Healthwatch England 9th September 2020

Meeting #32 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 June, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
13:10	1.4	Equalities & Diversity Statement and Action Plan	CM	For APPROVAL
13:15	1.5	Chair's Report	Chair - RF	VERBAL
13:25	1.6	National Director's Report	IR	For NOTING
13:40	1.7	Committee Members Update	ALL	VERBAL
13:45	1.8	Update on Healthwatch Strategy Review	IR	For APPROVAL
13:55	1.9	Future of Engagement	GM	For DISCUSSION
14:15		Tea Break		
14:30	2.0	Intelligence and Policy Report for Q1	CM	For NOTING
14:45	2.1	Delivery and Performance update for Q1	IR	For NOTING
14:55	2.2	Equalities Diversity and Inclusion Action Report. Q1	CM	For NOTING
15:05	2.3	"Because we all Care" a presentation on joint campaign with CQC	BK	For NOTING
15:25	2.4	Audit, Finance and Risk Sub Committee Meeting Minutes	DO	For NOTING
15:35	2.5	Forward Plan	Chair - RF	For DISCUSSION
15:40		Questions from the public		
15:45		AOB		

	Date of Next Meeting 9th December 2020		

Healthwatch England Committee Meeting
Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 31 – 10th June 2020

Attendees:

- Sir Robert Francis – Chair (RF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham (DO)
- Lee Adams – Committee Member (LA)
- Helen Parker – Committee Member (HP)
- Amy Kroviak – Committee Member (AK)

Apologies

- None recorded

In Attendance:

- Imelda Redmond – National Director (IR)
- Gavin Macgregor – Head of Network Development (GM)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Hollie Pope – Programme Events Manager (Hop)
- Julie Turner – Deputy Head of Network Development (JT)
- Ben Knox – Head of Communications (BK)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Item No.	Introduction	Action Lead
	The Chair opened the meeting.	
1.1	**Agenda Item – Welcome and Apologies** The Chair welcomed everyone to the meeting and asked the Committee members and Healthwatch staff to introduce themselves for the benefit of the public. Members of the public were encouraged to use the chat facility for questions and comments for the Committee. No apologies noted.	
1.2	**Agenda Item – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item – Minutes from 11th March 2020 Committee Meeting** The minutes were **APPROVED** as complete and accurate. **Actions –** please see updated Action Log	
1.4	**Agenda Item – Chair's Report** The Chair paid tribute to Healthwatch England (HWE) staff for the way they seamlessly transferred operations from the office in Buckingham Palace Road to working from home. The Chair updated the committee on his activities since the last meeting: • Despite working from home, he has continued to attend meetings on behalf of	

	Healthwatch England, HWE meetings and CQC weekly Board meetings, in addition to private meetings. Whilst he would not normally speak about CQC business in this environment, he thought it worth mentioning in HWE context that tremendous effort has been made through CQC to get near real time figures and information particularly from the care homes and social care sector, where information was lacking in the early stages of the pandemic and the full mortality rates from care homes was not being incorporated into statistics. There is now a periodical publication of insights into what has been happening. The emergency support framework which is being developed means that information can be obtained quicker and used as a tool in risk assessment, something that Healthwatch England (HWE) may wish to consider in another context. • The Chair reported that he was able to raise Healthwatch England's concerns about the shortage of intensive care and ventilator capacity directly with the Government's Chief Medical Officer and the Chief Scientific Officer and had a constructive engagement about this, although he expressed concerns that the policy around who gets priority has not been developed should there be an emergency. • The Chair also informed committee that he has written a statutory letter of advice to the Chairs of Local Healthwatch and Commissioners about methods of working during Covid-19. He mentioned that he has written two blogs in which he discussed a new joint campaign with CQC, key policy priorities and support for the network over the coming months and will shortly be writing another about some of the issues people have faced during the pandemic and welcomed feedback about them. • The Chair reported that he had written a letter to Matt Hancock (Secretary of State for health and Social Care) on behalf of the Committee about the developing concerns around the contact tracing app informing him of the public's view on the storage, sharing and use of data and the serious concerns we had about the situation with the development of the app. • The Chair informed the Committee that he had appeared on BBC Newsnight discussing the treatment of Whistleblowers. • He informed committee that HWE will be having regular meetings with the Department of Health and Social Care (DHSC) about a future ongoing strategic collaboration. • He mentioned that he is due to appear before the Health Select Committee for Health and Social Care to discuss issues around patient safety, COVID and looking to the future. He expressed his concerns about the NHS and social care being able to cope with the backlog post-COVID. • The Chair mentioned that he had conducted appraisals of his colleagues and they of him and stressed the importance of appraising senior staff and leaders. **The Committee noted the report.**	
1.5	**Agenda Item – National Director's Report** IR briefly introduced her written report and highlighted areas of note. She reiterated the Chair's tribute to HWE staff for turning from being office based to home working quite seamlessly at the start of the Covid-19 pandemic. She referred to the excellent engagement across the network and the fact that 580 people had attended events put on by HWE. During the past three months, she had seen more network leaders than she would normally have seen and gave credit to the network for adjusting their working practices and doing their very best in these difficult times. IR reported that HWE had already decided that Equalities was going to be a major focus	

	this year and have drafted a Diversity and Equalities plan. A dialogue has started within HWE and they want to have the same dialogue with the network with the focus on reducing inequalities. She stated that all work HWE undertake will be looked at from an inequalities angle to ensure that the right people are spoken to and that we hear the voice of people seldom heard from. IR mentioned that HWE are conscious of the "Black Lives Matter" movement and issued a statement saying, "We as an organization, HWE want to stand up to racism and hear what we can do to reduce inequalities". IR mentioned that HWE staff had completed a staff survey and that good lessons were learnt from it. The committee had discussed an action plan to take forward which will be shared with the staff at their next staff meeting. IR reported that she had been asked to be a member of a task force that the Secretary of State for Health and Social Care was setting up to oversee the action plan for social care in relation to Covid-19. IR confirmed that most of HWE work had been Covid-19 related over the last few months and informed the committee that the insight we were receiving from the public and through Healthwatch was regularly fed into the Department of Health and Social Care (DHSC) and NHS England. An insight report is widely circulated every ten days and as a result of Healthwatch intervention, changes have been seen. Examples include using British Sign Language to get advice out to the Deaf community, where they were unable to access information on subjects that concerned them such as shielding; providing guidance to the network and highlighting blanket Do Not Attempt Resuscitation (DNAR) notices to DHSE and PHE resulting in them issuing guidance to clinicians to cease the practice. IR highlighted that monitoring the impact of Care Act easements has become an HWE priority. The impact on people due to rapid hospital discharge is also a priority. HWE have had conversations with Equalities and Human Rights commissions who have shown an interest in this, as well as the Nuffield Trust and 60 local Healthwatch have been engaged with helping us to do this work. IR expanded on what the Chair had mentioned in his report about NHS contact and tracing app. HWE has written to the CEO of NHSX and to the Secretary of State to outline the concerns that the public had about shared data and data privacy. HWE was bought in on conversations early and have consistently been voicing concerns about how data will be used, accessed and retained. The review of non-emergency patient transport (NEPT) continues and HWE have been involved in advising the NHSE on the development of guidance on NEPT during the COVID crisis. She updated the Committee that the publication of the review of clinical standards, particularly around the waiting time in A&E has been delayed due to Covid-19 but may now include patient experience and that six local Healthwatch has done in-depth work on this. IR highlighted the concerns of many of the local Healthwatch about how they engage in the new structures of the NHS, including ICS or STP and the regional offices. This causes difficulties as Healthwatch is organised at a local authority level. She expressed the advantages of working at a local authority level as it can result in getting into the right communities, which would be more difficult to do at a higher level. However, not all STPs have bought in to the public voice and local Healthwatch, so HWE will focus on how we can be more influential and is due to meet with DHSC soon. There are also issues created with the merger of CCGs covering larger geographical areas. On the other hand, we will now have Primary Care Networks which will mean working at a very local level. IR informed the Committee that consultation on the NHS mandate was suspended because of Covid-19 but HWE will be working with DHSC to do a thorough engagement as soon as reasonably possible. IR highlighted the events that HWE had organised such as supporting and managing volunteers remotely, sessions with Board members and chief Officers and call handling with the Samaritans. She said how pleased she was that there had been such great engagement with the network. To date over 580 people had attended the online	

	training and events. IR introduced Hollie Pope (HoP) who presented the idea of bringing the entire national conference online. She recommended to the committee: • The format for the conference has been changed to an online event that will take place over the week of 2-6 November and will be entitled **Healthwatch Week**. It will include a range of keynote speakers from across the health and social care sector and a diverse and inclusive conference programme to suit all colleagues across the network. There will be no restrictions on the number of attendees at each event. • The exhibition area will consist of a range of partner organisations that attendees can engage with online. • The conference is being promoted as a great opportunity for attendees to virtually meet each other. It will be based on what HWE can do for the network and to share learning. The network awards will be moved to an online offer and will be pared down. She explained she had an advisory group to help improve on the plans to shape the agenda for the conference and the awards and agreed to put the details on Facebook. PH said that it was great to have the conference back and that he would like to see funds used to help regional networks. HoP explained that availability of funds would depend on the delivery of the sessions and if external delivery required outsourcing. More details will be known following conversations taking place over the next couple of weeks. IR reported that the restructure of HWE network team was now complete and went through the positions and responsibilities of the team. The changes are in response to needs identified by Healthwatch, including support on demonstrating impact and effectiveness. IR invited questions on her fuller report from the Committee. AM asked if we had heard much about 'shielding' IR responded that shielding was the most viewed subject on HWE website. She explained that she was part of a task group that looked at advice to clinicians on shielding and was also working with DHSC on the development of additional guidance to people who were shielding, which is due out soon. GM mentioned guidance should not overlook whole households of people who are shielding. This is an area the HWE has raised with DHSC and NHS England in their workshops. LA asked IR about a meeting she had had with someone from Saudi Arabia. IR explained that the contact had come through the Government Office for International Trade. IR noted the DIT had identified opportunities for international collaboration and Healthwatch had to consider if it had capacity to do this. She suggested that it forms part of the discussions on future strategy. **The Committee noted the report.**	
1.6	**Agenda Item – Committee Members Update** The Committee members had nothing to report.	
1.7	**Agenda Item – Presentation Healthwatch Response to COVID-19** CM presented a review of HWE and the network's approach to Covid-19 over the last three months. He explained that the initial response was to protect staff and the public (including volunteers) and made an early decision to postpone all public and staff events and engagements. Planned campaigns were paused, a cross team crisis	

	group was set up and dedicated sessions on HWE internal and external websites share information about Covid-19. The focus has been on: 1. Quality timely information to the public based Government advice 2. Information to the network to distribute to the public **3.** Advice to the network on getting how to get engaged locally **4.** Feedback loops for the public CM reported that 121 local Healthwatch had shared their insight about Covid-19 and that 112 separate Covid-19 issues have been logged. In addition, 29 local Healthwatch reports have been uploaded to the National Reports Library and six Insight Reports have been disseminated to stakeholder CM informed the Committee that we had seen 140% increase in the use of the staff network website and the 180% increase in the downloading of guidance and resources. Feedback from the network has been very positive. CM talked about the channels through which we are sharing our insight such as DHSC, NHS England, NHSX, CQC, PHE, Association of Directors of adult Care Services, the NHS Confederation, national charities and think tanks. Information has been fed into the National Audit Office and that stakeholders have welcomed the insight. CM mentioned that the Chair had appeared on Newsnight to talk about the growing concerns over PPE and that the Chair had also appeared on" Radio 4 PM" to talk about safeguarding and the impact of Covid-19 on the care system. There was also a statement featured in "The Independent" about how the NHS is responding the growing backlog of operations. This has demonstrated that we are making our voices heard. **The presentation was well received by the Committee.**	
1.8	**Agenda Item – Intelligence and Policy Report for Q4** CM introduced the report that covered the period from January – March 2020 which contains information about primary, secondary, mental health and social care and the top questions that people were seeking advice about. It also contains deeper dives into the lack of support that people experience when they are waiting for treatment DO sought to clarify the right use of language in that the Covid-19 pandemic had a disproportionate impact on socio-economically disadvantaged communities and people of Black, Asian and minority ethnicity (BAME) origin, rather than on diverse communities, as the use of the wrong language changes the meaning which makes it difficult to address the situation. CM agreed and confirmed that HWE has been much more precise in their language in how we are reacting to this issue and that we will be looking at how the BAME communities and socially disadvantaged communities are affected. JL added that HWE are very aware of the need from the Covid-19 prospective to focus on the impact on BAME communities and socially disadvantaged communities and this is being addressed through a survey design and qualitative analysis that is being prepared with the help of the Equality and Human Rights Commission who are assisting in framing the questions and helping to reach out through their networks to specific groups. There have been conversations with local Healthwatch about how we can engage more broadly with BAME communities and the effect of Covid-19 and will update the Committee on this shortly. LA mentioned that she found the report very helpful and was concerned to learn that people were not receiving the information and support they needed when waiting for an operation or had a chronic condition.	

	The Committee noted the report.	
1.9	**Agenda Item – Delivery and Performance update for 2019/20** IR explained that the performance report was a look back at a successful year and confirmation of HWE's commitment to scheduled work which will be included in the annual report. She mentioned that changes made to our strategy two years ago are coming to fruition. The changes have resulted in HWE seeing far more success in policy impact than we've seen previously, and it is still building. HWE evidence is being taken more seriously and we are being brought into issues at an early stage. She mentioned that the end of year deliverables against set Key Performance Indicators showed some ambers, but no reds. She stated that she was happy to take questions. The Chair asked IR if she was confident that the things that had been put back because of Covid-19 would be completed in the next period or would it depend on Covid-19. IR responded that she was confident that they would be completed and had been included in the business plan approved by the committee in March and underlined by the work plan. Some projects agreed in the workplan would be suspended due to COVID to free up capacity to respond and to meet the emerging challenges. BK followed this by saying that HWE introduced a stronger focus on nationally led advice and information, concentrating on what people were sharing with us through our intelligence. Thereby, we have a more accurate view of demand for advice and information from our online channels and it is in real time. The focus has been on Covid-19 but moving forward we can do more and have spoken to the network to establish what we can be producing in response to some of the gaps created because of Covid-19. There is a discussion of how to measure this across the whole network. DO was encouraged that following the Chair's letter, local Healthwatch are really focused on advice and guidance, so the figures are expected to increase. **The Committee noted the report and found this very useful and the format helpful.**	
2.0	**Agenda Item 2.0 – Funding Analysis for local Healthwatch** Julie Turner (JT) – Deputy Head of Network Development and Gavin Macgregor (GM) – Head of Network Development both introduced themselves and gave brief explanation to the background to the funding situation in the network and some of the challenges. JT explained that there are two funding streams for local Healthwatch: • The main-stream – from Central Government DHSC via Local Government • Direct Grant - Local Reform Community Voices (LRCV) grant HWE collect detailed information on Healthwatch funding and contract terms. Since 2013 Central government funding getting to Healthwatch has decreased from £43.3m yearly to £25.5m mainly due to pressures put on local Government budgets. It should be noted that the rate of reduction varies across different networks and in 2020 this ranges from 1% - 46%. JT reported that funding cuts have resulted in staffing reductions and leadership capacity reducing the ability to influence. We have also seen a reduction in the provision of advice and information given due to reduced working hours of Local Healthwatch. JT mentioned that local councils have become more reliant on the Local Reform and Community Voices (LRCV) grant to fund local Healthwatch - 71 Healthwatch get most of their funding from this source. There is an issue about the lack of transparency around Local Authority budgets.	

	JT informed the Committee that consideration was given to advocating all Healthwatch funding coming through LRCV with the added requirement that the Local Authority reported back to DHSC on their funding, as this might have helped transparency, but the risk of this was the future of direct grants may be uncertain. In the current environment it will be difficult to mitigate risk which is local and constantly reducing. Added to this notification of the LRCV grants have been provided late resulting in providers having to draw on reserves until the funds are received, increasing the risk to HWE. JT reported a positive trend toward local authorities issuing longer contract terms. Out of 25 tendered contracts last year, 20 of them had better terms from 3 – 5 years minimum contracts and most have extensions the overall contract terms of 5, 6 or 7 years. Healthwatch England could advocate for a minimum of three years contracts being stipulated in regulations. JT stated funding cuts in local authorities are resulting in a high turnover over of commissioners and an increase of inexperienced replacements. This increases the risk of limited understanding of Healthwatch by commissioners. However, HWE does try to limit the risk by providing an extensive programme of events for commissioners and local authorities to help them to maximise investment into Healthwatch and will be reaching out to areas where we know that there is a tender exercise or contract extension due. The early results impacting from the introduction of the quality framework and feedback from Local Authority commissioners has been very encouraging in helping strengthen the Healthwatch case for investment. However, we have yet to understand the financial risks due to Covid-19. HWE do a lot of negotiations behind the scenes with commissioners but can escalate to more senior officers within the council. HWE do try to get a local resolution but can and have used its powers formally on occasion, but it should be noted that HWE has no control over local Authorities budgets. Although legislation states that Local Authorities are required to report on the effectiveness and value for money arrangements, they have for Healthwatch, it does not appear to stipulate who they need to report to, which would have presented an opportunity to strengthened transparency. The Chair thanked JT for a thorough and insightful piece of much needed work. He acknowledged the battle to increase transparency by Local Authorities and stressed his concerns that funds are being paid out by Central Government are not monitored. He asked if we could find out by Freedom of Information request. JL responded that we have tried but we cannot get the information because it doesn't exist. It is part of a general grant, the Local Authorities themselves do not know how much they receive to fund local Healthwatch. HP agreed that it was a brilliant piece of work and saw a real opportunity to deepen it further and stated that it was something that she would support. She acknowledged that as part of HWE strategy work, it's a risk that we cannot control despite the efforts of the Chair and other staff. We must consider a future in the short to medium term where HWE can ensure flexibility in our own effectiveness. IR mentioned that she has asked for this to be the issue of the first strategic meeting to be held with the Department of Health and Social Care Task Force. She has also asked for representatives from the Ministry of Health Communities and Local Government to be present at that meeting as it requires a cross government solution. **The Committee noted the report and thanked JT and GM.**	
2.1	**Agenda Item – Audit, Finance and Risk Sub Committee Meeting Minutes** Referring to the minutes, DO (Chair of HWE Audit, Finance & Risk Sub-Committee (AFRSC)) reported that the budget for 2019/20 was fully spent and the overspend mitigated. A few budget virements were noted as being in line with organisational strategy and business needs.	

