Healthwatch England 13th October 2021

Meeting #36 Committee Meeting held in Public

11:15 am – 14:20 pm

Location: Thames 34, Second Floor, 2 Redman Place, Stratford E20 1JQ

11:15	Public Committee Meeting – Agenda item		Presenter	Action
11:15	1.1	Welcome and apologies	Chair – RF	
11:17	1.2	Declarations of interests	Chair - RF	
11:20	1.3	Presentation by Tower Hamlets Healthwatch on collecting demographic data	Dianne Barham Gavin MacGregor	For NOTING
11:50	1.4	Minutes of meeting held in June action log, review of agenda and matters arising	Chair - RF	For APPROVAL
12:00	1.5	Chair's Report	Chair - RF	VERBAL
12:15	1.6	National Director's Report	Imelda Redmond	For NOTING
12:30	1.7	Committee Members Update	ALL	VERBAL
12:35	Lunch			
13:00	1.8	Evaluation of "Because we all care" campaign	BK	For NOTING
13:20	1.9	Feedback on Closed Environments by Deborah Ivanova Deputy Chief Inspector - CQC	DI	FOR NOTING
13:35	2.0	Audit, Finance and Risk Sub Committee Meeting Minutes & Risk report	DO	For NOTING
13:45	2.1	Business Items a) Equalities Diversity and Inclusion Action Plan 21/22 b) Delivery and Performance Report Update	 CM JC	For DISCUSSION
14:10	2.2	Forward Plan	Chair - RF	For NOTING

14:15	AOB		
14:20	Questions from the public		
	Date of Next Meeting 8th December 2021 2 Redman Place, Stratford, London		

Healthwatch England Committee Meeting
Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 35 – 9th June 2021

Attendees

- Sir Robert Francis – Chair (SRF)
- Andrew McCulloch – Committee Member (AM)
- Lee Adams – Committee Member (LA)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham (DO)

In Attendance

- Imelda Redmond – National Director (IR)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Jacob Lant – Head of Policy and Partnerships (JL)
- Gavin MacGregor – Head of Network Development (GM)
- Sandra Abraham – Strategy, Planning & Performance Manager (SA)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JC)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies

- Phil Huggon – Vice Chair and Committee Member (PH)
- Amy Kroviak – Committee Member (AK)

Item	Introduction	Action
	The Chair opened the meeting.	
	Agenda Item 1.1 – Welcome and Apologies	
1.1	The Chair welcomed Committee members and other attendees. Apologies for absence from Phil Huggon and Amy Kroviak were noted.	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 – Presentation on Integration Index** Sandie Smith (SS) of Healthwatch Cambridgeshire and Peterborough, Katrina Broadhill (KB) of Healthwatch West Sussex and JL gave a presentation to the committee on the Integration Index. JL explained that the 2019 NHS Long Term Plan set out an expectation that ICSs should have a method of measuring the impact of integration. He told the committee how a national index is being prepared by the Picker Institute and a local Index of quantitative approaches was being reviewed by the King's Fund by using citizens panels and citizens juries. HWE was commissioned to develop a qualitative methodology for specific focus groups and brought together five local Healthwatch to co-design and test the approach. Reviews of national policy documents and local relevant plans were undertaken, and existing evidence was analysed, including local Healthwatch insights in the test areas.	

	What Next • West Sussex is building a new campaign called "Hash tag confusing comms" to make systems more user friendly and to help people navigate more easily to find the support and information they need. • Findings have been summarised into short reports and circulated locally and it is hoped that in time it will be published. • Feedback from the diabetes and mental health workstreams have committed to embedding the learnings into their work plans with the ICS going forward. • Cambridgeshire HW will be working on issues around autistic people experiences • NHSE are pushing HW methodology. **The Chair and committee thanked KB, SS and JL for the work they had done and noted the report**	
1.4	**Agenda Item 1.4 – Minutes and actions from 9th March 2021 Committee Meeting** The minutes from the meeting held 9th March 2021 were accepted without amendment. **There was only one outstanding action on the action log that was reported as suspended.** action log **20191113 1.4 -** *IR to bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments* **ACTION – IR to update the committee on what CQC is doing in relation to this work and possibly invite the CQC lead to the next meeting.**	**IR**
1.5	**Agenda Item 1.5 – Chair's Report** The Chair gave a short verbal update on activities since the last meeting, he informed the Committee that he has given evidence to the Health Select Committee. He has met with several parliamentarians and ministers. He highlighted the meeting he had had with the minister Jo Churchill MP about dentistry and had seen the impact the Healthwatch report had made, and the support received for urgent action and a longer-term fix for the issues in that area. He paid tribute to HW in continuing to press for change around this issue. The chair reported he had had regular meetings with ADASS on several issues including care home visiting. The Chair expressed increasing concerns around funding for LHW and the realities of financial pressures on the system just as HW is demonstrating its vital importance in the communities they serve. The Chair stated that the HW Vaccination Hesitancy report was impactful and highlighted lessons that could be applied broadly in the work HW do and placed strategic emphasis on health inequalities that could really make a difference. The report was positively welcomed by the people who received by policy makers. **The Committee noted the report.**	
1.6	**Agenda item 1.6 – National Director's Report** IR presented the National Director's report updating the committee on some of the main activities that have been worked on since the meeting in March 2021 and asked the committee to note the report. IR reported that the work undertaken last year in setting the foundation to the change of direction in strategy in shifting to in-depth insight and focusing on inequalities is starting to pay off as demonstrated by the earlier presentation by KB and SS and the work that has been done on the vaccines roll-out.	

	IR highlighted the work done on vaccine research with people from African, Bangladeshi, Caribbean and Pakistani backgrounds in which HW partnered with Traverse (a social research organisation), NHS Race Observatory, NHSE, DHSC, PHE and cabinet officials to ensure that the work scoped was useful to people rolling out the vaccination programme. In depth conversations with 95 people from this group was performed and learnings from the exercise was that people wanted transparency and evidence-based information. They also wanted ambiguity to be addressed, a more localised approach and independence of institutions. The report was well received and has been put to immediate use. IR mentioned a campaign run in partnership with Care Quality Commission (CQC) about getting the public to share their experiences of health and social care. 54,000 people responded and the insight received is already feeding into HW briefings. This work has increased HW reach and provided an extra level of evidence to carry forward. Other highlights and areas of work mentioned were: • People's experience of care homes is still ongoing • Hospital discharge work continues • The Queens Speech – Although the NHS Bill on integration was weak on social care, a lot of work is taking place behind the scenes at which HW has been involved • The Bill on Integration is expected to receive Royal assent in the Autumn to become operational April 2022 and HWE will continue to work strongly on this to ensure that the public service user voice is heard. • Regular meetings with DHSC continues at a strategic level in relation to HW funding. • There has been 53% reduction on LHW funding since 2013, but there is greater demand on LHW & HWE services • HWE is supporting LHW through the commissioning process • Dentistry report was picked up well by the press and Parliament • GP Access Report – 200,000 people's experiences received coverage from the press. • Parliamentary engagement is growing and is having impact on all our stakeholders. • Stronger links with academic partners has not yet started but HWE are building links. • More work is being done around change management and equality, diversity and inclusion and in capturing demographic information • Brand language is being changed and ways of embedding HWE values in everything we do The chair mentioned that CQC had just published their strategy which is about listening to people and communities and using what they hear to inform what regulation is needed. There is interest in this for HW and strategies are much aligned. The committee commented that the vaccination report was an excellent piece of work that will have ramifications in many areas. HWE can make a huge impact very quickly and a lot of people will be wanting this insight which should be shared with all the relevant people. The committee enquired what was the rate of growth of the Quality Framework. GM responded that it was very positive. There has been another 30 uptake and the aim is to get as many HW completing it by April 2022. Commissioners have been encouraged to use it from the start, but there have been challenges due to COVID. The committee were pleased to see a dedicated resource on the digital project management and congratulated Laura Blower on this appointment. The committee were pleased that the new strategy has brought about a sense of coming together. DO mentioned that in Birmingham and Solihull the LHW were working with the ICS to develop an approach that ensures that the voice of the community is being heard at ICS level. She offered to share updates with the committee. **The Committee noted the report and thought it was impactful.**	
1.7	**Agenda Item 1.7 – Committee Members Update** The Committee members had nothing to report.	

1.8	**Agenda Item 1.8 – Strategic Risk Register** SA presented the draft strategic risk register for 2021-22 highlighting the potential risks to Healthwatch England's revised strategy, the network and the business plan for 2021/22. The committee were asked to review and approve the risks presented in the register. Because the register had already been scrutinised by the Audit, Finance and Risk Sub-Committee (AFRSC), the committee requested SA concentrate on the new risks and changes to the register required by the sub- committee. SA explained that the updated register included ten new risks and five carried over from the previous year. The post-mitigation risks with the highest levels were SR24; SR01; SR20; SR25 and SR28. The AFRSC had suggested that the committee considered risk appetite in groups, and this will be discussed at the next committee workshop. When presented to the sub-committee they considered that SR23 relating to the focus on seldom heard voices covered two different points and asked for the risks to be separated. These are: **SR33** - *A failure to clearly articulate the context and rationale behind our focus on Equality Diversity and Inclusion risks Healthwatch England being seen as a voice for minority issues and perceived as not representing the concerns of all users of health and social care*. **The committee provided no further comment to this change.** **SR36** - *A failure to effectively implement and communicate our work on Equality Diversity and Inclusion, in line with explicit commitments outlined in our refreshed strategy, risks damage to our reputation and credibility, particularly among the seldom heard groups that we need to reach.* The committee queried why this risk is considered medium. CM responded that a lot of the groundwork had already commenced in mitigating this risk and HWE is already demonstrating its commitment to EDI and is being seen to do what it said that it would do. **The committee accepted this risk**. Relating to **SR28**, the sub- committee considered ICS funding project to be a much greater risk and a bigger opportunity than had been presented, and that it would have a knock-on impact on the network and to HWE reputation. The sub-committee considered the full committee would have the lowest appetite for this risk and requested the rating be raised to reflect this. The pre-mitigation rating has been raised from 12(medium) to 20 (High), and post-mitigation raised from 8 (medium) to 15(high). **The committee agreed that this was the correct approach.** DO mentioned that the AFRSC are now at the point that it is needed to get a sense from the whole committee about risk appetite and which risks, and mitigations should HWE prioritise and suggested that this is discussed at the workshop. The committee expressed their appreciation of the work done so far and agreed to discuss Risk Appetite at the earliest opportunity. **The Committee approved the Risk Register and agreed to discuss risk appetite at the next committee workshop.** **<u>Action</u> JC to prepare briefing for committee to discuss risk appetite at the next committee workshop.**	JC
1.9	**<u>Agenda Item 1.9 (a) – Equalities Diversity and Inclusion (EDI) Action Plan 2021/22</u>** CM presented the refreshed EDI plan outlining the proposed activities for 2021/22. The committee were asked to approve the plan for publication. CM explained that this is the second work plan and has been built on the work plan produced. The objectives follow the revised strategy ensuring we seek the views of seldom heard from people and the barriers they face, whilst recognising that some people and communities face multiple layers of disadvantage and discrimination, with a view to ensuring that HWE approach to their work reflects the intersectional inequalities that people face.	

