healthwatch

Healthwatch England 9th March 2022

Meeting #38 Committee Meeting held in Public

Location: Teams Meeting

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 Healthwatch Lincs, Luton & Salford on Social Care	Jacob Lant / Paul Callaghan	FOR NOTING
11:50	1.4 Minutes of meeting held in December, 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	LA	FOR NOTING
12:30	1.7 Committee Members Update	ALL	VERBAL
12:35	Lunch		
13:05	1.8 Annual Plan: a) Business Plan & KPIs 2022/23 b) Draft Budget 2022/2023	 CM JC	For APPROVAL
13:35	1.9 Business Items a) Equalities Diversity and Inclusion Action Report Q3 b) Delivery and Performance Report for Q4 (Dec-Feb 22)	 CM JC	FOR DISCUSSION
13:50	2.0 Audit, Finance and Risk Sub Committee Meeting & Risk report	DO	VERBAL
14:00	2.1 Forward Plan	CHAIR	FOR NOTING
14:05	Questions from the public		
14:15	AOB		
	Date of Next Meeting 8th June 2022		

Healthwatch England Committee Meeting
Held in PUBLIC

Online & Room Westbourne, 2nd Floor, 2 Redman Place, Stratford London E20 1JG

Minutes and Actions from the Meeting No. 37 – 8th December 2021

DRAFT

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)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Amy Kroviak – Committee Member (AK)
- Danielle Oum – Committee Member (DO)
- Pav Akhtar – Committee Member (PA)
- Umar Zamman – Committee Member (UZ)

In Attendance
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Jacob Lant – Head of Policy and Partnerships (JL)
- Gavin MacGregor – Head of Network Development (GM)
- Joanne Crossley – Head of Operations (JC)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JCL)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies
- None

Item	Introduction	Action
	Introduction The Chair opened the meeting.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed Committee members and other attendees. PA and UZ introduced themselves and gave a bit of background about themselves and why they joined the committee.	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 – Presentation on ICS Collaboration by Gary Jevon (GJ) - CEO Healthwatch Wakefield (HWW)** GJ introduced himself to the committee. He told them about the collaborative work that the West Yorkshire Health and Care Partnership (WYHCP) are doing in line with their ICS which serves a population of 2.4m people from diverse cultures in a large geographical area of urban and rural districts. The partnership is made up of 6 Healthwatch (HW) in the area who work together under a Memorandum of Understanding which was developed in 2017. GJ informed the committee that the WYHCP had been interacting with the ICS for 3 years and when the partnership Board was launched in 2019, Healthwatch were asked to take a seat on the Board. GJ gave an account of the responsibilities of each HW member. He mentioned that in conjunction with the System Overview & Assurance Group and communication and engagement staff at ICS, Healthwatch have developed regular insight to inform assurance discussions. This work commenced in March 2021 and have covered subjects such as digital inclusion, NHS dental	

	care, access to GPs and care homes during the pandemic. Where there have been a crossover of ICS and Healthwatch projects, Healthwatch has established links and got involved with the ICS projects. GJ explained that as the WYHCP has been working this way for several years, they will not experience the level of change evidenced by some Healthwatch and lesser mature ICSs when the new legislation is implemented and at the request of the WYHCP partnership Executive, a proposal has been presented to the ICS to enable continued working within the new legislative arrangements, although this would require further resources. The offer has been framed around the following 3 areas: • Real time insight and intelligence • Independent Challenge • Expertise in public engagement GJ mentioned that with accountability changing to regional level, changes will be needed in the way the Healthwatch work. He informed how the extra funding if received would be used to appoint a Healthwatch ICS liaison manager to support the partnership working across all 6 areas and gather insight and liaise with the ICB/Partnership Board. Recently a future design and transition group has been set up to look at how the partnership works and how its governance and procedures can evolve to meet the requirements of the Health and Social Care Bill from 2022. The committee thought that it was a good example of collaboration moving forward and asked how the partnership is currently resourced and if HWE envisaged using the same model of engagement in other Healthwatch regions and if the learning could be shared with other HW. GJ responded that the Healthwatch use their own resources unless they are asked to work on a project, then ICS or the partnership will fund it and the funding shared between the Healthwatch. GJ agreed that there is an opportunity to share learning with other HW on how they work with different communities. CM explained that if the model can work in other regions, HWE will use it, but this will depend on the complexity of the Healthwatch/ICS patch. JL referred to 6 different models in use but concurred that these could be simplified to 3 levels. GJ emphasised that trust and mutual understanding of what each side can do will be required to accelerate collaboration in other HW areas and for LHW to play the role of a critical friend. The chair wanted to know if there were similarities of the way some ICSs work in comparison with others. GJ confirmed that HW Islington had been compared to HW Wakefield and similarities were found in ways of working and HWE could play a role in linking LHW at local level if there are synergies. The committee wanted to know what challenges West Yorkshire are facing before ICS becoming live. GJ responded relationship building, data sharing capabilities, decision making, governance arrangements, the make-up of boards and how delegation will work are challenges they face. **The Chair and committee noted the presentation which they found encouraging thanked GJ**	
1.4	**Agenda Item 1.4 – Minutes and actions from 13th October 2021 Committee Meeting** The minutes from the meeting held 13th October 2021 were accepted without amendment. action log There were no other actions **Matter Arising** There were no matters arising.	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair gave a verbal update on activities since the last meeting. He informed the Committee that the principal event was the departure of the National Director (ND) and that CM has taken over as Interim ND until the new ND starts in February 2022.	

	The Chair informed the committee that much of his time was spent seeking to advance Healthwatch presence and involvement with ICSs and both he and the previous ND had engaged with parliamentarians to discuss what was in the Bill, to which positive receptions were received. The Chair paid tribute to Hollie Pope, the organiser of the Healthwatch Conference, and noted the contributions made by Edward Argar MP and Amanda Pritchard, Chief Executive of NHS England in terms of their recognition of Healthwatch and the value obtained from Healthwatch in the relation to the formulation of policy and delivery of services. The Chair told the committee that he enjoyed being a judge for the Healthwatch Awards and that he found the local Healthwatch (LHW) work inspiring and that the awards were a good way to recognise what has been done and what could be done. He hoped that next year's conference would be held in person. The Chair mentioned that HWE was publishing a report on Elective Care, which is the most serious issue facing the health service since the pandemic. He stated that the level of suffering caused cannot be dismissed lightly by calling it elective care and highlighted the burden placed on people awaiting treatment. Whilst recognising the volume of work the NHS has been undertaking, he stressed that we do need to see meaningful action to work out solutions and that ways must be found to deal with people not receiving the treatment that they need. The Chair suggested that in Healthwatch work on health inequalities, focus is given to the waiting list issues. The committee agreed and AM pointed out that in addition to the crisis in elective care, there is now also a crisis in emergency and primary care. **The Committee noted the report.**	
1.6	**Agenda item 1.6 – National Director's Report** CM presented the National Director's report updating the committee on some of the main activities that have been worked on since the meeting in October 2021 and asked the committee to note the report. CM reported that Healthwatch week was the biggest in size and impact to date. There was a day focused on inequalities which reinforced how hidden voices could help shape services and quality delivered. There was a positive contribution from Edward Argar MP and CM has had a couple of opportunities to sit at roundtables with him. One of which was about the Bill where CM was able to continue discussions about how Healthwatch needs to be represented in the restructure of the NHS. CM referred to HWE input and response to the Social Care White Paper and input into the Integration White Paper, due to be published in January. CM mentioned that HWE launched the Equalities, Diversity & Inclusion (EDI) roadmap for the network to coincide with Healthwatch Week. Joy Beishon had produced a strong direction of travel on what the network needs to do to address health inequalities. CM reported that planning around the accessible information campaign continues and is due to be launched in January. The Accessible Information Standards is being reviewed for the groups covered by the standard. HW are to undertake additional research on groups that are not covered under the standard. The committee commented on the concerning messages relating to communication and accessibility of the Covid-19 vaccine booster under the vaccine update section of the report. JL confirmed that although it was only small numbers used, Healthwatch insight has been taken seriously by DHSC and HWE have been listened to. Informing policy and action is being taken more rapidly than at the beginning of the vaccine rollout. JO noted that there had been a drop in ICS meetings and asked if more were planned for the new year. JL responded that further meetings were planned for when the new ND is in place. He explained that there had been CEO changes, but engagement with regional NHS /ICS communications directors continue.	

