sight of proposed changes.
	
	IR informed the committee that Healthwatch England have two plans under development that might need a budget allocated to them
	
	1. The role Healthwatch will play in the reset of NHS and social care.
	2. The role Healthwatch will play in the changing environment i.e. allocating funds to local Healthwatch for work around rapid hospital discharges and care homes.
	
	IR reiterated that funds from our underspend will be used strategically and technically and welcomed an open discussion at the next private committee meeting in June,
	
	DO will meet with JC and IR in advance of the next Committee meeting to discuss the permissions and levels to move funds at a rapid pace to be presented to the full Committee.
	
	ACTION
	
	• **FH to add to the private committee agenda in June:**
	  ○ **Permissions and Levels for rapid payments to Healthwatch projects**
	  ○ **FH set up meeting with DO, JC, IR**
		FH

2.4	**<u>Budget for 2020/21</u>** JC gave the committee an overview of the budget for 2020/21. The budget allocation will be the same as last year (Pay and Non pay £2.9m) • Pay budget 2% increase. • Non pay budget same as last year (£675k) • Budget commitments will be reviewed on a month to month basis • Recharges are reduced to £451k In view of COVID-19, there will be changes. The conference and some face to face events have been cancelled, which will result in some underspend. Also, there is usually an underspend in the Pay budget. PH asked if there would be an opportunity to postpone the conference for this financial year. GM responded that we were planning an online version of the conference for this year and are looking at regional events depending on how COVID-19 impacts on that. GM explained that we have secured the conference venue for next year 2021, with an offer for this year as well. We are preparing our guest speaker line up, then will be going out to the network with details. We have dates in mind and a working group set-up ready to go.	

	With the prospect that we were going to be living with COVID-19 for a long time, DO questioned whether we should be looking at alternative ways of having conferences. GM confirmed that it is something currently being investigated. We need to consider any physical contact and social distancing and which regional ones we may be able to do due to smaller numbers. We have a good engagement online with webinars, and there is appetite for it, but these do not work as well as you can't get into the detail as much as you would do with a workshop.	
3.1	**Risk Review** **Strategic Risk Register** SA presented the new draft strategic risk register 2020/21 to the sub-committee. The register included 8 new risks and 9 risks carried over from 2019/20 strategic risk register. The following **3** risks, flagged red on the register were highlighted to the sub-committee: • **SR01 -** Failure to provide the Network with sufficient support and advice on funding and commissioning will affect our reputation with Healthwatch and stakeholders and may result in gaps in England coverage by Healthwatch affecting our USP and impact. **Post Mitigation Rating = 20** • **SR20 (New Risk)** - Failure to demonstrate the difference we make and to show the broader value of our work and impact, both locally and nationally, risks cuts to the network funding, reputational damage and people having less trust in the brand. **Post Mitigation Rating = 15** • **SR24 (New Risk)** - Due to reduction in funds from local authorities, local Healthwatch are unable to delivery some or all of their statutory activities, affecting their viability, impact and the wider reputation of the Network **Post Mitigation Rating = 15** The sub-committee provided the following comments on the draft strategic register: • Risk **SR01** & **SR24** (please see descriptions above) needs to be separated out to show the network funding of commissioners' decisions from the broader risk of Healthwatch England providing the network with insufficient support; by contrast we can only influence commissioners' decisions and so have less control here.	

	• Risk SR24 should have a higher post mitigation rating than SR01 as its more out of our control. Some of the mitigation actions for SR01 and SR24 seem to be the wrong way around. Commissioner funding would be expected to address risk SR24 and mitigation around supporting the network and demonstrating impact to address risk SR01 where we are doing much of our work. The sub committee recommended: o Re-scoring both risks. o Match mitigations with the correct risks as suggested above. o Review the wording of both risks again to ensure they are sufficiently differentiated. o Include in the planned mitigations of SR01 the evidence that the Healthwatch network are articulating their effectiveness and impact. • **Risk SR23** – *Due to a shift toward more integrated and regional decision-making models in health and social care, there is a risk that the Healthwatch network cease to have viable routes for influence over local decision making.* It was agreed that the following planned mitigation should be added to strengthen the risk: – *Healthwatch England to work with NHSI and DHSC to embed patient participation and mandatory if all service change* **ACTION:** • **SA to re-score the post mitigation rating for SR01 & SR24 and place the mitigations with the correct risks as recommended by the sub committee** • **SA to add – *To work with NHSI and DHSC to embed patient participation and to make patient participation mandatory if all services change* to the planned mitigations for risk SR23**	**SA** **SA**
3.2	**<u>COVID-19 Risk Register</u>** SA reported that the Covid-19 risk register was produced in March as Healthwatch England considered and planned for the potential issues and threats posed by Covid-19 to staff, our business plan and the network. The risk register is regularly updated in line with the fast-moving pace of the pandemic. There is currently no risk flagged at red and the following 3 new risks have been added: • **COR09** - *Due to local Healthwatch not supporting the local Covid response effort the network finds its our resources (either in the short term or the long term) rediverted to other priorities.*	