	The committee thought it was an excellent plan for an area that people find hard to articulate. They asked that if it could be accommodated, mental health through an EDI lens be considered. CM responded that it may not be possible depending on what issues come up this year, but it could be one of the priority policy areas to be looked at in year two of the strategy. AM mentioned that the focus shouldn't be solely on people of protective characteristics, but it must be recognised that there are multiple layers of disadvantage and discrimination that lead to inequality that can be about poverty and deprivation. The committee agreed that the most vulnerable people experienced the same issues as other users and lessons learned from one group can be shared to a wider audience and if issues were corrected in relation to minority groups, it will be beneficial to everyone. **The committee approved the plan.** **<u>Agenda Item 1.9 (b) – Delivery and performance Report Update</u>** IR presented the delivery and performance report for Q3/Q4 (202/21) summarising the delivery and performance against the business plan and KPIs as at the end of year 2020/21 (Mar 2021). The committee were asked to note the report. IR explained that the report showed the trend over 3 years on key performance based on business plans, set against the previous strategy approved by the committee in 2017 and covered years 2018-2021. The report highlighted key milestones and initiatives and will form a useful start for the annual report. The committee considered the report to be very useful and wanted to know what methods were being used to raise the completion of staff surveys to where they would like it to be and for staff engagement to ensure staff feel like they are being listened to. IR responded that the next survey will be co-designed with the Staff Engagement Group as the aim is to hear from 100% of staff, plus staff engagement has increased over the past year through regular staff and team meetings. Staff were involved in the work on brand values and there is an all-staff conference planned. **The committee noted the report.**	
2.0	**Agenda Item 2.0 – Audit, Finance and Risk Sub Committee Meeting Minutes** Referring to the minutes of the AFRSC meeting held on 13th May 2021, DO (Chair of HWE Audit, Finance & Risk Sub-committee (AFRSC) asked the committee to note the minutes and the following: • Changes to the strategic risk register had already been mentioned at this meeting. **See 1.8 above** • The sub-committee had noted that work was underway to address issues identified through the last staff survey and DO and HP will meet with IR to discuss outcomes and impact requirements for the next annual workforce review. • Last year concluded with an overspend of 1% which was much larger than anticipated due to the distribution of grants to LHW and failure to obtain an expected recharge from CQC, which is still in discussion. The sub-committee has asked IR to feedback CQC's response to the overspend at their next meeting. • Going forward, the sub-committee has suggested that in the likelihood that an overspend may occur, an extra-ordinary meeting is held to address the issue. • Budget agreed at 2% reduction overall, savings have been found by reduced travel expenses and staff working from home. In order to make comparisons with last year, JC has been asked to produce a report for the next AFRSC meeting and to provide an update of where HWE are in the CQC recharges discussions. **The committee noted the report and actions.**	
2.1	**Agenda Item 2.1 – Forward Plan** The Chair presented the Forward Plan for the next 12 months containing the standard agenda items.	

	The Chair questioned if meetings would still be remote in September. IR responded that this would need to be discussed, taking into consideration travel and preferences, but a room in London at the new office could be considered if they could meet in person. They might need to consider a blended meeting if people do not want to travel. **<u>ACTION</u> FH to tentatively book a room at Stratford Office** JO mentioned that by December there will be more clarity on the bids for ICS and asked if an item can go on the agenda at a propriate moment. IR agreed to include an item for update on the next agenda and the Chair suggested that it can be an item at a workshop. **<u>ACTION</u> FH to include ICS Bids on next workshop or January workshop agenda** **The committee noted the plan**	FH FH
	AOB No other business	
	Comments from the public There were no comments from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 14:00 pm	
	Due to COVID-19 the next meeting will be held via Teams Meeting 30th September 2021. Further details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

9th June 2021

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	Deborah Ivanova – Deputy Chief Inspector – CQC will provide feedback to committee at October meeting	Oct 2021	Complete
20210609 1.8	Joanne Crossley	**Prepare briefing for committee to discuss risk appetite at the next committee workshop.**			In Progress
20210609 2.1	Felicia Hodge	FH to book a room (tentative) at the London Office for September meeting	September meeting has been moved to 13th October and room has been booked. A room has been booked (tentative), in London for December meeting	Sep 2021	Complete
20210609 2.1	Felicia Hodge	FH to include an agenda item on the January workshop agenda on bids for ICS		Jan 2022	In progress

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

We last met in June and below I set out our major pieces of work we have been engaged in this quarter.

1. Influencing Updates

1.1 Hospital Discharge

Since we published our joint report hospital discharge report with the Red Cross, we have been working with the DHSC and NHSE to ensure our findings and recommendations were reflected in any updated policy.

In July new guidance was published for hospitals and social care teams and it set out a number of improvements we called for including:

- Patient safety first. The new guidance emphasises that people should not be discharged at night and that people should always be informed about the next stages of their care.
- Simple discharge doesn't mean no support. Even if someone leaving hospital doesn't need a formal assessment for a care and support package, they can benefit from informal community support.
- Signposting. Signposting people to relevant voluntary or housing sector partners for help in day-to-day tasks and clarity on who is responsible for this.
- Holistic welfare checks. Everyone leaving hospital will receive a holistic welfare check to determine the level of support, including non-clinical factors, such as their physical, practical, social, psychological and financial needs".
- Involving and assessing the needs of carers when discharging patients.
- Designated care when people leave hospital. Arranging medication supply and transport home by the case manager before you are discharged home

- Clarity over staff roles. Greater clarity as to who is responsible for each step of the process and staff arrangements. This should further improve co-working and data-sharing between health and social care services.

We are also pleased to report that after a further joint intervention by us, NHS Confed, NHS Providers, the LGA, ADASS, the Red Cross and Age UK, in early September the Government announced another £478 million to support enhanced hospital discharge services up to end of March next year. This follows a previous intervention by this coalition which saw £594 million allocated to support discharge services between April and September.

Looking beyond this financial year and the immediate Covid response, we are now working with the DHSC to help develop the new statutory and operational guidance on hospital discharge that will come in to force once the new Health and Care Bill passes.

1.2 Digital Exclusion Report

When the pandemic hit there was a sudden shift towards remote access to care. To find out how this was working for people we did a rapid piece of research in partnership with National Voices and Traverse titled The Dr Will Zoom You Now. This was an incredibly valuable piece of insight for the system at the time and was recently shortlisted for a Market Research Society award for best online qualitative study.

However, the limitations of this rapid research project meant it didn't have huge focus on people who may have been digitally excluded. We therefore commissioned five local healthwatch to help us take a deeper look into the experiences of groups who may have struggled to access care remotely including those who lack digital skills, people who have language barriers and individuals who have a lack of interest in using technology.

We identified five principles for post-COVID-19 care to ensure everyone has access to the appointments they need.

- Maintain traditional models of care alongside remote methods and support people to choose the most appropriate appointment type to meet their needs.
- Invest in support programmes to give as many people as possible the skills to access remote care.

- Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely.
- Enable practices to be proactive about inclusion by recording people's support needs.
- Commit to digital inclusion by treating the internet as a universal right.

The findings from this work have helped contribute to NHSE clarifying the need for GPs to offer patients a choice about the type of appointment and support our wider call for a full review of access to primary care as part of the pandemic recovery.

1.3 Use of Patient data/GPDPR

In response the media controversy surrounding NHS Digital's plans to gather patient data from GP surgeries (known as the General Practice Data Protection Regulations or GPDPR) we commissioned some rapid research to find out what people really thought about the proposals.

This research found:

- **Many people have heard about plans to use patient data**
  The controversy and subsequent media coverage have led to very high awareness of the programme, with 57% of our 2,005 respondents saying they had heard about the plans.

- **There is a lot of misinformation out there.**
  When we tested the official NHS Digital animation explaining the plans, only 40% of those aware of the programme said it matched what they had previously understood to be happening.

- **People still largely trust the NHS with their data.**
  83% of people rated it as either 'very' or 'moderately trustworthy' when asked if they thought health service would keep their data safe. However, this has fallen from 92% from similar research we did in 2018.

- **Willingness to share data appears to have dropped considerably.**
  Only 53% of people said they were happy to share their data to support planning and research. This roughly compares to 73% found during our study in 2018.

- **People are not necessarily actively against their data being used.** Almost a third (29%) of respondents said they were undecided about whether to opt out or not of the latest plans. In 2018, when we asked a similar question, only 16% were unsure.

- **There is a lack of confidence that companies will be held accountable if they misuse data.**
  Over half of respondents (54%) said they were not confident that companies that misuse data would be fined appropriately. Yet 46% said they would be less likely to opt-out (i.e. more likely to share their data) if this was addressed.

We successfully used this insight to support NHSD and the DHSC to take a decision to pause the programme and take the necessary steps to build public trust. We are now working with NHSD and a coalition of other patient groups to develop a set of principles to underpin future work in this area.

1.4 Elective Waiting List

The pandemic has left a record breaking 5.6 million people across the country waiting for hospital treatment. In line with our increased focus on health inequalities, in September we joined forces with the King's Fund to develop a deeper understanding of how this backlog is affecting those waiting for care.

This work found that:

- People living in the most deprived areas in England are nearly twice as likely to experience a wait of over one year for hospital care than those in the most affluent.
- More than 7% of patients on waiting lists in the most deprived areas of the country have been waiting a year or more for treatment compared to around 4% of those in the least deprived.
- From April 2020 to July 2021 waiting lists have on average grown by 55 per cent in the most deprived parts of the country compared to 36 per cent in the least deprived areas.

We surveyed 1,600 people on waiting lists about the experience and found the impact of waits on their health and wellbeing was as follows:

- Nearly half of the respondents (46%) said they or their relatives didn't receive enough information, or any at all, about when they can expect their treatment.
- Similarly, 48% didn't receive any support to manage their condition during their wait, while 64% had not been given a contact they could turn to while waiting for treatment.
- Over half (57%) of those whose treatment got delayed agreed that this was taking a toll on the level of pain they faced.
    - 54% agreed their mental health had been affected.
    - 53% said their ability to carry out household tasks had been affected.
    - 42% felt that their ability to work had been affected.
- Nearly one in five people, 18%, have already gone private for treatment or are considering it.
- Going private wasn't an option for nearly one in two (47%) respondents who had their treatment delayed.
- Over half of the respondents (57%) said they or their relatives would be willing to travel to receive treatment if it reduced their waiting time.
- One in five would be willing to travel if the NHS offered support, such as accommodation (10%) and transport (10%).

We are currently working with local Healthwatch to gather more first-hand experiences of waiting times. To date, over 1,000 people have shared their stories. We will be producing a full report on the findings and recommendations in November.

1.5 Access to Dentistry

Prior to the pandemic feedback on NHS dentistry accounted for roughly 5% of the insight we gather. Between April and June 2021 (Q1 2021/22), we saw the highest numbers of feedback related to dentistry since the start of the pandemic. During this period, 2,128 people have shared their experiences of accessing NHS dental care through our share your experience form accounting of 25% of the overall feedback.

Across the network the number of people who have provided feedback about dentistry is 55% higher when compared with the previous January to March 2021 (Q4). However, it is 794% higher when compared with Q1 in 2020/21.

Negative sentiment remains the same as seen in the previous six months – more than 3 in 5 people (61%) reporting a negative experience. In comparison, only 1 in 20 (5%) reported a positive experience. This is similar

to the last quarter when 59% had expressed a negative sentiment and only 3% had said something positive.

The scale and sentiment of the feedback continues to be driven by people struggling to access an NHS dentist with nearly 4 in 5 people (79%) finding it difficult to access timely care.

We continue to feed this insight into the NHSE Dental System Reform Advisory Group which has just concluded a "quick wins" evaluation exercise. However, we will now be stepping up our work on dentistry again following an increasing number of local Healthwatch (including York, Warwickshire, Richmond, Greater Manchester, Shropshire and Suffolk) now reporting having no NHS dentists accepting new patients in some areas at all. We expect to have our next report in December.

1.6 Integration Index

In the Long-Term Plan, NHSE agree to introduce an 'Integration Index' to assess how well services are working together.

The Integration Index has two parts:

- The National Index involves surveying people in every area of the country on their experience of services working together. NHS England has developed questions for this survey in partnership with the Picker Institute.

- A local element that includes several research methods local systems can use to gather people's views and track how integration is working locally. NHS England has worked with the King's Fund to develop a quick guide to all the of methods for the local index. Our National Director provided a foreword for the report which can be found here.

As part of the local methods, Healthwatch has produced a new qualitative approach for understanding people's needs in depth. This was developed in partnership with representatives from across the network. More detail can be found here.

1.7 NHS Transport Services

At the 2019 Healthwatch National Conference, and in response to our joint report with Age UK and Kidney Care UK, former NHS England Chief Executive Sir Simon Stevens announced a formal review of Non-Emergency Patient Transport Services.

This review concluded in August with some key changes announced that will improve the service for patients:

- Integrated Care Systems (ICS) will now assume responsibility for NEPTS
- The development of a new national framework for NEPTS
- Information on a public consultation for updated national eligibility criteria, including support for all patients travelling to and from renal dialysis appointments
- Improved use of technology to enhance coordination of appointments and communication to patients waiting for journeys
- A commitment to more comprehensive transport support for those with needs outside of NEPTS eligibility
- Support for providers to publish reports on services every six months to increase transparency
- Improved procurement and contracting to help with the commissioning of improved services
- A commitment to 100% zero emissions journeys by 2035.

1.8 NHS Admin Project

In early 2020 we kicked off a research project with National Voices and the King's Fund to look at the impact of poor admin on people's care. Although subject to delays because of the pandemic we were able to report on this work at the end of June this year.

Collectively, work across the three organisations found that poor admin systems have the following impact:

- **Time and money spent** - People described spending a long time trying to navigate the health service, and in some cases, also facing financial costs for travel or loss of salary. Some people described taking time off work or needing to secure cover for caring commitments to find their consultation had been cancelled or delayed at short notice.