	The committee wanted to know if HWE were able to establish attendees at the conference who were not from the network. CM stated that this information is being analysed and a deep dive will ensue. The Chair mentioned during ICS meetings, the focus has been on getting the message to the Department of Health. **The Committee noted the report and the Chair thanked CM for stepping in as ND and keeping the business running smoothly.**	
1.7	**Agenda Item 1.7 – Committee Members Update** The Committee members had nothing to report.	
1.8	**Agenda Item 1.8 – Demonstrating Impact through the Network's Annual Reports** JT explained to the committee that The HWE Impact Programme was established as a response to the network asking for more support to demonstrate the difference Healthwatch makes for service users. Since last year an increase in the level of outcomes and impact reported has been seen. JT presented a selection of outcomes from a review of Healthwatch 2020/21 annual reports to demonstrate the range of achievements of the service and great value Healthwatch bring for their local communities, enabling HWE in turn to better promote what the network delivers. The committee were asked to note the report. The committee wanted to know if the report is publicised and if extracting from the annual reports a laborious task. JT agreed that publishing the HWE report is not something that happens at present, but it is something that HWE can do to promote what the network is achieving. Extracting information from annual reports is challenging but also motivating and has resulted in a library of stories being compiled. It is hoped that the impact tracker will help some of the local Healthwatch share their outcomes on an ongoing basis. The committee questioned whether it would be more realistic to bring the Annual Report forward to September. CM responded that it is usually around January when HWE has the capacity to produce the report, but the timing is not fixed and JL confirmed that September is a tricky month for reporting to Parliament because of the party conferences and Parliament returning from recess from June. **The Committee Noted the report and thanked JT for his presentation.**	
1.9	**Agenda Item 1.9 - Elective Waiting Times** JL presented a report on what are people telling Healthwatch about delays to hospital care and treatment. JL explained that the waiting list has been increasing since the pandemic and the NHS is under pressure. There are just under 6 million people waiting for treatment and the Government has set out a plan to address the elective backlog, but there are logistical problems in getting numbers down. The issue is how to reduce the list and manage the wait, whilst ensuring the right priority order and that no one is forgotten. Healthwatch has produced insight from users currently on the waiting lists to help shape NHSE's delivery plan and how they use the money provided by the Government to get the waiting lists down. The committee were impressed with the report and the high number of responders to the surveys, however, they stated that there needs to be an understanding and empathy with NHS staff as they do not want to be in the position they are in and they are concerned that people are getting sicker and as a balance this needs to be reported. Also, surgical hubs improve efficiency and the quality of outcomes and can be beneficial to users. It was noted that location and staffing were key to operations. The committee suggested a diagram and data around the issues in each of the sections; primary care, elective care, urgent care and unmet needs, so that the crisis that we are in can be better understood and the bigger picture seen as it will feed into other areas such as social care.	

	DO mentioned that the Community Mental Health survey results were published, and people's experiences are akin to the HWE survey results and consideration should be given to adding it to the data set. UZ asked that Black, Asian and Minority Ethnic communities' mental health issues be highlighted as senior leaders need to be aware of these concerns and understand the impact the disparities are having on people. JL explained that responses from Ethnic Minority communities had been too low to draw any statistical confidence, but there were indications that these communities had similar experiences to those on lower incomes in getting access to services. A further in-depth poll will commence in Q4 which will be more representative of Ethnic Minority communities and will also lead with individual stories. The committee wanted to know if there was a broader media plan. JL responded that HWE are going to assist Local Healthwatch report back on what is happening in their areas. National media is already being used to feed into the commentary. JL used The Times newspaper to comment on the Elective Recovery Plan and funding of accommodation and transport. AK highlighted that this is an opportunity for HWE to raise awareness of its brand. The committee asked if anything can be done at regional level on the intelligence gathered. JL replied that this would depend on sample sizes and is probably something that could be done at ICS level in the longer term. The committee concluded that there is need for action and that Local Healthwatch has a critical role to play and that their local Healthcare or NHS Trust could be a starting point by having sight of their plans and finding out from the public their understanding of the plan and the impact it has made. The Chair mentioned that CQC are interested at provider level. **The committee noted the report and thanked JL.**	
2.0	**Business Items** **<u>Agenda Item 2.0 (a) – Update Equalities Diversity and Inclusion (EDI) Action Plan 2021/22</u>** CM provided an update on the progress in delivering the Equalities Diversity and Inclusion Plan for 2021-22. This included: • Publishing a new Roadmap • Supporting local Healthwatch through Healthwatch Week, National Healthwatch Awards and learning and development • Engaging with people from diverse backgrounds to obtain feedback on waiting times for hospital care and NHS dentistry • Making information more accessible. **The committee noted the plan and agreed that it is comprehensive and challenging, and the language around cultural change is necessary. UZ offered to help with this.** **<u>Agenda Item 2.0 (b) – Delivery and performance Report Update</u>** CM informed the committee that there had been insufficient time since the previous meeting to update the report and that it would be circulated to members by email and outside of the meeting at the end of December. **The Committee accepted this course of action** **<u>ACTION CM</u> – to provide the committee with an update of the delivery report by email**	CM

2.1	**Agenda Item 2.1 – Audit, Finance and Risk Sub Committee (AFRSC) Meeting Minutes** AM asked the committee to note the draft minutes and the following highlights from the AFRSC meeting: • The sub-committee were keen to question any plans to deal with underspend and were satisfied with the priorities in terms of ICS projects • The sub-committee are to receive a report on how Value for Money is assessed for LHW grants which will be discussed at the next meeting • Discussions about the local digital fund assured the sub-committee that lessons would be learned from the two failed pilots • A road map on the digital transformation was requested for the next meeting. • Questions were raised about the staff survey results, although direction of travel, staff morale and staff engagement were positive • A couple of small changes in the Risk Register were requested • There was insufficient time to digest and discuss Risk Appetite in detail. Further discussions are required to simplify the process and agree on the narrative that explains the appetite for each area to assist with executive decision making. The committee asked that the Value for Money Report be shared with the full committee. **The committee noted the minutes, and the Chair thanked the sub-committee for their work**	
2.2	**Agenda Item 2.2 – Forward Plan** The Chair presented the Forward Plan for the next 12 months containing the standard agenda items and asked members if there was anything they would like to include on future agendas. CM mentioned that given the possible Covid-19 announcements due the following week, the next workshop may be held virtually. Face to face meetings will resume when it is safe to do so. **The committee noted the forward plan and future meeting arrangements**	
	AOB The Chair mentioned that this was the last committee meeting that AK would be attending before stepping down after four years as a committee member. He thanked her for being invaluable to the committee, particularly for bringing her expertise in branding to the organisation. On behalf of the committee the Chair wished her well in her future endeavors and the other members endorsed his sentiments.	
	Comments from the public There were no comments from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 13:20 pm	
	The next meeting will be held on 9th March 2022 Guests can join online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

8th December 2021

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20211208 2.0	Chris McCann	To provide the committee with an update of the delivery report by email		Jan 2022	Complete

AGENDA ITEM: 1.6

AGENDA ITEM: National Director's Report

PRESENTING: Louise Ansari

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 December.