	• **COR10** - *Due to the cancellation / suspension of key local meetings and forums - HWBB, HOSC, CCG meetings - a democratic deficit opens up leaving local Healthwatch without an effective route to influence local decision making.* • **COR11** - *Due to Healthwatch England issuing incorrect or out of data information to the public, there is a risk of reputational damage.* Sub-committee noted the decrease from amber to green in the post mitigation ratings for the following risks (COR01, COR02 & COR03). This was due to the lock down being imposed by the government. It was also recommended that risks COR01 & COR02 be removed from the register until the lock down is eased and staff start returning to work, at which point the risks will be reviewed. Sub committee also recommended that both risks be combined to reflect one risk covering staff contracting the virus: • **COR01** - *Due to Healthwatch England staff not being compliant with the safety measures in place to reduce contamination and spread, there is a higher risk, should they get infected, of the virus being transmitted to members of staff, visitors and members of the public.* • **COR02** - *Due to staff travelling from an affected country or coming into close contact with an infected person, there is a risk that they might contract the virus and unknowingly come into work resulting in contamination and a spread of the virus.* • **COR03** - *Due to a large number of Healthwatch England staff being off sick at a given time or if we experience a prolonged period of mandatory home working, there is a risk that we will be unable to deliver our business plan or statutory functions.* The post mitigation rating for the following risk COR04 has been increased from green to amber as small numbers of staff are starting to feel the effects of the disruption to their work programme. • **CORO4** - *Due to the time and resources being allocated to manage the coronavirus outbreak, there is a risk that staff feel unmotivated because of the disruption to their work programme.* The following amendment was also discussed and agreed: • **Risk COR09** - *Due to local Healthwatch not supporting the local COVID response effort the network finds its our resources (either in the short term or the long term) rediverted to other priorities.* Risk description to be reworded by IR and GM. **ACTION:** • **SA to remove risks COR01 & COR02 from the strategic risk register until the lock down is eased and staff start returning to work at which point the risks will be reviewed.** • **SA to combine both risks COR01 & COR02 to reflect one risk covering staff contracting the virus**	**SA** **SA**

	• **IR & GM to reword the risk description for COR09.**	**IR/GM**
3.3	**<u>Business Continuity Plan</u>** SA reported on the previously circulated Business Continuity Plan, which was reviewed considering Covid-19 to ensure that we covered the risks it posed to the continuation of our business. The Business Continuity plan contains the following information: • All staff and committee members contact details • Pre-agreed assembly points for the business recovery team • Critically function activities • Staffing and welfare issues • Dependencies • Key external interdependencies and partners • Critical suppliers SA highlighted the following critical functions needed to continue our business and the mitigations in place should these critical functions be affected. • *The ability for staff to access the CQC IT Network remotely*. In the event of a network failure, CQC IT Department provides for resumption of service within 24 hours. This has been trialled and tested. • *In the case of it becoming mandatory for all staff to work from home. Some staff will need to have additional equipment and/or furniture in order to work effectively*. A Customer Computing Helpdesk has now been established by CQC to promptly provide additional equipment/furniture to staff. • *Ability to run the organisation with an adequate amount of staff available e.g. a significant number of Healthwatch England staff off sick due to Covid-19 at a given time*. Our mitigation includes Leadership team meeting regularly to assess the situation. There are also measures in place to regularly communicate with and update staff and staff are constantly reminded of the DHSC guidance on containing the COVID virus. Where necessary other Healthwatch England staff can step in to assist with providing support to the Healthwatch network. AM raised concerns that there could be a greater risk to staff functionality in collateral health and wellbeing damage due to bereavement, partners losing their jobs etc. SA responded that we have had bereavement amongst the team and all staff had been made aware of the 24-hour helpline called the “Employer Assistance	

	Programme", where they can go to for personal assistance. Staff also have the Staff Engagement Group, the leadership team and their line managers to go to for assistance. IR added that flexible working had been introduced, so that people could be flexible about their hours and that teams have meetings several times a week to check in on colleagues. Tea breaks and lunchtime activities have also been introduced. We have also encouraged staff to take days off and to use their annual leave. We have asked them to take time away from working if they need a stress break and we are taking a flexible approach in our arrangements as it is a more difficult way to work for some people, than it is for others. IR went on to explain that the focus on staff wellbeing and the measures to mitigate the risks were introduced from Day 1 of homeworking because the chances of staff getting COVID and suffering from complications are low, but the chances of people getting burnt-out would have a greater impact. The committee found this very helpful.	
3.4	**<u>Deep Dive into SR01 Funding of Local Healthwatch</u>** GM introduced the report that had previously been provided to the sub-committee. He explained that the report provided the funding trends and issues in the network over the last 3 years and that JT had done a lot of engagement work with the commissioners and the support of local Healthwatch. The factors of which reflect the issues in the risk register. He went on to explain that we have an effective engagement programme in place with commissioners and have a clear idea of contracts coming up this year and the risk factors around this. He summarised by informing the sub-committee that we have a programme around impact and quality. Even before COVID, despite our best efforts with interventions, sizeable drops in budgets for some Healthwatch are being seen. Many local Government commissioners said it was with regret that they had to make the budget reductions but that they were suffering the impact of reductions to their budgets. We don't know yet what impact COVID 19 will have on the funding of local Healthwatch, but we are hearing that several councils are in serious funding situations resulting from COVID. As examples four Healthwatch have contracts in place, but there is a risk that these could be revisited due to funding from councils. The sub-Committee noted that the analysis had got sharper and PH stated that it highlighted what the top 33 Healthwatch and the top 25 big ones looked like and equally consideration of how we can help the 46 Healthwatch which might go into contract this financial year and	