- **Poor emotional wellbeing -** People told us they often felt frustrated, stressed or anxious when trying to book appointments. For people with

additional needs interacting with admin systems that don't adapt to their needs is particularly stressful.

- **Negative impact on health -** Delays in diagnosis or treatment and medication mistakes are examples of how administrative errors can have significant consequences on people's health.

Overall, poor admin can undermine people's confidence in the health service, leaving them feeling disempowered in managing their care. We put forward five principles for the NHS to follow to make admin systems better:

- **Admin systems and processes that put patients at the centre of their design.**
  Testing with people who need to use and interact with admin systems will help ensure they meet people's needs and are easy to use.

- **Admin that promotes two-way interaction with patients.**
  People should be able to get the communication they need in a way that suits their preference and allows for them to respond if they have any questions or concerns.

- **Admin that promotes understanding and confidence.**
  People should receive communications designed with accessibility and usability in mind. The NHS should provide information that helps them understand the care they are likely to receive and the next steps they can expect.

- **Admin that promotes equal access.**
  Systems need to be intuitive for people and not be an additional barrier to accessing care. People should be able to receive communications that are inclusive and meet their needs. The NHS should work with patients to understand what works for them.

- **Admin processes that invite people to share their views and use them to improve.**
  People should feel empowered and be supported and encouraged to share their opinions and ideas of how services can be better.

1.9 Accessible Information Campaign Plans

We have agreed the topic of our next public facing campaign for quarter four. The campaign, which aims to involve both local Healthwatch and national and local stakeholders, aims to find out and then secure the steps that will make health and care information more accessible for the public.

Background

Clear, accessible information is essential to helping people make decisions about their health and care and get the most out of services. With fewer NHS appointments taking place face-to-face and more people managing their conditions while waiting for treatment, clear information that people can understand and act on is more important than ever.

Since 2016, the Accessible Information Standard has given people with a disability or sensory loss the legal right to get health and social care information they can understand and communications support if they need it. But, is the standard being delivered by services and does it go far enough? We want to help NHS and social care services understand the answer.

The plan

To run a phased campaign to understand the issues that users of health and care services face and then encourage services to adopt and implement changes in policy and practice that will make information more accessible. To do this, we want to build a coalition at a national and local level.

We particularly want to hear from people most likely to be most disadvantaged by inaccessible information, especially:

- People with a sensory impairment.
- People with a learning disability or cognitive impairment.
- People already facing health inequalities (homelessness, drug and alcohol abuse, Gypsies and Travellers, asylum seekers and refugees, sex workers etc.) and from ethnic minority groups.

We started the first phase of our work in September. The aim is to review our past evidence base of people's experiences and undertake initial research to inform the NHS of what we already know and identify potential changes that will benefit communities. We will also prepare for the launch of the second phase of our campaign.

In January 2022, we will launch the second phase of our work. This will involve a national campaign to ask people in need of communications support:

- Are you aware of your rights to accessible information?
- Are services delivering what you expect?
- Do the rights you have go far enough?

The evidence this provides will help Healthwatch make a case for national and local improvements to make information more accessible to all. If we successfully get changes adopted by policymakers and services. We will then

run two further phases to help raise awareness of people's news rights and monitor if services have adopted these at a local level.

1.10 Parliamentary Activity

Parliamentary Mentions:

- X2 mentions in PQs relating to dentistry
- X1 mention in PQ relating to medical records and data protection
- X1 mention in PQ relating to ICSs

Select committees:

- Coordinated HW volunteers to give oral evidence to Public Services Committee inquiry on Public services: lessons from coronavirus
- Submitted written evidence to Public Bill Committee on HACB
- Gave oral evidence to Public Bill Committee HACB
- Submitted written evidence to HSCSC Clearing pandemic backlog inquiry

Parliamentarian meetings:

- Holly Mumby-Croft MP Meeting
- Jo Gideon MP Meeting
- Alex Norris MP Meeting (Shadow Health Team)
- Baroness Masham Meeting

Ministerial Meetings

In this last quarter we have meetings with the following Ministers in the DHSC, Edward Argar, Maggie Thorpe about the establishment of the new Office for Health Improvement and Disparities and Jo Churchill about dentistry.

We are finalising a date to meet the new Secretary of State for Health and Social Care

1.11 Media coverage

In June we secured 335 articles, reaching 125 million people. In Q2 Healthwatch (England and network) secured an estimated 1090 media articles (a total circulation of 420 million people).

Over the last four months, we continued highlighting issues around access to NHS dentistry, securing prominent media coverage in national and regional media, whilst the network kept raising awareness of the issue in their local media. Additionally, we responded to topical issues – such as the pause of NHS data sharing and the need for hybrid primary care – in major media, incl. the Guardian, Daily Mail and the Times.

Lastly, we partnered with The King's Fund to call for urgent action to address the growing NHS waiting lists. Our news story was featured in all major papers and websites as well as on Panorama, highlighting our concerns that the NHS backlog affects people in poorer areas.

Examples of media coverage for the NHS waiting times campaign:

- The Guardian: NHS backlog disproportionately affecting England's most deprived | NHS | The Guardian – incl. some of our stats and recommendations
- ITV: Poorest 'waiting longest' for hospital care as NHS backlog takes it toll | ITV News – data and recommendations
- Evening Standard: https://www.standard.co.uk/news/uk/nhs-people-england-panorama-mps-b957391.html
- The Times: https://www.thetimes.co.uk/article/poor-nearly-twice-as-likely-to-wait-a-year-for-treatment-fwsv08snq

Focus on human stories (our case studies):

- inews: https://inews.co.uk/news/nhs-backlogs-spirit-breaking-nhs-dental-nurse-waited-year-endometriosis-treatment-1220904
- BBC Online: Somerset retired nurse waited 17 months for hip surgery
- Panorama: https://www.bbc.co.uk/iplayer/episode/m0010415/panorama-nhs-wait-or-pay

2. External Updates

2.1 Funding for NHS and Social Care

At the beginning of September, the DHSC announced an additional £5.4 bn funding to support the NHS over the rest of 2021/22 in responding to Covid. This included:

- £2.8 billion for COVID-19 costs including infection control measures;
- £600 million for day-to-day costs;
- £478 million for enhanced hospital discharge; and
- £1.5 billion for elective recovery, including £500 million capital funding.

The Prime Minister also announced that the Government will be raising the rate of National Insurance contributions by 1.25% as part of a new health and social care levy. The plan is for the £36 billion this raises to be used over the next three years to cover the costs associated with managing the NHS backlog. Following that, future funds aim to cover the costs needed by the social care sector.

2.2 Social Care Reform Proposals

In terms of actual social care policy changes, from October 2023 there will be changes to social care charging 'cap and floors':

- Introducing a cap on lifetime care costs - £86,000.
- Floor before paying towards your own care – a lower limit of £20,000 and an upper limit of £100k – a change from the current floors (a lower limit of £14,250 and an upper limit £23,250).

What the announcement didn't cover was any detailed information on the Government's strategy for reform; on how people with lived experience of caring or using services will be engaged or involved in decision-making; or on where the money raised through levy contributions will go.

However, we now understand the DHSC is working on two new white papers to flesh out the above and we have been invited into the process to help with development. You can read more here.

2.3 Legislation Updates

Since the last Committee meeting in June the Government has now introduced its Health and Social Care Bill to Parliament.

We have continued to meet with the Bill team throughout to continue to push our core asks around representation for Healthwatch / user voice and assurances around the relationship between ICBs and ICPs.

We have also submitted written evidence to the Bill committee on these asks and Sir Robert gave oral evidence at the beginning of September. This has been supported publicly through our media work.

We have also been engaging with ICS CEOs and Chairs to build support for Healthwatch's role in the new system architecture. We have now met with 9 ICSs and have meetings in the diary with another 4. All the meetings so far have been incredibly positive with the vast majority planning to involve local Healthwatch in governance structures and provide some funding to support engagement work.

Finally, it is worth noting that we have been contributing to a wealth of guidance produced by NHSE and the DHSC on the set up of ICS. You can see all the guidance here. Key item is the guidance on engaging with people and communities.

DHSC has also published its Integrated Care Partnership (ICP) engagement document setting out the role of ICPs within the ICS. The document reminds ICS that the Bill says ICPs must *"involve the local Healthwatch organisations"* and the guidance says as a minimum the DHSC expects ICPs to include *"a representative from Healthwatch to bring senior level expertise in how to do engagement and to provide scrutiny"*. This document also makes and important point about funding stating that *"Local Healthwatch organisations have an existing statutory presence in places, bringing together views of local residents to inform decision making at, for example, HWBs and scrutiny committees. ICSs should build on this, working with local Healthwatch organisations to resource the coordination and analysis of user experience data."*

2.4 Reshuffle

In mid-September the Prime Minister carried out a reshuffle resulting in a number of changes within the DHSC. Sajid Javid has remained as Secretary of State and Edward Argar has stayed as Minister for Health but the new Ministerial team now includes:

- **Gillian Keegan** has replaced Helen Whately as **Minister for Care.** You can read more about her responsibilities here. Ms Keegan was previously Minister for Apprenticeships and Skills.

- Jo Churchill has been replaced by **Maggie Throup** (MP for Erewash) as **Minister for Vaccines and Public Health**. You can read more about

her responsibilities here

- Nadine Dorries has been replaced by **Maria Caulfield** (MP for Lewes) as **Minister for Patient Safety and Primary Care**. You can read more about her responsibilities here

- Lord Bethell, Minister for Innovation - which covered a range of health-related issues - has been replaced by **Lord Kamall**. You can read more about his responsibilities here.

3. Support to the Network

3.1 Supporting Commissioning of Healthwatch

Healthwatch England's role includes advising local authorities on commissioning effective Healthwatch. The funding position remains very challenging with many local authorities putting contracts out to tender. Though there are some reductions in funding, this is not the case across the board. We continue to see an increase in reference to the Healthwatch England's Quality Framework in specifications. Healthwatch England is strengthening our relationships with LA contract managers and commissioners. We held an event in July and have established a reference group of commissioners to help us to steer our support for Local Authorities to commission effective local Healthwatch.

3.2 Equality diversity and inclusion

Since October 2020 Joy Beishon, CEO Healthwatch Greenwich has been supporting our work on EDI, helping us to understand the local Healthwatch approach to Equality, Diversity and Inclusion (EDI). We've facilitated conversations and support for Healthwatch – with two-thirds of the network participating so far. The report on Equality, Diversity and Inclusion Action Plan sets out activities over past six months, which include:

- Support to Healthwatch on collection of demographic data so we know who we are reaching and can analyse the data to inform our insight. Healthwatch Tower Hamlets have been grant funded to produce a toolkit and e-learning course to support this.
- Quarterly learning activities such as Easy Read training with Easy Read UK, Diversity training with Diversity Trust and Public Sector Equality Duty with the Consultation Institute.
- Piloted small grants for Healthwatch to describe how they involve people – Healthwatch NE Lincolnshire approach to involving young people and Healthwatch Essex on involving people with learning disabilities in their work.
- Communities of interest pilot with grants to Healthwatch Lincolnshire and Healthwatch Central West London to work with five LHW each over three

months to explore engaging with a Gypsy and Traveller community or a Black African community in their area.

3.3 Quality Framework

We introduced the Quality Framework in 2019. Now increasingly there is a shared understanding of the key ingredients of an effective Healthwatch among Healthwatch providers, local authorities who commission Healthwatch and Healthwatch England. Each Healthwatch produces an Action Plan, which is reviewed with regional managers. Healthwatch England uses the pooled results to inform our support offer to local Healthwatch.

Twenty-two Healthwatch have completed the quality framework during this period; 22 are in the process of completion, with the remainder 44 Healthwatch are committed to undertaking the assessment but have not started. Twenty-six Healthwatch have had an annual review of their Action Plan with their regional manager, completing the Quality Framework in 2020/21.

Examples of how the Quality Framework has led to improvement:

- *We are working more closely with Local Authority portfolio holders (old and new) such that we are now being asked to lead engagement pieces on future place-based health/care.*
- *We have changed how our Board works with the introduction of non-exec members from the Voluntary Community Sector to increase skills and diversity.*
- *We have more clearly defined how we use the Theory of Change which underpins the Operational Plan.*

The National Development Team encourages local authorities who share draft tender specifications to incorporate the Quality Framework in them.

We are now working on an updated version of the Quality Framework, which strengthens EDI across the domains and updates the assessment with developments on Integrated Care Systems. We are also seeking a more intuitive platform for the framework to make it easier to use and for data analysis.