RECOMMENDATIONS: Committee Members are asked to NOTE this report

I would like to thank Sir Robert and the team for a warm welcome to Healthwatch England. I am writing this brief introductory note at the end of week two. The team have begun an excellent induction for me, though it will take me a while to really get to grips with the organisation and the network.

In my first couple of weeks, within a packed agenda, I would highlight three notable activities:

I have spent a significant amount of time understanding Equality, Diversity and Inclusion issues, and have spent time listening to and discussing progress on this with the Black Staff Network.

I have met many HWE staff, chaired a very productive in-person leadership team meeting; and introduced myself to the CQC board.

I met the Secretary of State for health and Social Care, Sajid Javid, at a symposium to input into the developing Health Disparities White paper and was able to highlight the importance of Healthwatch and patient voice in system recovery and reform. In response to my points, the Secretary of State said: 'I agree with the importance of listening to and working with communities - vaccination is a great example. What they say might be unexpected, that's the point.'

I will give a further verbal 'first impression' at the Committee meeting; both some of the challenges for the organisation and its strengths and potential are becoming clear to me.

I am sure the Committee will join me in giving thanks to Chris McCann, the leadership team, and all the staff for the great work they have done in the last period and continue to do.

The last Committee meeting was in December and below the team have set out our major pieces of work since then. I would like to discuss the length and detail of future reports with the Committee in due course.

1. Influencing

1.1 Accessible Information

We have launched our new campaign - 'Your Care, Your Way' - to ensure health and care services take account of people's additional communication needs when providing care. The campaign is being run in partnership with disability charities, including RNIB, RNID, Mencap, SignHealth and Disability Rights UK.

Our campaign launch saw the publication of research which indicates that:

- While some people experience good communications support from services, we found that many more are not. A review of 6,200 people's experiences found that patients face obstacles that made it hard to access care and use services, leaving them frustrated, concerned about their health and reliant on others. These issues are often caused because there is not enough public and staff awareness of what patients should expect. We heard about:
    - D/deaf patients being told the only way to book appointments was over the phone
    - Blind patients being sent communications in standard letter format when repeatedly having requested accessible formats
    - And totally unacceptable examples where staff were reported to have resorted to shouting at deaf patients or

denying requests for an interpreter because patients could communicate with the receptionist.

- Two thirds of NHS Trusts who responded to us under the Freedom of Information Act are not currently meeting the Accessible Information Standard.

We have already made a series of detailed recommendations on how the current situation can be improved. These included:

- Health and care services to be made more accountable for delivering the standard by Integrated Care Systems
- Every health and care service to have an accessibility champion.
- Better IT systems so you can tell services your support needs.
- People with communication needs to be involved in designing better services.
- Compulsory accessibility training for NHS staff.

The campaign launch communications gained over 100 items of coverage, including The Times, Daily Mail, and BBC News. We also saw support from over 100 partner organisations on social media. Our communications will focus in the next phase of the campaign on raising awareness of people's rights and the steps the NHS can take to better support people. This will then be followed by a phase to find out whether additional groups should be covered by the Accessible Information Standard, such as people who have dyslexia or those whose first language is not English.

Later in Q4 we will be publishing the summary of our in-depth work with people who don't speak English – summarising interviews and focus groups with 109 patients and 38 staff. This shows that while the root causes of the communication barriers are different, the outcomes (and some of the solutions) are very similar.

We have already made progress towards the policy objectives of the campaign. Early signs on increased accountability are good, and we have seen positive references in drafts of the DHSC's annual mandate to NHSE, the review of the AIS being undertaken by NHSE themselves, and in conversations with the CQC regarding their new approach to inspection and regulation. We hope to report more positive and concrete progress on this to Committee at the next meeting.

1.2 Elective recovery plan

In Q3 we published a report pulling together the experiences of 2,500 people currently on NHS waiting lists or who had recently received treatment. In this report we highlighted how those living in more deprived areas are waiting longer for planned care and their experience of waiting is worse.

The aim of this report was to ensure the elective recovery plan being developed by NHSE focused on reducing waiting times in the right way, rather than just trying to get the numbers down as quickly as possible. This would mean ensuring the NHS prioritises patients according to clinical need, and those who must wait longer are both kept informed throughout and provided with interim support. We also wanted to make sure specific policy solutions focused on addressing existing disparities and avoided creating new inequalities.

In Q4 NHSE published the elective care recovery plan, which has taken on many of our recommendations. In particular:

- Accepting that with people waiting longer for care places a duty on the NHS to do more to help people whilst they wait – e.g. support to get ready for surgery, pain relief, mental health support.
- The introduction of the My Planned Care portal which is giving people more information about average waits in their area, as well as more personalised information. This will help ensure no patient feels forgotten.
- Commitment to provide support for people on low incomes, such as help with travel and accommodation, if they are offered faster treatment further from home.

1.3 Dentistry

In Q3 we published our fourth intervention on dentistry over an 18-month period. This highlighted the growing challenge around children accessing care. This was a new theme to highlight to policy makers that required urgent action otherwise it risked creating a generation of people plagued by tooth decay.

Following this report, we have seen significant reporting of our findings in the press, as well as several debates in Parliament and parliamentary questions raised over the issue of access to dentistry.

In Q4 were pleased to see the DHSC and NHSE react positively to our concerns by announcing an extra £50 million for NHS dental appointments up to the end of

March, with a clear instruction to practices prioritising urgent cases and children. This is by no means a long-term fix but is a clear indication our messages are getting through and we will be working with stakeholders to push for longer-term and more sustainable improvements.

1.4 A&E Targets

In January the BMJ published analysis of A&E waiting times which showed an association between people waiting longer in emergency departments and higher mortality rates (after adjusting for age, gender, deprivation and even patient morbidity).

Much of the commentary around this article suggested that the findings are an argument for keeping the current 4hr A&E target. However, previous research has repeatedly shown that the 4hr target also introduced a range of perverse incentives that don't always drive care in the best interests of patients.

Our response to the BMJ article argued that it showed that long waits are bad, not that the current 4hr target is a gold standard that we should stick too.

Our own research in this area has consistently highlighted that time alone is not the only thing that matters to patients when using urgent and emergency care. As a result, we continue to support the outcome of the NHSE's Clinical Review of Standards which, in line with our work, has recommended that the current target be replaced with a bundle of measures which priorities issues like:

- Quick initial assessment for all patients
- Prioritisation of patients with the most serious conditions
- Focus on preventing long waits

Following the subsequent debates, it is worth noting that the Secretary of State has suggested he thinks the 4hr target is the wrong measure of A&E performance.

Whatever target is decided upon, it is clear that current pressures on A&E are very high and these need to be addressed through additional resourcing and improved system wide working to focus on patient flow.

We are continuing our discussions with NHSE, and key stakeholders like the Royal College of Emergency Medicine, to understand when the proposed new measures will be introduced and how progress will be assessed to ensure they

deliver on one of the core objectives, which was to improve patient experience.

1.5 Report back on NHS Mandate letter

We are now in the final stages of negotiations regarding this year's NHS Mandate setting process. Things have been less clear this year because of the original intention in the Health and Care Bill to drop the need for an annual refresh of the Mandate. However, given the bill process has been extended a new mandate must be in place by 1 April.

As per usual our advice has focused on the evidence we have gathered from the 750,000 people we have engaged with this year. We use this insight to ensure the mandate focused on the issues that matter most to people. We have therefore included recommendations around the following:

- **Health & Social Care Bill** – strengthening representation for public voice at the ICS level and ensuring there is adequate emphasis on tackling health inequalities
- **Hospital discharge** – continuing to improve implementation of national discharge to assess guidance and ensuring continuity of centralised funding until ICS reforms bed in
- **Dentistry** – setting a clear objective around resolving the long-standing issues of dental system reform, building on the recent £50million funding injection
- **Patient data** - setting expectations for increased transparency and communication with the public surrounding ongoing work to improve and re-launch the GPDPR programme
- **Elective care backlog** – ensuring the elective care recovery plan is delivered and set a clear expectation around improving communications with patients and providing more support services while people are waiting for treatment
- **GP Access** – instructing NHS England to conduct a review of access to GPs as part of the pandemic response
- **NHS 111** – instructing NHS England to complete and publish a full evaluation of the NHS 111 First service
- **Complaints** – instructing NHS England and ICS leaderships to design a national system for learning from complaints

1.6 Long Covid

We have been asked to do a rapid review of the evidence we hold on Long Covid to help support NHSE in reviewing their Long Covid Plan. This evidence review draws on in-depth work undertake by six local Healthwatch and evidence gathered from 390 people.