	are exposed. The next step is to decide what do we need to do to help the 46 local Healthwatch. PH suggested that when this comes to the strategic risk audit, this could be a committee topic for the June committee on how we take this forward. GM responded that he could set out the focus on helping the 46, particularly around the quality framework. There are plans in place and we now have a manager for impact, and we would want to prioritise our work around that. We now have a business plan created for local Healthwatch so that they can have a clear sense of direction that they can take to commissioners that underpins their case for investment. JT confirmed that regarding the 46 local Healthwatch, we have a plan where we can see the contracts and the terms and when they are likely to come up for a planned exercise or a contract extension. A commissioner resource pack to assist them to commission a local Healthwatch service has recently been distributed and we have reached out to local councils who are thinking of going out to tender. The biggest uncertainty is the impact of COVID-19 on local authority decisions as commissioners are being diverted to other areas. In terms of the bigger value contracts that are likely to be coming up, the quality framework programme is being rolled out from June. This helps to make the network bid ready and helps us to come into the conversation with local authorities. The committee found this helpful and the chair thanked GM and JT for the brilliant piece of work that Healthwatch England are doing and for an excellent project.	
4.1	**<u>Digital Transformation Project Update</u>** AMcWR gave an update that the report was almost complete, and that the 2nd draft was expected the following day. The work had come in £14k under budget with a spend of £56k in total. All activities have been completed and they just need to fine tune the report once received. IR suggested that there was not enough clarity now to make any recommendations or any commitment to budget at present.	
5.1	**<u>Office Move Update</u>** JC informed the committee that due to the COVID-19 crisis; the move could be delayed until the end of the financial year and that a further update was awaited. Any budgeting implications are unclear at present.	

	Workforce Relations	
6.1	**HR Review** JC gave an update on staff movement. In 1920/21 there were: • 11 new starters • 8 leavers, plus 5 redundancies • 1 interim (Grant fund management project) • 1 on maternity leave In 2020/21 there were 5 new starters. Turnover rate of staff for 2019/20 was 23.35%. This was not good compared to CQC of 10.61%, but our sickness reporting (0.29%) showed a much better rate than CQC at 3.74%. JC explained the focus was on ensuring staff having a personal development plan and there were a variety of courses that staff attended throughout the year including Advanced excel, Project Management, Digital marketing, post graduate and diploma courses. Several middle managers who were scheduled to attend a new managers bootcamp have had to have it rescheduled due to the COVID-19 situation. Awaydays are organised for the Leadership team. JC informed the committee that staff also have access to training on the CQC website. The chair asked what is the take up of staff using the CQC website for training. JC responded that some staff are accessing it, but not all the courses are relevant to Healthwatch and we have sought bespoke training and external training suppliers to cover the gaps. IR stated that there are courses on the CQC training site that are mandatory and that Healthwatch staff have a very good compliance rate of that. A new course on equalities and human rights has been launched and this is a mandatory course for Healthwatch England staff. JC explained the tables provided on equalities and diversities and informed the committee that there were some restrictions on accessibility to information available to report on. There are a variety of categories that do not have all staff declarations, so we do not have a full picture on those, but we are able to report on age and gender. We have nearly a 50:50 split between under 45 years old (52%) and over 45 years old (48%). The split in gender is 65% female and 35% male. We are hoping to have a better picture next year when staff update their records. AM referred to the table for non-declarations and noted that there was a high percentage rating of non-declarations for ethnicity, disability, sexuality and religion. He asked that the % figures be recorded as whole figures. He also asked if HR could see the figures and stated that if no one uses the figures, we shouldn't be collecting	

	non-usable data. The committee sought assurance that the data collected is used as it was helpful for diversity monitoring. JC confirmed that she will check with CQC as to how that data is used and give the committee an update. IR agreed that in a small organisation such as Healthwatch England the information is useful to us. It is also the same with the staff survey. JC reiterated that CQC are going to ask staff to update the diversity information and if staff agree and update their records, we may get a better picture on diversity of Healthwatch England workforce. IR asked if consideration should be given to staff sharing diversity information directly with us. **ACTION:** • **To find out from CQC how they use the equalities and diversity data that they collect on staff and give the committee an update** PH asked for the reason to the high number of employees leaving the organisation against very low sickness levels last year and a high employee satisfaction rating. JC replied that although we do ask staff leavers to complete a standard declaration and offer them an exit interview, the responses do not always give the real reason or specifics for leaving. Responses have been along the lines of "I'm moving on to a better job" or "better pay". IR informed the committee that this is the first time that we have had a breakdown of each team in the organisation and so can now target our response where the turnover is high. The committee found the review helpful	**JC**
6.2	**<u>Staff Survey</u>** IR referred to the previously circulated staff survey results and explained that over the last two weeks there have been a series of workshops which she has attended. These have consisted of front-line staff, middle managers, leadership team and a separate one for staff engagement team that she did not attend, but HP attended on behalf of the committee. IR informed the sub-committee that a lot of detail came out of the workshops which she intends to use to formulate a detailed action plan over the next couple of weeks. IR intends to run the workshops again in three months' time and carry out a new survey in six months' time. HP informed the sub-committee that she had attended a Staff Engagement Group (SEG) chaired by Laura (Chair of SEG). She explained the group consisted of a member from each of the Healthwatch England teams. All but one of them were non-line managers. The meeting was run like a workshop and they discussed the results of the survey including the most challenging results which they focused on.	