3.4 Impact

Our Impact Programme is designed to help Healthwatch ensure their engagement and research activities lead to positive improvements in people's health and wellbeing, whilst also better communicating to local authority commissioners how they benefits people's lives.

Over the past 18 months we've developed a tried and tested method to support Healthwatch to introduce a Theory of Change approach, so they can understand, plan, evidence and communicate their impact. In last 6 months, 29 Healthwatch have received 1-2-1 support in using Theory of Change model, with support to others in the pipeline for the second half of the year. We'll now begin following-up with each Healthwatch to evidence outcomes of this 1-2-1 support programme.

We've launched a new impact self-assessment tool to support the Quality Framework and help Healthwatch decide on their local priorities for developing an impact focused approach.

We strengthened the impact element of this year's local Healthwatch annual report template. This led to very positive signs on stronger impact reporting from Healthwatch and gives Healthwatch England more examples of outcomes to draw on for our communications.

"We all found it really helpful and definitely something we can use going forward for other pieces of work … it really makes sense now! Thanks again." *Healthwatch Chief Officer following a team workshop.*

We've also started working with 3 Healthwatch to develop and trial a new template website page that can be built up over time to communicate local impact achieved for the public.

3.5 **Learning, development and events**

We have developed a blended learning support offer of events, resources, e-learning and peer learning and action learning sets incuding:

- Issuing £30,500 in small grants to 22 Healthwatch to share good practice through the production of resources and case studies (models of engagement, models of inclusion, collecting demographics e-learning and Quality Framework case studies).
- Grants to produce models of engagement to share good practice. Examples include; using GP text messaging outreach, engaging refugees and asylum seekers on the COVID vaccine and running engagement events using Facebook live
- Internal facilitation of training sessions on the following topics - collecting demographics, communities of interest, research skills, virtual visits, governance, project planning, theory of change and volunteer management.
- Commissioned external training on areas such as easy read training, diversity and equality duty
- We facilitate Peer networks for Chairs, engagement, volunteer management, equality, diversity and inclusion, research and communications and campaigns.

Outcomes

We gather feedback and outcomes on a monthly basis.

- 331 learners have taken one of our five e-learning modules with an average satisfaction rating of 8.7/10.
- 56 board members to take the induction committed to finding out more or applying something they learned to their role.
- Of 259 learners, 83% said the sessions completely or mostly met their needs and 91% are likely or very likely to apply something they learned to their work.
- In Q1 75% learners reported being more confident in the topic after their session.

3.6 Volunteering

The volunteering programme continues to be focussed on supporting Healthwatch volunteer managers to effectively support their volunteers. In addition to the resources for volunteer managers a Disclosure and Barring Service guidance is being produced with the network as a response to the network requesting support in this area. Masterclasses in the Essentials of Volunteer Management was delivered by Healthwatch Wolverhampton who received positive feedback on the usefulness of the session.

“Very good session, well done Emily and Tracy....really helped me as I'm new in this role.”

“These are really beneficial, and I feel that there is a lot more support around Volunteering management from HWE - it's great.”

At the most recent Volunteer Leads network two Healthwatch volunteer officers shared their experiences of planning and returning to face-to-face volunteering after the period of virtual volunteering.

‘Another fantastic Network Meeting - Thank you Alvin and thank you everyone for your input and information sharing etc. These are of a great benefit to us in our roles.’ *Healthwatch Volunteer Coordinator following a volunteer lead network meeting.*

We are also working together with Health Education England National Volunteering Unit to explore how we can work closely with each other including learning about each organisation's programme to support volunteers and volunteering across England.

3.7 **Brokering Partnerships**

Healthwatch England helps broker partnerships between national and regional bodies and local Healthwatch. Healthwatch England is currently recruiting local Healthwatch for two new commissions from NHSE&I.

The first from the Commitment to Carers team which will capture Carers' experience of the Discharge to Assess process.

The second from the Community Pharmacy team which will capture views from GPs/GP practice managers, Community Pharmacists and patients on the General Practice Community Pharmacist Consultation Service.

3.8 **Campaigns**

More than 50 people signed up to take part in the recently launched Campaigns and Communications Ambassadors' (CAN) network and two training/networking events were delivered to the group, alongside the first edition of a new bi-monthly newsletter.

This will provide a regular update on pan-Healthwatch campaigns and provide ambassadors with an opportunity to help shape and co-create campaign plans.

The campaigns manager attended most regional network meetings to provide a campaign update along with an opportunity for feedback/suggestions, and to update on the forthcoming AIS campaign (see section above).

A programme of media interview training for potential campaigns spokespeople has also commenced.

4. ICS Support Programme

Healthwatch England (HWE) are working together with NHS England to establish how Integrated Care Systems (ICSs) and Local Healthwatch (LHW) work together effectively. The work is in two phases. Phase 1 has focused on learning about what works and mapping the current status of the relationships between LHW and ICS.

4.1 Summary of Mapping Relationships between LHW and ICS:

Healthwatch England commissioned the NHS Transformation Unit to establish a baseline of engagement between ICSs and LHW. Working with HWE and the LHW reference group, the TU developed two bespoke surveys – one for Local Healthwatch organisations and another for ICSs. We received 120 responses from 103 separate Healthwatch organisations and 44 responses from 37 ICSs.

Key findings:

- LHW are already working together at ICS level. However, this is mostly informal as only 27% of LHW have a formal working agreement in place and often there are defined roles in collaboration.
- ICS find these loose arrangements challenging when having to engage with multiple LHW organisations in a single ICS boundary.
- LHW don't feel that they have enough resources to work at ICS level and this limits their capacity to contribute at ICS level.
- Some ICS are confused about whether they are already funding LHW reporting they already do (through past engagement funding)
- Some ICS intend to fund LHW but mostly for engagement programmes
- What ICS value most is constructive challenge and insight provided by LHW

- Around half of LHW are currently represented in ICPs
- LHW are not likely to have a seat on the ICB with only around 1/3 ICS stating that LHW will be involved in governance
- 80% of ICS would support a non-voting seat on the ICB if it was in the legislation or guidance.
- LHW and ICS both want to better define how they work together.

Healthwatch England are in the process of developing a set of recommendations based on these findings.

4.2 Showcasing Promising Practice in the LHW and ICS Landscape

HWE wanted to profile good practice in areas where the ICS and LHW relationship is delivering results for people and communities. We commissioned the strategy unit to interview a range of LHW and ICS stakeholders to develop case studies. There will be 6 in total. The first 3 case studies will be published soon and include:

Healthwatch Together and Lancashire & South Cumbria Health and Care Partnership:

1. **Invest in internal collaboration first:** the four Healthwatch organisations needed to come together with openness and spend time developing their own trusting and transparent relationships, in order to develop the coordinated engagement support offer for the ICS.
2. **Champion the person and be clear about the objectivity of Healthwatch:** Healthwatch Together have focused on their statutory role, their independence, and their objectivity.

3. **Proactively offer support:** shaping the way the ICS engages with local people and communities has been an important opportunity for Healthwatch Together and appreciated by the ICS

West Yorkshire and Harrogate Local Healthwatch and the ICS:

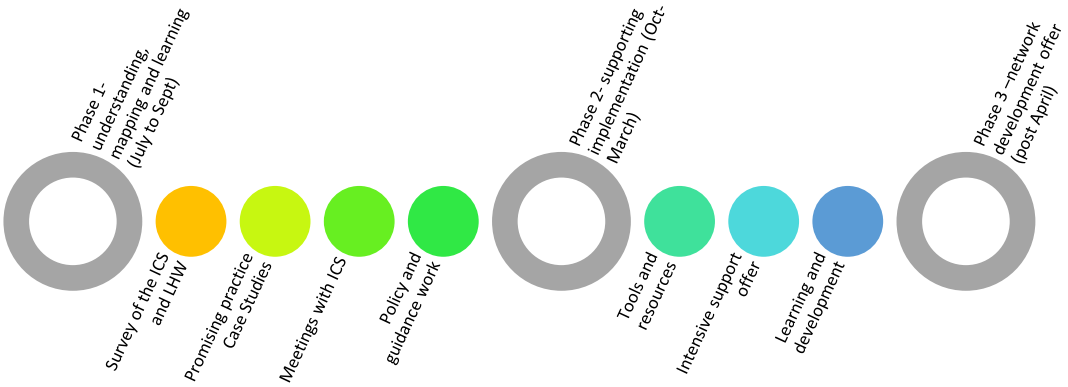
1. **Present a collective voice:** Developing a structure for LHWs to engage and work collectively together has been a good experience for the LHWs.
2. **Advocate for the person**: LHWs value their focus on the person and their ability to retain objectivity and provide critical friend support for this.
3. **Match representation with expertise:** LHWs experience of distributing or sharing roles within the ICS has benefitted the ICS through pooling of expertise and identifying champions.

Our Healthier South East London (Local Healthwatch and the ICS):

1. **Have a dedicated leadership and coordination role:** Six organisations work collaboratively and have a representative for their collective voice at ICS decision-making forums.
2. **Build on trust:** LHWs pride themselves on having longstanding relationships which have developed trust over time, through ongoing engagement efforts and investment from them and the ICS.
3. **Being "reflective" and representative of the population:** The ICS and LHWs actively aim to be reflective of their diverse populations in all aspects of engagement including ensuring this is considered in decision making.

4.3 Summary of Where Next

Phase one is now complete and findings will be published and presented to the network and ICS stakeholders to encourage them to focus on development and improvement. Phase two will focus on the development of tools and support for LHW and ICS. A spending review bid has been submitted to fund HWE to support LHW and ICS on an ongoing basis and we hope to find out if this has been successful in October.



5. Equalities Diversity and Inclusion

5.1 Accessible Information Campaign

We have established a coalition of partners to work on our campaign re the Accessible Information Standard. In particular, we are working with Mencap and SignHealth to bring in additional insights from users with learning disabilities and sensory impairments. Healthwatch England will be focusing our efforts on non-English speakers and we are partnering with Doctors of the World and six Local Healthwatch to help us engage with these communities.

5.2 Work with Kings Fund on waiting times

We partnered with the Kings Fund to explore the impact of extended waiting times on people. Taking an equalities focus to the analysis, this joint work revealed that those living in the poorest areas are almost twice as likely to have a longer wait.

5.3 Digital Exclusion

In our report "Locked out: Digitally excluded people's experiences of remote GP appointments" we took a deeper look at how changes to the way appointments have been provided during the pandemic are affecting groups who may struggle with remote access. The research focused on the experience of:

- Older people (those aged 65+),
- People sensory impairment, learning disabilities or dexterity/mobility issues
- People with language barriers including limited English
- Frontline professionals delivering care

The report showed how the move to remote access has subtlety changed the way in which inequality of access is playing out for these groups and called for a hybrid approach going forward.

5.4 **Making our information accessible**
We have started our project to ensure our information and advice at a national and local level is accessible as possible. This work will be completed by March 2020.

5.5 **EDI peer network**
We have opened up the local Healthwatch EDI working group, who helped shaped our equality, diversity and inclusion programme to become a peer network for all LHW staff and board members which meets quarterly.

5.6 **Quality Framework**
We have reviewed the Quality Framework and strengthened it in terms of equality, diversity and inclusion. It will be tested and rolled out to the next cohort of local Healthwatch carrying out the self-assessment and for all annual reviews.

5.7 **Three-Year Plan**
Following the work led by Joy Beishon, CEO Healthwatch Greenwich, Healthwatch England is working on a three-year plan, building on the action plan that was published in June 2020. We intend to publish the three-year plan in time for Healthwatch Week, 9th – 12th November 2021.