People shared with us the impact that Long Covid has had on every aspect of their lives:

- **Physical symptoms** such as joint and muscle pain, chest pains, and breathlessness were reported by many of the people we heard from. For many, these physical problems led to difficulties with daily living. People shared that they found it difficult to complete small tasks such as washing their hair or making a cup of tea.
- **Cognitive issues** such as memory problems and brain fog also contributed to difficulty with daily living, including difficulty answering voicemail messages or completing paperwork. Several people told us about mobility issues arising from Long Covid, with some relying on mobility aids in order to walk. We heard from people who struggled to lift hairdryers and kettles because of declining strength, and others who were severely fatigued following any small task.
- **Severe fatigue** led to people spending every hour of free time asleep to recover their energy, having a knock-on impact on their mental health and wellbeing as they were unable to socialise or otherwise enjoy their free time.
- Many people shared their experience of **anxiety, depression and PTSD** following Long Covid. Some state that this is a symptom of Long Covid itself, while others shared that it had arisen from the impact of the condition on their life and relationships.

It is clear the serious impact Long Covid is having on people. Our early analysis also suggests the experiences of different groups of people are not equal. A significant number of the women, especially older women, that we are hearing from, are reporting that their concerns are being dismissed or help is being refused. Preliminary work from HWE as well as research from LHW has raised concerns that the trend here is being driven by poorer care for this group.

We have also identified some significant gaps in evidence currently which we are recommending NHSE invests research funding into. The most significant group here is children and young people.

We will keep the committee updated as this project evolves.

2. External Updates

2.1 Levelling up and Integration white papers

Since the Committee last met the Government has published two significant white papers on Integration and on Levelling Up. We are also expecting a third white paper around May 2022 on Health Disparities.

- **Integration White Paper**
  The document is presented as part of wider set of reforms that also includes the Social Care white paper, the Health and Care Bill and reforms to public health. Many of the proposals in the document rely on the passage of the Health and Care Bill through Parliament.
  One of the major strands is *shared outcomes which prioritise people and populations*. The framework for this will be developed with stakeholders ready for implementation in 2023. It will put the focus on 'Place' level within the Integrated Care System (ICS), and local areas will be able to choose local health priorities "that matter most to their citizens" alongside national commitments.

  With a view to *ensuring strong leadership and accountability,* the white paper promises criteria for place-level governance. Local areas will need to adopt a suggested model or its equivalent by April 2023. This includes the requirement for a single person – agreed by the Integrated Care Board (ICB) and appropriate local authorities - who will be accountable for shared outcomes across the local area. This role does not replace existing accountability in either local authorities or the NHS.

  The 'place board' model would bring partners together to pool resources and plan jointly. The local authorities and ICB would delegate functions and budgets to the place board. The place board lead would be agreed by the ICB and the local authority (or authorities) for the place.

- **Levelling Up White Paper**
  This document is fronted by the DLUHC but has areas of significant interest for Healthwatch.
  It sets some key ambitions on health, like extending healthy life expectancy, and some supportive goals around empowering local leaders and communities.
  In the detail of the paper there are four guiding principles designed to help empower communities.
    a) community power – making it easier for local people and community groups to come together to set local priorities and shape their neighbourhoods;
    b) understanding "what works" – building the evidence base to better understand how to support communities and put them in the driving seat to level up;
    c) listening to communities – engaging with communities, local government and civil society to identify priorities, the assets that matter to local places, and the policies and actions needed to strengthen community infrastructure; and
    d) every community matters – reaching out to engage with the most disconnected communities, and ensuring funding reaches those most in need.

  The major challenge is that most of the funding mentioned in the white paper has been announced previously, so there will not be significant additional resource available for new activity.

2.2 Update on the Bill and the Lords debate

- In January a number of amendments to the health and care bill on the role and involvement of Healthwatch were debated in the Lords. They were tabled by Lord Hunt of King's Heath and were essentially aimed at ensuring:
    - Healthwatch England is established as an independent body rather than as a subcommittee of CQC.
    - ICPs have a Healthwatch nominee in their membership.
    - local Healthwatch organisations are represented on ICBs in a non-voting capacity.
    - reports of Healthwatch are fully considered by the ICB.

    - that in any consultation on the forward plan, Healthwatch should have a pivotal role in relation to consulting local people.

- that before any regulations are laid on patient choice, the Secretary of State must consult Healthwatch England, the Patients Association and other relevant bodies.
- that local Healthwatch or Healthwatch England have access to relevant data and patient feedback information.

The debate was very constructive and included over 125 mentions of 'Healthwatch' and you can watch this specific part of the debate here.

There were lots of positive comments about the work the network does from Peers from across the political spectrum.

Lord Hunt of Kings Heath (Lab) *"It is right to pay tribute to the work of Healthwatch. I think it has done a good job since it has been established. Recent reports of national Healthwatch have been about access to dental care, on which I have an Oral Question in a week or two's time. It undertook a very interesting analysis of the Government's social care plans compared with proposals, and compared that with what people had told Healthwatch would make social care better."*

Baroness Tyler of Enfield (LD): *"Like the noble Lord, Lord Hunt, I have found some of the reports produced by Healthwatch recently, and during the pandemic, extremely helpful. I am thinking of its work on mental health—particularly, children's mental health. It has also done a series of projects on social care that are very relevant to the current situation.*

Earl Howe (Con) ***"I lay great importance, as do other noble Lords, on Healthwatch's work on patient advocacy.*** As I am sure the Committee is already aware, the ICB can appoint more members, including a Healthwatch representative, if it wishes, and I am sure many of them will."

None of the amendments were taken forward but there was a suggestion in the debate that some of the elements may come back at Report stage.

3. Support to the Network

3.1 Brand

Following our updated brand values and tone of voice, we have tested and launched updated visual guidance for the network supported by a host of template materials. New resources are in the pipeline and the updated brand will be continued to be rolled out over 2022, supported by training for the network. We are also proposing to build on our shared new brand values, with the

development of more detailed behaviours local Healthwatch staff and volunteers can use to help provide a consistent service to the public.

3.2 Local Healthwatch Funding

At the end of February Sir Robert wrote to the Secretary of State and other relevant Ministers with the annual State of Support report. Committee can access the letter and the full briefing here. In headline terms:

- In 2013/14 the DHSC outlined that it would cost £40.5 million to adequately fund the Healthwatch network each year.
- Our analysis suggests at least 82 councils are failing to pass on the funds they are provided for Healthwatch in line with the Department's directions.
- In 2021/22 the amount spent by councils on the 152 local Healthwatch across England was worth 50% of the original allocation.
- This means just 0.01% of the total £190bn investment in health and social care is currently being spent on the statutory part of the system designed to listen to service users and ensure they are getting the experience of care they want and need.
- Variation in funding levels is also a significant issue with 28 local authorities only providing around £100,000 or less to fund local Healthwatch. This has resulted in:
    - The average number of Full Time Equivalent staff at these Healthwatch falling to just 1.7.
    - Providers cutting the hours they operate meaning local people no longer have access to advice and information services Monday to Friday, from 9 – 5.
    - Reducing amount of senior staff time, with some Healthwatch Chief Officers going down to 2 days a week. This severely limits their capacity to represent communities in key decision-making forums like the Health and Wellbeing Boards or the planned Integrated Care Partnerships.
- This has already created a postcode lottery in terms of the strength of user voice, which is likely to be exacerbated under the new ICS arrangements.