	She informed the Committee that the AFRSC would closely monitor the programme management of the grants distributed to Local Healthwatch. She mentioned that the sub Committee also had an overview of the 2020/2021 budget and the risk register and recommended the budget and the risk register to the Committee for approval. DO stated that the Committee were impressed with HWE's approach to risk management. They were assured by the business continuity planning and took a deep dive into Healthwatch funding, which was earlier discussed at this meeting. DO reported that they had a look at the Staff Survey results and the sub-Committee was given an update on the work being undertaken to improve HWE's equalities data. LA asked if a review had been carried out on the outcome of project funding noting what the projects had achieved and whether HWE received value for money for the grants they provided. DO stated that although the committee had not looked at the deliverables within the local Healthwatch grant giving programmes, it could be incorporated at sub-Committee level as a programme is being developed around that to manage the spend, and this could be widened to capture the deliverables. IR confirmed her agreement and it was decided that the sub-Committee would review the data prior to full committee involvement. DO requested that an item be placed on the sub-committee agenda at the next meeting to look at value for money from grant funding and how we provide assurance generally. **ACTION IR/GM** – To look at deliverables within the local Healthwatch grant giving programme to ensure that HWE is getting value for money to be presented at the next AFRSC meeting. **ACTION FH -** to include an agenda item at the next AFRSC meeting for the sub-committee to look at the issue of value for money and how we provide assurance generally. To be discussed before going to the full committee. **The Committee noted the minutes and approved the budget**	**IR/GM** **FH**
2.2	**Agenda item – Risk Reports** The Chair sought for clarification on risk **SR01** (*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*) as to whether or not in DO's view the mitigations made any real difference to the risk. DO responded that the risk was already at 15 which would suggest that the mitigation is having an impact outside HWE's appetite. She went on to clarify that not all mitigations shown in red was outside HWE control. It could mean that HWE could be doing more if resources were available. **The Committee approved the Strategic Risk register.**	
2.3	**Agenda Item 2.3 – Forward Plan** There was nothing to be added at this time.	
	Comments from the public ***Karen Kelland (KK) – Healthwatch Rochdale volunteer with the Interim View Team*** • KK explained that she has a background in healthcare and has been volunteering as a patient partner for 8 years. She lives with a chronic	

	condition and has been looking for an organisation to be a patient voice. She wanted to know if Healthwatch is moving forward as a respected leader of patient's voice and what are their plans. • The Chair responded that he is president of the Patient's Association and that Healthwatch England and the Patients Association liaise on a regular basis. He mentioned that they reach out to other relevant patient organisations on a regular basis depending on the issue but saw challenges in putting everything into one framework as all patients have different interests. • IR told of how HWE started conversations with NHS England about putting on a joint conference that would bring together patient organisations and patient representatives. Although this hasn't happened yet, it is one of the priorities that will be looked at over the summer and there will be a conversation about the role of HWE can play in engaging people to have a joined-up approach and a sense of belonging to one movement. • KK went on to say that she thought that it was as much about being respected and a key part of quality improvement and quality assurance and that people want to be part of the mechanism in their standards of care. She explained that there were good examples of this on the front-line but was more difficult higher up in corporate structures. • IR and KK agreed to have a private conversation after the meeting to explore KK's concerns and ideas further. ***David Thompson (DT)- Healthwatch Northumberland*** • DT had two concerns emanating from the Primary Care Commissioning Committee in Northumberland. • The first related to NHS England allowing GPs to stop all work with patient participating groups, to stop collecting and reporting about patient experiences and to delay responding to complaints from 19th March. He asked, "if there were any moves to have that direction rescinded anytime in the near future?" • The second point he raised was that there are concerns by the Primary Care Commissioning Committee that the development of technological advances for distant GP consultation has moved ahead more rapidly than the public has been made aware of the developments and understanding of how they can participate in the consultations, particularly people who are challenged by IT, are hard of hearing or have sight problems. • IR conceded that some PPG work and complaints was suspended but agreed that we need to know when it was going to re-commence. She explained that unfortunately, JL who would have been able to provide more detailed information had to leave to attend another meeting and offered to put a message out through the chat, once she has had an update from him. • On the other point about the rapid development of digital technology in primary care, IR explained that HWE are currently scoping a major piece of work to do this year on this subject and the impact on people who are digitally excluded. She agreed that the NHS was not forthcoming with information about this despite HWE asking them to communicate and engage with the public about the changes. She thanked DT for raising the issue. There were no further questions from the public.	
	AOB There was no other business to discuss.	

	The Chair thanked everyone for attending. The Committee and IR asked attendees for feedback on the meeting and to put comments in the chat as it was the first online Committee meeting. The chair closed the meeting at 15:31 pm.	
	Due to Covid-19 the next meeting will be held via Teams Meeting in September 2020. Further details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING - ACTION LOG

10th June 2020

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20191113 1.4	Imelda Redmond	**Matters Arising:** To bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments	This work has been suspended due to COVID	Mar 2020	
		To discuss with Leadership Team how best to keep staff and Board members' contact details up to date.	NDT keep up to date list of HW CEOs, Chairs and Contract holders on HWE's database. Chief Officers receive a welcome call. Individual inductions will improve communications. A new online induction for COs and Board members will be rolled out in September	Mar 2020	Complete
20191113 1.6	Ben Knox	BK to highlight to the network that some local Healthwatch are receiving commissioned work on the back of the Long-Term Plan reports they submitted.	This has been delayed due to COVID -19 and an update will be shared when we publish a summary of the evaluation which will take place later in Sept.	Sept 2020	In Progress
20200311 2.2	Chris McCann	Review KPI 1 at the Strategy Review in October 2020 - Develop and approve a strategy to transform our communications with the public		Oct 2020	In Progress
20200610 2.1	Gavin McGregor	To look at deliverables within the local Healthwatch grant giving programme to ensure that HWE is getting value for money to be presented at the next AFRSC meeting	DO agreed to this being postponed to Nov meeting of AFRSC. We have working group working on process	Nov 2020	In Progress
20200610 2.1	Felicia Hodge	FH to include an agenda item at the next AFRSC meeting to look at the issue of value for money and how we provide assurance generally.		Jul 2020	Complete

AGENDA ITEM 1.4

AGENDA ITEM: Notification of the publication of both our Public Statement on Equalities Diversity and Inclusion and Equalities Diversity and Inclusion Workplan setting out our activities in the area for 2020/21

PRESENTING: Chris McCann

PREVIOUS DECISION: To refresh our Public Statement on Equalities Diversity and Inclusion and publish a workplan setting out our activities in the area for 2020/21

EXECUTIVE SUMMARY: Notification that our updated Equality Diversity and Inclusion statement and our Equality Diversity and Inclusion workplan for 2020/21 have been published on the Healthwatch England website

RECOMMENDATIONS: Committee Members are asked to Approve the publication of these documents.

Publication of updated Public Statement and Equalities Diversity and Inclusion workplan

Following the paper that was presented at our Committee Meeting in June it was agreed that we should publish an updated more robust statement Equality Diversity and Inclusion statement on the Healthwatch England website.

The statement can be found here on the website and reflects the discussion we had in our June committee meeting and sets out our commitment to ensure that issues relating to EDI are front of mind in all our work. The statement also takes on board contribution of Healthwatch England staff and has been reviewed and approved by Sir Robert and Imelda.

We also published our Equality Diversity and Inclusion workplan for 2020/21, it outlines two key programmes of work which have a specific focus on equalities and also articulates how we will place an equalities lens on our approach to the entirety of our work throughout the year.

It's important to note that workplan is only related to work that we will be undertaking in this financial year and that we will build on this foundation in future years.

An update on our progress against the workplan is included later on the agenda for today's meeting.

healthwatch

Equality, diversity and inclusion

Our work plan for 2020-21

Introduction

Equality, diversity and inclusion are at the heart of Healthwatch England's values. We will design our programmes of work to meet the diverse needs of the population we represent and to challenge inequality.

We believe that everyone should have a fair and equal experience of health of social care. We recognise that some people and communities face multiple layers of disadvantage and discrimination and we will ensure that our approach to our work reflects this.

We will work to prevent and challenge discrimination and inequality in all our functions.

Our approach to these issues is more important than ever, as we seek to understand and mitigate the different and disproportionate impact that COVID-19 is having on people with protected characteristics under the Equality Act.

This plan lays out the steps we will take to ensure equality, diversity and inclusion is an integral part of our work. It also provides an outline of two specific projects we will be undertaking which have a specific focus on equality, diversity and inclusion.

Our Committee will scrutinise our delivery against the objectives contained within this plan to ensure that Healthwatch England lives up to our commitments.

The objective of this plan

The objective is this plan is to ensure that we have a focus on equality, diversity and inclusion issues throughout all workstreams both internally and externally.

We will do this by:

1. Ensuring that every piece of policy work we undertake is designed to deliver real-world impact that addresses issues relating to equality, diversity and inclusion.

2. Ensuring that the evidence base that informs our work more accurately represents the diversity of the community we represent.

3. Fostering a workforce culture that promotes and embraces equality, diversity and inclusion.

4. Involving and consulting with individuals and groups as necessary to develop our workstreams through local and national partnerships where appropriate.

5. Providing support to local Healthwatch to challenge local systems to be better on equality, diversity and inclusion, and to carry out engagement that will put these issues on the table with local decision-makers.

6. Conducting appropriate and proportionate equality impact assessments.

We will also carry out two programs of work with a specific focus on equality, diversity and inclusion (EDHR). These will be designed with a diverse representation from across our staff team, input from the network and with external expertise.

Projects with a specific focus on equality

1. Identify best practice on equality, diversity and inclusion in local Healthwatch and support the network to understand their duty in this area.

Healthwatch England is aware of local Healthwatch who carry out good work around equality, diversity and inclusion, yet we do not have a full picture of that activity and what the best practice looks like across the network. We believe there is a variance of capability in equality, diversity and inclusion, and we need a better understanding of the number of Healthwatch who prioritise work relating to these issues.

Healthwatch has a public equality duty. We want local Healthwatch to have a strong understanding of this duty to ensure their work is framed in those terms which could further strengthen their value to the health and social care system.

We will support Healthwatch locally to ensure equality, diversity and inclusion is at the core of their approach and how they operate. We want to bring best practice from outside of Healthwatch and use the learning from within local Healthwatch for their benefit – and ours.

We will second expertise from local Healthwatch to help us identify best practice on equality, diversity and inclusion and develop resources to help improve the knowledge of Healthwatch staff and volunteers.

Through this piece of work, we will:

1. Work with sector experts on equality, diversity and inclusion.
2. Identify best practice from Local Healthwatch on engagement with people from groups we don't usually hear from, including those with protected characteristics.
3. Develop a working group to test and develop resources on best practice.
4. Produce resources for our staff and volunteers about our public equality duty and approach to EDHR.
5. Develop an implementation and evaluation plan to improve our collection of evidence that relates to equality, diversity and inclusion.

2. Partnership research project on the impact of COVID-19 on Black and Asian communities.

Public Health England has published two reports showing the disproportionate impact of COVID-19 on people from Black and Asian communities and groups. The findings of these reports suggest that much of the disproportionate impact is linked to existing inequalities experienced by these groups.

- Read more about the review and report.

The issue of race is likely to be a major theme of reviews into the handling of COVID-19. Indeed, the EHRC has already announced an inquiry. In this project, we will carry out research that will add value to this process of review and improve our work on challenging inequality.

The focus of our research will be to ask - how do members of specific communities think the issue of race has affected the outcome for them or their family in relation to COVID-19?

Working with local Healthwatch we want to ensure that the views of local communities inform the growing policy debate around the impact of COVID-19 on people from Black and Asian

communities/groups and ensure that we have a strong evidence base from which to contribute to any future inquiries.

At the heart of this proposal, will be a partnership between several local Healthwatch with an organisation with an established reputation in the area of equality, diversity and inclusion. We will provide grant funding opportunities for local Healthwatch to participate in this project.

By taking a partnership approach we can ensure our work sits alongside broader expert research and helps to build good reach to under-represented communities.

Embedding a focus on equality, diversity and inclusion in all work

1. Policy and Influencing

We will ensure that the promotion of equality, diversity and inclusion is reflected in all our policy development and influencing work.

In 2020-21 we will
Embed the following principles in our key policy influencing programmes that relate to (a) digital healthcare and inequalities, and (b) people's experiences of primary care.

- Analyse our evidence to identify issues within these topics that may disproportionately affect people with protected characteristics. These issues will help us narrow down specific activities throughout the year and develop concrete and actionable recommendations for the health and care sector
- Work with partners to understand the evidence we gather in more detail and create a strong voice together to extend and enhance our influence.
- On digital health and equalities:
    - We will establish partnerships with at least two organisations representing specific traditional 'seldom-heard' communities to help carry out our project.
    - Ensure that NHSX acknowledges the findings of our research and agrees to undertake further work to support the system to address these emerging gaps.
- On the other policy priorities:
    - Ensure we have at least one piece of work under each priority addressing the needs of a specific 'seldom-heard' community and/or protected characteristic. For example, when it comes to health and care service integration, we will encourage NHSE's approach to the development of the Integration Index to include a focus on tracking people with protected characteristics, such as:
        - People transitioning from childhood to adulthood
        - Pregnant woman
        - Working-age disabled individuals living at home with care support
        - Older people living in a care environment
        - Individuals with multiple conditions and/or a long-term condition
- On reactive policy work we will:
    - Use our evidence to successfully influence NHSE and Government communications as the nation seeks to recover from COVID-19 to ensure the needs of different communities are addressed. This work will include contributing to NHSE's Health Inequalities Task and Finish Group. This group aims to set out an action plan for reaching out to those most affected by COVID-19 to ensure they have the support they need.
    - Ensure that our evidence from 'seldom-heard' groups is referenced two reviews and or investigations into the handling of the COVID-19 pandemic.

2. Research and Insight

We will work to eliminate any data bias from our evidence base to ensure that our policy positions and influencing campaigns are drawn from insight that reflects how disadvantage and discrimination affect people's experience of Health and Social Care.

We will continue to identify Equality Diversity and Inclusion gaps in our data and access other data sources or undertake specific engagement to fill them to ensure that we are representing the needs of as many different communities as possible. We will also encourage and support local Healthwatch to act to identify gaps in their data and take action to address this.

We will continue to help enhance the skills and capabilities of the Healthwatch network through our research support service, ensuring that they can effectively engage different communities.

In 2020/21 we will:

- Provide a suite of guidance on how to collect insight from groups and communities who find it difficult to be heard as part of the roll-out of our Research Governance Framework.
- Include a demographic breakdown in our reports, cutting across any unique issues that different communities in England face when accessing health and care.
- Develop our equalities monitoring framework to collect the information that Healthwatch needs to help promote greater equity of access and inclusion of all voices when gathering feedback in local health and care services.
- Review the experiences of at least one group of people who represent the protected characteristics or are part of a group who find it difficult to be heard as part of the quarterly review of our insight.

3. Working with Local Healthwatch

We will provide support to local Healthwatch in understanding their duties to under the equalities act and seek to equip the network with the necessary skills and confidence to challenge local systems to be better on equality diversity and inclusion.

We will share examples of best practice to facilitate learning from some of the high-quality work on Equality Diversity and Inclusion that is being delivered by local Healthwatch.

In 2020/21 we will:

- Run sessions for local Healthwatch on equality and diversity including their approach to their public duty.
- Strengthen the equalities element of the annual data return local Healthwatch provide to Healthwatch England and explore different methods to collect this information.
- Analyse the data return to understand the priorities of local Healthwatch and how this relates to 'seldom-heard' groups or those with protected characteristics.
- Share examples of best practice to facilitate learning from some of the high-quality work on equality, diversity and inclusion that is being delivered by Healthwatch locally.
- Produce and promote at least one volunteering case studies highlighting diversity per quarter.

4. As an employer

We will foster a workforce culture that promotes and embraces equality, diversity and inclusion and recognises that each individual adds value to a team. We are committed to supporting our workforce to develop, commission or deliver high-quality work that meets the needs of everyone.

In 20/21 we will:

- Run a series of workshops with staff to address issues regarding equalities and discrimination.
- Ensure all staff undertake CQC e-learning on Equality, Human Rights and Diversity
- Update the Equalities Impact Assessment Template
- Ensure all managers undertake unconscious bias training
- Ensure all staff complete the next staff survey to enable us to measure our performance as an organisation
- Ensure all staff will complete their mandatory objective concerning equalities on CQC Academy

5. How We Communicate

We will ensure that all our communications take account of equality, diversity and inclusion. We will publicly challenge inequality and discrimination and ensure that we raise awareness of Healthwatch among a broad range of communities.

In 2020-21 we will:

- Continue to ensure that all our websites and those we provide to local Healthwatch will meet W3C AA standards for accessibility.
- Make sure that 100% of our reports are made available in large print and all our external video content will be subtitled
- Roll-out new support for the network, including how to make communications accessible
- We will secure at least one partner based on protected characteristics for each one campaign we run to help us secure more views from 'seldom-heard' communities
- Ensure our brand awareness PR will include a specific strand focused issues affecting on Black and Minority Ethnic Communities and we will secure at least four items of coverage in media which specifically reaches Black and Minority Ethnic Communities.

AGENDA ITEM: 1.6

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 June.

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

Since we last met in June a lot has happened both at Healthwatch and in the country. I think you will see from the report below just how much progress has been made on the priorities. I am incredibly proud of the work delivered by the team and in these exceptional circumstances they are due even more credit. We are working hard on developing the refreshed strategy, discussed elsewhere on this agenda. Thinking about and planning the future is always exciting and creative.

We held a specific meeting with all staff following the resurgence of the Black Lives Matters Campaign and the impact that has had. I was really pleased that Danielle Oum was able to join the discussion. It has helped us in our thinking and planning in our role to consider what we can do to reduce inequalities

All the Leadership Team have been through a 360 Appraisal process. This has been a very useful process, by and large they are very positive but there is always learning which the leadership have embraced. We have also had an amalgamated report from all the appraisals which gives us useful learning about our strengths and weaknesses as a team

Below I set out our major pieces of work we have been engaged in this quarter

1. Responding to COVID-19

1.1 Covid Stakeholder Updates

We have consolidated the findings of our work on Covid between April and June into the Q1 Insight Report. We have also continued to share regular updates with the network and national stakeholders on the insights into Covid being gathered by local Healthwatch during July and Aug.

Our main focus at the moment is what patients, care users and the public have been reporting to us about services restarting and the growing use of remote care (including telephone and video appointments).

We have recognised the huge challenge facing the NHS in getting services back up and running and dealing with the huge backlog of cases that has built up. We have heard how frustrating this has been for people whose referrals, tests or treatment had already been

subject to long waits or delays prior to the pandemic. Some people have raised concerns about how services can be restarted safely, whilst others have raised the opposite issue that NHS services (unlike other services such as pubs and hairdressers) have been slow to reopen. NHS dental services have feature prominently in people's frustrations.

We have emphasised the need for the NHS to be realistic with people about the challenges and communicate clearly to explain how cases are being prioritised, set expectations and provide reassurances that services are safe. Where people face having to wait for an extended period it is vital that communication is maintained so people never feel forgotten about and we have stressed the need for greater emphasis on interim support measures.

1.2 Encouraging greater public feedback

With public feedback playing a key role in helping health and care services identify and address quality and safety issues, in July we launched (in partnership with CQC) the 'Because We All Care' campaign to encourage more people to have their say.

The digitally led campaign used messages that had been tested with the public and aimed to harness the considerable good will that the public have towards NHS and social care services. For the first time, we also developed a campaign that could be used not only by local Healthwatch but also by partners to support their own engagement work.

An evaluation of the first month of the campaign indicates that the first wave of communication has been highly successful. To date the campaign has gained a social reach of 13.6 million, generated over 20 items of media coverage and been supported by over 290 charities, NHS services and other partners. 105 local Healthwatch also supported the campaign.

In the first month 6500 people shared their stories with Healthwatch England and CQC and we saw the number of people looking for their local Healthwatch contact details increase by 100% year on year.

Following the first awareness phase, the campaign will focus on a number of phases to reach out to different sections of the community and to elicit experiences about specific issues such as hospital discharge.

1.3 Hospital Discharge Project

We identified hospital discharge as a key issue to explore to assess the impact of Covid. We particularly wanted to see how the new national guidance impacted on patient experience.

Since the last committee meeting this project has moved at pace. We developed the project scope and research questions with help from DHSC, NHSE, NHS Providers, Nuffield Trust, Carers UK and the Equalities Human Rights Commission. We also developed a partnership to carry out this research with the British Red Cross.

We have been running a nationwide survey to gather stories from patients, carers and staff and have received responses from every STP/ICS area in the country. At time of writing 107 local Healthwatch had helped to share this survey and we have extensive support from stakeholders to share it too. We anticipate that over a four-week period we will have gathered over 500 stories of hospital discharge between March and August to help inform the research.

We also grant funded 8 local Healthwatch to carry out stakeholder interviews with local health and care leaders and staff to see how staff have experienced the new guidance. In

total we will have captured the thoughts of more than 40 professionals to inform our eventual recommendations.

We are now in the analysis phase and will be sharing the findings through the rest of Q2 and Q3.

1.4 The Doctor Will Zoom You Now

The rising use of digital appointments in the NHS, particularly its impact on health inequalities, was already one of our key policy topics for this year.

When the pandemic broke, we saw a huge rise in services delivering care remotely. We therefore developed a partnership with National Voices, Traverse and PPL to carry out some rapid research. This was designed to feed in people's views and experiences as the system decides which bits to keep and what to lose from the new way of doing things developed during the pandemic.