6. Key Meetings Attended since the last Committee meeting

June	
Social Care Stakeholder Group Meeting	
Cornwall & Isles of Scilly ICS	John Govett, Independent Chair
Equality & Human Rights Commission	Jackie Killeen
NHSE/SI	Ben Jupp
Patent/Family Engagement	Helen Causley -DHSC
All Party Health Group Vaccines Event	Nadhim Zahawi MP
NHS Transformation Unit	Cathy Duggan
NHS Assembly	
Northamptonshire ICS	William Pope. Independent Chair
NHS Confed	

Elective Task Force	NHSE/SI
NHSE re ICS Proposal	Frances Newell
Local Government Health and Care Sounding Board	
PS(I) Advocates Meeting	
CQC Board Meeting	
Health & Care: Bill Follow up on work of residents, access to care and unpaid workers	DHSC
National Quality Board	
HSJ Patient Empowerment Roundtable	
Quarterly DHSC Sponsor Team Meeting	
NHS Confederation Roundtable Discussion on Primary Care Access	
National Academy for Social Prescribing (NASP)	
National Association of Link Workers (NALW)	Christiana Melam, CEO
General Medical Council	Charlie Massey
July	
Meeting with the 11 ICS Communication and Engagement Leads in the Midlands	
IMPACT - new UK centre for implementing evidence in adult social care	Jon Glasby
Lancashire & South Cumbria ICS	Dr Amanda Doyle & David Flory (ICS independent Chair)
Stakeholder working group: vaccination as a condition of deployment in care homes	DHSC
Integrated Care Delivery Partners' Group	
Patient Association	Rachel Power/ Lucy Watson
Quarterly HWE/ADASS Meeting	
Carers UK - Carers and Health and Care Bill - step 1	Emily Holzhausen CBE & Ruby Peacock
Healthwatch Buckinghamshire	
Local Government Health and Care Sounding Board	
NHS Devon CCG	Dame Suzi Leather (ICS Chair)/ Jane Milligan (CEO)
Healthwatch Cambridgeshire and Peterborough	Sandie Smith - CEO
Healthwatch Cambridgeshire / Peterborough AGM	
CQC	
Dr Bola Owolabi	
HSJ interview on Healthwatch's achievements	
Royal College of Surgeons	Matthew Garrett – Dean, Faculty of Dental Surgery

August	
NHSE and Healthwatch England Workshop for Local Healthwatch	
Monthly Catch-up Meetings with Jill Morrell	
Age UK	Caroline Abrahams
Mid & South Essex ICS	Mike Thorne/Anthony McKeever
Yesterdays Integrated Care Delivery Partners group	
SKILLMix-ED National Institute of Health Research-funded study - Strategic leader interview	
Core20PLUS5 Community Mobilisation	Lorna Darknell
HWE/ National Voices/Patient Association	
1083: National Data Guardian	
ICS East Berkshire	Fiona Edwards (CEO Frimley) /Emma Boswell
DHSC	Neill Churchill
NHS Test & Trace and Healthwatch: Working in partnership (webinar)	
Quarterly CQC Meeting	
September	
Local Government Health and Care Sounding Board	
Hospital Discharge and recovery Programme	NHSE
Integrated Care Delivery Partners	
Westminster Health Forum	
National Quality Board	
MSK Health Equalities roundtable	ARMA
DHSC Quarterly Strategic meeting	
NHS Assembly Meeting	
NHS Book Launch- Organising Care Around Patients: Stories from the frontline	
CQC	Ian Trenholme
ADASS – Leading in Care Summit	
Social Care Advisors meeting	
Caring Through Covid Awards	Healthwatch Wakefield
Baroness Susan Masham	
ARMA MSK Health Equalities Roundtable	Sue Brown ARMA
Cancer Research UK	Michelle Mitchell
BCF Board Meeting	
Minister Throup	

October	
Bristol, North Somerset & Sth Gloucester ICS	Vicky Marriot Chief Exec & Georgie Biggs Chair
Greater Manchester ICS	Cllr Richard Leese, Sarah Price, Warren Heppolette
Crisis in NHS Dentistry and NHSE culture meeting	Healthwatch Richmond
Specialised Commissioning Stakeholder Forum	NHS
Integrated Care Delivery Partners' Group	NHSE/I
Surrey Downs - 'Pulling Together Event	Epsom & St Helier University NHS trust
Local Government Health and Care Sounding Board	Tabitha Jay (DHSC)
Henrietta Hughes	NHS
NHS Confed Quarterly Meeting	Charlotte Augst, Rachel Power, Neil Tester
Debbie Ivanova	CQC
Health Inequalities	Andrew Fenton – Transformation Director **NHS South, Central and West CSU**
ICS Kent and Medway	Wilf Williams & Rachel Jones

AGENDA ITEM 2.0

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: The minutes of the AFRSC meeting held in September 2021 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. 15
Meeting Reference: AFRSC202115

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 8 September 2021
10:00 am-12:00 pm
Teams Meeting

Attendees:
Danielle Oum (DO) – Chair
Andrew McCulloch (AM) – Sub-Committee Member
Helen Parker (HP) - 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
Sir John Oldham (JO) – Sub-Committee Member

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). Apologies from IR and JO were noted	

	The Chair explained that PH has stepped down from the sub-committee and JO has replaced him.	
1.2	**Draft Minutes of Meeting of May 2021:** Minutes of the last meeting were AGREED without amendment **Action Log** Please see Appendix Action Log. All actions completed or held over to next meeting The committee asked that JC present a broader update and reflection of actions taken following the staff survey of Sept 2020 and an update on the results of the staff survey due to commence on 4th October 2021, at the next meeting. JC confirmed that the results of the next staff survey should be available by end of October 2021, and she will provide this in addition to a report on the actions and status of outcomes and impact following actions taken following the results of the last staff survey. A report will be presented at the next sub-committee meeting. **ACTION: JC to present a full update on reflections and impact of actions from the previous survey and an update on the results of the survey undertaken from 4th October.**	JC
1.3	**Matters Arising** No Matters arising	
2. 0	**Finance and Procurement** **JC Presented a summary of the budget spend as at the end of July 2021, a summary of procurements to date, grants allocated to local Healthwatch and the outstanding balance on the Norfolk Fund. The sub-committee were asked to note the reports.** **2.1 Financial Position as at end July 2021** JC explained that 26% of the annual budget had been spent at end of Q1, which is in line with expectations. Pay and Non-pay budgets are being reviewed and there is expected to be an under spend on Pay due to staff vacancies. However, this will be reduced by extending the contract of a staff member. JC reported Leadership Team (LT) are currently reviewing non-pay activities to see what should be prioritised and an updated projected position should be available at the end of October. The committee sought reassurance that action was being taken to ensure any projected under spend is minimised.	

	JC confirmed that the LT is working on this as part of their review. **2.2 Expenditures as at end of July 2021** JC explained that procurement was mainly business as usual and a lot of the spend had been on digital and communications, particularly, the branding work that is being undertaken. There has been procurement of £80k around research, digital and engagement work. This figure will increase, but remain within budget, with the sourcing of providers for staff learning and development and middle management training. HW Kingston will be doing work around safeguarding on behalf of HWE and this is being paid for out of income funding from ADASS. JC informed the committee that £130k had been allocated to grants of which £24.3k had been spent. This has been mainly for learning and development and research webinars. The committee sought clarification on the whole grant structure and requested that the list is rag rated with definitions that were easily understood by everyone, showing all grant monies allocated and the status of distribution. **ACTION**: **JC** to provide a full list of the £130k grant funding to LHW for 2021/22, with rag rated status definitions for each allocation that is easily understood for the next meeting. **Norfolk Grant Funding** JC informed the sub-committee that there is currently £185K in the Local Digital Fund of which £180k is for the digital project, which has not yet been utilised. CM noted that the digital fund would not be confined to the current financial year and some of it will be spent on the Drupal 9 upgrade in this year. A fuller projection of how the fund will spend be produced for the next meeting on this sub-committee. The committee sought clarification of a reference to Healthwatch Richmond's input into the engagement pilots around the data sharing. CM explained that as a result of work HWE commissioned HW Richmond to do, gaps in HWE data processes had been revealed and HWE has engaged a data consultant to ensure compliancy in any new systems that is being put in place. This is related to the development of CDS, which isn't yet rolled out. By the time the project is completed, risk assessments will have taken place to ensure compliancy. The committee asked to be informed if any risk issues arose. The committee stated that they need assurances that HWE digital spend is on track with the digital development forecast. CM assured them that a report with recommendations would be presented to the full committee at a meeting later in the month, which would provide more clarity.	**JC**

	JC informed the sub-committee that negotiations about the recharges of £50k - £60K was delayed due to staff changes in CQC. it is anticipated that there will be a resolution at the end of the month. The committee requested details of the anticipated virements at the next meeting in addition to an update of how the underspend is being managed. They expressed concerns that there is a risk that the tendency to turn underspend into grants may result in a glut in funds already allocated for grant spending and emphasised the need to focus on controlling spend efficiently. **ACTION JC to provide a report of anticipated virements and HWE thinking around how expected underspend is being managed.** **ACTION JC to update sub-committee on progress of recharges from CQC**	**JC** **JC**
3.0	**Risk Review** **3.1 Strategic Risk Register** SA presented an update to the strategic risk register for 2021-22 which was approved by the full committee on 9th June 2021. A revised version was sent to AFRSC at the end of July following amendments made by the Leadership Team in July. Two further amendments were made risks to SR29 and SR32 that were not showing on the papers presented to the committee. The register highlights the potential risks to HWE's reviewed strategy, the network and the Business Plan for 2021-22. The sub-committee were asked to review the risks presented in the register and recommend the changes made to the full committee on the 30th September. The sub-committee made suggestions and comments on the following: **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.* The committee felt that the way this risk is expressed is within HWE's control and should be amber, unless the Quality Framework is insufficient and there are insufficient mitigations in place. They questioned the number of LHW completing the Quality Framework, the benefits and how this is being measured. CM agreed to liaise with GM around Quality Framework to see if it is delivering what it was designed to do. **ACTION CM** to liaise with GM to review Quality Framework to see if it is delivering **ACTION** – **SA** to re-classify rating if necessary following review of the Quality framework **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*	CM SA

	gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network. The sub-committee mentioned the black rating around engaging with local authorities and commissioners. They recognised that HWE are doing what they can to mitigate as much as they can but to a large extent, they are limited in what they can do. On ICS, the sub-committee sought reassurance that HWE have mitigations in place to reduce the risk rating as far as possible. CM responded that there is currently an ask of DHSC through their spending review which is due October 25th and HWE has engaged as much resource as we can in trying to secure funding in terms of discharging our duties at ICS level. More will be known after the spending review The sub-committee welcomed the actions and felt that it should be captured in the mitigations in the risk register. **ACTION CM** to review this risk and mitigation following the results of the DHSC spending review **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* The sub-committee questioned whether the mitigation of risk is about the achievement of impact and the ability to evidence this or is it the articulation of it and where should efforts be focused. They noted that the mitigations were not reducing the risks sufficiently and the next iterations should focus on what those mitigations should be and those that need strengthening as the risks are within HWE's control and they don't expect it to be a red rating. CM responded that it is more about the articulation of impact and work is being done with LHW on this. A presentation to the full committee is scheduled for the December meeting. **ACTION CM** to review SR20 mitigations and re-classify rating if possible **SR36** *A failure to effectively implement and communicate our work on Equality Diversity and Inclusion, in line with explicit commitments outlined in our refreshed strategy, risks damage to our reputation and credibility, particularly among the seldom heard groups that we need to reach.* The sub-committee questioned whether the green post mitigation rating was a fair position. They felt that although the building blocks are there, the risk is not yet mitigated. Referring to HWE credibility amongst the seldom heard groups, they asked if HWE was confident that local Healthwatch were fully on board and skilled up in this area and delivering in such a way that those communities are coming to Healthwatch.	CM CM

They mentioned that the pandemic had exposed other groups including older people living in rural areas and the digitally excluded and felt that some of the risks have increased at the same time that HW activity levels have increased and that a 5 rating is optimistic. The sub-committee acknowledged the excellent work that has been undertaken so far but stated that the risk remains.

CM responded that the risk was related towards Healthwatch England's reputation, rather than local Healthwatch. Work has been done to put EDI at the forefront of everything HWE do and a 3-year plan is being devised to work with local Healthwatch in delivering improvement across the network. It was agreed to move the rating back to amber.

ACTION CM and SA to re-classify SR36 post mitigation rating from green to amber CM/SA

3.2 Risk Appetite

JC presented a paper outlining definitions of risk appetite, risk tolerance and key areas by group for consideration and asked the sub-committee to consider the group categories and provide their appetite for risk and risk tolerance criteria for each of the groups listed**, prior to preparation of a risk tolerance statement for full committee approval.**

Prior to the meeting AM had provided a list of risk appetite and risk areas to be considered in the risk appetite matrix, along with the grouping and definitions presented by JC as follows:

RISK AREAS		
HWE Listing	**AM Suggestions**	**ARFC Recommend**
Workforce	Strategy	People and Culture
Financial	Finance	Financial
Reputation	Operational delivery	Operations
Operations	People and Culture	Reputation
Systems	Statutory functions	Digital systems
Other including Covid-19	Legal	Data Compliance
	Innovation and Change	Statutory/legal
	Reputation	
	Cyber security	
	Data protection.	