	HP's observation was that staff were proud of the organisation and what they did. They had a good relationship, trust and respect for each other. They were thoroughly engaged, open with their comments, respected each other's views and wanted improvement. HP concluded that there were two main themes causing distress: 1. Distress in negative behaviours and the lack of confidence that issues are being dealt with and feelings that escalated concerns are also not dealt with. 2. Communications – mainly around changes to their work and the lack of joined up communication, particularly from leadership team on what projects they should or shouldn't be doing and what should be prioritised. There was a strong ask for more communications, better communication and more cross team decisions. The committee found this useful and suggested IR bring an action plan and an explanation of what has been done to the Private committee meeting in June, with a summary focusing on the comments which the committee considers to be of great importance. HP informed the committee that following the staff survey, she has invited herself back to a future SEG meeting to discuss with them what the committee does, what their roles are and what more the committee could do to help. **ACTION:** • **Following the results of the staff survey, IR to bring an action plan focusing on what the issues are and a summary of the comments to the next Private Committee meeting**	**IR**
7.1	**<u>Forward Plan</u>** No items were discussed for the forward plan.	
8.1	**AOB** – There was no other business **Meeting concluded**	

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING
Wednesday 10th June 13:00pm-15:30pm
Teams Meeting

AGENDA ITEM No. 2.2

AGENDA ITEM: Draft Strategic Risk Register

PRESENTING: Danielle Oum

PREVIOUS DECISION: AFRSC reviewed the amendments to the strategic risk register on the 13th Feb. The changes were presented to committee by AFRSC on the 11th March 2020.

EXECUTIVE SUMMARY: AFRSC have reviewed the attached draft Strategic Risk Register at the meeting 14th May 2020 and recommend APPROVAL by the committee.

RECOMMENDATION: The committee are asked to **APPROVE** the Strategic Risk Register

Background:

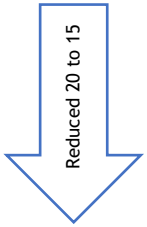
Strategic Risk Register 2020-21

A full revised strategic risk register has been drafted for 2020/21 highlighting all the potential risks to the delivery of the strategy and business plan. The register was reviewed by AFRSC on the 14th May and recommend this to the committee for APPROVAL.

Healthwatch England Strategic Risk Register 2020-21 (Q1)
DRAFT

Approval Process - Committee Approval 10th June)

No.	Category	Risk	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR24 NEW RISK	FUNDING/REPUTATION	Due to reduction in funds from local authorities, local Healthwatch are unable to deliver some or all their statutory activities, affecting their; viability/result in gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network.	Head of Network Development	2	5 (Imp) 5 (Lh) 25 (V. High)	• We collect and analyse Healthwatch funding and contract terms to inform DHSC on state of Network • We have an engagement programme with local authorities, including formally raising concerns about impact of reduction in income and adoption of Quality Framework to support effective commissioning of Healthwatch	• We will engage with Procurement Teams to support effective commissioning of Healthwatch • We are seeking assurance from DHSC on timely distribution of LRCV (Local Reform and Community Voices) for 20/21	5 (Imp) 4 (Lh) 20 (High) Increased 15 to 20

No.	Category	Risk	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR01 **AMENDED**	**FUNDING**	Failure to provide the Network with sufficient support and advice on funding and commissioning will affect our reputation with Healthwatch and stakeholders and affecting our USP and impact.	Head of Network Development	2	5 (Imp) 5 (Lh) 25 (V. High) 	• We review Healthwatch Network Risk Register and put in mitigation plans to protect Healthwatch income • Our impact and quality programmes support Healthwatch to articulate their effectiveness and the difference they make as part of their case for investment	• Healthwatch England is seeking to generate income for HW, following success of Long Term Plan funding from NHSE • The restructured Network Development Team will add capacity to manage risk effectively • The new Quality Framework and Impact Programme will enable us to gather evidence that Healthwatch network are articulating their effectiveness and the difference they make	5 (Imp) 3 (Lh) 15 (High)  
SR20 **NEW RISK**	**FUNDING / REPUTATION**	Failure to demonstrate the difference we make and to show the broader value of our work and impact, both locally and nationally, risks cuts to the network funding, reputational damage and people having less trust in the brand.	Head of Network Development & Head of Intelligence and Analytics	2	5 (Imp) 3 (Lh) 15 (High) 	• We have an Impact Programme to support Healthwatch to understand and communicate the difference they make • Our Quality Programme enables Healthwatch to demonstrate their effectiveness and value and support local authority commissioners to commission effective Healthwatch	• We will be introducing technological solutions that will enable us and the network to record, collect and report on the difference we have made more easily. • We will be using new processes incorporated into our planning and coordination processes to encourage and increase the collection of data about the difference we have been made and how our insight has been used	5 (Imp) 3 (Lh) 15 (High) 