We worked with 16 local Healthwatch to recruit 75 people with recent Experience of remote consultations in primary and secondary care to participate in this research. Participants then took part in a 10-day online research exercise to feed in their views.

We found that whilst people were broadly positive of the way the NHS has embraced technological solutions, and in many cases found remote consultations very helpful, there were key issues raised. In particular:

- Very few participants were given advice or information about what to expect beforehand.
- Their digital literacy levels were not always assessed, and people were not really given a choice about which type of remote appointment.
- They were given broad windows of when they would be contacted rather than appointments times, which created unnecessary anxiety for people.
- No one who took part in the research was asked to provide any feedback on their experience, yet when we asked them, they had lots of suggestions for improvements.
- There was a strong message that if people feel the quality of care is less good when offered remotely that they may turn away from these new models of providing care.

The research has had a hugely positive response from across the sector. It has been presented to NHSX's Empower the Person Board, CQC's Future of Primary Care Board, the RCGP, NHSE, DHSC and the Number 10 Health Taskforce. We also hosted a joint webinar with our partners attended by 270 representatives from across the sector and will be presenting it to approx. 1000 GPs via an NHSE webinar in early September. The findings, and the top tips we have created from this, were also referenced in NHSE's 'Phase 3' letter to the sector on how to return services to more normal running.

The next phase of this work is now looking at how groups of people have been potentially excluded from care as a result of this rapid shift. We will be kicking this next stage off in September and will run throughout Q3 and Q4.

1.5 NHS Confed and the #NHSReset campaign

We have been working with the NHS Confederation to ensure that local voices are heard as part of their #NHSReset campaign. In particular we have been supporting the theme on A new relationship between the NHS, public services and communities.

We hosted a webinar for local Healthwatch leads to share their insight with NHS Confed about the pandemic and the lessons that can be learned. In addition, eight blogs have been provided by the network for the NHS Confed website on issues ranging from supporting hospital discharge to the importance of voluntary and community sector activity as part of the health and care system. These blogs will also be used as the basis of Healthwatch's contribution to NHS Confederation's report on the campaign, due to be published in September.

This has been positively received by all involved and so the intention is now for the network to meet with NHS Confed on a bi-monthly basis so that they can share their insight, but also so that they can hear about issues from a Confed perspective at an early stage to support local collaboration.

1.6 NHS Test and Trace App

Since the last committee meeting, we have been working with colleagues at DHSC, NHSX, Test and Trace and other bodies including the Office of the National Data Guardian, to help inform the development of the revised Covid App.

Throughout this process we have been stressing the need for clarity on six questions:

- 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?

In early August the testing phase for the new App was announced. This has addressed all our key questions and will hopefully provide the public with necessary reassurance to make the App a success. We will be working with local Healthwatch in the test areas – Isle of Wight and Newham – to continue listening to public feedback and will be sharing this with relevant stakeholders to support the onward development.

1.7 Social Care Sector Covid Task Force

The Social Care Sector Covid Task Force work is coming to an end, our task was to help the system to prepare for a second wave of Covid and to prepare for winter pressures. A report will be published around the time of the Committee meeting with a series of recommendations for Government to act on in the immediate future. It was outside the remit of the Task Force to look at long term reform of social care and the fragility of the market, though inevitably this came up in every discussion and in recommendations from every sub –groups that fed into the overall taskforce. This has been an intensive and fast-moving piece of work that I'm pleased we have been able to contribute to.

1.8 NHSE Equalities Task and Finish Group

Throughout July we contributed to the development of NHS England's rapid task and finish group on Healthwatch inequalities.

This group has developed a list of eight urgent actions that NHS leaders are being urged to address in partnership with their local communities.

Following our input, it was positive to see the final plan focus on:

- Prioritising those at greatest risk (a joint point made throughout with National Voices).
- Place significant emphasis on improvements around capturing of demographic data
- Set a clear expectation for board level leadership on tackling inequality

- Stress the need for local and regional NHS bodies to work with local communities to strengthen accountability and scrutiny.
- Introduce a specific commitment to review who is accessing new digital care pathways to help surface potential new gaps opening. (This links directly to the work we have been doing on Digital Health Services and Equalities).

You can read the final report and guidance here –

https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

1.9 Representing the views of Healthwatch on working groups and Committees

We are working with CQC, TUC, ADASS on understanding why there was a rise in whistleblowing during the height of the pandemic particularly in social care. CQC will be putting out new guidance on safeguarding and human rights in the near future.

- I continue to sit on the NHS Assembly which has been focusing on the learning from Covid and what we should take forward into the future plans for Health.
- I also sit on the National Quality Board for DHSC and NHSE; it's work has been interesting in these times as policy and patient safety issues change with such rapidity.
- We recently did a presentation to the Treasury Health Team on the work of Healthwatch.
- I have met with Professor Damien Hodgson, through a connection with Lee. It seems that there may well be areas of work we can collaborate on. We will plan a workshop to explore this in September or October.
- We have contributed to the review of the NHS volunteer programme being carried out by Royal Voluntary Service who had the contract to recruit and process the 750,000 people who came forward as volunteers. The network provided a wealth of information for this review.

1.10 Changes to Public Health England

Committee members will have read about the proposed changes to Public Health England set out by the Government in mid-August. These will see PHE's current responsibilities for health protection merged with Test and Trace to create a new body focused on fighting pandemics and other health emergencies. The new National Institute for Health Protection will be led by Baroness Dido Harding.

At the moment it is unclear what will happen to the rest of the PHE's contribution to the sector and their various statutory responsibilities. We will be keeping a close eye on this as it develops and ensure we keep the Healthwatch network briefed accordingly.

It is Healthwatch England's policy to not comment on structural changes that sit beyond our immediate remit. However, we would stress that this new body will need to set out clearly how they intend to work with and listen to the patients, care users and the public. We stand ready to support them in this.

2.0 Key non-COVID activity

2.1 Quarterly meeting with DHSC Director General

In early August we met with the Director General, Lee McDonough, at the Department of Health and Social Care. This is the first of a new series of quarterly meetings with the DHSC to ensure they are making best use of Healthwatch England's insight and involving us in the Department's strategic planning.

We discussed two substantive items including:

- **The funding mechanisms for local Healthwatch.**
  We discussed the National Audit Office's recent report on Healthwatch funding, which highlighted how Government policy on local government finance has resulted in a lack of transparency around the resources for local Healthwatch. The NAO said this could compromise the ability of Healthwatch to deliver on the DHSC's policy intention to give people in every community in England a strong voice in health and social care decisions making.

  It was agreed with the DHSC that further meetings are scheduled to develop in more detail the future policy direction for Healthwatch and to establish if this is sufficiently resourced.

  In the short term the DHSC also agreed to work with us on developing new guidance for local authority commissioners and re-establishing their expectations on councils regarding reporting the ROI in local Healthwatch.

- **The current structures of local Healthwatch**
  We discussed how currently local Healthwatch are working at STP/ICS level but that this is stretching resources and practice varies significantly across the country.

  We talked about the challenges this presents and the need for the DHSC to explore this as potential new health legislation is drawn up.
  Since that meeting further discussion are taking place on how to take this work forward.

2.2 Clinical Review of Standards

In March 2020 we submitted our final report, 'What matters to People Using A&E', to NHSE to inform their thinking on the Clinical Review of Standards.

The publication of NHSE's recommendations has been delayed due to Covid, but in the meantime we have seen significant movement on one of the key recommendations we made in our report.

We called on NHSE to explore options for patients, where appropriate, to be able to book in appointments at A&E so that they didn't have to spend extended periods waiting unnecessarily in uncomfortable and crowded waiting areas.

NHS England have announced that they are now piloting this approach in several hospitals, with plans to roll out national this winter. We have been working with Healthwatch Portsmouth (one of the pilot sites) to feed in to the policy development and, at the time of writing, we are working with the Royal College of Emergency Medicine to develop guidance for patients on what this new way of accessing care might mean.

This is a positive move from NHSE and shows that they are starting to think about ways in which people want to access care. This approach could also play a vital role in the fight against Covid as it has the potential to reduce the numbers of people physically waiting in department.

2.3 NHS Mandate Update

As part of our role as a statutory consultee on the NHS Mandate, in August we were once again asked by the DHSC to provide our view on how NHSE have performed across the Mandate objectives in 19/20.

The performance review is split in to two parts – pre and post Covid – to reflect the significant change in demand placed on the system.

We fed in positive feedback about how NHSE has responded to key pieces of Healthwatch work including our Maternity and Mental Health work, the Transport report and the A&E report. We also pointed to the public feedback we have received on Covid as an indicator as to how well the NHS has responded to the challenges of dealing with a major pandemic.

We are now starting the process of feeding into the Mandate setting for next year and will be reiterating the call we made earlier in the year, that the DHSC needs to consider a public engagement exercise to inform the mandate setting. This has not been done since 2015 and given the changes brought about by the pandemic it is important the public have their say on what they think is important for health and care services in the 'new normal'.

2.4 Political Engagement

We have had several examples throughout Q2 of our key political audiences drawing on our insight including:

- During their inquiry into how the pandemic has affected non-Covid related treatment, the Health and Care Select Committee called on us to provide oral evidence. Sir Robert appeared for us and gave a strong presentation particularly emphasising the need for the NHS to significantly improve communication with patients and the public, principally accessible communication.

  The Select Committee picked up on this point and raised it as the number one issue in the Chair's letter to the Secretary of State and Sir Simon Stevens.

- We developed a briefing for all political

  parties to share the evidence we have gathered from people on their experiences of Covid. This was designed to help each party think through necessary changes to their policy positions on health and care considering the impact of the pandemic.

- The Health Devolution Commission report was published and backed our call for regional level Healthwatch structures to enable our network to work consistently across STPs/ICSs and devolved areas to feed the voice of people into decision making. We are taking some of this work forward by airing the ideas ta the Conference in November.

- We were approached by the Labour Party asking us to contribute to their policy development. We produced a paper for them based on what we know. We will this with all main political parties.

2.5 Social Care Reform

Several reports have appeared in the press which suggest Government is gearing up to put forward plans on social care.

Currently the preferred model seems to be introducing a new charge for the over 40s to cover the cost of free personal care. However, key questions remain over what would be covered under free personal care and whether the money might be raised through taxation or through an insurance model.

Baroness Cavendish, the former Head of the Number 10 Policy Unit under David Cameron, has been brought in by the Government to support their thinking on social care reform and is expected to report back in September.

In the meantime, we continue to support the DHSC's thinking through the Social Care Task Force and through the Policy Team's links into the social care winter planning group. We also continue to collaborate with TLAP, LGA, ADASS, CQC and others to support tracking of the impact of care act easements on services users across the country.

Whilst we had originally stood down the social care programme due to Covid pressures, considering these recent announcements we have stepped up planning again and stand ready to help the Government engage the public in the conversations around the future of the sector.

3 Support to the Network

3.1 Support to Healthwatch in response to Covid

HWE has produced guidance to Healthwatch on safe working and carrying out face to face engagement in line with changing government advice. We have provided an extensive webinar programme to support various Healthwatch staff groups, such as people managing volunteers and carrying out engagement activity. We have used the learning shared by Healthwatch to provide guidance and top tips for the benefit of all Healthwatch, such as Call Handling and new volunteer role descriptions. Our programme has covered all the needs identified by Healthwatch in the Learning Survey 2019, including policy, decision-making and impact.

3.2 Utilising expertise of Healthwatch

Our ability to grant fund Healthwatch has been put to good effect. We have grant funded eight Healthwatch to undertake some engagement to support our hospital discharge project – part of a wider campaign (referred to earlier in the report). We have grant funded three Healthwatch to develop models of engagement for adoption and adaptation by other Healthwatch; while two grant-funded Healthwatch are assisting with the development of a new online module on digital engagement. All this work is helping us prepare for the refresh of our strategy. We have seconded Margaret Curtis from Healthwatch Sunderland to develop best practice guides and policies drawing on the best from the network. We are in the process of seeking another secondee to assist with improving our understanding of Healthwatch's approach to equality, diversity and inclusion. All these products will be ready for **Healthwatch Week in November** where Healthwatch will come together to share learning and best practice and will feed into the strategy for next year.

3.3 Commissioning Effective Healthwatch and protecting funding

Each year several Healthwatch experience changes to their contracts. Healthwatch England provide advice to both Healthwatch providers and local authorities. Healthwatch England has been supporting local authorities, including using our Guide to Commissioning, an Effective Healthwatch and encouraging the incorporation of our quality framework into commissioning arrangement. To date we have several examples where local authorities have used our checklist to support their commissioning arrangements. Through maintaining pressure on the DHSC we have also managed to secure confirmation of this year's LRCV grant amounts in July. This is a significant improvement on the year before when councils and local Healthwatch weren't informed of the grant values until December, 9 months into the financial year.

Key Meetings attended since the last Committee meeting

June	
Social Care reform advisors updated	Caroline Abrahams - Age UK
Quarterly DHSC / Healthwatch meeting	Shirley Tobin, Anna Boaden, Laurent Viac, Jamie Samuel - DHSC
Ongoing Health need of people who are shielding	Sara Geater – NHS England and NHS Improvement
NHS2020 Steering Group	NHS England and NHS Improvement
NHS Assembly	Clare Gerada, Chris Ham – Riverside Medical Practice
ADASS / TUC / unions meeting, CQC and whistleblowing during the pandemic	ADDASS / TUC / CQC
Regulation Summit 2020	National Commission
NHS England and NHS Improvement stakeholder forum	NHS England & NHS Improvement
Meeting with David Pearson – Pre meeting re social care sector Covid 19 taskforce	David Pearson - DHSC
External CQC strategic advisory group	CQC
TLAP Insight Group	Linda Doherty

July	
Meeting with Professor Damian Hodgson	Professor Damian Hodgson – Sheffield University
NHS Confederation Round Table	Lord Victor Adebowale, Professor Donna Hall CBE (Bolton NHS FT)
Interview on Volunteering	Jeremy Hughes – Royal Voluntary Service
Integrated Care Delivery Partners Group	NHS England & NHS Improvement
DHSC quarterly meeting	DHSC
NHS 2020 Steering Group	NHS England & NHS Improvement
NEPTS	NHSE/NHSI
COVID-19 Adult Social Care Taskforce	Ruby Peacock- Carers UK
BBC South Today	Michelle Cross
Patients Association	Rachel Power, Sir Robert Francis

August	
Unison Invitation – P&C high level, sounding board roundtable to discuss the potential of establishing a Social Care	Unison
COVID-19 Adult Social Care Taskforce	Ruby Peacock – Carers UK
DHSC/HWE Quarterly mtg	Lee McDonough
Future of Social Care catch up call	Caroline Abrahams – Age UK
ADASS / TUC / unions meeting, CQC and whistleblowing during the pandemic	ADDASS / TUC / CQC
Future of Social Care Coalition	Unison, Rt Hon Andy Burnham
Launch of final report of independent, cross party Health Devolution Commission	The Health Devolution Commission
Social Care Sector Covid-19 Taskforce	David Pearson
Nursing and Midwifery Council – Public Support Steering Group	NMC
HMT Health Team Meeting	Philippa Davies – HM Treasury
Professional Standards Authority	Dame Glenys Stacey
NHSE – Waiting List validation	Chris Moran

AGENDA ITEM No: 1.8

AGENDA ITEM: Strategy Review Update

PRESENTING: Imelda Redmond

PREVIOUS DECISION: No previous decision made

EXECUTIVE SUMMARY: This paper provides an update on our strategy review and the schedule of activities planned to carry out the review.

RECOMMENDATIONS: Committee Members are asked to approve the direction of travel set out this report.

Background

In 2018 the Committee approved a strategic plan which we have been working through for the past two years. The Strategic plan set a 5-year direction of travel we are now coming up to the midway point in the plan and so we are exploring a number of issues to ensure that it is still fit for purpose.

Attached you will find the schedule for approving the revised strategy. At the Committee workshop in July we began the conversations about new priorities to be considered as part of the strategy.

It is intended that having had a workshop that I will now produce a draft for you to consider at your workshop in October.

There are a number of programmes of work underway to prepare for this; these are:

1. **Task and Finish Group lead by Chris McCann that will bring together some areas of work** including
    - Data collection, why and what
    - Engagement activities
    - Data analysis
    - Digital systems to support this
    - Including how do we get to more real time reporting and
    - How do we integrate other sources of public views into our analysis

2. **Taking forward work started on the Theory of change**

3. **Our role in reducing inequalities. There are three streams of work underway**
    - Networks approach to working with seldom heard groups
    - Experiences of people from black Asian and minority ethnic communities of health care during Covid
    - Specific targeting of groups that are under represented in our data for feedback via "Because we all care" campaign

4. Academic Partnership

- Initial meeting has been held with Sheffield University. We are planning some workshops for the autumn to explore further

5. International work

- We began to discuss this at our meeting in June and said we would take it forward for consideration during this process

6. Futures Lab

- Work hasn't started on this yet but will on 14 September

7. Our Leadership role in engagement theory and techniques, using international evidence as well

- This thinking has begun. There is a discussion on this issue during this meeting

8. How do we respond to the STP and regionalisation of the NHS

- Thinking has started on this. We are working up some ideas with the DHSC

9. Plan to influence government and partnership working

- We have an existing plan which was shared with Committee for the July workshop. This will be updated once decisions on the future direction are agreed
- Stakeholder plan and mapping is underway

10. The important work of defining vision is underway. We currently have this as our vision *Health and Care that works for you*.

- Staff are having conversations about this and I have emailed Committee asking you for your views

11.Brand Review

- The Brand strategy will follow strategy
- The audit of brand will take place over the next couple of months

12. Being Better Know and Understood

- Stakeholders perception survey will be carried out this autumn
- Communication and media plan will follow strategy

Are there any areas you would have expected us to be working on that I have covered?

Are there any surprises in this?

Are you content with the schedule?