RISK APPETITE **HWE Listing**	**AM Suggestions**
Averse	Averse
Minimal	Minimalist
Cautious	Cautious
Open	Open
High	Hungry

	JC had provided descriptions of risk tolerance levels, but the sub-committee considered the focus to be on the risk groupings and appetite for each group once groupings had been agreed. Although the sub-committee discussed the group areas, they considered that it would be difficult to operate appetite and tolerance separately. They were comfortable with the risk appetite definitions provided but thought that too few groups had been provided and more detail was required for other suggested groups. Agreement to delete COVID-19 from the grouping and the risk averse rating was unanimous and that the appetite was for how HWE should be working in order to achieve their objectives. The sub-committee concluded that it was too big a jump from where HWE are now to go to a complex system about appetite and tolerance and that it should be recommended to the full committee that the focus should centre on risk appetite and that the ratings should be reduced to minimal, cautious and open. The sub-committee considered both lists of groupings and suggested a combination of the two as mentioned above. They agreed that the full committee should: • Agree its definition of risk appetite • Distinguish risk tolerance if possible • Define areas to focus on to have a clear sense of our risk appetite FH was asked to compile notes from the sub-committee's discussion to assist JC in populating her paper for the committee, with the contents and definitions from CM and AM on digital systems, data compliance and statutory/legal functions. The sub-committee discussed examples of their thinking around risk appetite ratings for finance and reputation. These have been captured in the notes compiled for the report to the full committee. The sub-committee acknowledged there were differences in appetites between committee members and the HWE executive and suggested that for future reviews a survey is conducted to get individual opinions to establish how far apart the gap is in thinking, if at all and if there are any issues. **ACTION - FH** to prepare notes from sub-committee discussions for JC to share with committee. **ACTION - JC** to share draft notes with sub-committee for comment and alterations **ACTION - CM** to provide JC with definitions for data compliance and digital systems for report to committee **ACTION – AM** to provide definition of statutory/legal functions	**FH** **JC** **CM** **AM**
4.0	**Forward Plan** The sub-committee reviewed the forward plan and concluded that:	

	• Finance and procurement report to be updated to include points covered at this meeting **ACTION JC** to update finance and procurement report to include full list of grants and their status and other actions from this meeting • HP to update committee on staffing issues at the next private meeting There were no other amendments or comments on the forward plan.	JC HP
5.0	**AOB** There was no other business to discuss. **The Chair thanked everyone for their attendance.** **Meeting concluded**	

AGENDA ITEM: Update on HWE Plans to fulfil our commitments of Equalities Diversity and Inclusion

PRESENTING: Chris McCann

PREVIOUS DECISION: Approval of the 21/22 Healthwatch England Equalities Diversity and Inclusion action plan

EXECUTIVE SUMMARY: This paper sets out our activity on Equalities Diversity and Inclusion up to mid-February 2021.

RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In May of this year, we restated our commitment Equalities Diversity and Inclusion when we launched our refreshed strategy, which saw the addition of a new strategic objective - To seek the views of those who are seldom heard and reduce the barriers they face.

To ensure that we are held to account for living up to our commitments in this area we now publish an annual Equalities Diversity and Inclusion Action Plan the plan for 2021-22 was published in June. This report outlines the work we have undertaken between June and September 2021 against this year's plan.

Policy and Research

We have established a coalition of partners to work on our campaign re the Accessible Information Standard. In particular, we are working with Mencap and SignHealth to bring in additional insights from users with learning disabilities and sensory impairments. Healthwatch England will be focusing our efforts on non-English speakers and we are partnering with Doctors of the World and six Local Healthwatch to help us engage with these communities. The insight derived will be factored directly into NHSE's review of the AIS as well as informing our ongoing campaigning activity on this issue.

We partnered with the Kings Fund to explore the impact of extended waiting times on people. Taking an equalities focus to the analysis this joint work, revealed that those living in the poorest areas are almost twice as likely to have a longer wait. Our work showed that these longer waits are having a significant impact on people's well-being including their physical and mental health, pain levels and ability to work. This is continued evidence that the way in which the country is recovering from the pandemic is exacerbating existing inequalities rather than addressing them. This work is supporting our broader calls to not focus on just the numbers of people on the waiting list, but how we are supporting people whilst they wait.

In our report "Locked out: Digitally excluded people's experiences of remote GP appointments" we took a deeper look at how changes to the way appointments have been provided during the pandemic are affecting groups who may struggle with remote access. The research focused on the experience of:

- Older people (those aged 65+),
- People sensory impairment, learning disabilities or dexterity/mobility issues
- People with language barriers including limited English
- Frontline professionals delivering care

The report showed how the move to remote access has subtlety changed the way in which inequality of access is playing out for these groups and called for a hybrid approach going forward.

We were able to use the findings of the work, combined with our Access to GPs report from earlier in the year to secure clarification from NHSE on patients' rights to request face to face appointments.

In our work on use of patient data, we worked with NHS Digital to commission a literature review of all the engagement done with the public on this topic over the last decade. Over July we then supported the Patient Experience Library to carry this out. One of the key findings was the existence of a significant knowledge gap re use of data among ethnic minorities. This is helping to define where NHSD need to go next in their work to build broad public trust in the way the NHS uses data for planning and research.

Work on taxonomies and data collection

The demographics for the Healthwatch taxonomy have now been updated and is currently being rolled out. This will improve our data capturing infrastructure and facilitating more consistent recording across the network. We have also been working with Healthwatch Tower Hamlets on providing guidance and e-learning for the network on this topic.

However, our more detailed look at the data collection/recording currently being carried out by Local Healthwatch has identified that more work than originally anticipated is needed to improve what the network is capturing. An analysis of CRM data received in July and August 2021 found that a nearly a quarter of Healthwatch using the CiviCRM shared no demographic data with their feedback and signposting cases. Collection of data about the ethnicity of people was particularly sparse.

We have also analysed 65 reports (a 10% sample) of reports that were sent to us last year. 46% included some reporting by demographics, but only 11% included some analysis of findings by demographics. 40% of the reports without any reporting by demographics were based on surveys, including two about Covid-19 vaccine take up.

Communications

Making our information accessible.

We have started our project to ensure our information and advice at a national and local level is accessible as possible. This work, which we aim to complete by March 2020, includes:

- A review of our national accessibility policy and the development of a template policy that local Healthwatch can use at a local level. The policy sets out how and when we provide information in accessible formats and our approach to events.
- A new guide for staff and volunteers on how to make the language we use and the formats we produce information accessible
- Exploring what additional steps we can take to provide local services with the resources they need. For example, besides putting on further easy read training, can we also provide staff with a bank of easy read images and definitions of common terms.
- Testing the new template for our national and local websites to ensure that they continue to meet the international web accessibility standards. An updated set of standards are due to be published this Autumn.
- Ensuring that the changes we are planning to make to the visual Healthwatch brand are accessible.
- Introducing a new British Sign Language (BSL) service for people who call our national helpline
- Updating our suite of promotional materials and making them available in easy read, BSL and a range of languages.

Engaging diverse sections of the community.

We have two public campaigns planned for the remainder of 2021-22, which we will use to ensure that we reach sections of the community we do not hear enough from.

We have already launched a six-week drive to understand people's experiences of waiting for hospital treatment. As part of this campaign, we will aim to boost responses by targeting England areas with a higher proportion of people from ethnic minority backgrounds and higher deprivation levels.

We have also agreed to run a longer-term campaign to understand people's experiences of getting accessible health and care information. The first phase of the campaign, which will look at our existing evidence to inform the Government of the issues we know about, is already underway. Planning for the second phase, which will launch in January 2022, has also started. In this phase, we will speak to the public more widely to get a more current picture. As well as looking at the experiences of people who have a sensory impairment or learning disability, the campaign will also look at the experiences of other groups, such as people whose first language is not English. The campaign is being developed in partnership with local Healthwatch and external partners.

Work with the Network

EDI peer network

We have opened up the local Healthwatch EDI working group, who helped shaped our equality, diversity and inclusion programme to become a peer network for all LHW staff and board members which meets quarterly. The purpose is to enable local Healthwatch staff to come together to share their experiences, successes and challenges within equality, diversity and inclusion and to offer each other peer support, practical examples and solutions. Next meeting is 14 December 2021 Equality, diversity and inclusion peer network meeting | Healthwatch Network website (staff)

Examples of practice shared in the first meeting included:

- Proactively setting up a local provider network to make sure not everyone is trying to engage the same individuals
- Working with local voluntary organisations to reach out to people from seldom heard communities. One of the things the voluntary organisations do is to translate the surveys into different languages that helps reach more people
- Developing a Black Asian and Minority Ethnic connect project

Quality Framework

We have reviewed the Quality Framework and strengthened it in terms of equality, diversity and inclusion. It will be tested and rolled out to the next cohort of local Healthwatch carrying out the self-assessment and for all annual reviews.

Communities of interest pilot

We wanted to explore different ways that local Healthwatch could support each other and learn from each other to engage well with different communities in their areas. We identified Black African and Gypsy and Traveller communities for the pilot as they are two groups that Healthwatch hear less from.

Following a competitive process, we offered grants to Healthwatch Central West London and Healthwatch Lincolnshire to facilitate four peer learning and action planning sessions with small groups of local Healthwatch between June and September 2021. They explored engaging with a Black African or a Gypsy and Traveller community in each area and all committed to carrying out engagement and sharing their experiences.

This is a new approach for learning and development in Healthwatch and requires investment, a lot of facilitation and a significant time commitment from participants. The groups will share their learning in an open session on 6 October Communities of interest – learning and sharing event | Healthwatch Network website (staff)

Models of inclusion pilot

We wanted to explore local Healthwatch approaches to involving and including different groups of people on a longer-term basis in their work.

Healthwatch North East Lincolnshire and Healthwatch Essex were successful in their bids for grants to share their approaches to including and involving young people and people with learning disabilities in their work. They will pilot a peer learning approach where small groups of LHW will meet twice, eight weeks apart (September and November) and commit to actions to adapt and replicate those approaches. They will also produce a short how to guide in December.

Involving & including people with learning disabilities in your work | Healthwatch Network website (staff)

Involving young people in your work | Healthwatch Network website (staff)

Action learning sets

Support for boards was an area identified in early conversations about EDI. We have commissioned Action Learning Associates to run two action learning sets from October to April for Healthwatch leaders to explore their approaches to EDI and support them to agree and deliver actions.

Training opportunities

We commissioned training courses from the Diversity Trust in understanding and embedding equality, diversity and inclusion in the work of Healthwatch and from the Consultation Institute in understanding public sector equality duty. These take place every quarter and have been full (15 booked to attend each EDI course, 12 to attend each PSED course). We commissioned quarterly training from Easy Read UK in producing your own professional easy read materials. These have been hugely oversubscribed, so we have booked more to meet demand (6 attendees per course)

Collecting demographic information

We grant funded Healthwatch Tower Hamlets, through a competitive process, to run two sessions on collecting demographic information in June 2021 to hear what support the network needs to be able to do this well. They are producing a toolkit based on that feedback and we have offered another grant for them to produce an e-learning module by the end of September.

How to collect demographic data | Healthwatch Network website (staff)

Black Staff Network

A network for staff who identify as other than white has been set up to share experiences and facilitate learning and development. They will also assist in the shaping and delivery of strategy and policy, driving transparency, developing and supporting a unified equality, diversity and inclusion culture.

Healthwatch Black Staff Network | Healthwatch Network website (staff)

Board diversity survey

We piloted a survey in the North East to establish baseline data for board member diversity. We got a small sample in response, so we are now exploring alternative ways to collect this information.

Three-Year Plan

Following the work led by Joy Beishon, CEO Healthwatch Greenwich, Healthwatch England is working on a three-year plan, building on the action plan that was published in June 2020. We intend to publish the three-year plan in time for Healthwatch Week,9th – 12th November 2021.

Healthwatch England Workforce

We continue to strive for a happy working environment for all staff. This year's staff survey was launched on Monday October 4th. We will use the findings to identify where there may be unfairness and inequalities and address and resolve any issues when they arise.

Our Staff Engagement Group continues to represent staff and will escalate any issue they feel does not align with our equalities aims.

Our Speak Up Guardian continues to represent Healthwatch England staff.

Our commitment to EDI has been a key consideration in our approach to the recruitment of new committee members. We have shortlisted candidates and will be appointing new committee members shortly.

AGENDA ITEM No: 2.1 (b)

AGENDA ITEM: Delivery and Performance Report – Q1/Q2 (April – Sept 21)

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the End of Year delivery and performance report for 2020/21

EXECUTIVE SUMMARY: This paper summarises the delivery and performance against our Business Plan and KPIs at the end of September (2021)

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

APPENDICES:

1. Q1 & Q2 highlights and what to expect in Q3

Background

The report below provides an update on our delivery and performance against our current business plan and KPIs at the end of September 2021. The update includes:

- Summary of KPIs and exception reporting affecting our Business Plan deliverables
- Performance updates against KPIs
- Appendix - Highlights on what we have delivered in Q1 and Q2 and what we aim to deliver in Q3.