We have requested a meeting to discuss the current sustainability of the network and how we can best support the Government's policy agenda to put views of communities at the heart of levelling up health and care services across England.

4. ICS Support Programme

4.1 Because We All Care

In partnership with CQC, in January we launched a new phase of Because We All Care to encourage more people to feedback on care to local Healthwatch and help services identify what is working and what is not. The campaign has to date supported more than 54,000 people to share their views and in February its success was recognised when we in partnership with CQC won a national award at the annual PR Week Health and Pharma Awards. In March we are planning to use the campaign to encourage more people to feedback about their experience of social care. The aim of this work is to establish what the impact is on people when their needs are not met or only partially met.

5. Equality Diversity and Inclusion

- We launched our Accessible Information Campaign, on Wednesday 23rd of February. The campaign aims to support better healthcare information for people with specific communication needs (e.g. people with sensory loss, learning disabilities, dyslexia or whose first language is not English).
- We have continued to deliver our work programme to make our communications as accessible as possible. Including updating our accessibility policy and published new accessibility guidance and template policy for local Healthwatch and delivering a series of training sessions to local Healthwatch to support them to make their communications accessible.
- We have made substantial progress in our work to increase the proportion of our data coming from Black, Asian and Minority ethnic groups. At the start of the year it was just 4% and the aspiration was to get this to 15%. We are pleased to report that in Q3 we hit this target.
- We have also been encouraging the network to share more and better demographic data with us when they share people's experiences.
- At the previous National Committee meeting we reported on the publication of our Equality Diversity and Inclusion Roadmap, implementation of this work is now underway.
- More detail on all the work highlighted above and other work that we have carried out on Equalities Diversion and inclusion is included in the EDI update (agenda item 2a) which will be presented later in this meeting.

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6. Key Meetings Attended since the last Committee meeting

December	
Minister Maria Caulfield	
CQC, Local Authority & Integrated Care Systems Expert Advisory Group	
Quarterly NHSE/I	Mark Cubbon
January	
Quarterly CQC	Tyson Hepple
DHSC Health and Social Care Leadership Review	
ICS Quality Group	
Introductory Roundtable	Health Safety Investigation Branch
Integrated Care Delivery Partners Group	
NHSE/I - MPC Patient Coalition	
NHS Citizen Advisory Group	
NHS Confed Quarterly	
APPG for Healthcare Infrastructure	
CQC Procurement	
National Guardian Office	
CQC Audit and Corporate Governance Committee	
February	
Patient Outreach – Health Inequalities & Prostrate Cancer	Oliver Kemp CEO – Prostate Cancer Research
National Quality Board	
ICS Quality Group	
DHSC	William Vineall
Fuller Stocktake	Claire Fuller CEO-designate, Surrey Heartlands ICS
Local Government Health & Care Sounding Board	
HSJ Webinar	
Royal College of Nursing	Denise Chaffer

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CQC Quarterly Meeting	
CQC Board Meeting	
DHSC Disparities White Paper	Secretary of State for Health & Social Care
Royal College of Emergency Medicine	

AGENDA ITEM: 1.8a

AGENDA ITEM: Healthwatch England Annual Plan 2022-23

PRESENTING: Chris McCann and Leadership Team

PREVIOUS DECISION: Approval of the outline and themes of the plan at National Committee Workshop in January 2022. Business Plan 21/22 approved in March 2021

EXECUTIVE SUMMARY: The attached Annual Plan 2022-23 outlines the top line deliverables we aim to deliver in year 2 of our reviewed strategy.

RECOMMENDATIONS: Committee Members are asked to APPROVE this plan

Background

Attached is the Annual plan for 2022/23. This has been developed with staff throughout the organisation and with input of the committee.

Under this plan sits programme management framework and individual workplan and objectives.

At the next meeting we will reflect on the achievement of this year.

As in previous years we will review the annual plan throughout the year, and we will revisit it in September to ensure that we are responding to changes in our external environment.

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Healthwatch England Annual Plan 2022-23

Directorate: Healthwatch England
Approval by: Healthwatch England Committee
Date: 9th March 2022
Version: Final Draft

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Outcomes we are planning to achieve against our strategic objectives

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Healthwatch England - Business Plan 2022-23

Section 1: Outcomes & KPIs against our Strategy Objectives

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
1.	To find out the experiences of people needing or using health, public health and social care services	• Our marketing and communications sustain public engagement with local Healthwatch in support of our policy and campaign goals • A greater proportion of the people we engage through our campaigns are willing to share their experiences and needs. • Our online advice and information content are more accessible to people and seen as trusted and useful. • Our systems enable us to highlight the issues different communities are telling us at a national, regional and local level. This is driven through: ○ having data sharing agreements in place with local Healthwatch ○ a common taxonomy underpinning data sharing with a new easy to use central data store. ○ continued support on collection of demographic data, including protected characteristics and additional information of interest, like income. ○ A national pilot of a survey tool	• 10% of people who engage with us our channels share an experience with us (up from benchmark of 5%) • Our national advice is available to every website we support and four in five users rate our advice as useful. • 100% of local Healthwatch sharing reports with us and 50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024.	• March 2023 • March 2023 • March 2023

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
2.	To build a sustainable and high-performing network of local Healthwatch services	• Our work with local Healthwatch will ensure they understand, value and access the support provided by Healthwatch England to be effective and have impact. • With our support local Healthwatch understand and adopt our updated brand purpose, values and guidelines, including increasing focus on equality, diversity and inclusion. (Expectations to be set through the Trademark license) • We have helped local Healthwatch Boards, staff and volunteers to be more diverse and inclusive. (Driven through the EDI Roadmap). • DHSC and DLUHC (Department for Levelling Up, Housing and Communities) understand and value Healthwatch and this is reflected in investment and guidance to local Healthwatch Commissioners and ICSs. • Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems and are confident in holding services to account in the new landscape. Local Healthwatch have increasing focus on equality, diversity and inclusion in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty.	• Baseline: 67% of Board members, CEOs and staff rate Healthwatch England support as good or very good (KPI) • Establish the baseline of local Healthwatch reporting that equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved • 80% of local Healthwatch report they are confident they will be able to use the views of local people to shape decisions around integrated care over the next year. (Baseline for this was 69% according to 2021 Annual Survey)	• March 2023 • March 2023 • March 2023
3.	Seeking the views of people whose voice and views are seldom heard	• Our campaigns and communications are more accessible to as wide a range of	• The proportion of new local Healthwatch CRM/CDS	• March 2023

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
	and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements	population groups as possible because of new approaches, systems and support. • We will continue to ensure every piece of policy and research work we undertake has an equalities focus to it. (See objective 4 for more). • We will have used the insights gathered through our 2021/22 flagship campaign on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard. • The Digital Transformation Programme will deliver an increased volume and breadth of demographic data, including relevant protected characteristics, for us to better report on disparities in experience of health and care. • Supported by the work under Objective 5, we will have built stronger links between decision makers and people with lived experience. This will enable Healthwatch to become more of a facilitator for engagement with seldom heard groups rather than seeking to speak on behalf of them.	records containing demographic data will increase to 60% (Baseline from Q3 sample is 18%). • The proportion of data we gather through the webform from Black, Asian and Minority Ethnic groups increased from baseline of 15% at end of 2021/22 to 20%. (Up from 4% at the beginning of the strategy) • Our content, accessibility and website user experience are rated as good (70 out of 100).	• March 2023 • March 2023
4.	Acting on what we hear to bring about improvements in health and care policy and practice	• By leveraging the impact of existing work, we will secure significant policy changes on at least two existing Healthwatch England	• Our media reach grows by 10%.	• March 2023 • March 2023