HEALTHWATCH ENGLAND - REVIEW OF STRATEGY 2020

Schedule of Activities

STAGE 1 - Analysis (Gather Input)

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
20th July	Spatial Analysis	• Who are our competitors? • Do we have a competitive advantage? • What are our key success factors? • When and how to work with organisations in our space?	Brian Davies – Policy Team		Spatial Analysis shared at Committee Workshop on the 22nd July	Completed
22nd July	Committee Workshop	PEST & SWOT Analysis – Committee & Leadership Team PEST Analysis: *(Political Factors, Economical Factors, Social Factors, Technological Factors)* Committee Workshop to conduct a PEST Analysis on what we need to focus on over the next 3 years	**Workshop Facilitator:** Andrea Gregory, from People Business	Committee Members and Leadership Team	Key themes have come out of the workshop which we will want to review	Completed

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
Monday 10th – 11th August 2020	HWE Staff Workshop – PEST & SWOT Analysis	PEST & SWOT Analysis with Staff **Points to discuss:** • What are the priority highlights? • What do we need to focus on over the next 3 years? • What are our Strengths, Weaknesses, Threats and Opportunities (SWOT)?	Workshop Facilitated by Middle Management	Middle Managers and Teams Note: PEST analysis to cover LHW groups for each region	(We may also review legal and environmental factors)	Completed
12th August 2020	All Staff Meeting	Share results of staff Spatial, PEST & SWOT analysis	Joanne Crossley	All Staff		Completed
25th August 2020	Leadership Team	Review PEST and SWOT Analysis	Leadership Team	Leadership Team & Middle Managers	What is emerging from our PEST and SWOT analysis and is the organisation structure aligned well enough to enable us to deliver the future strategy?	Completed

STAGE 2 – Define Strategy

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
14th September 2020	LT and Middle Managers Workshop	**Theory of change:** • Review Analysis (PEST/SWOT) • Review short- and long-term goals • Review strategic objectives • Review of resources and capabilities – where are the gaps? • Review smarter ways of working • Define new strategy	Imelda Redmond/Joanne Crossley	LT and Middle Managers	• What are we trying to accomplish? • Are we making progress toward these goals? • What do we have to do to reach our goal?	Meeting Scheduled
29th September 2020	All Staff Meeting – Strategy Review	Discuss, objectives and strategy with all staff for their input	Imelda Redmond/Joanne Crossley	All Staff		Meeting Scheduled
29th October 2020	Committee Workshop	Discussion on direction of travel for a number of key issues 1. Vision/mission 2. Data use and collection 3. Methods for engagement	Imelda Redmond	Committee and LT	At this stage we need to be in a position to choose which goals we want to pursue so that we can redefine the strategic objectives or renew strategy	Workshop Scheduled

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
2nd – 6th November 2020	HWE Annual Conference	Healthwatch reflections on the draft strategy	Gavin Macgregor	Local Healthwatch		Meeting Scheduled
23rd November 2020	Leadership Team Meeting	Final sign off of new Strategy by Leadership Team	Imelda Redmond	Leadership Team		Meeting Scheduled
9th December 2020	Committee Public Meeting		Committee	Committee 0 HWE Staff		Meeting Scheduled
17th December 2020	All Staff Meeting	Share Strategy with all staff	Imelda Redmond/Joanne Crossley	All Staff		Meeting Scheduled

STAGE 3 – Implementation of New Strategy

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
16th December 2020	Leadership Team Meeting	• Review Business Plan 2020/21 • Review the projects Leadership Team would like to continue or stop for 2020/21	Joanne Crossley	Leadership Team		Meeting Scheduled
11th January 2021	Leadership Team 0 Middle Managers Meeting	• Discuss the high-level deliverables for 2021/22 Business Plan • Draft Business Plan 2021/22	Imelda Redmond	Leadership Team 0 Middle Managers		Meeting Scheduled

Date	Meeting/Activity	Description	Lead	Attendees	Notes	RAG Status
27th January 2021	Committee Workshop	• Discuss the high-level deliverables for 2021/22 • Confirm Budget 2021/22	Imelda Redmond	Committee		
Jan – Mar 2021	Engagement with the network	Engagement with the network will help plan the implementation of our new strategy	Gavin Macgregor & NDT Team	Local Healthwatch		Tbc
10th March 2021	Committee Meeting	**COMMITTEE TO APPROVE BUSINESS PLAN 2021/22**	Imelda Redmond	Committee		Meeting Scheduled
Feb – April 2021	Leadership Team & Middle Managers Meeting	Produce: • Key Performance Indicators and Performance Indicators • Strategic Risk Register • Work plans	Imelda Redmond	Leadership Team & Middle Managers		Dates tbc

AGENDA ITEM No: 1.9

AGENDA ITEM: Engagement and Involvement

PRESENTING: Gavin Macgregor

PREVIOUS DECISION: No previous decision made

EXECUTIVE SUMMARY: Healthwatch's core business is engaging and involving the public to improve health and care services. Gavin will lead a discussion covering the policy context, various approaches, the value offer from a local Healthwatch and what should Healthwatch England be thinking about for our support offer to local Healthwatch and wider positioning as we prepare for a review of our strategy.

RECOMMENDATIONS: Committee Members are asked to contribute to discussion and help shape ideas

AGENDA ITEM 2.0

AGENDA ITEM TITLE: Intelligence and Insight Report Q1 2020-21

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

EXECUTIVE SUMMARY: This paper:

- Set out a summary of the views people have shared with Healthwatch from April to June 2020
- Provides an in focus look at the issues people raised with Healthwatch at different points in the COVID-19 pandemic
- Examines people's views of digital healthcare
- Rates people's experiences by sentiment when it comes to primary care, community services, secondary care, social care and mental health services

RECOMMENDATIONS: National Committee are asked to note this report

COVID-19: What are people telling us?

A summary (April – June 2020)

About this report

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

- Key issues the public faced because of the COVID-19 pandemic, and how this affected their experiences using health and social care.

- The feedback we have received on: primary care; secondary and urgent care; mental health services; social care; and community and other services - including patient transport, equipment services and charitable or voluntary services such as the National NHS Responder Scheme, and more.

This report covers the period April - June 2020 and is informed by 19,717 people's experience of care. This is an increase of 12% compared to the same quarter last year.

Top advice the public are seeking

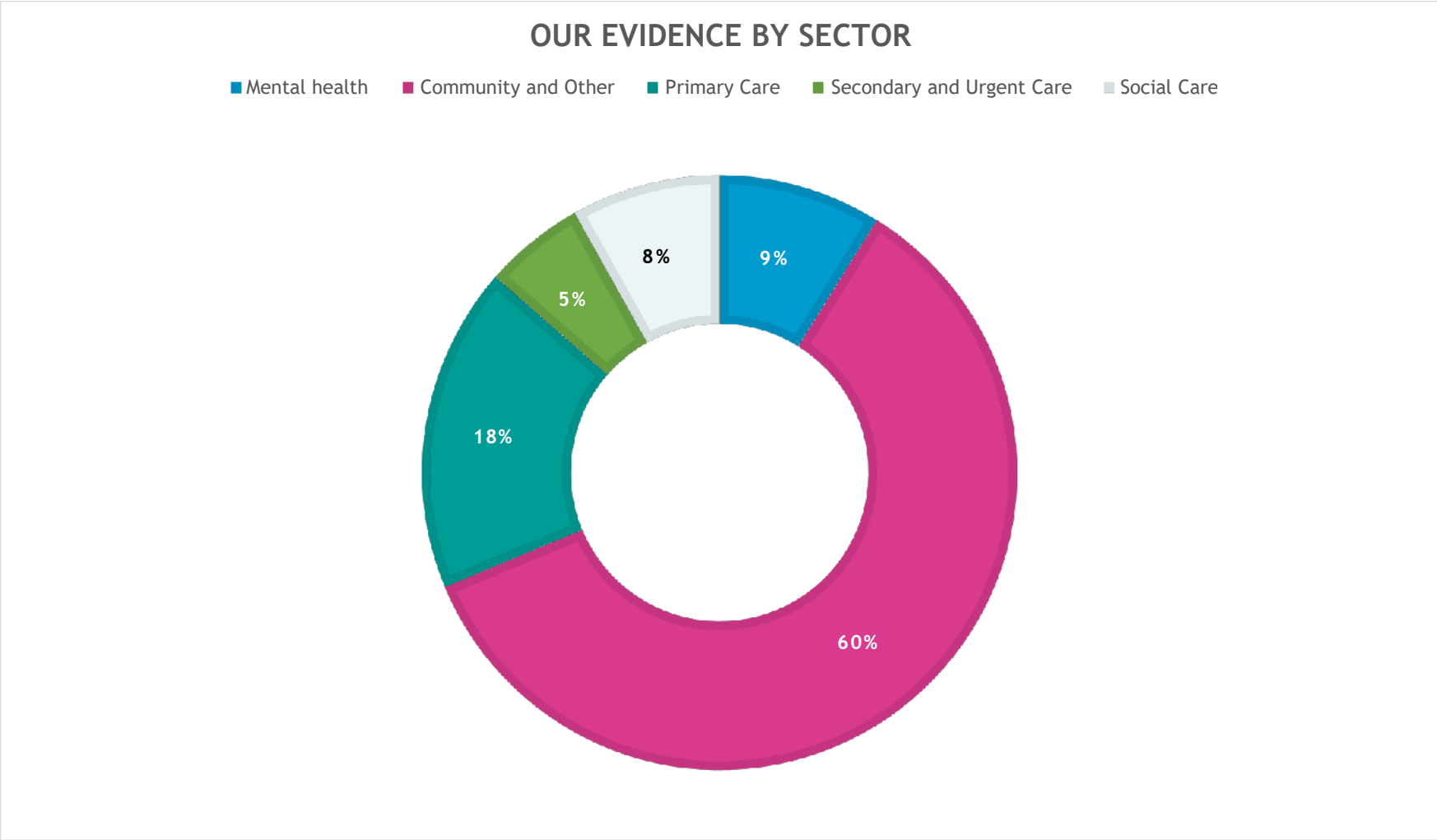
People turn to Healthwatch locally and online when they do not know how to get the information they need about services.
Between April and June 2020, these are the most commonly viewed advice and information articles people came to Healthwatch to find out about, based on website page views of Healthwatch England:

Top 10 most viewed articles:		Unique page views: (% of Total)
1.	What does shielding mean?	49,327 (50.98%)
2.	What's the difference between social distancing and self-isolation?	11,210 (11.58%)
3.	How can you find an NHS dentist?	6,191 (6.40%)
4.	Do you need help with travelling to NHS services?	2,924 (3.02%)
5.	Should I see a pharmacist instead of a Doctor?	3,221 (3.33%)
6.	Help making a complaint	2,615 (2.70%)

7.	Registering with your GP: understanding your rights	2,463 (2.55%)
8.	Coronavirus is affecting my mental health, what can I do?	2,211 (2.28%)
9.	Someone I love has died, where can I find support?	1,624 (1.68%)
10	Planning care at the end of life	1,320 (1.36%)

The evidence that informs this report

19,717 people's views taken from 150 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.


OUR EVIDENCE BY SECTOR
Mental health
Community and Other
Primary Care
Secondary and Urgent Care
Social Care
9%
60%
18%
5%
8%

Who are we hearing from?

The following information provides a snapshot of the people who completed our national survey about their experiences of health and social care, during April - June 2020.

- 76% of people who shared their views were women, and overall 87% were cisgender.
- Nearly three-quarters were aged between 50 and 79 years.
- 70% told us they were White British, English, Welsh, Scottish or Northern Irish.
- Nearly three-quarters identified as heterosexual.
- 28% of those who shared their views with us were carers.
- 41% of those who shared their views with us had a disability; 68% had a long-term health condition.

We believe that everyone should have a fair and equal experience of health and social care. We recognise that some people and communities face multiple layers of disadvantage and discrimination, and that their views and needs are often not represented where they should be. Healthwatch England has published an Equality, Diversity and Inclusion work plan for 2020-21. Going forward, we are working to ensure our insight better represents the diversity of the communities we serve.
You can read more about our Equality, Diversity and Inclusion work plan here.

The impact of the COVID-19 pandemic

What did people tell us at certain stages of the lockdown?

Lockdown begins

As COVID-19 numbers started to climb in March, the Government announced measures to help the country respond. All non-urgent NHS treatment was postponed, GPs moved rapidly to remote working, and people with certain health conditions were asked to shield themselves. By the end of March, the country had entered lockdown.

Shielding measures

We heard from many people about issues around shielding. Some people who had existing health conditions and thought they should be shielding didn't receive a letter advising them to do so, making it difficult to understand which advice to follow, and who to contact for help. People also faced challenges proving their circumstances to their employer if they had not received a shielding letter.

Those who were shielding told us about difficulties in accessing transport to their hospital treatment or appointments, which were going ahead despite the disruption to services. Transport, including patient transport services, was often reduced or could not guarantee sufficient distancing from other people. For some people, the cost of attending one or more hospital appointments was too expensive to arrange private transport, especially if the hospital was far from home.

Access to prescription medications

People told us they were struggling to get through to their GP or pharmacy by phone, and others experienced delays in getting hold of their medication. Some people reported inconsistencies and a lack of information about how local GP practices were linking with pharmacies to issue and process prescriptions. This caused stress and anxiety; particularly for people with long term conditions, if they were running out of supplies. However, as local systems and community support services became more established, we received less feedback about these issues – indicating that these services were helping people to access their prescriptions in new ways that minimised contact and risk.

"I'm a cancer patient and have been facing problems with getting my prescriptions from my GP. I recently made a clear and precise request for a repeat prescription and mentioned that two items would run out on today's date and I am in isolation due to the COVID-19 situation. The requested items were not supplied but extra items were... I had spoken to the receptionist about the prescription on four occasions that week, so I just can't understand the error... I'm in a lot of pain and I think the cancer has returned. My CT scan has been postponed for a minimum of two months due to COVID-19 and I'm really worried." Healthwatch Hillingdon

Changes to routine and planned care

Many people contacted their local Healthwatch with queries about a wide range of services they would usually access, including routine blood tests, medication reviews, community nursing for wound care, and podiatry. In many cases, people were concerned and unable to find the information they needed to understand what they should do or expect from services at the time.

We also heard from people whose planned treatments, scans and operations had been postponed. As a result, many were struggling with pain management – especially since they were unable to access their usual physiotherapy or exercise activities. People felt stressed, frustrated, and ignored due to a lack of clear and consistent communication about what the next steps for their treatment or care would be.

"My husband's orthopedic appointment this morning was cancelled. He received a text, then a phone call and a letter which arrived after his appointment, but never mind. This issue is that when he spoke to the consultant's secretary, he was advised that when the coronavirus outbreak is over, he will need to make an appointment with his GP to be re-referred. She did say that he won't have to wait as long as he's already on the list... This seems like a waste of the GP's time in that case – why the re-referral? This would mean thousands of unnecessary GP appointments across the area." Healthwatch Sunderland

What have we learned?

- People need clear, accurate and consistent information about their care and the services they use – particularly when services have to change in response to events like the pandemic.
- People's experiences of hospital appointments do not start and end at the hospital doors – their journey begins at home, so their transport arrangements must be considered. This is especially important while public transport is reduced, or people feel unable to use it.

Lockdown begins to ease

In June, the lockdown restrictions started to ease. People were allowed to meet outside and in small groups, whilst maintaining social distancing. Those living alone (but not shielding) were allowed to form a support bubble with one other household. Non-essential shops and places of worship also began to reopen.

Worries about the future

As plans to ease the lockdown were announced, we started to hear concerns from some people about the prospect of returning to work and going back out into busier public spaces. Since the beginning of July, we have started to hear more concerns from people about NHS services restarting, and possible delays. People have raised questions about how services can reopen safely, reported problems accessing services that are supposedly already open for business and expressed frustration at some NHS services being slow to reopen compared to other sectors of the economy. We will continue to monitor this feedback for our next quarterly report.

Testing for COVID-19

In June, we started to receive more feedback about testing. Whilst some people found visiting a testing centre easy and efficient, we also heard that the online booking process was difficult for some to use. There were concerns about the accessibility of testing centres for people with hearing impairments, as well as care home residents, staff and their family members.

"I was offered COVID-19 testing due to my symptoms. I booked the test online, it was not very straightforward and could be confusing for those not familiar with online booking... I was offered numerous slots for that same day, so I booked one. When I arrived, there was no one else there. I was directed around to two different check-in areas, then to testing. The test was taken with the window down. It was very quick and efficient; the whole thing was done in 10 minutes. I was surprised at the high number of staff and how empty it was. I received my results by text within 24 hours. With this much capacity, I think many more people could be tested." Healthwatch Warwickshire

What have people been telling us throughout?

Looking at collective public feedback from across England, there are a number of areas which were particularly affected by the COVID-19 pandemic.

Lack of accessible information for everyone

Throughout the pandemic, we heard about the difficulties of finding up-to-date information in the languages or formats people need – especially when advice from the government was frequently changing. People told us they struggled to find information in British Sign Language (BSL) – and this was reflected in the lack of a BSL interpreter for the Government's daily briefings. Similarly, people could not find information in Easy Read format, as well as in other languages spoken in their communities. We heard about some of the additional challenges faced by deaf people interacting with health services, including difficulties accessing BSL interpreters and a lack of other reasonable adjustments to meet their communication needs.

Other groups, including Roma, Gypsy and Traveller communities, and people who are socially isolated and not online also had concerns about accessing up-to-date information.

What have we learned?

- Accessible information and meeting people's communication needs must be considered from the start and should not be an afterthought. It is unacceptable for health advice not to meet the Accessible Information Standard at any time, but especially during an emerging public health crisis.
- Not everyone accesses information through the most widely-used channels. To reach more people whose first language is not English, information must also be shared through trusted sources, such as community centres and groups.

Rapidly busting myths: Do Not Attempt Resuscitation (DNAR) forms

During early lockdown, we heard concerns about service providers seeking to apply DNAR forms to patients without sufficient discussion or explanation with the individuals and their families. Whilst these concerns were limited in number, they were alarming. Along with public pressure, multiple organisations wrote to adult social care providers and GP practices at the end of March, including; the British Medical Association; Care Provider Alliance; Care Quality Commission; and the Royal College of General Practitioners. Healthwatch escalated this issue in early April to the Department of Health and Social Care and NHS England and, within 24 hours, NHS England wrote to all parts of the system on 7 April to reiterate that decisions about DNAR forms "should only ever be made on an individual basis and in consultation with the individual or their family".[1] Healthwatch England advised on local issues by producing a briefing the next day, to provide guidance for local Healthwatch across England.

Emergency dental care

Before COVID-19, Healthwatch regularly heard from people who were struggling to find a dentist in some parts of the country. Since the start of the pandemic, this problem has become challenging for even more people. While routine appointments were on hold, people did not know how to access emergency dental care – causing them extra stress while experiencing acute dental pain or other serious symptoms.

In June, as dental practices started to reopen for routine appointments, we heard that the information being provided from some services was inconsistent or confusing, leaving people unsure about whether they were running again, and what treatment would be available. Some people reported being told to call their dental practice by NHS111, only to be redirected back to NHS111 by the dental practice's voicemail message. We also heard about some cases of dentists applying additional charges to patients to cover the cost of PPE, making dental care even less accessible. It was not clear from our evidence whether people ended up paying for private treatment or were paying more than the NHS treatment band costs.

However, since the beginning of July, people have started to tell us they feel they have no option but to go private if they want to receive treatment for what their dentist has deemed non-emergency treatment. We will continue to monitor this feedback for our next quarterly report.

Digital and telephone care

As a result of the COVID-19 pandemic, there has been a significant shift towards more care being delivered via digital and telephone appointments. We received positive feedback about this, with many people finding it a convenient and efficient way to speak with their healthcare professionals – particularly if they live in a rural area.

[1] NHS England, April 2020. *Maintaining standards and quality of care in pressurised circumstances: Letter from Professor Stephen Powis and Ruth May*

"As a registered patient, I booked online for a video appointment... A text arrived from the doctor at my appointment time. I clicked on it, was able to use the video app in seconds, and there was my doctor on my phone! I never thought it would work. He liked it as he could see me which might help a bit with diagnosis. He issued a prescription which was sent electronically to the chemist for me to collect same day. Very lucky to have this service!"
Healthwatch Bucks

However, we know that these kinds of appointments do not work for everyone. We heard concerns about the accessibility of remote care for people with additional communication needs, as well as people who do not use the internet. People also told us that digital or telephone appointments and assessments are not always suitable for people living with dementia, autistic people, and those with learning disabilities. For example, some older people with learning disabilities found video calls in their homes scary and intrusive. Many needs help to get online, and the people supporting them are not always able to provide this.

Without alternative options for those who need them, the shift to digital and telephone care risks leaving many people

behind. **What have we learned?**

- Healthcare services should embrace technology but should not be exclusively digital.

Access to B12 injections

Accessing vitamin B injections was another challenge throughout the pandemic. Although some people received injections, either as normal or at a different GP practice, we also heard that in many areas there was an inconsistent approach to providing this treatment. Some people told us their treatment was changed from injections to tablets, despite this not being a suitable alternative for their condition. This also made them doubt the level of knowledge of their healthcare professionals. In other cases, people were advised to purchase alternatives over-the-counter or online – leading to concerns about the risks involved, without people receiving sufficient information or clinical monitoring. People told us about the worrying symptoms they were experiencing as a result of not receiving vitamin B12 treatment – including extreme tiredness, confusion, low mood and hair loss. Some felt that their symptoms were not taken seriously enough by their healthcare professionals.

Care homes

Our insight on care homes demonstrates very mixed experiences across the country. People raised concerns about access to testing and PPE in these settings, as well as for home care workers and informal carers. People's feedback highlighted that while family and friends were unable to visit their loved ones in care homes, timely and regular communication from care home staff really mattered – especially surrounding discussions about advance care planning or if the resident was approaching the end of their life.

The importance of communication in Care Homes

Two members of the public shared their personal experience with their local Healthwatch, one positive, and one negative - demonstrating the impact communication or a lack thereof can cause.

Positive experience:

"I hold power of attorney for my mother who is in a care home. The manager called me to discuss end of life care during the c coronavirus pandemic. My mother has signed a DNR already and has capacity to do this.