No.	Category	Risk	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR02	ENGAGEMENT	Failure to engage with more health and care professionals, risks that they will not see the value of people's views to improve services resulting in services that don't reflect the needs of the people.	Head of Policy and Public Affairs	3	4 (Imp) 4 (Lh) 16 (High) 	▪ The development of the research governance frame work to support best practice research and build the creditability of our insight. ▪ Consumption of all intel, policy and comms outputs by professional audiences now being considered at product development stage. ▪ Working with credible partners such as The Alzheimer's Society, Age UK, Kings Fund) ▪ Greater proactive engagement with key stakeholder networks by HWE seeing our work shared more widely with professionals, e.g. maternity mental health report and social care and hospital complaints reports, A&E findings etc ▪ Broader distribution lists built to enable greater reach to local level professionals in particular frontline service managers ▪Regular horizon scanning is now taking place in the planning meetings. Improving our knowledge and understanding of the key sector themes and trends ▪ We are engaging on more topics of relevance to professionals – e.g. RCN and safe staffing campaign, work with Chartered Society of Physiotherapists on Older People's Day etc ▪ Continuing to meet with professional bodies to discuss what their members want from us ▪ HWE now involved in partnership work with the ALB forum to raise awareness of the role of public engagement and consistent understand of its benefits. ▪ We have been supporting NHSE to link with	▪ Annual tracker survey will continue to track awareness levels amongst professionals and see if new approach is working. ▪ The LTP main summary report has now been published but we are developing the findings into a series of products to open up new conversations with different groups of professionals ▪ Sharing the Reports Library with partners and individuals across the sector. (regularly promoting the library via channels including the NHS Communicators Facebook group	4 (Imp) 3 (Lh) 12 (Medium)  No change

						the network to establish the best ways to link with PCNs		
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**
SR17 **NEW RISK**	**PROCUREMENT**	Failure to ensure that our contract specification is fit for purpose and that our supplier is reliable, results in us not getting value for money when procuring goods and services.	Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium)	• Collaborate with CQC and piggy back on their existing contracts to achieve value for money and reduce lead times	• In discussions with Head of Procurement to review procurement limits to enable greater autonomy over our procured spend	3 (Imp) 3 (Lh) 9 (Medium)
SR18 **NEW RISK**	**REPUTATION**	Failure to deliver on our commitment to transform the way Healthwatch delivers it statutory activities through technology could have a negative impact on our reputation with the Healthwatch network.	Head of Intelligence & Analytics	2	4 (Imp) 3 (Lh) 12 (Medium)	• Change will be delivered according to need and where local Healthwatch feel there is greatest risk to the effectiveness of their ongoing work.	• Clear roadmap for change will be in place showing timeframes, deliverables and outcomes by June 2020. • Programme comms plan will be in place with a clear consultation and roll out schedule to ensure the network is updated and can manage local delivery and change accordingly	3 (Imp) 3 (Lh) 9 (Medium)

No.	Category	Risk	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR03	DIGITAL	Failure to provide a suitable and secure digital system, risks a data protection breach resulting in reduced confidence from the network and reputational damage.	Head of Intelligence & Analytics	3	4 (Imp) 4 (Lh) 16 (High) 	▪We comply with all CQC data and compliance ▪All staff completed annual CQC Value Information Training 2018/19 ▪ Annual penetration testing conducted on our CRM & website systems and action plan in place to solve any problems ▪ All data coming in from LHW is screened ▪ Advice and guidance given to LHW on data management, housekeeping and permissions ▪ Fully secured CRM and Website hosting, maintaince and support offer available to the network. Includes security patches. ▪ Support provided on implementation of GDPR • Crisis management plan in place to enable prompt action to address and minimises the impact of any issues	▪ Roll out of new developments to the CRM will be done in 3 stages with further checks done at each stage. (Q4) ▪Procurement of next round of annual security checks is underway (Activity will be procured by end of year to take place in July 20) ▪ Bi-annual review of compliance with GDPR to focus support offer is underway. • Review of access, roles and permission has been completed and new profiles have been developed that will restrict unnecessary access to certain parts of the CRM. (Roll out Q4)	4 (Imp) 2 (Lh) 8 (Medium)  No change
No.	Category	Risk	Owner	Link to Strategic Aim (1, 2, 3 & 4)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating

SR07	**BRAND**	Due to inappropriate actions/behaviour of Healthwatch network staff or volunteers, there is a risk of damage to Healthwatch brand or reputation.	Head of Network Development	2	5 (Imp) 3 (Lh) 15 (High) 	• Regular reporting on risk register with mitigation plans in place • Monitoring media (including social media) and intelligence from the network • Crisis management plan in place to enable prompt action to address and minimises the impact of any issues • New induction for Healthwatch staff and volunteers introduced • Produce guidance materials for volunteers training to include consideration of Code of Conduct/promotion of codes used by LHW • Produce new brand/trademark Licence, which will also cover staff/volunteer conduct • Providing advice and support to local authority commissioners		4 (Imp) 2 (Lh) 8 (Medium)  No change
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

SR09	**STAFF RESOURCES**	Due to recruitment lead times, there is a risk of delays in delivering our business plan which would impact on our strategic goals.	Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium)	• Use of secondments from LHW to support projects • Monthly review of programme management framework • Run recruitment campaigns in parallel with CQC redeployment process.	• Where there is lack of staff resource or capacity, activities are put on hold until this is resolved. Seek temporary staff cover via recruitment agency for support where appropriate.	4 (Imp) 2 (Lh) 8 (Medium) No change
SR23 **NEW RISK**	**INFLUENCE**	Due to a shift toward more integrated and regional decision making models in health and care, there is a risk that the Healthwatch network cease to have viable routes for influence over local decision making.	Head of Policy and Public Affairs	2, 3	4 (Imp) 3 (Lh) 12 (medium)	▪ Tracking Healthwatch engagement with STPs/ICSs through the data return, quality framework and network meetings programme. Where appropriate, facilitating joint working between Healthwatch to ensure our insight and people's views are reflected at these regional decision making levels. ▪ Working with NHSE&I to encourage commissioning of Healthwatch to carry out engagement at STP/ICS level – raising the profile of our expertise and our affordability as partner. ▪ Working with the DHSC to ensure revised legislative plans reflect the vital role Healthwatch insight plays in decision making and working to secure a formal 'regional' role for Healthwatch.	▪ Further work with NHSE and NHSCC to step up engagement between new merged CCGs and local Healthwatch. This will involve work to agree terms of collaboration between local Healthwatch in affected areas. Solutions will need to be locally developed but we need to oversee these to ensure adequate representation. ▪ Further work engaging with the 7 NHS/I regions by HWE to carve out role for LHW insight at this level. ▪ To work with NHSI and DHSC to embed patient participation and to make patient participation mandatory if all service change	4 (Imp) 2 (Lh) 8 (Medium)
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

SR15 **NEW RISK**	**IMPACT**	Due to the network not acting on Healthwatch England's support, there is a risk to quality of support delivered by Healthwatch; lack of participation in Healthwatch England activities e.g. campaigns, data sharing, projects etc. will impact on the collective value of our work	Head of Network Development	2	4 (Imp) 3 (Lh) 12 (Medium)	• We provide tailored support to individual Healthwatch to accommodate variation in resources etc with clear rationale and toolkits; • We co-design activities and make use of secondments; • We grant fund Healthwatch to deliver training; we support Healthwatch to help each other e.g. Facebook Workplace; • We promote case studies of Healthwatch to improve Healthwatch uptake of activities	• We are providing extra support to enable Healthwatch to meet legal obligations e.g. annual report (Covid19)	3 (Imp) 2 (Lh) 6 (Medium)
SR16 **NEW RISK**	**SYSTEMS**	Due to CQC internal systems not always being flexible enough to suit our business needs, there is a risk of long delays in the processes, which effects the delivery of our business plan.	Head of Operations	4	3 (Imp) 3 (Lh) 9 (Medium)	• Early planning to identify where there may be potential delays enable enough time to flag up to relevant CQC teams for support • Collaborate with CQC and piggy back on their existing contracts to achieve value for money and reduce lead times		2 (Imp) 3 (Lh) 6 (Medium)
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

SR19 **NEW RISK**	**ENGAGEMENT**	Failure of Healthwatch to undertake effective engagement with more people, risks a decline in the number of people sharing their feedback resulting in us being unable to meet our strategic objective of engaging 1 million people per year.	Head of Intelligence & Analytics	1	4 (Imp) 3 (Lh) 12 (Medium) 	• We are reviewing our strategy in year to take into account changing practice that is occurring across the network. This may lead to a change in this objective. • We will ensure that we have a robust, agreed and consistent way of measuring engagement numbers year to year. • We will work with the network to change the emphasis of our work from being volume focused to being focused on quality insight that can make a difference, using the Research Governance Framework and Making a Difference Toolkit.	• We will be reviewing the quality of feedback received by local Healthwatch and working with them to understand the parameters for good quality data. • We will be undertaking work on how best to engage different local communities, considering the methods that can be used to focus on impact rather than volume of people engaged.	3 (Imp) 2 (Lh) 6 (Medium) 
SR21 **NEW RISK**	**STAFF RESOURCES**	Failure to provide staff with professional training and continuous professional development, risks staff feeling unhappy and undervalued resulting in poor performance or a higher turnover of staff in favour of progression elsewhere.	Head of Operations	4	3 (Imp) 3 (Lh) 9 (Medium) 	• Learning and development plans in place for all staff • Regular and more consistent training and skills reviews informed by data on a) skills gaps b) action take to fill them c) CPD d) distribution of training across teams • Allocation of a Healthwatch England training lead? • Regular 1:1s with line managers		3 (Imp) 2 (Lh) 6 (Medium) 
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