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
		influencing topics / system priorities. (See policy and research list for topics). • Local Healthwatch will be supported to close the loop on key national policy wins to ensure they lead to local impact. • We will have developed in-depth insight on one new area drawn from the policy and research long list (generated using insights from the network on current priority issues for service users and the public). Project to be selected based on opportunities for addressing health inequalities, chances of successfully influencing and potential for external funding. • We will build on the success of our agile approach to collecting and communicating our evidence by conducting more real-time reporting, building better ways to reach decision-makers and doing more to highlight our impact. • We will have reviewed our model of analysis to ensure we are making best use of new streams of data, where possible cutting our insights by ICS and making even greater use of external data sources to triangulate our findings.	• We will achieve a 25% increase in the number of times our evidence is accessed by our audiences. (Measured via reports library and website access of insight and news content) • % of stakeholders saying they value the work done by Healthwatch will increase by 5 points. (Baseline from 2020 was 71%) • % of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)	• March 2023 • March 2023 All these KPIs will be hit by end of year. Media and access to our evidence can be measured quarterly and the stakeholder perceptions work will report in Q4 22/23.
5.	Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector	• We will have developed a plan to work with the network (local Healthwatch) and support the development of their engagement skills. This will include:	• Establish baseline of stakeholders who see local Healthwatch as experts in	• March 2023

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
		◦ An audit of good practice to create a library of engagement methodologies and share expertise across the network ◦ The creation of a common set of standards for local Healthwatch on 'Active Participation' ◦ Establishment of a network of Inclusion Ambassadors that will be actively supporting more inclusive approaches to local Healthwatch engagement. ◦ Scoping of a national panel of people with lived experience of health inequality to help shape our work. • We will have significantly increased the profile of local Healthwatch as leaders in engagement and strengthened our connection with other engagement professionals across and beyond our sector.	engagement (create baseline and measure this through stakeholder perceptions survey) • Establish baseline of local Healthwatch reporting that decisions about their engagement activity have been informed by participation of people with direct experience of the issue. (Set baseline for this KPI via the Annual Survey)	• March 2023
6.	A Strong and Well Governed Organisation that uses its resources for greatest impact	• Our governance will be reviewed to ensure our procedures are compliant • We will have staff with the capabilities and skills to support Healthwatch England	• 10% reduction on our supplier contracts in order to increase our non-pay budget	• March 2023

No.	Strategic Objectives	Outcomes 2022/23	Key Performance Indicators (KPIs)/ Target /Milestone	KPI/Targets/Milestones Delivery Date
		strategic aims, bolstered by learning and development programmes • Our annual budget allocation, contracts and grant funding will be maximised to deliver efficiencies in our work programmes and demonstrate value for money. • We will capture our impacts in our performance reporting that will showcase the difference we have made on Health and Social Care issues. • We will undertake Equality Impact Assessments (EIA) in our projects and programmes to ensure that our network activities align to our Equalities Strategy. We will ensure that our internal Equalities policies are effective in providing opportunities for all staff and that we encourage diversity in our recruitment process • We will have a more robust process in place for Data Protection Impact Assessment (DPIA) in order to support research and insight • Our ways of working will facilitate and encourage cross team synergies.	• 10% reduction on management recharges • 95% of staff feel they make a difference through their role • 100% of projects that require DPIA completed • 100% of projects that require EIA completed • 100% of projects with EIA have been evaluated (number of projects to be determined in the workplan)	• March 2023 • March 2023 • March 2023 • March 2023 • March 2023

Section 2: Budget

Budget 2022-23	Amount (£)
Total Pay	£2,261,837
Total Non-Pay	£682,243
Healthwatch England Recharges	*£283,362
Total Healthwatch England Annual Budget	**£3,227,442**

* Healthwatch England management recharges are under review. The charges reflected in the budget are the current year recharges (2021-22).

Detailed Budget Breakdown	Amount (£)
Conference (Healthwatch Week)	£45,000
Digital (Campaign	£6,000
Digital (Comms/Social media)	£55,300
Digital BAU (hosting, maintenance, support)	£215,200
Digital Marketing Subscriptions and Licences	£13,000
Grants (LHW)	£15,000
HWE hire of meeting rooms	£15,000
Learning & Development	£92,800
Office supplies	£743
Printing and Design costs	£59,200
Public Engagement Expenses (Campaigns)	£18,000
Policy & Research Activities	£120,000
Recruitment	£7,000
Staff Travel and Subsistence	£20,000
Total Non-Pay	**£682,243**

Strategic Risk Register will be presented as a separate document

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HEALTHWATCH ENGLAND – COMMITTEE MEETING

9th March 2022

Agenda item 1.8(b)

ITEM: HWE Draft Budget 2022-23

PRESENTING: Joanne Crossley

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This is a summary of our draft budget for 2022-23.

RECOMMENDATION: Committee is asked to NOTE budget priorities for 2022-23

Narrative

We have been informed that our budget allocation for next year will be reduced by **5%** compared to this year's Annual Budget. This will mean **a loss of over £169,000** in our budget allocation at the start of the new financial year.

Based on our current establishment costs Pay will account for **70%** of planned spend for 2022-23. The challenge we face on prioritising our business plan activities is that Digital expenditures are **30%** of the Non-Pay budget.

Given our reduced annual budget for 2022-23, we will be robust in our commitment to seek value for money and to pursue additional revenue streams to support our strategic goals. We are also reviewing our procedures for budget planning, procurement, and Local Healthwatch funding mechanism to ensure that they are more streamlined and efficient in 2022/23.

See link to draft budget details and 2022-23 here

(Committee to receive copy of the draft budget details as a separate document)

Summary of Annual Budget 21-22 vs Draft Annual Budget 22-23

Description	Annual Budget 2021-22 £	Revised Annual Budget 2021-22 £	Projected Spend to Year End 2021-22 £	Draft Annual Budget 2022-23 £	Variance Revised Budget 21-22 vs Draft Budget 22-23 £
HWE Staff and Committee Pay	2,184,592	2,128,165	2,153,251	2,261,837	-133,672
Non-Pay	929,354	985,781	920,209	682,243	303,538
HWE Recharges	283,362	283,362	283,362	*283,362	0
Total GIA Budget	**3,397,308**	**3,397,308**	**3,356,822**	**3,227,442**	**£169,866**

*Our management recharges are under review and we are seeking a reduction in these costs for next financial year. For the time being the current year recharges are reflected in the draft budget.

Action: Committee to NOTE draft budget for 2022-23.

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AGENDA ITEM 1.9 (a)

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 an update on our progress in delivering on commitments on Equalities Diversity and Inclusion
RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In May 2021, we published alongside our refreshed strategy an action plan on how we would deliver on our commitment to Equalities Diversity and Inclusion in 2021-22. This plan aims to support the delivery of our strategic objective to '*seek the views of those who are seldom heard and reduce the barriers they face.'*

This paper outlines highlights of the work we have undertaken in this area since our last update, at the December committee meeting.

Accessible Information Campaign

We launched our Accessible Information Campaign, on Wednesday 23rd of February.

The campaign aims to support better healthcare information for people with specific communication needs (e.g. people with sensory loss, learning disabilities, dyslexia or whose first language is not English).
We have worked hard to ensure that all the information related to the campaign is available in a range of accessible formats including easy read, BSL and the five main non-English languages spoken in England.
As part of the campaign, we will be reaching out to a range of diverse communities and organisations who represent them to encourage them to share their experiences of how healthcare information can be made more accessible.

As covered in the National Director's report the campaign launch communications gained over 100 items of coverage, including The Times, Daily Mail, and BBC News, despite taking place against the background of a very full news agenda.