The following KPIs are currently experiencing some minor delays:

- 100% of projects will have EIA completed
- 67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good
- Establish a benchmark to enable us to expand our understanding of engagement approaches
- 2 reports (bi-annual) produced showcasing the impact Healthwatch England has made against our strategy.

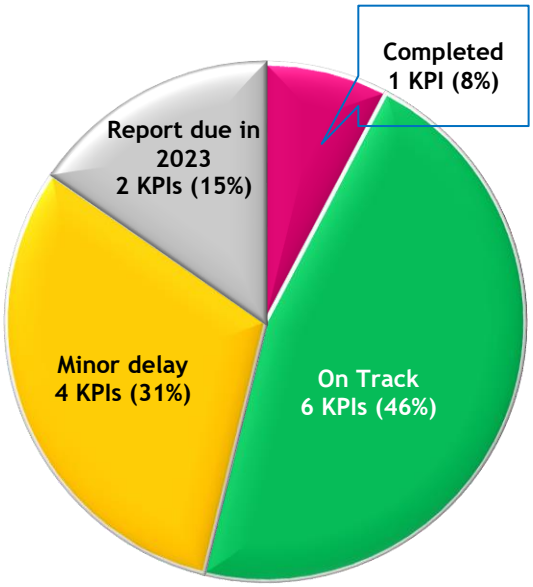
The committee are asked to note this report.

Healthwatch England

Performance Report

September 2021

KPI Summary - September 2021



Delayed Indicators	EOY Target	Q2 Progress	Reason for delay
100% of projects will have EIA completed	100%	**58% (25 projects) completed or underway** 42% (18 projects) under review	Delay in EIA reports being completed for projects due to the new system being introduced late. We expect to hit our target at the end of the year.
67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good	67%	Due in Q4	Satisfaction survey is now scheduled for January due to other requests on the Network.
Establish a benchmark to enable us to expand our understanding of engagement approaches	Benchmark established	Due in Q4	Aiming to achieve in Q4, but subject to delay due to work on ICS being prioritised
2 reports (bi-annual) produced showcasing the impact Healthwatch England has made against our strategy.	2	Due in Q3 (Dec)	Delay in impact reporting due to a review of how we capture impact effectively

Exception Reporting on Progress

OBJECTIVE ONE: A sustainable and high performing network

- Engagement - work has been delayed enabling the Deputy Director to focus on Integrated care system (ICS) Readiness Programme.
- Quality Framework - We set our objective for 100% of Healthwatch to complete the Quality Framework by Mar 2022. This will not be achieved due to effect of the pandemic, changes to contracts. We anticipate that we will achieve between 60-80%.

OBJECTIVE TWO - Seeking the views of people on their experience of needing or using health, public health and social care services

- Use of our brand centre is not keeping pace with last year's performance. This is due to our focus on making improvements to the core brand and therefore not rolling out new visual resources until this work is complete.

OBJECTIVE SIX - We are a strong and well governed organisation that uses its resources for greatest impact

- We currently have a minor delay in getting an Equality Impact Assessment (EIA) completed for projects due to the new system being introduced late. The critical areas of work within policy, network development, communication and digital have had an EIA completed. However, we are reviewing the criteria to determine which of the remaining projects need an EIA completed. We are confident we will hit our target of 100% completion by the end of the year.

- We are currently rethinking the way staff capture impact and will be introducing a new template to enable more effective recording of our impact. The impact report for Healthwatch England will come to Committee at the December committee meeting.

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Progress on

Key Performance Indicators

September 2021

Healthwatch England - Performance Report (End of September 2021)

RAG Status: Complete | On Track/In progress | Minor delay | Severe delay

SECTION 1 - KEY PERFORMANCE INDICATOR SUMMARY

No.	KPI, Target, Milestone	Description	Target	Q1/Q2 Progress (April - Sept)	Lead
Objective 1: A sustainable and high performing network					
1.	KPI	67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good	67%	Results now due in Q4	Head of Network Development
2.	KPI	100% of Healthwatch have signed up to our updated brand licence	100%	Results due in Q4 - In progress	Head of Communications
Objective 2: Seeking the Views of people on their experience of needing or using health, public health and social care services					
3.	Milestone	Report on pilot of digital engagement platform		Completed	Director of Communications, Insight and Campaigns
4.	KPI	4 in 5 people rate our advice and information content as useful	Rating 4 in 5 people	Current rating 4	Head of Communications
Objective 3: Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements					
5.	KPI	Increase the proportion of data we gather from Black, Asian and Minority Ethnic groups through the webform from 4% (including white Irish) to 15%	15% increase	Quarterly Increase against target: Q1= 8% increase Q2 = 22% increase	Head of Policy, Public Affairs and Research and Insight
6.	Target	All our policy and research work will have an equalities focus which secures one policy change		On Track	Head of Policy, Public Affairs and Research and Insight
Objective 4: Acting on what we hear to bring about improvements in health and care policy and practice					
7.	KPI	**Stakeholder Perceptions** % of stakeholders saying they are aware of Healthwatch and our role increase by 5 points (KPI)	Increase from 87% to 92%	Report due in 2023	Head of Policy, Public Affairs and Research and Insight

No.	KPI, Target, Milestone	Description	Target	Q1/Q2 Progress (April - Sept)	Lead
8.	KPI	**Stakeholder Perceptions** % of stakeholders saying they value the work done by Healthwatch will increase by 5 points (KPI)	Increase from 71% to 76%	Report due in 2023	Head of Policy, Public Affairs and Research and Insight
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector					
9.	Milestone	Establish a benchmark to enable us to expand our understanding of engagement approaches		Minor delay	Head of Network Development
Objective 6: We are a strong and well governed organisation that uses its resources for greatest impact					
10.	Target	2 reports (bi-annual) produced showcasing the impact Healthwatch England has made against our strategy. (Target)	2	Minor delay 1st report due in December	Head of Operations
11.	KPI	95% of staff report feeling involved in Healthwatch England overall objectives	95%	Results due in Q3 – In Progress	Head of Operations
12.	KPI	95% of staff feel they make a difference through their role	95%	Results due in Q3 – In Progress	Head of Operations
13.	KPI	100% of projects will have EIA completed	100%	58% completed Minor delay	Head of Operations

Further information on the highlights achieved in Q1 and Q2 and what we expect to deliver can be found in appendix 1.

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Q1 & Q2 highlights & what to expect in Q3

APRIL - SEPTEMBER HIGHLIGHTS & WHAT TO EXPECT IN Q3 (DECEMBER 2021)

OBJECTIVE ONE - A sustainable and high performing network

April - September 2021 Highlights	What to expect in Q3
Network Communication • We have launched our strategy, and business plan and have started a series of themed communications to highlight our plans for our five priority areas (Support offer, digital, brand etc.) • We have reviewed and promoted a host of new guidance to the network	• A focus on equalities and data standards
Equality, Diversity and Inclusion: Joy Beishon, CEO Healthwatch Greenwich has been helping Healthwatch England since October 2020 understand the Healthwatch approach to Equality, Diversity and Inclusion (EDI). We've facilitated conversations and support for Healthwatch - with two-thirds of the network participating so far. The report on Equality, Diversity and Inclusion Action Plan sets out activities over past six months, which include • Support to Healthwatch on collection of demographic data so we know who we are reaching and can analyse the data to inform our insight • Learning activities such as Diversity training (Diversity Trust) and Public Sector Equality Duty with the Consultation Institute • Piloted small grants for Healthwatch to describe how they involve people - Healthwatch NE Lincolnshire approach to involving young people and Healthwatch Essex on involving people with learning disabilities in their work.	• We will be publishing a three-year plan in November on how we plan to support the network on equality, diversity and inclusion. • Roll out of Quality Framework with strengthened EDI across the domains • Board Action Learning sets on approach to EDI • Programme of speakers and activities for Healthwatch Week to further demonstrate our commitment to EDI

April – September 2021 Highlights	What to expect in Q3
Impact: Over the past 18 month we've developed a tried and tested method to support Healthwatch using a Theory of Change approach so Healthwatch can understand, plan, evidence and communicate their impact. • In last 6 months, 29 Healthwatch in receipt of 1-2-1 support using Theory of Change model; 79% of participants reported increased confidence around impact and outcomes. • Introduced new self-assessment impact tool to support Quality Framework to help Healthwatch understand where they need to improve around impact. • We strengthened impact element of the local Healthwatch annual report template – which saw stronger impact reporting from Healthwatch "*We feel we have a much more professional approach, and this has helped us when collaborating with other stakeholders … we are getting more organisations contacting us because of our efficiency. If only we had had these in 2013, we could have conquered the world by now!*"	• We will follow up with Healthwatch to evidence outcomes arising from 1-2-1 support from Impact programme. • Healthwatch England will have many more examples of Healthwatch outcomes to draw on for our communications as a result of analysis of Healthwatch outcomes from annual reports
Integrated Care Systems (ICS): Healthwatch England have put together support for Healthwatch working with Integrated Care systems, including forthcoming legislation. • Secured funding from and contract with NHSE/I to understand Healthwatch and ICS arrangements and support needs • Completed research on the relationships between ICS and local Healthwatch • Held two workshops to support local Healthwatch to understand what they can do to get ICS ready • Profiled 3 examples of 'promising practice'	**Integrated Care Systems:** • Delivery of tools and guidance for local Healthwatch and ICS • Delivery of an intensive support offer for local Healthwatch in at least 6 ICS areas to get ready in lead up to April **ICS Support Programme:** • We will be using the baseline understanding we have developed to create a range of practical tools to support joint working between Healthwatch and their ICS partners. Where they need additional support, we will be rolling out a programme of intensive support to ensure all ICS areas have a strong role for user voice in decision making.

April – September 2021 Highlights	What to expect in Q3
Learning and Development Over the past couple of years we have shifted from a traditional one to many learning styles to a blended learning approach of events, resources, e learning and peer learning and action learning sets • £30,500 in small grants to 22 Healthwatch to share good practice through the production of resources (models of engagement, models of inclusion, collecting demographics e-learning and Quality Framework case studies) and the facilitation of training sessions (collecting demographics, communities of interest, research skills, virtual visits, governance, project planning, theory of change and volunteer management), plus external expertise on areas such as diversity and equality duty • 331 learners have taken one of our five e-learning modules with an average satisfaction rating of 8.7/10. • Of 259 learners, 83% said the sessions completely or mostly met their needs and 91% are likely or very likely to apply something they learned to their work. In Q1 75% learners reported being more confident in the topic after their session. • We have peer networks for engagement, EDI, research and communications and campaigns. • An example of a grant funded bit of work is where 20 Healthwatch are working with two Healthwatch on how they have successfully engaged Black African men and the Gypsy and Traveller community with a commitment to review progress from each Healthwatch.	• New resources on Holding to Account • Commissioning support for Board members with help from new Board Reference group
Quality Framework We introduced the Quality Framework in 2019 so there is a shared understanding of the key ingredients of an effective Healthwatch among Healthwatch providers, local authorities who commission	• Further 32 Healthwatch expected to complete Quality Framework by March 22 with review with Healthwatch England Regional Manager

April – September 2021 Highlights	What to expect in Q3
Healthwatch and Healthwatch England. Each Healthwatch produces an Action Plan, which is reviewed with Healthwatch England. Healthwatch England uses the collective results to inform our support offer to local Healthwatch. • 44 Healthwatch have or are in the process of completing the Quality Framework, with a further 26 Healthwatch receiving an annual review of their Action Plan, having completed the Quality Framework in 2020/21 • Local authorities who share draft tender specifications are incorporating the Quality Framework • Healthwatch England will be investing in support for Boards Examples of how the Quality Framework has led to improvement • *We are working more closely with Local Authority portfolio holders (old and new) such that we are now being asked to lead engagement piece on future place-based health/care.* • *We have changed the way our Board works, with the introduction of non-exec members from the Voluntary Community Sector to increase skills and diversity.* • *We have more clearly defined how we use the Theory of Change which underpins the Operational Plan.*	
Sustainability: We have a well-established engagement programme with local authority commissioners to help protect Healthwatch income and support effective commissioning • Delivered an event for commissioners which has increased the interaction between regional managers and commissioners and increased the likelihood of opportunity to input to specifications	**Sustainability:** • Commissioners newsletter and additional event • Review of Commissioners Guide, including strengthening outcomes and focus on equality, diversity and inclusion

April – September 2021 Highlights	What to expect in Q3
• Established a commissioner's reference group to support and improve the sustainability Goal	

OBJECTIVE TWO - Seeking the views of people on their experience of needing or using health, public health and social care services

April – September 2021 Highlights	What to expect in Q3

Brand:
• Launched our brand values to the network, supported by a new brand tone of voice and messaging guide
  ○ Published additional brand resources including: Tested marketing messages and Brand language and accessibility guide
  ○ Trained over 100 staff to adopt the guidance
	• Launch of updated brand visual guidance

Digital Engagement: • Launched the digital dashboard so that we can track impact across our 72 local Healthwatch sites • Secured approval to update our national and local sites from Drupal 7 to Drupal 9	• Piloting of updated Drupal sites and the start of the migration programme
Advice and information • We have reviewed our entire back catalogue of advice and information • Continued our rolling programme of COVID-19 advice in response to changing Government guidance	• Ongoing new and updated advice and information content

- Our advice and information content continue to be our most popular content, with over 190K unique views of content. (5% higher than the same time last year).