The manager asked if I would want my mother to be cared for in the hospital or at the care home if she got coronavirus. I was told that the care home had drawn up plans to care for COVID-19 residents in a separate room and that I would be able to visit my mother if I wore PPE. I was very pleased to hear this as my fear was my mother dying in hospital alone.

I told the manager I would like my mother to stay in the home if she were to get coronavirus and that I would like to visit her. I do not want her to be taken into hospital. I am very grateful to the care home for drawing up these plans." Healthwatch Warwickshire

Negative experience:

"My mum is currently living in a care home. She has been there since the start of the year after a fall at home. She was supposed to go back home with home carers before lockdown, but this was postponed... I am very upset with the care home. I found out my mum had COVID-19 four days after she began to deteriorate. I received a call from the care home telling me and any other close family members to video call my mum as it wasn't looking very hopeful that she would survive the virus. This was the first I knew that my mum had symptoms. I am very unhappy with this care." Healthwatch York

The hidden impact on families and carers

Families and carers have faced huge challenges due to the closure of respite and day centre services during this time. The lack of respite has left many feeling stressed, isolated and forgotten about. Research published by Carers UK in April[2] showed that 70% of unpaid carers were providing even more care due to the pandemic, and 55% felt overwhelmed by their caring responsibilities and were worried about burning out in the weeks ahead.

People who care for someone living with dementia told us that the lack of social contact and stimulation had caused a deterioration in the health of the person they care for. We also heard about the difficulties some people faced helping the person that they care for to understand and remember the lockdown measures and why they could not go out as usual. Families and carers told us they felt uninformed and unprepared when the person they care for was discharged from a hospital stay, due to a lack of communication or clear information from the hospital.

Healthwatch England is currently undertaking a national project on hospital discharge during the pandemic. This work is exploring how well the rapid discharge guidance worked for patients and their families and carers.

"My father was discharged from a hospital stay after cardiac treatment and with probable COVID-19. My mother, who is 78, has been caring for him. She was advised to wear a mask and gloves but not provided with any instructions about how best to use PPE so has been using household items… Once at home my father fell twice and had to be helped up by my mother, so isolating from each other was not possible. He has since been readmitted to the hospital." Healthwatch Northamptonshire

What have we learned?

- Families and carers have been providing even more care than usual during the pandemic – but this often go unnoticed, and many need more support.
- The usual respite that carers rely on for a break, such as day and evening services, have all been cancelled, putting an extra strain on families.
- Ensuring communication between care home staff, residents and their family and friends is key, particularly while visiting restrictions are in place. Where appropriate, this should include involving residents' families or next of kin in decision making about their care.

[2] Carers UK, April 2020. *Caring behind closed doors: Forgotten families in the coronavirus outbreak*

Praise for health and social care workers

Throughout the pandemic, we have heard about how much people appreciate the hard work of health and social care professionals during this time of unprecedented challenges. In particular, we noted an increase in positive experiences of urgent and emergency care services - with the amount of positive feedback increasing to 45%, compared to 36% last quarter. Whilst the reduced number of people attending A&E is likely to have reduced waiting times, people have also praised healthcare staff's professionalism and care – highlighting how reassuring this was, particularly as many had been reluctant to attend these services in the first place.

"Thank you, NHS staff, for making time for me at this busy time"

One patient describes their trip to the hospital as advised by their GP, after experiencing some cardiac symptoms.

"I didn't want to go to the emergency department, as I felt I could be wasting their time during this busy period.

"When I arrived, the waiting area was completely empty, although there was a steady stream of ambulances arriving outside. My wife was told to go home and wait there for me as part of their coronavirus protocols.

"I didn't wait long before being seen. The Doctor was thorough, listened to me, and I felt reassured by the use of PPE and the protocols which were in place to keep me away from other patients during my visit.

"I was sent home, reassured that I had had a thorough examination and that I could go back if I needed to. Thank you, NHS staff, for making time for me at this busy time." Healthwatch Sunderland

The impact on people's mental health

Since the start of lockdown, we have heard about the effects of the pandemic on people's mental health and wellbeing. Factors such as loneliness and social isolation, bereavement, employment and financial stress, and anxiety about both COVID-19 and other health conditions have all had a negative impact. We also heard that some autistic people were feeling increased anxiety due to not being able to follow their usual routines.

Overall, we receive predominantly negative feedback about mental health services; this has remained the case during the COVID-19 pandemic. For some people, the changes to the services they would usually access have left them feeling abandoned – with infrequent telephone appointments not meeting their needs. We heard that some people found talking to a stranger on the phone very difficult and wanted more regular, consistent support by phone, or face-to-face contact – particularly if they were close to crisis point.

"I had an appointment for an assessment with a specialist psychotherapy service at the beginning of April that was cancelled. No other support was offered, I was just told that I could ring the crisis team and out of hours team. I don't feel able to do that as I don't know what the process would be, and I have auditory processing difficulties that make telephone contact very difficult. I have been left at crisis point with no named person to contact, no care coordinator, just medication and being under the care of my well-meaning GP who can't do anything else to help me." Healthwatch Sheffield

What have we learned?

- The mental health impacts of the pandemic are affecting both existing service users and non-service users. Mental health services will require investment to support people in both the short- and long-term.

Technology in response to the pandemic

What can we learn?

As previously noted, the pandemic has seen the digitisation of many health and social care services overnight, combatting the lockdown restrictions which were in place. While we learnt that digital appointments don't work for everyone, and services should not be exclusively digital, its important healthcare services embrace technology for those who find it an efficient way to communicate. Our work on the two projects below demonstrates new ways of services working to embrace this shift to the digitalisation of healthcare; Doctor Zoom, and the COVID-19 contact tracing app. We share what we can learn from the rapid roll-out of virtual NHS consultations, and the importance of involving patients from the start when setting up new services.

The doctor will zoom you now

Healthwatch England recently partnered with Traverse and National Voices to undertake research exploring people's experiences of remote appointments since the start of the pandemic. You can read the report *here.*

Based on in-depth interviews with the public, we've developed some tips to help you improve people's experience of virtual health and care appointments. To be clear, these tips are about making changes where services can and are able to. We will be doing further work in the autumn looking at healthcare for those whom digital options do not work.

Tips to improve digital consultations:

- Provide a precise time window for appointments.
- Check that the person is in a confidential and safe place to have the phone or video call.
- Understand the person's level of confidence using technology and give people a choice of how to communicate.
- Proactively check what the patient needs, clarify what is happening next, and who is responsible for the next stages of care.
- Slow down the pace of the consultation, demonstrate active listening.

- Use the chat function in video calls to make the appointment more interactive; share links to information; and summarise next steps.
- Don't ask people to provide information you already have access to.
- Give guidance about how the appointment will work; offer demonstrations; provide an opportunity for a test run/ provide some training.
- Seek feedback about people's experiences and use this to improve the service.

COVID-19 contact-tracing app

In May and June, the contact-tracing app initiative was piloted on the Isle of Wight, aimed at supporting a safer transition out of the lockdown and preventing a resurgence of the virus. Members of the public initially expressed a high level of support for the app and willingness to engage with the trial, as shared with Healthwatch Isle of Wight.

However, the local Healthwatch reported a shift in public opinion, following a lack of communication about the results of the pilot, and how improvements would be made as a result. Many are now frustrated with the Government's efforts and communications.

From our past research, we know that most people are happy for the NHS to use personal data to improve health, especially if they are certain that the data will be kept anonymous and will only be used for the specific purpose to which they have given consent.

Throughout the app's development, Healthwatch England has made the case that to ensure the app's success, the public will need to feel confident about understanding the answers to the following questions around the privacy of the app:

- 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?

On August 13, the NHS released a revamped COVID-19 contact-tracing app for testing.

You can read our response to this news *here*.

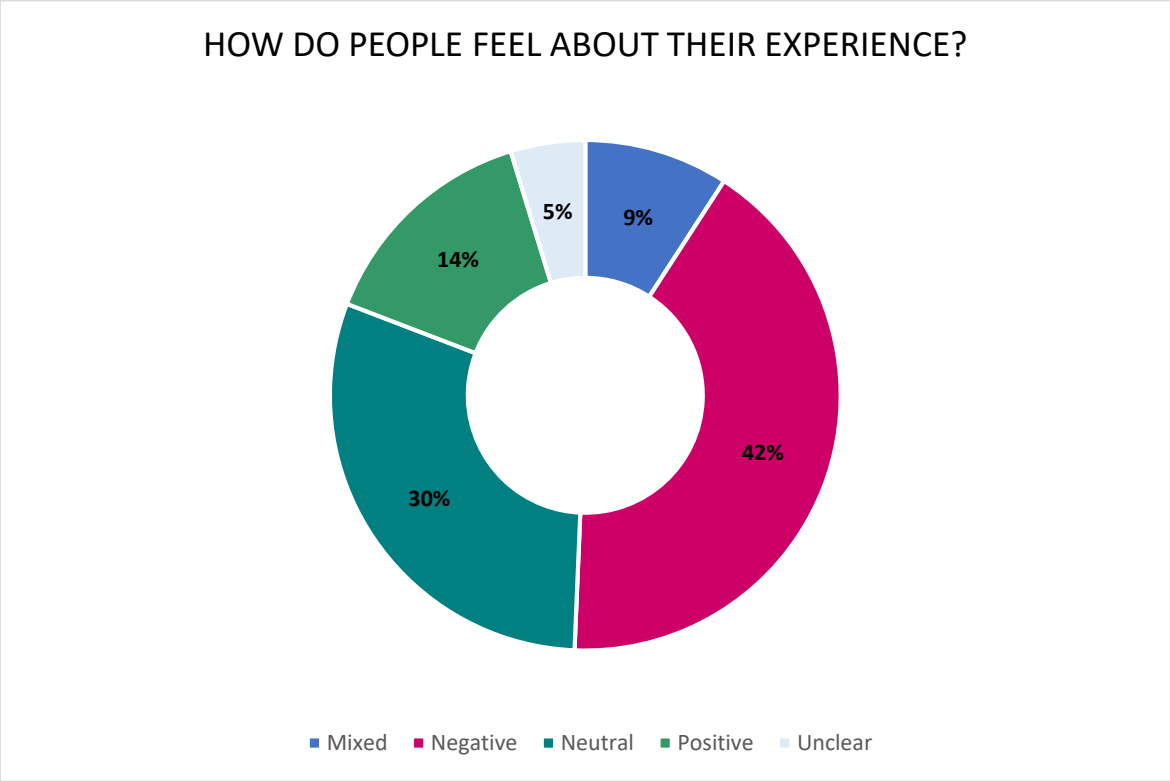
You can read more about our involvement with the contact-tracing app and further recommendations, as we look at how the new app addresses many of the concerns people have when it comes to their data privacy and security. You can read about this *here.*

How do people feel about their care?

Here we provide an overview of how people feel about their care. We do this by using sentiment scores by sector, with data from local Healthwatch reports, and directly from the public. This should provide an overview of whether the public feel mainly positive or negative about the care they receive, or whether they have neutral /mixed views.
This quarter we noted an increase in positive experiences of urgent and emergency care services - with the amount of positive feedback increasing to 45%, compared to 36% last quarter.

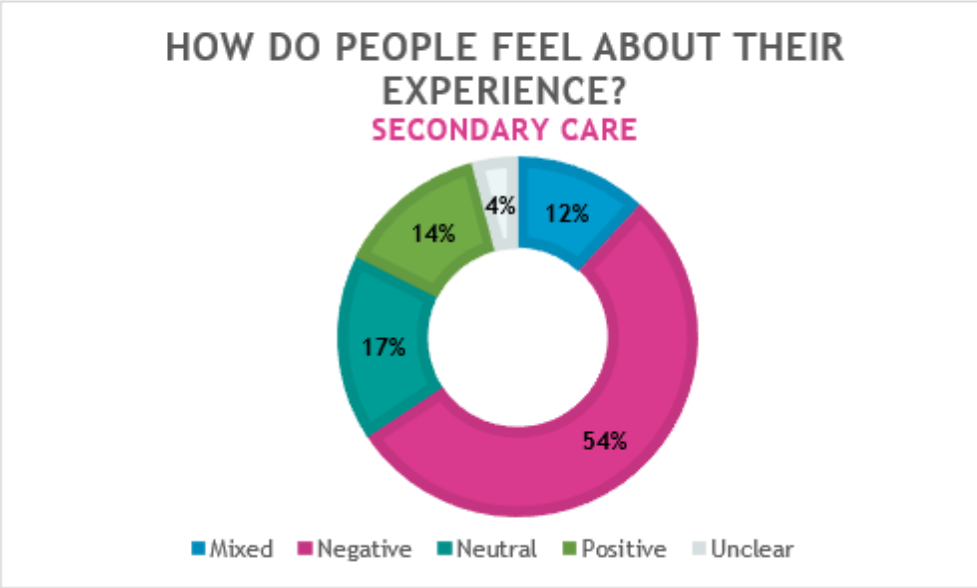
Primary care

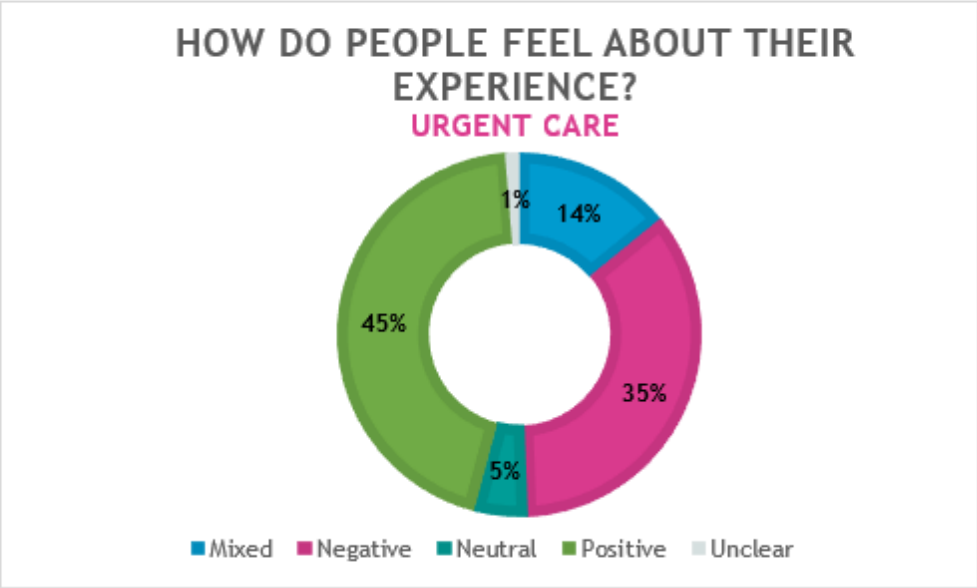
2,666 people's experiences informed this section – 1,343 from local Healthwatch reports and 1,323 directly from the public



Secondary and urgent care

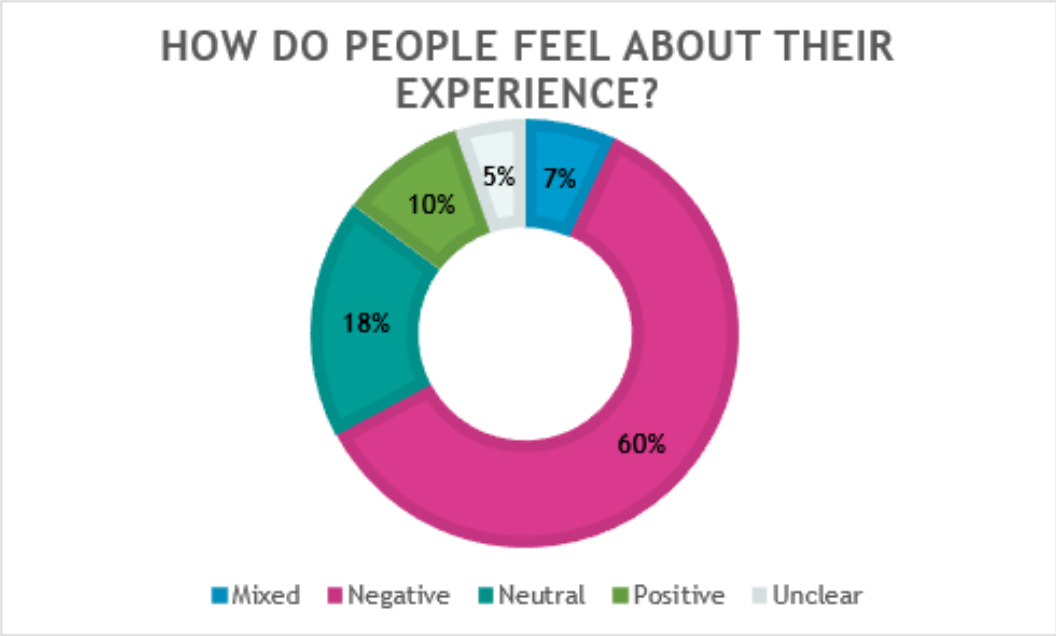
1,103 people's experiences informed this section - 398 from local Healthwatch reports and 705 directly from the public.





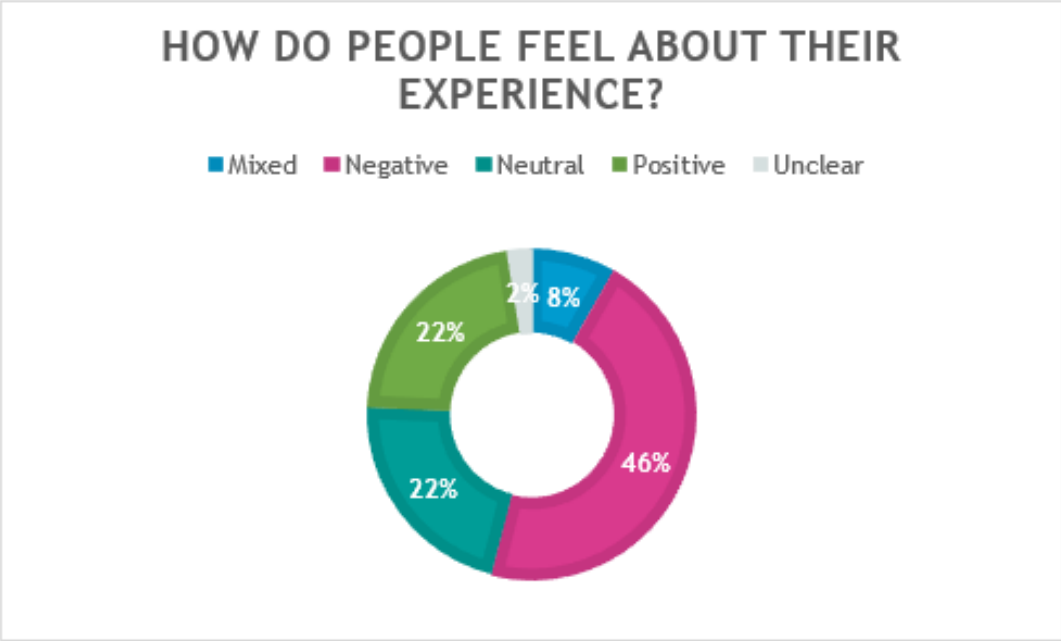
Mental health services

1,762 people's experiences informed this section – 1,507 from local Healthwatch reports and 255 directly from the public.