- We published our evidence review looking back at almost 6,500 people's experiences shared about this issue over the last few years.
- This review compares experiences pre-pandemic and during and highlights the significant spike we saw in the number of concerns raised with us. Concerns included:
    - D/deaf patients being told the only way to book appointments was over the phone
    - Blind patients being sent communications in standard letter format when repeatedly having requested accessible formats
    - And unacceptable examples where staff were reported to have resorted to shouting at deaf patients or denying requests for an interpreter because patients could communicate with the receptionist.
- Later in Q4 we will be publishing the summary of our in-depth work with people who do not speak English – summarising interviews and focus groups with 109 patients and 38 staff. This shows that whilst the root causes of the communication barriers are different, the outcomes (and some of the solutions) are similar
- Our review of hospital compliance with the current AIS showed that only 1/3 can be described as meeting their current legal duties under the Accessible Information Standard in full.
- Our key recommendation is that NHSE, DHSC and CQC all need to work together to hold the system more accountable for delivery and early signs are positive. We have seen potential movement on this in drafts of the DHSC's annual mandate to NHSE, the review of the AIS being undertaken by NHSE themselves, and in conversations with the CQC regarding their new approach to inspection and regulation.

Other Policy and Research activity focusing on EDI

Elective care recovery plan

In Q3 our work highlighted how people living in areas of deprivation are waiting longer for planned care and their experience of waiting is worse.

In Q4 we have seen the publication of NHSE's elective care recovery plan, which has taken on many of our recommendations about providing better information and interim support for people on waiting lists.

Specifically, on equalities, the recovery plan refers to providing travel and accommodation support for those on low incomes who are asked to travel to receive care faster. This is an important victory as it guarantees that one of the key pillars of the plan to reduce waits does not create new inequalities.

Also in Q4 we will be working with a new supplier to run some targeted research on the experiences of people from ethnic minorities waiting for care. Our earlier research suggested they had very similar experiences to those living on low incomes, but the sample size was not large enough initially to draw concrete conclusions. This work will shape where we go next on elective care in 2022/23.

Dentistry

In Q3 we published our fourth intervention on dentistry over an 18-month period. This highlighted the growing challenge around children accessing care. This was a new theme from before and one we worked to highlight to policy makers and ministers that required urgent action otherwise it risked creating a generation of people plagued by tooth decay.

In Q4 were pleased to see the DHSC and NHSE react positively to our concerns by announcing an extra £50 million for NHS dental appointments up to the end of March, with a clear instruction to practices to prioritise urgent cases and children. This is by no means a long-term fix but is a clear indication our messages are getting through, and we will be working with stakeholders to push for longer-term and more sustainable improvements.

Also, in Q4 we will be re-running our annual polling on dentistry to track changes over time in the population as a whole, this will be supported by a boost sample to help us further explore the experiences among ethnic minorities. This work will help share where we go next in 2022/23.

Remote monitoring

In Q4 we will be publishing our work looking at the experiences of people who have been given home blood pressure monitors by the NHS, or have purchased one, following advice from their doctor. This is part of our ongoing work looking at the impact of new digital technologies in care. The findings are being used as part of the official evaluation of the NHSE BP@Home programme.

Given the nature of the condition, this research has looked closely at the experiences of older people (a protected characteristic), people with long-term conditions and a substantial proportion (almost half of participants) reported having a disability. It

has looked at how they have coped with using technology, the support provided by the NHS and how such programmes could be improved to support ongoing use of home monitoring equipment. There will be important learnings for both blood pressure monitoring, but also other home assistive technology.

Social Care

In Q4 we will be continuing with the field work gathering 15 case studies looking at unmet, under met and wrongly met need in social care. Of the 15 case studies we have focused on an creating an even split among carers, older people (over 65+) and working-aged people with care needs. We have sought an even split in gender and stipulated at least 1/3 must be from ethnic minorities and 1/3 from lower income groups.

We will be turning some of these into video case studies to support a spike in the Because We All Care campaign, designed to gather a further 1000 plus stories (target groups include older people, carers, people with long term conditions, younger people living with disabilities) to investigate the issues further. This is being supported by some nationally representative polling to put the findings in context.

This work is feeding in to the DHSC considerations around social care reform following on from the White Paper at the end of last year.

Making our information more accessible

We have continued to deliver our work programme to make our communications as accessible as possible. Highlights since our last report include:

- We have updated our accessibility policy and published new accessibility guidance and template policy for local Healthwatch.
- We have delivered a series of training sessions to local Healthwatch to support them to make their communications accessible.
- We have issued new visual brand guidance to ensure that our colours and fonts are more accessible.
- We have tested our updated Drupal nine website for accessibility, which will be rolled out to local Healthwatch in over 2022.
- We have introduced a new tool to replace our existing website accessibility checker. This tool helps us access the accessibility of content and monitor compliance against web accessibility standards.

Demographic data - Healthwatch England

At a national level we set ourselves at a target at the beginning of the year that we would increase the proportion of our data coming from Black, Asian and Minority ethnic groups. At the start of the year it was just 4% and the aspiration was to get this to 15%. We are pleased to report that in Q3 we hit this target. We will now be working to maintain this in Q4 and seek out ways to increase it further in 22/23.

Demographic data - Local Healthwatch

We have also been pushing the network to share more and better demographic data with us when they share people's experiences.

In December we were able to roll out our improvements to the demographic taxonomy and we are pleased to report these do seem to have made a significant difference.

In January, the proportion of local Healthwatch data containing some demographic data rose significantly:

- 39% contained data on ethnicity (up from 18% in Q3)
- 66% contained data on gender (up from 40% in Q3)
- 49% contained data on age (up from 28% in Q4)

We have also conducted a piece of work analysing local Healthwatch reports and how they use demographic data.

- 46% included some reporting by demographics
- 26% included collection of at least age, gender and ethnicity
- 26% included collection of more demographics
- 11% included analysis of data by demographics

40% of the reports that did not report any demographics were based on surveys.

We will be working to improve this figure in 22/23 helping the network improve the way they collect, analyse and report on demographic data. This is essential to our overall ambitions around tackling health inequalities.

Implementation of our Equality Diversity and Inclusion Roadmap

At the previous National Committee meeting we reported on the publication of our Equality Diversity and Inclusion Roadmap, implementation of this work is now underway.

- We have advertised grant opportunities for Inclusion Ambassadors to support inclusive volunteering.
- We have commissioned Getting on Board to support our work on improving the diversity of Local Healthwatch Boards
- We will shortly be publishing guidance on collecting. demographic data on Boards, staff, and volunteers.

How we work at Healthwatch England

- Staff Survey – we have identified the need for management development and established a management development programme for all managers, which commenced in November 2021. We have also purchased a Knowledge Pass, which we use to support the training and development of all staff. These training programmes give all staff a fair and equal opportunity to develop in their roles and careers.
- We have reviewed the outcome of our staff survey, where we have encouraged staff to be open and transparent and are putting in place actions to address issues raised.
- We support flexible working patterns to retain a diverse team and attract a wider range of people who would otherwise find working in an office challenging.
- Our Business Plan has been created with an EDI focus throughout the work we aim to deliver to 2022-23
- Our EIA (Equality Impact Assessment) form, which must be completed for all relevant projects, now has clear criteria against which we can establish the projects that require an EIA assessment.

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AGENDA ITEM: 1.9b

AGENDA ITEM: KPI Performance and Highlight Report

PRESENTING: Joanne Crossley, Head of Operations

PREVIOUS DECISION: The Committee NOTED the progress against our business plan and KPIs for the end of December (2021)

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and highlights from Jan – Dec 2022

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

APPENDICES:

1. Highlight Report Jan – Dec 2022

Background

The report below provides an update on our performance against KPIs from January – February 2022 and an appendix summarising our highlights on some of our achievements and what we expect to deliver at year end (March 2022).

The following KPIs are currently experiencing some delays:

- 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

The committee are asked to note the attached reports.