Media Statistics:

- 14% more traffic to our corporate website, and 35% more unique events compared to the same time the previous year
- More people are visiting the staff site (74% increase in visitors), viewing more content (58% increase in page views and 11.5% increase in pages per session) and are staying longer (7% increase in time spent on the site) compared to the same time the previous year.
- Views of our insight content is currently 23% higher than 5x the monthly average from 2020/21. Our most viewed and downloaded reports relate to NHS Dentistry and GP access
- We have introduced new ways to reach out to professionals, holding online briefings on our main reports and insight. Over 200 professionals have attended our first two on-line briefings about issues.

Media coverage:

- Total volume: 96 pieces
- Total circulation: 139.5 mln

Our media reach is 128% higher, when compared to the same period in 2020-21. We continue to build our media profile with significant ongoing coverage for our main reports and calls to action on NHS dentistry and GP access

Examples of media coverage:

- The Guardian: NHS backlog disproportionately affecting England's most deprived | NHS | The Guardian – incl. some of our stats and recommendations
- ITV: Poorest 'waiting longest' for hospital care as NHS backlog takes it toll | ITV News – data and recommendations

- Evening Standard: https://www.standard.co.uk/news/uk/nhs-people-england-panorama-mps-b957391.html
- The Times: https://www.thetimes.co.uk/article/poor-nearly-twice-as-likely-to-wait-a-year-for-treatment-fwsv08snq
- Focus on human stories (our case studies):
- inews: https://inews.co.uk/news/nhs-backlogs-spirit-breaking-nhs-dental-nurse-waited-year-endometriosis-treatment-1220904
- **BBC Online:** Somerset retired nurse waited 17 months for hip surgery
- **Panorama** ran a documentary highlighting the struggles of people waiting on NHS waiting lists for over a year, featuring some of our stats and an interview with the King's Fund's chief analyst. https://www.bbc.co.uk/iplayer/episode/m0010415/panorama-nhs-wait-or-pay

April – September 2021 Highlights	What to expect in Q3

Brand:
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  o Published additional brand resources including: Tested marketing messages and Brand language and accessibility guide
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	• Launch of updated brand visual guidance

Digital and data transformation: • In the first six months of this year the digital team has brought members from across Healthwatch England to gain of deeper understanding of digital requirements of both Healthwatch England and the network. • In doing so the team has delivered and alpha version of our data warehousing solution, the Central Data Sore. It has also piloted three different digital platforms with the Healthwatch Network; CitizenLab, Engagement HQ and SmartSurvey. Though we will not be implementing these systems at this stage this process has provided valuable insight into out Data processing requirement. As a result of this work we have been carrying out a review of all data processes to ensure that they are compliant and robust. **Network Engagement:** • In July and August of this year the digital team delivered a programme of engagement with the Local Healthwatch which allowed Healthwatch England to get under bonnet of data processing and sharing activity within the network. • This work has provided a valuable insight into why many Local Healthwatch who do not currently share data with a us on a regular basis and understand the barriers they face. This work has proved a vital catalyst for help set the direction of our Digital Transformation work in 2021.	• In Quarter 3 we will continue or work to with a data consultant to refine our data standards. • We will build on the summer's work with a much broader Phase 2 of Network Engagement won data standards and processes. • The findings of engagement and data standards work will enable us to produce a more detailed action plan around the eventual replacement of the CiviCRM. • We will also roll out the new demographic taxonomy in the CRM and deliver a Conference workshop on digital and data.

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

April – September 2021 Highlights	What to expect in Q3
Vaccines • At the end of Q1 we launched our qualitative insight report into vaccine hesitancy among African, Caribbean, Pakistani and Bangladeshi communities living in England. This work fed directly in to DHSC and NHSE planning for the vaccine roll out to help them understand and reach groups who had previously not come forward for their vaccination. **Digital health services** • Also at the end of Q1 we published the findings our research into digital health services and the risks for growing health inequalities. The research focused on gathering experiences from older people, people with a sensory impairment or learning disability and those with low levels of English. The recommendations have support our call for a hybrid system of virtual and f-2-f appointments going forward and for NHSE to review access to GPs to better understand how to communicate changes in the service to the public. **NHS waiting times** • We joined forces with The King's Fund to call for urgent action on NHS waiting times and in particular to highlight the challenges faced by people who have experienced delays to treatment. The focus of this joint piece was on health inequalities and showed that people in the most deprived areas of the country are waiting the longest, and this is having a detrimental impact on their physical and mental	• We will be following up the initial work on waiting times with the King's Fund with a full report in November. • We are constantly adapting our social media advertising to test new ways of reaching people we don't usually hear from – for example, targeting ads by location and interest. This is something we are training local Healthwatch on further in October too. • As part of the equality and diversity plan, we are also celebrating Black History Month, focusing on pioneers of health and social care, along with a wider plan of action. **Demographic data:** • In Q1 and Q2 we have been working hard to put the right infrastructure in place to support improved capture of demographic data from across the network. In Q3 we will be rolling out the new simplified demographic categories in the taxonomy and the guidance and e-learning that has been developed by Healthwatch Tower Hamlets. However, our more detailed look at the data collection/recording currently going on in local Healthwatch has identified that more work than originally anticipated is needed to improve what the network is capturing.

April – September 2021 Highlights	What to expect in Q3
wellbeing. We will be following up this initial analysis with a report in November. **Social Care** • We also launched a grant funded project with local Healthwatch to explore the experience of people with unmet social care needs. This is to help feed in to DHSC thinking on reform of social care post the funding announcement made in September. **Accessible Information** • We began the research phase with local Healthwatch for our Accessible Information campaign to explore the experiences of people with low levels of English and the impact this has on their experience of health and care services. We are also working with partners to gather insights from people with sensory impairments and those with learning difficulties and autism. **Use of patient data** • Through our advocacy work we also highlighted the lack of voice that has been given to people from ethnic minorities in how their health and care data is used by the system.	
Public Feedback: • Provided the network with a toolkit for the waiting times spike which will launch on 6 September • We have organised x2 workshops to engage the network in the accessible information campaign which will launch in January.	• Development of Assessible Information Campaign with partners prior to launch

OBJECTIVE FOUR - Acting on what we hear to bring about improvements in health and care policy and practice

April – September 2021 Highlights	What to expect in Q3
Hospital Discharge: • During Q1 and Q2 the policy team have continued to push the recommendations from our joint report with the British Red Cross on the roll out of discharge to assess. Working closely with NHSE and DHSC colleagues we have successfully influenced the new guidance that was issued in July to ensure that everyone leaving hospital will now receive a holistic welfare check to assess their needs, including the 50% of patients estimated to be on pathway 0 (often misinterpreted as people requiring no support). • Working in partnership with NHS Confed, NHS Providers, the LGA, ADASS, Red Cross, Carers UK and Age UK we also successfully petitioned Treasury for the continuation of dedicated funding for hospital discharge to continue for the rest of this financial year. This means an additional £488 million will be made available to NHS and social care services between October and March. **Patient Transport:** • In August, NHSE published the conclusions of the review into non-emergency patient transport services. Kicked off following our calls for improvements, this review has put a number of commitments in place including a new national framework for commissioning of NEPTS to make things clearer and more consistent. There is also now a public consultation on eligibility criteria, with key guarantees given that all journeys for renal dialysis will be support. Crucially the	**Social care reform:** • We will kick off our research on unmet need in social care by grant funding local Healthwatch to support the collection of detailed user case studies. We will be looking at how people are impacted by differing types of unmet need, including people who cannot access assessments, people who have been turned down for support and people who have got support but that the level is insufficient. We will be looking at both working age and older people. These case studies will be used to help inform DHSC thinking as plans around social care reform develop further post the funding announcements made in September. **Access to primary care:** • On access to primary care we will continue our joint working with NHSE, National Voices and the Practice Managers Association to develop and publish a comms toolkit for how to better explain the new ways of accessing primary care to the public.

April – September 2021 Highlights	What to expect in Q3
review also acknowledges the need for ICSs to put more transport support in place for all service users, even those who fall out of the NEPTS eligibility criteria, by extending the Access to Healthcare Travel Costs Scheme. **NHS Dentistry:** • In Q1 we published a report on access to NHS dentistry and the huge spike we have seen in terms of volume of feedback about the service and the rise in negativity. This built on previous reports we had issued In Q3 and Q4 of 2020/21. Local Healthwatch have also continued to work on dentistry with feedback about the service referenced in 79 local reports since the start of 2021. This combined pressure from the network saw NHSE set up a new Dental System Reform programme tasked with unblocking the delays around contract reform by March 2022. **Use of patient data:** • The rapid research we carried out in June and July on NHSD's plans around the collection of GP patient data supported a key Ministerial decision to delay the roll out of the programme and take more time to build the necessary public trust in the plans. We are now working with NHSD and a coalition of other patient groups to develop a set of principles to underpin future work in this area.	
Evidence use: • We published and secured blanket covered for our dentistry report, • We have also raised awareness of a range of other issues including vaccine confidence, digital exclusion and people's experiences of pharmacy.	• Coverage of our waiting times findings

OBJECTIVE FIVE - Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector

April – September 2021 Highlights	What to expect in Q3
Engagement: Our Strategic Plan sets an objective for Healthwatch to be built on and share our expertise in engagement. • Over past six months we have supported the peer network on engagement and provided small grants to Healthwatch Camden, Healthwatch Darlington and Healthwatch Rotherham to share their engagement approaches: using GP text messaging to gain rapid local insight, using Facebook live to host virtual engagement events and working with partners to engage refugees and asylum seekers.	• Engagement Plan • Exploration of Health Inequality Ambassadors (pending funding) • Support for understanding participatory practice across local Healthwatch

OBJECTIVE SIX - We are a strong and well governed organisation that uses its resources for greatest impact

April – September 2021 Highlights	What to expect in Q3
Finance and Risk • We have set up a system for grants reporting to give assurance to the AFRSC on value for money. • We have received £10k of income from ADASSS to help support our local Healthwatch work on safeguarding. • Our risk tolerance and appetite is being reviewed with the AFRC.	• HWE Staff survey starts on 4th October and results due at the end of October/early November. • We will have a development course in place for our middle managers. • Governance review will start early November.

April – September 2021 Highlights	What to expect in Q3
People and Ways of working • We are shaping our impact reporting which will be presented to the committee in October. • We are reviewing our stakeholder management (CRM) system to see where we can improve how we capture key information • Our equalities and impact assessment template is now embedded and is now part of our workplan process. • We are recruiting new committee members with equalities in mind so that we will have a diverse committee. • Some staff are attending various courses as discussed with their line managers and in line with our business plans. • We achieved cost savings of £75k through managing committee recruitment internally and not using a third party agency	• We expect to have cost savings on our management costs finalised with CQC Finance. • We are reviewing our activities and will make decisions about where virements may be needed between budget lines.

AGENDA ITEM:2.2

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 12 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2021/22

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 • Impact Report • Diversity and Equalities Update • AFRSC Minutes • Annual Report • Annual Data Return • Questions from the Public
Mar 2022	• 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 • Annual Plan & KPIs 2022/23 • Draft Budget 2022/23 • Diversity and Equalities Update • AFRSC Minutes • Questions from the Public
Jun 2022	• 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 • Digital Transformation Progress • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Minutes • Questions from the Public

Healthwatch England Committee Workshop Forward Agenda 2021/22

Oct 2021 or later	Risk Appetite Working with Central and Local Government Working with and for Children
January 2022	ICS bids Review of Standing Order