SR22 NEW RISK	STAFF RESOURCES	There is a risk that we won't have the skills or tools to effectively collect, collate and manage larger volumes of intelligence meaning that we are unable to make best use of our data which has ethical implications, in addition we may not make change happen on behalf of the people who share it with us. We aim to increase the amount of intelligence we collect to build our evidence base and increase our influence	Head of Intelligence & Analytics	3	4 (Imp) 3 (Lh) 12 (Medium)	• We have reviewed a series of tools and data science techniques to increase efficiency allowing us to deal with more data (automate, remove double keying and manual inputting), these will be applied to our processes this year. • We will continue to work with CQC and utilise techniques and tools that they employ, sharing data and learning.	• Training is being arranged to upskill all team members in the use of skills and they are linked in with data science exploratory workshops and groups in the CQC. • The outcome of the digital transformation programme will be to streamline data management processes and improve efficiency, enhancing our ability to manage larger volumes of data and focus our efforts on research and analysis.	3 (Imp) 2 (Lh) 6 (Medium)
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

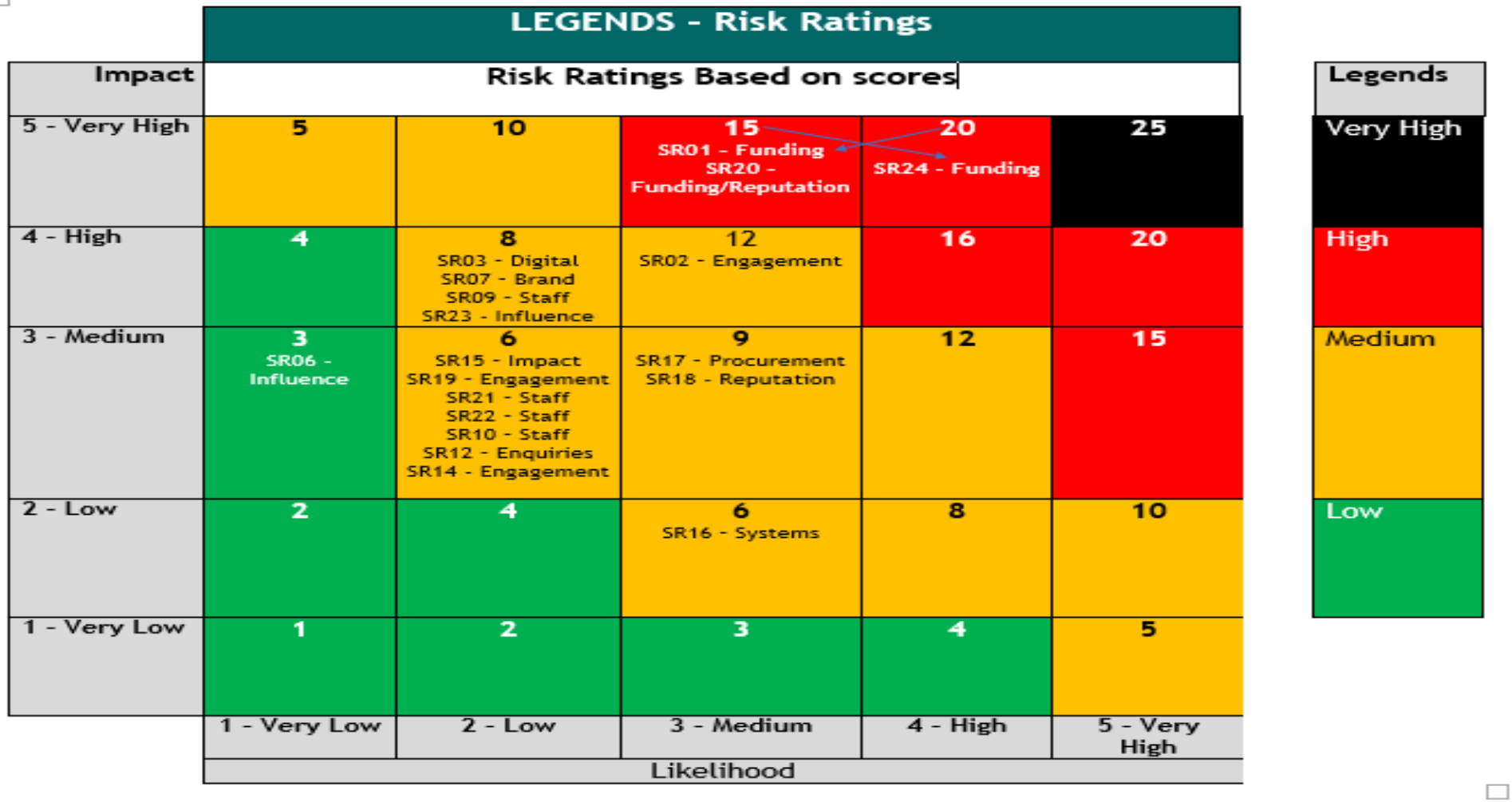
SR10	**STAFF RESOURCES**	Due to high staff turnover and slow recruitment processes, there is a risk that staff resources will be stretched, resulting in poor performance, low morale, loss of focus on higher priorities and a delay in the delivery of work programmes.	Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium) 	• Regular 1:1s to manage staff workload, personal development and learning and development opportunities • Managers provided with guidance on how to conduct 1:1 meetings • Clear objectives set and reviewed regularly • Strong Induction for new starters. • Annual staff Survey conducted • Line managers ensure that staff wellbeing is discussed during 1:1 meetings	• Staff retention plan based on culture of valuing and celebrating success. (March 2020)	3 (Imp) 2 (Lh) 6 (Medium)  No change
SR12	**ENQUIRIES**	Due to a lack of training and poor information management processes, there is a risk that we fail to react appropriately to serious incidents or issues (e.g. safeguarding) raised by the public resulting in a failure to take appropriate action and/or loss of trust in the brand.	Head of Operations	4	3 (Imp) 4 (Lh) 12 (Medium) 	• Clear safeguarding policy in place • Clear whistleblowing policy in place • Line management arrangements set clear accountability for acting on information • Healthwatch England has strong links with relevant statutory bodies e.g. CQC, GMC & NHSE • The process on how NCSC deals with Healthwatch England enquiries has been reviewed and updated	▪ We will provide further training for Staff on how to handle difficult calls ▪ We will also provide a refresher information session on what constitutes safeguarding and whistleblowing.	3 (Imp) 2 (Lh) 6 (Medium)  No change
No.	**Category**	**Risk**	**Owner**	**Link to Strategic Aim (1, 2, 3 & 4)**	**Pre-Mitigation Rating**	**CURRENT Risk Controls and Risk Actions (mitigations)**	**PLANNED Risk Controls and Risk Actions (mitigations)**	**Post-Mitigation Rating**