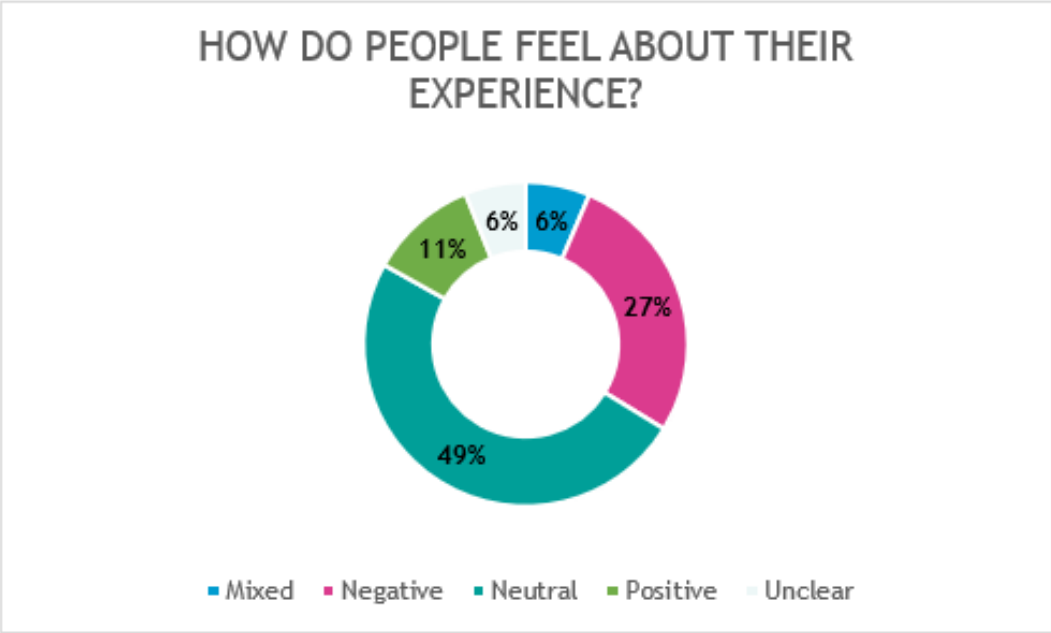
Social care

1,631 people's experiences informed this section – 1,214 from local Healthwatch reports and 417 directly from the public



Community and other services

12,462 people's experiences informed this section – 11,875 from local Healthwatch reports and 567 directly from the public.



AGENDA ITEM No: 2.1

AGENDA ITEM: Delivery and Performance Report – August 2020/21

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q1 (2020/21)

EXECUTIVE SUMMARY: This paper summarises the delivery and performance against our Business Plan and KPIs at the end of August (2020/21).

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

Background

The report below provides an update on our delivery and performance at the end of August 2020. The update includes:

- Our progress against business plan deliverables
- Performance updates against KPIs
- Highlights on what we have delivered since the last report to end of August and what we aim to deliver in Q3.

Change to the Business Plan 2020/21

Due to Covid-19, 9% of our projects have been paused. This has been indicated in red text in the report and includes:

- The Pilot project on Bladder and Bowel Continence with NHSE/I/local Healthwatch in Bristol
- We will collect and analyse data from other stakeholders through partnerships.
- Professional engagement
- Insight communications
- **KPI** – Brand awareness research

We have also added some new deliverables to the business plan since its approval in March. This has been indicated in blue text in the report and includes:

- Campaign Programme
- Equalities, Diversity and Inclusion project (Healthwatch Network)
- We will carry out stakeholder perceptions research for check-in at year 3 of strategy.
- A campaign/series of activities to support the system's response to Covid-19
- We will continue to step up our political engagement to build awareness and improve the value placed on us by Gov Ministers, Shadow ministers, MPs interested in health and social care as well as Select Committees and APPGs.

Further changes to the business plan include amendments to the following, which has also been indicated in blue text.

- Business Support
- KPI - *Roll out of new data collection process with 30 Healthwatch.*

Performance Report on Business Plan & KPI Q2 2020/21

SECTION 1 - UPDATE TO BUSINESS PLAN 2020/21

Aim 1: Support you to have your say - Transforming our communications with the public

Business Plan Deliverables	Update - End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
New cross team campaigns approach and Priority Policy Campaigns increases brand awareness. The design and implementation of campaigns programmes will facilitate the Healthwatch network and their networks to participate in campaigns Implementation of Priority Policy Campaigns will increase public feedback.	**COVID-19:** We have provided local Healthwatch with communications guidance and template PR and social media templates to support public engagement. **Public feedback campaign:** In partnership with local Healthwatch and CQC we have developed and launched 'Because we all care' a campaign designed to support us, our services and health and care providers encourage more public feedback. Key pre-launch activities included: • Focus group testing with public and professionals • Consumer research into public attitudes to feedback • Development of brand resources and toolkits for local Healthwatch and providers. • Stakeholder warm-up The campaign was launched on 8th July and includes promotion via PR and social media and stakeholder outreach (with a strand focussing on BAME communities) **Hospital discharge:** Our first issue specific 'Because we all care' campaign spike focussed on hospital discharge. This has been identified as it was a	**COVID-19:** Communications guidance was one of the top downloaded items on the network website in Q1. We also saw over 400 downloads of our COVID graphic and image assets to support local communications **Public feedback campaign:** During the first month of the campaign we saw support from 290 national and local health and care organisations and 105 local Healthwatch. We have also generated 20 items of national, trade and local coverage. As a result of campaign activity, in July our social media reach and social media message engagements passed our total reach and engagements for 2019-20. In the first month over 6,500 people share their views with Healthwatch England and CQC (3K CQC, 3.5K Healthwatch England)	Minor Delay

KPIs	2020/21 Target	Current Update - End of August	RAG Status
Brand awareness programme: Public brand awareness will increase by 3% year on year	35% awareness	CQC brand research paused due to COVID-19 Now likely to report in Q4	Minor delay
Public feedback programme: 100% increase in people sharing their views with Healthwatch England year on year	100% increase (Healthwatch England 51K) 2019/20 Totals: • Healthwatch England 12,750 • Local Healthwatch 406,567	**7% (3.5k)** (3.5K people shared views with Healthwatch England April-July 2020 versus an average of 4.2K for same period in 2019) Local Healthwatch Report due in Q4	Minor delay

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved – End of August 2020	RAG Status	KPIs	2020/21 Target	Current Update – End of August	RAG Status
	major point of change in how the system operates in light of COVID-19. We undertook soft engagement to help inform the issues the research should focus on – working with NHSE, Nuffield Trust and the British Red Cross. The research launched at the end of July and will finish at the end of August. **Progress towards our target:** Because we paused our campaigns during the COVID-19 crisis, we are currently behind where we would expect to be if we were to pass the number of views shared in 2019-20 when we ran the campaign to support the Long Term Plan. Progress will be dependent on whether Healthwatch England chooses to collect feedback on new issues in 2020-21, following the Hospital Discharge project.						
We will increase use of our Advice and Information programme. We will develop and syndicate to Healthwatch network content that people can find via search & social, driving uptake through new campaigns approach.	**COVID-19 advice and information:** • We have developed a host of advice and information content in response to COVID-19 public questions • We have also developed Q&A scripts on key issues to support local Healthwatch advice and information • We have also shared guidance on the key information local Healthwatch need to have on their websites and social media and rolled out updates as this information has changed. **Improving access to content:** • We have embedded our approach to increase engagement via search and paid for social • We have purchased a new product to help us identify the extent to which website visitors scroll and	Our public advice and information on-line articles have been viewed over 130k between April and July 202. This is more views that we received in the whole of 2019-20. Popular content items: • shielding advice • how to protect your mental health • how to access dentist services • how pharmacists can help • help travelling to NHS services • making a complaint • support when someone has died • GP registering rights We have learnt that advice	On Track	**Advice and information programme:** Website views of Healthwatch England advice and information content increases by 10% year on year.	20% Increase 2019/20 Totals: • Healthwatch England 140,000 • Local Healthwatch 413,319	130K views Apr-Jul 2020/21 versus 38K in Apr-Jul 2019/20	On Track

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved – End of August 2020	RAG Status
	click on content so existing advice and information can be reviewed and improved on an ongoing basis.	content is also a key way of prompting people to provide feedback about that issue. We have also had feedback from local Healthwatch that the advice we have provided has been useful supporting their advice and information activities.	

KPIs	2020/21 Target	Current Update – End of August	RAG Status

Aim 2: Providing a high-quality service to you
Deliver on the transformation plan to help the network to be more effective

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved – End of August 2020	RAG Status
The review of digital requirement is complete in March 2020. We will consider the recommendations and respond. Our response will be reported to Committee in June 2020.	Key recommendations from the Digital Transformation Project (DTP) user research report was presented to the Leadership Team (LT) on 23 July. An additional presentation has been scheduled on the 25 August for LT members who weren't able to make the first presentation. A systems specification has been built from the research for digital systems.	The user research phase is highlighting key areas Healthwatch England should investigate for its digital product offer, the way it communicates and its leadership role in the wider network.	On Track
We will improve the quality and volume of evidence we collect from the network with focus on equality and diversity data. We will review the type of data we collect from the network via the CRM and assess is this is fit for purpose. We will maximize the use of existing systems to ensure we	We are developing a list of socio-economic categories to be used in by Local Healthwatch in both the Civi-CRM and the reports library.	The category listing will be completed by the research and insight team by the end on of August 2020. The digital team will then work with our developers to make changes to our systems before LHW can use them	On Track

KPI	2020/21 Target	Current Update – End of August	RAG Status
No KPI			
Additional list of socio-economic categories to be used by Local Healthwatch in both the Civi-CRM and the reports library. (*KPI amended from "Roll out of new data*	Categories to be available to LHW by end of October 2020	Slight delay as developers will need time to implement changes to the Civi-CRM and reports library.	Minor delays

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
are collecting good quality insight from the network to inform our influencing activities. We will also focus on our feedback loop to the network and the public.				*collection process with 30 Healthwatch"*).			
We will deliver a proactive engagement plan with local government to improve understanding of our role and perception of the value we bring. We will Increase regularity of engagement with local government and stakeholders.	We continue with individual engagement with local authorities involved in contract variation. This involves full analysis of 20/21 contracts, engaging with Healthwatch providers and providing support to new Regional Managers to support engagement.	We continue to see a number of local authorities incorporate the Quality Framework into contract terms and using the checklist in the Healthwatch England Commissioners Guide, which supports commissioning of an effective Healthwatch. We have seen little reduction in contract amounts, extensions of contracts and several instances of increasing contract length which support staff retention and planning for impact. We are confident that the work of Healthwatch England has played a significant role in these outcomes by working with both local authorities and Healthwatch providers.	On Track	**No KPI**			
Sustainability Programme We will provide advice to the Healthwatch network on commissioning and income generation. We will provide support to Healthwatch network on contracts where we have concerns on the impact on sustainability (funding reduction, terms).	Preparation is underway for the 'what makes for success' project which will support Healthwatch leaders to articulate their impact. We will use the learning to further strengthen the case for investment for both local Healthwatch and at national level. We continue to provide support and advice to all Healthwatch who are likely to experience a change in contract terms in the next 12 months.		On Track	**Sustainability Programme:** Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of:	Plan in place for 100% of applicable local authorities	**Stakeholder Perceptions:** We will carry out stakeholder perceptions research for check-in at year 3 of strategy. This is key to measurement of several KPIs.	On Track - Ongoing

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
				• Stakeholder Perception Number of local authorities incorporating the Quality Framework as part of commissioning		**<u>Local Authorities:</u>** Engagement Plans are in place with 100% of local authorities (26) where there is a potential contract change	
We will provide horizon scanning, policy briefings and one-to-one support to the Healthwatch network to equip them to engage in national policy issues at local and regional level.	We continue to provide the network with updates on policy changes relating primarily to Covid. • Phase 3 letter and the NHS Reset • NHSE Equalities taskforce • Resourced to support mental health services • Impact of Covid on people who are homeless • Impact of Covid on Black and Asian communities • How to support increased uptake of flu jabs	Regular stakeholder holder comms has shown the benefit of sharing early insight rather than producing detailed reports on every issue. Specific wins secured around DNARs, the App, Shielding comms and dentistry. Sharing the insight, we gathered from Healthwatch IoW specifically was key to our influencing working on the NHS Test and Trace App.	On Track	**No KPI**			
We will deliver the brand resources and training the Healthwatch network need to engage audiences and communicate their annual impact.	**Training:** We have established a year-long training programme. We have delivered training on annual reports, impact communication, PR skills, campaigns and digital communications. **Resources:** We have continued to develop the resources local Healthwatch need to communicate and engage their local Healthwatch. Some of our original plans were paused and refocussed on producing COVID-19 related resources instead as well as resources for our #BecauseWeAllCare campaign. **Promotion:**	**Training**: From Apr-Jul 188 staff and volunteers signed up for communications training. **Resources**: From Apr-Jul staff and volunteers created over 930 resources using templates and downloaded 2.6K resources. **Promotion:** Traffic to our public website is 100% higher the same point last year (215K visitors Apr-July 2020 versus 95K Apr-July 2019). Engagement with social media messages is also more than the whole of last year (165K	On Track	**No KPI**			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
	We have updated our social media and paid for content plan to reflect COVID-19. We have supported the network to support external health and COVID-19 campaigns with resources and key messages. We ran a join micro campaign to support volunteer's week, celebrate our volunteers and raise awareness of the brand	engagements Apr-July 2020 versus 106K whole of 2019-20).					
We support more Healthwatch to adopt an improved website and better content.	**Local Healthwatch websites offer:** Despite internal capacity issues caused by staff changes and the capacity of the network due to COVID-19, we have continued to roll out websites to local Healthwatch. We have also launched our first group of Healthwatch taking up the website offer in 2020-21. We have held our first user group in 2020 and agreed potential developments including the creation of website benchmarking tool. **Channel review:** We have introduced a communication dashboard to track work. We have continued to test and refine our use of our digital channels and have started a review of email marketing.	**Local Healthwatch websites:** 51 websites are now live and 7 are in development. A further group is due to start work in October. **Channel review:** Our approach to testing and reviewing communications as we go has helped to contribute to the highest website traffic in a single quarter we have had since Healthwatch was established. We are also exceeding last year's performance when it comes to engagement with our social media content.	On Track	**No KPI**			
Through our Internal Communications Programme we will deliver information, training and support to the Healthwatch network staff and volunteers.	We have provided guidance to Healthwatch on safe working and engagement. We have produced guidance and top tips on range of topics in response to learning needs survey 2019 (e.g. volunteer management) and Covid (e.g. engaging with digitally excluded). Results from the Satisfaction Survey have been received and will be analysed. We had over 400 responses from staff, volunteers and Board members	**Channels and content:** Active users on our workplace increased during the COVID-19 crisis and remain contacts. Email open rate and click rates have increased and remain well above the industry norm. Visits to our network site and actions take on the site are more than double the same point last year (4.5K user Apr-June 2020 versus 1.8K Apr-June 2019 and 7.1K website actions Apr-June 2020 versus 3.4K website actions Apr-June 2019).	On Track	**No KPI**			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
Impact Programme. We will deliver a change programme to ensure the Healthwatch network understand, evaluate, communicate and report impact.	We are developing a way for Healthwatch to consistently report their impact, which will be tested with Healthwatch, as well as an Equality Impact Assessment form. 8 Understanding Impact webinar workshops have been delivered with 38 total participants from the network. A Theory of Change element has been included in Influencing webinars run by the Policy Team.	Healthwatch have a model and tools to understand and articulate their impact. Healthwatch England will understand the individual and collective impact of Healthwatch through reporting, plus be able to target support at a particular Healthwatch.	On Track
Quality Programme We will enable all Healthwatch to demonstrate their effectiveness through adoption of the Quality Framework. Healthwatch England Teams will capture where they have used the learning from the Quality Framework to inform their work or improve the support offer.	New Quality Manager in post (Delana Lawson). Quality Plan has been developed to achieve KPI, which includes updating guidance for local Healthwatch and the Framework ready for the next phase of Healthwatch completing the Quality Framework in Q3 and Q4. We have recruited Margaret Curtis, secondee from Healthwatch Sunderland, to assist with gathering good practice and its adoption by local Healthwatch on key areas identified through the Quality Framework, including decision-making, business planning and HR policies.	New guidance will support better Healthwatch experience of completing the Quality Framework. Participating Healthwatch will understand their effectiveness, share good practice and use learning for improvement. Healthwatch England understand effectiveness and learning to inform support offer and our work.	On Track
Partnerships and Collaboration Programme Delivery of projects which require Healthwatch network collaboration including: • CQC • Kings Fund • NHSE Healthwatch England will be the broker and support Healthwatch network collaboration to influence change outside of Healthwatch	8 local Healthwatch commissioned by Healthwatch England are currently undertaking stakeholder interviews as part of hospital discharge project. Insight commissioned from local Healthwatch and collated by Healthwatch England on NHS admin for King's Fund collaboration also shared with NHSE/I Review Team looking at GP bureaucracy. Eight local Healthwatch in North East London have been awarded a commission from the East London Health & Care	HWE will have in depth insight on public experience of hospital discharge to inform national project. Successful delivery means Healthwatch and Healthwatch England seen as good potential partner. Healthwatch seen as providing value by sub-regional system and Healthwatch England has useful model to encourage take up by	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
Impact and Quality Programmes: 40 local Healthwatch reported on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England intervention	40 local Healthwatch	20 local Healthwatch	On Track
No KPI			
No KPI			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
network boundaries.	Partnership to carry out local research to aid post lock-down service recovery. Waiting for an update from CQC Insight Team about publication of State of Care report and inclusion of local Healthwatch regional insight. Also, CQC Chief Executive Ian Trenholm has accepted an invitation to be part of a session at Healthwatch Week. Pilot project on Bladder and Bowel Continence with NHSE/I/local Healthwatch in Bristol to capture service user experience through survey still on hold due to Covid-19.	other ICSs and use learning.					
Volunteering Programme: We will develop L&D resources and identify best practice in volunteer management and support its adoption. We will identify core volunteer roles and accompanying competencies	Managing Volunteers Remotely webinars (6) delivered supported staff from over 60 Healthwatch with their role in supporting volunteers during pandemic including celebrating Volunteers Week. Resources produced: Managing Volunteers Remotely guidance, Free Training information available to volunteers, Four new volunteer role description templates. Have several local Healthwatch staff managing volunteers supporting the programme.	Healthwatch Staff managing volunteers were supported during the pandemic from both Healthwatch England and local Healthwatch colleagues. Resources produced with input from several Healthwatch increased the relevance and suitability of the guidance and tools for the network. Volunteer role descriptions supported Healthwatch to develop new volunteer digital opportunities to address lack of face to face due to Covid.	On Track	**No KPI**			
Learning and Development and Events Programme We will deliver a blended learning and development programme, including National Conference and events to support core competencies,	With new webinar programme in response to Covid, all the priorities identified by Healthwatch in the Learning and Development Survey 2019 have been met, such as Call Handling, policy, and volunteer management We have developed an engagement	Almost all courses have been sold out. The learning is being used to produce guidance and top tips. Face to face engagement is challenging. Healthwatch have	On Track	Create a baseline of Board members and volunteers who report feeling part of one Healthwatch.	Baseline to be set in Q4	Results due in Q4	On Track

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved – End of August 2020	RAG Status	KPI	2020/21 Target	Current Update – End of August	RAG Status
knowledge requirements and delivery of our transformation programme.	programme, comprising webinars and guidance, with online learning module on online engagement in development with the Consultation Institute and two grant-funded Healthwatch. Two new staff networks are being developed and supported: staff who manage volunteers and staff who carry out engagement activity. Guidance has been issued to local Healthwatch on operating in the recovery phase of Covid. Governance and decision-making blog, drawing on Healthwatch tips and feedback, plus a new Chairs newsletter National conference has been reimagined as online Healthwatch Week in response to Covid: agenda and awards on track for delivery in Q3 with main speakers identified with a Healthwatch Working Group looking at accessibility. Secondment to be recruited to assist with understanding Healthwatch approach to Equality, Diversity and Inclusion, including to inform strategy review.	been sharing how they are overcoming challenges. Networks will enable continued support among colleagues. These have helped to strengthen connection with Board members – an area for development highlighted from the Satisfaction survey 2019. Sir Michael Marmot has agreed to be speaker to support inequalities agenda.					
Campaign Programme	New Manager in post (Chris Gorman) and Campaign Plan is in place. Contributed to the delivery of the ongoing "Because we all Care campaign" and discharge project within it (closes Aug 23).	National media coverage was secured. 87 local Healthwatch participated in the discharge project (target 100), responses received from 93 different localities (target 100) and 40 out of 42 STP/ICS footprints covered.	On Track	**No KPI**			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
Business Support: We will develop business infrastructure to support delivery of Network Transformation Strategy. We will postpone identification of preferred suppliers. (*The description of the deliverable has been amended*)	128 Healthwatch completing the data return – expect this to increase. We've had over 400 responses to Satisfaction survey. 142 Local Healthwatch Annual reports have been submitted. CRM beta site under development to support Healthwatch England business processes. Grant making process is under review. We will be reporting on grant process to Audit, Finance Risk and Scrutiny Committee in Nov.	We use the results to inform Healthwatch England's annual report, contribute to our influencing work and plan our support offer for 21/22. HW are accountable for their work and communicate the difference they make consistently using HWE template. More efficient business processes and strengthening reporting capability. Robust, accountable, transparent process that will be employed consistently across HWE	On Track
Equalities, Diversity and Inclusion Project (Healthwatch Network)	New project consisting of secondment to be appointed from LHW to understand LHW approach to equality, diversity and inclusion, including good practice and informing HWE strategy.		On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
No KPI			
No KPI			

Aim 3: Ensuring your views help improve health and care

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

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
We will carry out stakeholder perceptions research for check-in at year 3 of strategy. This is key to measurement of a	Final procurement decision has now been made. Research will be in the field from Q3	Healthwatch will be able to track progress and impact of engagement approach with key stakeholders. This builds off the	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
No KPI			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
number of KPIs.	onwards.	stakeholder perceptions research carried out in year 1 of the strategy.					
We will carry out stakeholder perceptions research for check-in at year 3 of strategy. Significant focus in 2020/21 will be on engagement with health and care professionals (through their representatives) and local leadership (commissioners and service managers). This will also cover horizon scanning activity, bringing intel into the organisation from partners across the sector.	Review meetings now held with all teams across HWE. Revised approach to stakeholder management on course for completion on Q2. Revision of stakeholder lists underway. This will be linked up with refresh of the CRM.	Established real appetite from all teams across HWE to be more involved in stakeholder engagement. Now developing approach to better track and coordinate this broader activity	On Track	**No KPI**			
We will collect and analyse data from other stakeholders through partnerships.	This project has been paused for the year due to the need to prioritise other work on Covid-19			**No KPI**			
We will carry out two new policy focused research projects to shape emerging national thinking. We will carry out two policy influencing campaigns based on existing Healthwatch insight. Our policy priorities are: • Access to primary care • Digital NHS services and equalities • Social care reform • Is integration working for people?	**Digital NHS services and equalities** project published first report – The Dr Will Zoom You Now. Been well received by broad range of stakeholders including NHSE, NHSX, DHSC, Kings Fund, RCGP and Number 10 Policy Unit. Currently scoping next phase for roll-out in September – potentially in partnership with NHSX. **Integration project** – Hospital Discharge project moving at pace. 40 stakeholder interviews completed. Survey on track to reach revised target of 500 respondents from over 100 local Healthwatch areas. Report still on track for publication in October. Integration Index potentially back on agenda, with possible £70k funding from	**Hospital discharge** – by focusing on an issue that system is really keen to understand we have secured significant early stakeholder by-in. Also forcing quicker timeline to the project should enable us to share insights in timely way to inform system winter planning. **Digital NHS services and equalities** – by producing the rapid Dr Zoom report with key partners we have established Healthwatch as a key thought leader on this issue. Was vital to get out of the blocks quickly and our first piece of research is published whilst other orgs still in scoping phase.	On Track	2 research projects successfully completed to influence national policy thinking	Complete 2 research projects	0	On Track
				Healthwatch England successfully influence 2 health and care sector issues	2 health and care sector issues successfully influence by Healthwatch England.		On Track

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
	NHSE. Due for decision at Aug LT. **Primary Care Project** - plan agreed with LT for progress in Q3. **Social care** - No further update.		
We will introduce new software to improve the quality and timeliness of how we report on people's experiences of health and care. We will focus on proactive research and improved analysis.	We undertook online training during July on Excel pivot tables and dashboards and an introductory course on Power BI desktop. We now have full access to Power BI Pro to allow us to publish our data visualisations also now secured. We'll use what we've learnt in future editions of the insight scorecard and to analyse the data return.	Our data analysis will be more accessible by use of these programs	On Track
We will carry out a review of our engagement with a range of professionals. We will ensure that our policy priority campaigns effectively target professional audiences.	**Professional engagement:** We have paused our review of this work due to the need to focus on COVID-19 comms. We will plan this in for later in 2020-21. **Insight communications:** Promotion of Q3 & Q4 2019-20 reports was paused because the insight relating to the pre COVID-19 situation. The focus has shifted to only promote intelligence that reflects the current environment. We have: • Shared six COVID-19 Intelligence Updates with stakeholders and local Healthwatch • Published and promoted 'The Dr Will Zoom You Now' report on digital healthcare • Published a blog on our role in promoting data privacy in the NHS contact tracing app • Published a summary blog of the key issues people have raised with Healthwatch.	Because we have not produced any new public facing reports in Q1, we have seen a significant fall in downloads of our reports when compared to the same period in 2019-20. However, informal feedback indicates that our COVID-19 stakeholder briefings we have been producing for key sector leaders have been well received and well shared across Government and ALBs, as well as by local Healthwatch. We also appear to have seen an increase in website engagement from NHS audiences. Analysis of our Q1 website visitor traffic indicates that professional visitors to our website from NHS.uk domains (which is used by national NHS organisations) is 600% higher in the first quarter of 2020-21 versus Q1 2019-20. (2.9K visitors v 394).	Minor Delays

KPI	2020/21 Target	Current Update - End of August	RAG Status
No KPI			
No KPI			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status
A campaign/series of activities to support the system's response to Covid-19	We have continued to share regular Covid insights with key stakeholders. We have compiled the back catalogue of stakeholder briefings to support the Q1 insight report. We fed in to NHSE rapid task and finish group on health inequalities and the Covid response. We have continued to brief the network on key policy announcements – in particular relating to local lockdowns and the phase 3 letter. Supported NHSE and RCEM with the development of the NHS111 First policy development. This has come from the work we did on the Clinical Review of Standards and was one of our key recommendations. Partnership work with NHS Confed on #NHSReset campaign and the Health for Care campaign continues.	Our work on hospital discharge and digital health services, as well as the Q1 insight report, will all contribute relevant evidence to system response in immediate term and support future inquiries into handling of Covid-19.	On Track
We will continue to step up our political engagement to build awareness and improve the value placed on us by Gov Ministers, Shadow ministers, MPs interested in health and social care as well as Select Committees and APPGs. We want to see the number of debates in the house where Healthwatch evidence is used double over this year.	Political engagement work continues including submitting evidence to the Public Services Committee and the cross-party Devolution Commission. Had first quarterly meeting with our Director General at DHSC. Discussed local Healthwatch funding and structures. Developed engagement plan for Q1 insight report including specific emphasis on our political audiences.	Healthwatch intelligence and recommendations has contributed to scrutiny of the system's response to Covid-19 and kept parliamentarians informed of peoples' experiences of health and social care. Our insights are being used more by political stakeholders than previously – e.g. Select Committee letter emphasising need for better communication with patients.	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
No KPI			
No KPI			

Aim 4: Organisational Management
We will be a well-run high-performing organisation

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved – End of August 2020	RAG Status
Our staff will maximise use of the CRM or equivalent system to ensure that we capture information to help provide insight to the Leadership Team on the Healthwatch network stakeholders, partners and MPs.	We are carrying out the scoping and have milestones in place. We have begun the process of engaging with staff on its development.		On Track
We will review the organisational Strategy. Consultation will begin October 2020	Framework, Schedule and Flow chart for the Strategy Review have all been completed and circulated to all staff. Stage one of the Strategy Review Framework has now been completed and a report on the analysis will be shared with committee at the next Committee workshop in October.	The benefits of analysis in stage one of the Strategy review allowed us to explore the really important issues HWE should be focused on and the direction of travel.	On Track
All programmes of work will start from the basis of how we promote equalities and diversity. All programmes and projects will have this at the heart of our work. Equalities and diversity impact assessments will provide evidence and insights to facilitate our aims to influence our stakeholders.	The Equality Impact Assessment guidelines have now been completed and pending review by the Leadership Team for approval on the 23rd September.	The Equality Impact Assessment ensures that by default we consider equalities in our work programmes.	On Track
All staff have regular 1:1s with their line manager and have a learning and development plan in place.	We will be able to receive a report which summarises who is using the ED portal to record their 1:1 meeting. CQC are setting up a dashboard which will give us daily reporting.	Tracking the usage of ED portal.	On Track

KPI	2020/21 Target	Current Update – End of August	RAG Status
No KPI			
No KPI			
No KPI			
No KPI			

Business Plan Deliverables	Update – End of August 2020	Benefits and Impact Achieved - End of August 2020	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
Our improved financial controls will ensure that we spend our budget allocation effectively.	The Leadership and Committee agreed virement of £140k from Pay underspend to Non-Pay for work around Equalities and Quality Standards. We are reviewing our budget monthly.	The flexibility of virements between Pay and Non-Pay has enabled us to respond quickly and redirect funds to support key projects which are part of our strategic ambitions.	On Track	100% of budget allocation spent	100%	28% of budget spent as at the end of July.	On Track
94% of programme will be on track	87% of projects are currently on track with 4% reporting a minor setback and 9% on hold due to Covid	With the majority of our programmes being on track we can achieve our business plan objectives bringing our closer to our strategic goal.	On Track	94% of programmes on track	94%	87% (4% of projects have minor delays and, 9% of projects are on hold due to Covid-19	Minor delay
Staff survey completed by all staff	The 360-feedback review has been completed and shared with the Leadership team.	The 360 feedback has enabled Leadership to see how they reflect back to staff in their role as leaders, and to home in where there can be improvements, so that the performance of the organisation is also improved. We will be carrying out a second staff survey in September as a temperature test	On Track	**NO KPI**			
95% of staff engaged with the overall objectives of Healthwatch England	The mini-survey is scheduled to take place on 21st September, CQC to confirm		On Track	95% of staff engaged with the overall objectives of Healthwatch England	95%	Results due in Q3	On Track

SECTION 2: AUGUST HIGHLIGHTS & WHAT TO EXPECT DURING QUARTER 3

Aim One – Support you to have your say

What we have delivered in Q2

- Brand Awareness, Resources and Training Programme: We will continue to roll out our training programme. We will continue to roll out new resources to help promote #BecauseWeAllCare. We will also initiate a review of the Healthwatch brand.
- Information and advice programme: We will continue to develop content to support our wider campaigns (e.g. Hospital Discharge) and in response to the evolving COVID-19 situation.
- Public feedback programme: We will continue to encourage the public to feedback as part of the general #BecauseWeAllCare campaign, as well as our first focus on hospital discharge. We will review the campaign and agree with CQC any future spikes focussed on different sections of the population (e.g. BAME communities)

What we aim to deliver in Q3

- Evidence use programme: We are planning to communicate new insights that result from our priority policy programmes. We also aim to start our review of engagement with professionals.
- Brand Awareness, Resources and Training Programme: We will undertake a review of the Healthwatch brand.
- Information and advice programme: We will continue to develop content to support our wider campaigns (e.g. digital exclusion) and in response to the evolving COVID-19 situation. We will also report on our test of the ability of users to rate the usefulness of content.
- Public feedback programme: We deliver new campaign spikes focussed on (a) new intelligence that Healthwatch England wants to collect on policy priorities (b) specific sections of the population whose views are underrepresented in our evidence.

Aim Two - Providing a high-quality service to you

What we have delivered in Q2

- Supported local Healthwatch delivery of hospital discharge campaign
- Set up local Healthwatch collaborative project on hospital discharge, including small grant awards
- Engagement plans in place with all local authorities who are considering contract variations to protect income and produced briefing for DHSC on Healthwatch funding
- Completion of new team and working on better business processes to ensure our support is making biggest difference
- Delivered extensive programme of webinars on digital and digitally excluded; commissioned new online training; established new staff groups
- Provided tailored advice and support to local Healthwatch on impact of Covid
- We have written and delivered a webinar to local Healthwatch staff on developing a survey
- We have published a research planner on the network site for local Healthwatch to use
- We have successfully piloted the functionality to allow local Healthwatch to publish their own reports to the National Reports library
- Digital engagement programme: We will continue to roll out the website to local Healthwatch. We will increase our use of automated email marketing. We will explore the use of a tool which enables users to rate our online advice and information content.

Aim Two - Providing a high-quality service to you

What we aim to deliver in Q3

- New programme on engagement: online learning module, models of engagement; new staff network to share practice
- Healthwatch Week: Conference reimagined for Covid. Top speaker line up; opportunities to celebrate the work of local Healthwatch and share learning; new audience of Commissioners
- Volunteer programme with new handbook and staff group to share practice. Volunteer management survey to network to find out additional staff support needs.
- Impact Programme which is piloting local Healthwatch impact reporting and carrying out detailed analysis of impact of select number of local Healthwatch to create their narrative for success
- Full suite of good practice and learning materials on the local Healthwatch 'intranet'
- Work underway to understand Healthwatch approach to equality, diversity and inclusion
- Phase 2 of Quality Framework underway to achieve KPI of 40 Healthwatch
- We will produce further guidance to local Healthwatch on aspects of research
- We will enable more local Healthwatch to upload their own reports to the National Reports Library
- Digital engagement programme: We will continue to roll out the website to local Healthwatch. We will commission a digital tool that will help local Healthwatch benchmark their website traffic with other services and help us measure traffic across our estate of local Healthwatch websites.

Aim Three - Ensure your views help improve health and care

What we have delivered in Q2

- **NHS 111 First** - In Feb 2020 we published our contribution to NHSE's Clinical Review of Standards. One of our key recommendations was that A&E departments should introduce the ability for people to book appointments in A&E departments so that, where appropriate, people can wait at home rather than in departments. As part of the ongoing response to the pandemic, NHSE announced in Q2 they are going to introduce this nationwide. We have been supporting Healthwatch Portsmouth to feed in to development and will be working with NHSE and RCEM on this throughout the rest of Q2.
- **Public Affairs** – We have had a number of examples throughout Q2 of political audiences drawing on our insight including:
- The Health and Care Select Committee writing to the Sec of State and the CEO of NHSE calling for a number of improvements in the response to Covid – highlighting the top issue as 'better communications with patients' and referenced HWE's written and oral evidence to the committee.
- The NAO published their report to the Health and Social Care Select committee on local Healthwatch finance. The NAO confirmed HWE own analysis of this and said that the lack of transparency around current funding mechanisms risked the DHSC policy intention for Healthwatch not being effectively resourced.
- The Health Devolution Commission report was published and backed our call for regional level Healthwatch structures to enable our network to work consistently across STPs/ICSs and devolved areas to feed the voice of people in to decision making.
- NHSE Equalities Taskforce - We were part of the NHSE task and finish group, pulled together to develop the NHS plan for addressing health inequalities as part of the phase 3 letter. Following our input, it was positive to see the final plan focus on prioritising those at greatest risk (a joint point made throughout with National Voices). NHSE also agreed to improvements around capturing of demographic data, greater emphasis on board level leadership on tackling inequality and working with local communities to strengthen accountability and scrutiny. There was also a specific commitment included to review who is accessing new digital care pathways to help surface potential new gaps opening up.
- NHS Test and Trace App - Our continue representation through Q2 has helped to secure key policy commitments around the new test and trace app. This means it answers all six key questions raised in our correspondence with DHSC and NHSX.
- **Webinars - We ran our first series of webinars for LHW on developing local stakeholder management and influencing skills. These sold out in a matter if hours and we will continue to run these throughout the rest of the year on a rolling basis.**

Aim Three - Ensure your views help improve health and care

What we have delivered in Q2

- We have presented key findings from the Digital Transformation user research phase to Leadership Team
- We have created a digital systems specification to be used in the second phase for new digital systems research
- We have developed a plan to review the work and functions of the Research and Insight team, to ensure that it continues to meet the needs of the organisation and network
- We have developed a discussion guide for the hospital discharge policy research project
- We have undertaken training on Power BI and Excel dashboards
- **Digital health project** – At the end of July we published the findings of our first phase of research in this space – "The Dr Will Zoom You Now", produced in partnership with National Voices and Traverse. Recruitment for this research was supported by 16 LHW who helped us secure 75 participants. Project from inception to publication was 10 weeks meaning we were able to get out quickly and position Healthwatch at the heart of this key debate on how NHS services are changing. The research itself has now been widely shared, including being referenced in NHSE's "phase 3" letter which was sent to all parts of the NHS as they start to return services to more normal running.
- **Hospital discharge** - During Q2 we have designed this research project and successfully put both the quantitative and qualitative elements in to the field. This has included grant funding 8 local Healthwatch to support and securing help from a further 100 plus LHW across the network to gather people's views and experiences. We have developed a core partnership with the British Red Cross during the evidence capture phase, and secured assistance from NHSE, DHSC, Nuffield Trust, NHS Providers and the EHRC to develop the research questions. We are on track to publish in early October meaning we will have delivered a major network wide research project in approx. 4 months from inception to publication.

Contd...

Aim Three - Ensure your views help improve health and care

What we aim to deliver in Q3

- We will set strategic direction of our digital strategy along with the LT and Committee
- We will write and deliver webinars on qualitative and quantitative data analysis and will rerun the seminars on research planning and survey design
- We will complete the review of the work and functions of the Research and Insight Team and start to implement its findings
- We will support the policy priority projects on digitalisation and primary care with research expertise
- Hospital discharge final report
- Kick-off second phase of digital NHS services and equalities work
- Primary care project kick-off
- Feed in to the Government's spending review
- King's Fund Admin Project publication

Aim Four - Organisational Management

What we have delivered in Q2

- Completed EDHR template
- 360 Management review completed
- Review of induction packs

What we aim to deliver in Q3

- Mini Staff Survey
- Refresh of strategy continues

AGENDA ITEM 2.2

AGENDA ITEM: Update on HWE Plans to fulfil our Equalities and Human Rights Duty

PRESENTING: Chris McCann

PREVIOUS DECISION: To refresh our Public Statement on Equalities Diversity and Inclusion and publish a workplan setting out our activities in the area for 2020/21

EXECUTIVE SUMMARY: This paper sets out our activity on Equalities Diversity and Inclusion up to the end of August 2020.

RECOMMENDATIONS: Committee Members are asked to note this report.

Publication of updated Public Statement and Equalities Diversity and Inclusion workplan

As noted earlier in the meeting, in August we published an updated Equality Diversity and Inclusion statement on the Healthwatch England website.

The statement reflects the discussion we had in our June committee meeting and sets out our commitment to ensure that issues relating to EDI are front of mind in all our work. The statement also takes on board contribution of Healthwatch England staff and has been reviewed and approved by Sir Robert and Imelda.

We also published our Equality Diversity and Inclusion workplan for 2020/21, it outlines two key programmes of work which have a specific focus on equalities and also articulates how we will place an equalities lens on our approach to the entirety of our work throughout the year.

It's important to note that workplan is only related to work that we will be undertaking in this financial year and that we will build on this foundation in future years.

Policy and influencing

Throughout July we contributed to the development of NHS England's rapid task and finish group on Healthwatch inequalities.

This group has developed a list of eight urgent actions that NHS leaders are being urged to address in partnership with their local communities.

Following our input, it was positive to see the final plan focus on:

- Prioritising those at greatest risk (a joint point made throughout with National Voices).

- Place significant emphasis on improvements around capturing of demographic data
- Set a clear expectation for board level leadership on tackling inequality
- Stress the need for local and regional NHS bodies to work with local communities to strengthen accountability and scrutiny.
- Introduce a specific commitment to review who is accessing new digital care pathways to help surface potential new gaps opening. (This links directly to the work we have been doing on Digital Health Services and Equalities).

You can read the final report and guidance here - https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

As a result of this work we have been asked to join the NHSE/I Health Inequalities Oversight Group.

This group will provide oversight and advice on the delivery and further development of NHS actions to address health inequalities during the next phases of COVID-19 recovery, as well as related health inequalities activities outlined in the NHS Long Term Plan. The Group will operate until 31st March 2022, with meetings taking place every two months from September 2020.
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Research & Insight

In August the Research and Insight Team completed a review of the demographic data in the taxonomy. This will then be rolled out to the network via the CRM. This will bring us up to the current industry standards on all demographic categories, including the specific review we have carried out on socio-economic categories.