SR14	**ENGAGEMENT**	Due to the logistics and culture change of the office move to Stratford, there is a risk of disruption to our working practice and the loss of staff.	Head of Operations	4	4 (Imp) 3 (Lh) 12 (Medium) 	▪ Create regular slot on all staff meeting agenda for SEG (Staff Engagement Team) to report on staff concerns which can then be passed on to the Stratford Move Board ▪ Head of Operations attends the CQC Office Move meeting to provide staff with information on the move and raise any concerns staff have with the Board, enabling better communication across the board. ▪ Negotiate seat for Healthwatch on the Programme Board for the CQC office move	▪ Share Stratford Move 2020 email address so that staff can contact the group directly with any queries if they wish	3 (Imp) 2 (Lh) 6 (Medium)  No change
SR06	**INFLUENCE**	Due to a political or legislative change, there is a risk that we could lose key political relationships and be unable to influence decision makers. Risk applies at both national and local level.	Head of Policy & Public Affairs	3	3 (Imp) 3 (Lh) 9 (Medium) 	▪ Stakeholder perceptions work has shown that existing levels of political support for Healthwatch are higher than expected and good cross-party support ▪ Keeping key politicians informed of our findings from key briefings and quarterly insight reports ▪ Chair and National Director meeting programme with Ministers	▪ Expand our regular communication to reach out to broader group of MPs and Cllrs, with tailored messages for different parties ▪ Develop and broaden Chair and National Director meeting programme with MPs to build stronger relationship with political parties ▪ Following the reshuffle and outcome of opposition party leadership contests we will look	3 (Imp) 1 (Lh) 3 (Low)  No change

						▪ Engagement with select committees, including informing Health and Social Care Select Committee planning ▪ Engagement with APPGs – regular attendance of events by staff and actively seeking opportunities to submit evidence ▪ Significantly stepped up parliamentary briefing activity to broaden reactive support for MPs in debates on health and social care issues where we hold evidence	to re-establish and deepen relationships with Ministers, Shadow Ministers ▪ Engage the network in legislative proposals as they unfold in the new parliament	

Chart Showing Risk Rating Positions May 2020

Majority of our risks lies within the medium risk area, with 3 risks (SR01, SR20 & SR24) in the red area. Following the AFRSC review of the register on the 14th May risks SR01 rating has decreased from 20 to 15 and SR24 rating increased from 15 to 20. There have been no other movements of risks on the grid.



AGENDA ITEM: 2.3

AGENDA ITEM: Forward Plan

PRESENTING: Sir Robert Francis

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 18 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2020/21

Sep 2020 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Digital Report – Response to recommendations • Local Healthwatch Commissioned Work re: long-Term Plans • Questions from the Public
Dec 2020 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Annual Report • Annual Data Return • Questions from the Public
Mar 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report

	• National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • Review Standing Orders • AFRSC Minutes • Intelligence Report • Questions from the Public
June 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
Sept 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
Dec 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Annual Report • Annual Data Return • Questions from the Public