On our **Digital and Health inequalities** work we launched a very successful first stage report – The Doctor Will Zoom You Now. This saw 49 patients recruited by LHW to take part in a rapid review of how remote consultations are working. 20% of participants were from Black, Asian or Minority Ethnic groups. Half of the participants were over 65, and we had 3 people over 75, as well as 3 under 25. The group had a mix of experiences of non-face-to-face consultations in primary and secondary care and in mental health. From this work we have produced some top tips to help patients and clinicians get the most out of remote consultations and worked with our partners (Traverse and National Voices) to create and easy read version of these.

The work has provided us with a really useful insight in to what is working for people and what isn't, in particular the challenges faced by some people with learning disabilities etc. The next stage of the project, which launches in September, is focused on recruiting local Healthwatch and partner GP practices/PCNs to carry out deeper dives with communities who are not accessing remote consultations at the moment.

In our **Quarterly Insight Report** we have raised specific concerns throughout the pandemic around the lack of accessible communications. This is an issue being experienced by so many different groups including people with learning disabilities, sensory impairment, and non-English speaking / English as an additional language.
This point also featured strongly in the Chair's evidence to the Health Select Committee inquiry into the handling of the pandemic. The Committee have subsequently raised with the Secretary of State and NHS England that efforts around communications with patients and the public need to be stepped up.

In our **Hospital Discharge** research, we set out with an aspiration to hear from as many people from Black, Asian and Minority Ethnic communities as possible. We have experienced significant challenges in this with only 5% of respondents to the survey being from non-white backgrounds. This is in part because the numbers of people from these communities who have been discharged from hospital since March is relatively low. But this has also highlighted two things to the team. We recognise we need to build better links with representatives' groups, our engagement with these stakeholders was from a low base at a time when they were being inundated with other requests. Additionally, we need to think about adding an additional piece of work to the project to test out whether the general findings apply to the experiences of specific communities.

During the work we also identified an opportunity to build in some evidence gathered by Mencap. Whilst we did not set out with the intention of focusing on the experiences of people with Learning Disabilities it was a good opportunity to surface through this project, so our intention is to include this in our final report.
Covid 19 and its impact on Black and Asian Communities – After securing the go-ahead from Leadership Team on the project we held an internal staff workshop in August. We have also talked to the London Network Meeting about the project to seek input. We received useful feedback about the need for the work to be very focused on a specific community to ensure we don't spread ourselves too thinly and dilute the findings. We recognise that this will mean we cannot cover all the groups affected. We also heard that the grant funding amounts proposed, whilst sufficient to support local Healthwatch, create little head room to fund the community groups they work through. We are therefore looking at how we structure the grants differently to allow for this. We are also finalising the JD for a secondment to help us project manage this work.

Working with Local Healthwatch

In July Leadership Team gave the go ahead to a project **Identifying best practice on Equality Diversity and Inclusion in local Healthwatch and supporting the network in this area.**

We are in the recruit a secondee to work alongside Healthwatch England's Learning and Development Manager to identify best practice on Equality Diversity and Inclusion and develop e learning module on HW approach to EDHR. We have received applications for the secondment and are hopeful of making an appointment early this month.

Once the scoping work for the secondee has been completed we will commission sessions for LHW on Equality and Diversity including their approach to their public duty. We will commission this in Q4, once the scoping work of local Healthwatch by the secondee has taken place.

We will share examples of best practice to facilitate learning from some of the high-quality work on Equality Diversity and Inclusion that is being delivered by Healthwatch locally. This will be achieved through the secondment.

The 2020 Data Return has been completed, this year's data return strengthened questions on equalities and will be analysed during September.

We have committed to produce and promote at least one **volunteering case study highlighting diversity** per quarter and diversity in volunteering case studies are being planned for September.

How we communicate

For the first time in the Q1 insight report we used the nationally gathered feedback to report on the
sorts of audiences we are engaging with.

This includes:

- 76% women
- 75% aged between 50 and 79
- 70% White British
- 75% heterosexual
- 28% carers
- 41% identify as having disability
- 68% identify as having a long-term health condition

We have continued to make our communications accessible. For example, we are producing our national feedback form in both easy and BSL versions.

We have provided training to help the network tell a clear story in accessible language

Our **Because We All Care Campaign** secured social media support from 290 organisations, including those representing people in terms of age, disability, race, sex and pregnancy and maternity

We have just started the process of planning campaign to find out the health and care experiences of a specific BAME community. The campaign will run later in 2020-21.

The comms, policy and research teams are currently pulling together a plan for engaging with groups we are currently not hearing from with the aim of using the rest of 2020/21 to trial different methods. Core groups include young people, men and Black, Asian and Minority Ethnic communities.

We have renewed our subscription to the accessibility testing tool Site Improve and rolled out our accessible website template, which is now being used by 51 local Healthwatch services. We have also invested in a new tool called HotJar to ensure we can test how users view content and ask for feedback on the usability of content.

As an employer

- In Q1 we ran a series of workshops with staff to address issues regarding Equalities and Diversity and Inclusion, these have helped inform our refreshed Public Statement on our commitment to EDI and our 2020/21 workplan.
- We have updated our Equalities Impact Assessment Template to ensure that it is more robust
- This month staff will complete a mid-year staff survey which will help us to measure our performance as an organisation.

AGENDA ITEM: **2.3**

AGENDA TITLE: 'Because we all care' campaign evaluation

PRESENTING: Benedict Knox (Head of Communications) and Flora Deshmukh (Campaigns Officer)

EXECUTIVE SUMMARY: This presentation:

- Recaps on the campaign aims
- Provides an evaluation of the first month
- Sets out lessons that will inform future activity

RECOMMENDATIONS: National Committee are asked to note

AGENDA ITEM 2.4

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: The minutes of the last AFRSC are presented to the Committee
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting
Minutes of meeting No. 11
Meeting Reference: AFRSC200730

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 30 July 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:
Chris McCann (CM) – Director of Communications, Insight and Campaigns
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Felicia Hodge (FH) – Committee Administrator (minute taker)

Apologies
Imelda Redmond (IR) – National Director

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). The Chair noted the apologies.	
1.2	**Draft Minutes of Meeting of May 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. Action 2.2 due October 2019 - The Chair asked for an update to sourcing training providers for managers. JC responded that this had now moved on and operations are in place to commence training. This action can now be marked as complete. Action 2.1 from 14 May 2020 meeting – The committee requested a more general tracking programme and delivery of funds and evaluation of all project work in addition to Norfolk grant projects to include scope and post project evaluation. Action 6.1 HR Review from 14 May 2020 – The Chair requested an update on how CQC use the equalities and diversity data that they collect on staff. JC responded that once she receives the information, she will share it with the sub-committee before the next meeting.	
2. 1	**<u>Finance and Procurement</u>** **Finance Q1 2020/21** JC reported that £680k of the budget allocation of £3,444,233 had been spent in Q1. She presented a new reporting format which provides a high-level summary of our expenditures. JC highlighted the following: • 85% of the quarterly budget for pay was spent as vacancies were carried until mid-July • Vacancies in the Network Development Team have now been filled • Covid-19 has had an impact on non-pay spend. • £80,135 was spent on non-pay amounts, resulting in 52% of the quarterly non-pay budget • 81% of the quarterly budget for pay and non-pay was spent, resulting in a total underspend of £163k. JC reported that the underspend was attributed to several factors, including the reduction in travel expenses, reduced costs due to the conference being held online, staff movement and the disestablishment of the Head of Intelligence position. To manage our underspend the Leadership Team proposed grant funding to local Healthwatch to support specific pieces of work. JC explained that the virement of funds due to the underspend has been agreed by DO and SRF. Funds will be used for projects in the business plan that had no previous funding allocation. £140K has been allocated as follows: • £65k – BAME experience of health and social care during COVID -19 led by Jacob Lant	

	• £40k – In-depth review with network on work with BAME communities led by Gavin Macgregor • £35k – Good practice resources for local Healthwatch network The sub-committee agreed that the new reporting format was clearer and particularly liked the projected spend element. PH asked if the projected spend included the virement amount agreed by DO and SRF. JC confirmed that it did. He also asked if £200k was the assumed spend for the conference to which JC replied that this was assumed at £100k. The sub-committee noted that there is currently a projected large underspend of approximately £300k and requested that these funds are reallocated over the summer. CM assured the sub-committee that the Leadership team are aware of the situation and the matter is being given high priority but thought that Summer would be too soon to fully consider where the funds should be spent. JC will provide an update at the next AFRSC meeting on the progress of where underspent funds should be spent. The Chair mentioned that it may be of benefit to HWE to have input from the committee as we must be strategic in what we do. She stated that there could be opportunities around the NHS reset and asked for consideration of a communications message to committee members as to the thoughts for recommendations. AM mentioned the need to factor in a second wave of the pandemic and the impact that it may have on further underspend. The Chair suggested a creative thinking pot for the network could be considered **ACTION** – JC to provide an update at the next AFRSC meeting on the reallocation of funds **The committee noted the report.**	
And 2.2	**Quarterly Procurement Update** JC explained that there had been very little procurement in the last quarter and there will not be much this financial year. Most of the procurement relates to business as usual activities. Additional spend has been on: • People Business for Committee and Leadership team workshop • ETC for 360 appraisals JC reported that grant funding to support our work programme had been allocated for the following: • £16K to 8 Healthwatch (£2k each) for work on Hospital Discharge • £1800 to 3 Healthwatch (£600 each) for work on an online	

	engagement module HP referred to the table that had been shared with the sub-committee and asked if it provided what was planned and could updates be added to the table as they happened. JC confirmed that the table would provide an ongoing summary of what has been given to local Healthwatch and assured them that this would be added to the next report. **The sub-committee noted the report and the chair thanked JC for her work.**	
3.1	**<u>Risk Review</u>** **<u>Strategic Risk Register</u>** SA presented the revised Strategic Risk Register 2020/21 to the sub-committee. The register included the following 3 high risks with a post mitigation rating in the red and further changes made to the register since the last presentation. • **SR24** - *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.* (**Rating: 20**) • **SR01** - *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.* (**Rating: 15**) • **SR20** - *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.* (**Rating 15**) The sub-committee provided the following comments on the amendments made to the Strategic Risk Register: • **Risk SR24** – (*please see risk description above*) sub-committee requested the pre-mitigation rating against likelihood be increased from 4 to 5 to reflect the total rating shown of 25. We were also asked to consider increasing the post-mitigation rating of this risk from high (20) to very high (25) in light of the current situation with Covid-19. • **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.* ***Planned Mitigation*** – *Healthwatch England to work with NHSI*	

	and DHSC to embed patient participation and mandatory if all service change. Sub-committee suggested that the above planned mitigation be changed from "*…if all service change*" to "*…**for** all service change".* • **Risk SR01** – *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.* Changes reported: ***Planned Mitigations:*** *The new Quality Framework (all HW to have identified completion date by Mar 2021) and Impact Programme (commencing Scoping Q2; Implementation Q3 and 4) are putting in place plans which will enable us to gather evidence that Healthwatch network are articulating their effectiveness and the difference they make.* Sub-committee requested Gavin Macgregor attend the next AFRSC meeting to explain what the above mitigation means in practice: • **Risk SR18** - *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.* Changes reported: ***Planned Mitigation** - Clear roadmap for change will be in place showing timeframes, deliverables and outcomes by August 2020.* In the above planned mitigation, sub-committee wondered if the delivery in August was realistic, given the large number of staff that may be on leave during August. CM reassured sub-committee that this was possible as we have now received the Digital Transformation report back from the consultants last week. A paper and presentation on the findings of the reports will be bought to the next AFRSC meeting. • The sub-committee provided a verbal update on the ongoing recent complaint and a full update will come to the next committee meeting in September. This complaint relates to **Risk SR07** - *Due to inappropriate actions/behaviour of Healthwatch network staff or volunteers, there is a risk of damage to Healthwatch brand or reputation.* Sub-committee also requested that our policies covering whistleblowing and complaints are updated and in place in	

	consideration of the above complaint. • **Risk SR15** - *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* Changes reported: ***Planned mitigation*** *- We have scheduled LHW webinars in response to Covid impact on face to face engagement, including alternative approaches to digitally excluded; we are considering introducing digital platform to support digital engagement.* Sub-committee would like to have some more details on our alternative approaches to digitally excluded in order to feel assured about this mitigation. • **Risk SR19** - *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.* Changes reported: ***Planned Mitigation*** *- We will provide webinars and guidance to the network on different aspects of research and develop our support offer via the research helpdesk to better meet their needs* CM informed sub-committee that this is one of the strategic aims we would like to look at during the strategy review. We know from our engagement with LHW that they are focusing on the quality of engagement rather than the numbers. Sub-committee suggested using external researchers' partners to help with the training for the network to reach those in difficult parts in a digital excluded way. • **Risk SR22** - *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.* Changes reported: ***Current Mitigation*** *- We have reviewed a series of tools and data science techniques but have assessed that these will deliver limited efficiencies in analysing data. We have identified that we do not need to analyse all data we receive to do a robust analysis and draw conclusions from the data.*	

We aim to increase the amount of intelligence we collect to build our evidence base and increase our influence

Sub-committee asked that the wording of the above underlined mitigation be reframed.

- **Risk SR10** - *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.*

  Sub-committee requested we include the staff survey and 360 feedback in the mitigations and place a focus on equality, inclusion and diversity as this is an important ongoing issue.

ACTIONS:

- **Risk SR24:**
  - **SA to amend pre-mitigation likelihood rating from 4 to 5 to reflect rating total of 25.**
  - **GM to consider increasing the post mitigation rating of this risk from high (20) to very high (25) considering the current situation with Covid-19.**

- **Risk SR23 – Changed the last sentence on the following planned mitigations to *"…for all service change"*.**
  - ***Planned Mitigation*** *- Healthwatch England to work with NHSI and DHSC to embed patient participation and mandatory if all service change.*

- **Risk SR18 – CM to provide a paper and presentation on the findings of the Digital Transformation reports of the planned Mitigation at the next AFRSC meeting.**

- **Risk SR01 – Gavin to attend next AFRSC meeting in November to explain what the following mitigation means in practice.**
  - ***Planned Mitigations:***
    The new Quality Framework (all HW to have identified completion date by Mar 2021) and Impact Programme (commencing Scoping Q2; Implementation Q3 and 4) are putting in place plans which will enable us to gather evidence that Healthwatch network are articulating their effectiveness and the difference they make.

- **In relation to Risk SR07 – Phil/Gavin to bring a full update to the next Committee meeting in September on the ongoing complaint.**

- **SA to ensure our complaints and whistleblowing policy are**

	updated. • **Risk SR22 – SA/CM to reframe the underlined section of the following current mitigation stated in the above minutes:** • **Risk SR10:** o **JC to include staff survey and 360 feedback in the mitigations.** o **JC to include in the mitigation a focus on equality, inclusion and diversity as this is an important ongoing issue.**	
3.2	**<u>COVID-19 Risk Register</u>** SA presented the revised Covid Risk Register 2020/21 to the sub-committee and noted no high rated risks. The sub-committee provided the following comments on the amendments made to the Covid Risk Register: • **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.* Sub-committee requested this risk rating be reviewed again as it is now heightened with the first wave of Covid-19 not being quite over and the threat of a possible lockdown. **<u>ACTION</u> – SA** to review risk rating and amend risk level. No amendment to wording required.	**SA**
4.1	**<u>Forward Plan</u>** To include the standing items in addition to the following: • Report on Deliverables and Assurance in Grant Giving Programme - Gavin • Digital platforms- guidance on practice- strengths and weaknesses of engagement – Gavin • Review across LHW – work on BAME for full committee • Funds allocation to mitigate underspend • Staff survey	
5.1	**AOB –** Office Move The sub-committee asked for an update on the office move and staff returning to the office. JC explained that the move was back on track and expected to take place late November/early December, following a revised floor plan due to COVID-19 and a CQC survey on staff preference to continue	

	working from home for the longer term. JC informed the AFRSC that the move is outside HWE's control. Although the sub-committee understood our position, they recommended that we look at our workforce and what works best for HWE, taking into consideration staff working from home longer term, and reduced office space. Their view is that we need to manage our requirements with CQC as soon as possible and to consider how we will be affected financially by the changes. JC responded that HWE are already having regular conversations with CQC about the office move, but it is too soon to make any negotiations and a review of the current service level agreement will be done after the move is complete. She will provide the sub-committee with a progress report at the next meeting. **ACTION – JC** to provide the sub-committee with an update on the office move and any implications it has for HWE. **The Chair thanked everyone for their attendance** **Meeting concluded**	**JC**

SUMMARY OF ACTIONS FROM 13 FEB 2020					
AGENDA ITEM	**LEAD**	**ACTION**	**UPDATES**	**DEADLINE**	**STATUS**
Finance & Procurement 2.1	Gavin Macgregor Joanne Crossley	To provide the sub-committee with an appendix to the finance report on the movement in grants, including a RAG status	GM to present summary to include value for money for local Healthwatch grants and will provide an update at the next meeting.	Nov 2020	**In Progress**

SUMMARY OF ACTIONS FROM 14 May 2020					
AGENDA ITEM	**LEAD**	**ACTION**	**UPDATES**	**DEADLINE**	**STATUS**
Finance & Procurement 2.1	Imelda Redmond	IR to report back to the sub-committee on how the Norfolk grant money is spent when the programme commences.	This piece of work will be amalgamated into the 2.1 above	Ongoing	**In Progress**
6.1 HR Review	Joanne Crossley	To find out from CQC how they use the equalities and diversity data that they collect on staff and give the committee an update	Information not yet received from CQC. JC will share it with the sub-committee before the next meeting	July 2020	**In Progress**

SUMMARY OF ACTIONS FROM 30 JULY 2020					
AGENDA ITEM	**LEAD**	**ACTION**	**UPDATES**	**DEADLINE**	**STATUS**
Finance & Procurement 2.1	Joanne Crossley	JC to provide an update at the next AFRSC meeting on the progress of reallocation of underspent funds		Nov 2020	
Strategic Risk Register 3.1	Sandra Abraham	**SR24** - SA to amend pre-mitigation likelihood rating from 4 to 5 to reflect rating total of 25.		Nov 2020	
	Gavin MacGregor	**SR24** - GM to consider increasing the post mitigation rating of this risk from high (20) to very high (25) considering the current situation with Covid-19.		Nov 2020	
	Sandra Abraham	**SR23** - SA to change the last sentence on the following planned mitigations from "*...if all service change*" to "***...for all service change***"		Nov 2020	
	Chris McCann	**SR18** - CM to provide a paper and presentation on the findings of the Digital Transformation reports of the planned Mitigation at the next AFRSC meeting.		Nov 2020	
	Gavin MacGregor	**SR01** - GM to attend next AFRSC meeting in November to explain what the following mitigation means in practice. ***Planned Mitigations:***		Nov 2020	

COVID Risk Register 3.2	Sandra Abraham	COR09 - SA to review this risk rating as it is now heightened with the first wave of Covid-19 not being quite over and the threat of a possible lockdown. No amendment to wording required		Nov 2020	
AOB Office move 5.1	Joanne Crossley	JC - to provide the sub-committee with an update on the office move and any financial implications it has on HWE		Nov 2020	

AGENDA ITEM: 2.5

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 15 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 • Diversity and Equalities Update AFRSC Minutes • Intelligence Report Digital Report – Response to recommendations • 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 • Healthwatch Strategy Review • Delivery and Performance Update • Equalities, Diversities and Inclusion • 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 • Business Plan • Diversity and Equalities 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 • Diversity and Equalities 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 • Diversity and Equalities Update – • Speak up Guardian • 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

Healthwatch England Committee Workshop Forward Agenda 2020/21

Oct 2020	Direction of Travel for Key issues: Vision/Mission; Data Use and Collection; Methods of Engagement
Jan 2021	Deliverables for 2021/22; Budget 2021/22