Healthwatch England

KPI Performance Report

January - February 2022

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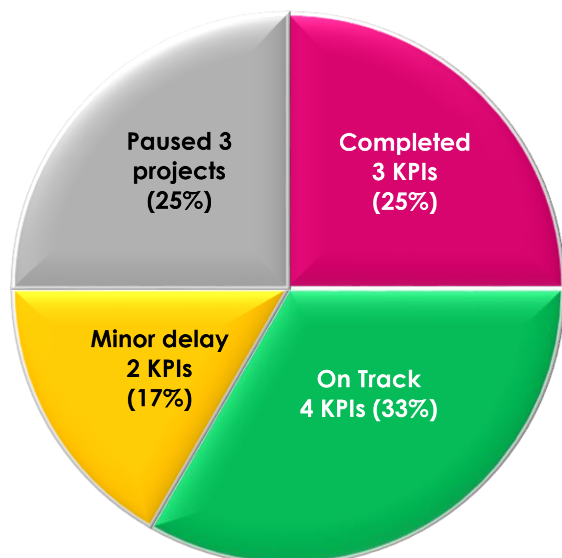
Healthwatch England Performance Report

Jan - Feb 2022

SECTION ONE: KPI SUMMARY

KPI Summary - February 2022



Delayed Indicators	EOY Target	Q3 Progress	Reason for delay
67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good	67%	Results due in Q4	Delayed due to other asks of HW and priorities
Establish a benchmark to enable us to expand our understanding of engagement approaches	Benchmark established	Due in Q4	Due to ICS and other work priorities, we delayed this until 2022/23

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Progress on

Key Performance Indicators

Jan – Feb 2022

Healthwatch England – KPI Performance Report (Jan - Feb)

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

No.	KPI, Target, Milestone	Description	Target	Progress	Progress Status (April - Feb)	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%	Deadline extended to end of Feb to increase response rate.	**Minor Delay**	Head of Network Development
2.	KPI	100% of Healthwatch have signed up to our updated brand licence	100%	This work has been delayed slightly until committee has agreed our approach. We now expect this to be delivered in Q1 2022-23.	**Paused**	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	1 report	Report Completed	**Complete**	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	**On Track**	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	In Q3, 15% of all the feedback we received from the webform was from Black, Asian and Minority Ethnic groups This is down on Q2 but is still on target. Q1= 8% Q2 = 22% Q3 = 15%	**On Track**	Head of Policy, Public Affairs and Research and Insight

No.	KPI, Target, Milestone	Description	Target	Progress	Progress Status (April - Feb)	Lead
6.	Target	All our policy and research work will have an equalities focus which secures one policy change	1 policy change	We had no news reports publish in January but we have kicked off a new piece of work for NHSE looking at the evidence we hold on Long Covid from seldom heard communities. We also finalised the primary research report for the Accessible Information Campaign on foreign languages.	**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	**Paused**	Head of Policy, Public Affairs and Research and Insight
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	**Paused**	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		This work has been delayed due to other priorities, most notably ICS. Due in Q4	**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	2	The reporting of our impact is now being completed in the	**On Track**	Head of Operations

No.	KPI, Target, Milestone	Description	Target	Progress	Progress Status (April - Feb)	Lead
		impact Healthwatch England has made against our strategy. (Target)		Committee's National Director report		
11.	KPI	95% of staff report feeling involved in Healthwatch England overall objectives	95%	77 % of staff felt involved in HWE overall objectives.	**Completed (below target)**	Head of Operations
12.	KPI	95% of staff feel they make a difference through their role	95%	83% of staff feel they make a difference through their role.	**Completed (below target)**	Head of Operations
13.	KPI	100% of projects will have EIA completed	100%	67% of projects that need an EIA have a completed EIA. Due to the criteria being developed late in this process there was a severe delay in identifying all projects that required and EIA in Q1. The criteria have now been established and approved by the Leadership Team and will be applied to all projects in 2022/23	**Complete (below target)**	Head of Operations

The End of Year performance report for 2021/22 will be presented at the next committee public meeting.

Please see Appendix 1 for a report on the highlights achieved from Jan - Feb 2022

Healthwatch England

Highlights Jan - Feb 2022

HIGHLIGHTS (DEC 2021-FEB 2022)

OBJECTIVE ONE - A sustainable and high performing network

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Network Communication • Launch of equalities roadmap • New guidance to local Healthwatch leaders on steps all Healthwatch can take to run a high performing service. • New tools focussed on demographics, brand, engagement of diverse communities and impact.	**Network communications** • Training and events programme for 2022-23 • Tools to support brand, impact reporting and data sharing and data standards.
Equality, Diversity and Inclusion: • We have appointed Getting on Board to support our work on Board Diversity 22/23	• Issuing of guidance for local Healthwatch to collect demographic data to understand diversity of Boards, staff and volunteers
Impact: • We've provided more local Healthwatch with 1 to 1 support on outcomes and impact, usually with a particular focus on embedding Theory of Change into their planning. We're now starting to ask them for feedback to evidence our KPI. • Healthwatch England have many more examples of Healthwatch outcomes to draw on for our own communications as a result of analysis of Healthwatch outcomes from annual reports 2020/21. • We published our annual report to Parliament to raise awareness of our impact with key stakeholders.	• We'll launch our annual reporting support with enhanced workshops. • We'll promote a new template website page that local Healthwatch can use to communicate their impact, having provided support to 3 Healthwatch to develop content to pilot it. • We'll work on an upgraded version of the Impact Tracker spreadsheet, so support Healthwatch in logging anticipated outcomes and following up. Ready to launch a new tool during Q1 of 22/23. • We'll start a conversation with our local authority commissioners' reference group about social value. • We'll provide 1 to 1 support to more Healthwatch teams.

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)

ICS Support Programme:
We used the baseline understanding we developed through our survey work and engagement with the network to create a multi phased toolkit for the network on how to work with ICSs. Phase 1 and Phase 2 very much focused on helping local Healthwatch to develop ways of working with each other.
 	
We also started delivery of an intensive support offer for local Healthwatch in 6 ICS areas to get ready in lead up to April. This support work is helping us develop and refine the toolkit mentioned above.
	• Continue delivery of phase 3 of the toolkit and guidance to help local Healthwatch:
	  o Develop MOUs with each other and their ICS
	  o Develop data sharing agreement
	  o Make successful bids for support
	
	• Continued activity around the bill and development of draft guidance to ensure Healthwatch appropriately positioned.

Learning and Development • New resources on Holding to Account – carried forward to 22/23 • Delivery of blended learning programme of webinars, peer networks and e-learning courses and inductions • Models of inclusion pilots took place: involving more young people in your work and involving more people with a learning disability in your work • Engaging people who are experiencing homelessness and engaging Gypsy and Traveller and Black African communities case studies published (produced by local Healthwatch) • Discovery interviews taking place with local Healthwatch people to help understand the value of the Learning & Development programme – positive outcomes and application of learning being reported	• Publishing of Learning & Development and Events calendar 2022/23 to meet needs in 2021 learning needs survey, Quality Framework feedback and strategy priorities • Production of new project planning e-learning course to support new toolkit which is the recommended Healthwatch approach • Commissioning of core training for sector specialists e.g. Easy Read UK, Diversity Trust and the Consultation Institute

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Quality Framework • Further 32 Healthwatch expected to complete Quality Framework by March 22 with review with Healthwatch England Regional Manager	• More user-friendly quality Framework and better ability from Healthwatch England to analyse collective results
Sustainability: • Commissioners newsletter and additional event • We have written to commissioners sharing the guidance we have issued on the steps local Healthwatch need to take to be more consistent. • Review of Commissioners Guide, including strengthening outcomes and focus on equality, diversity and inclusion	• Commissioners provided with advice on ICS • Commissioners Reference Group informed about trademark licence changes

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

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Brand: • Launch of updated brand visual guidance • Refreshed brand centre and resources covering online communications and reporting • Brand engagement focussed on key events like student volunteer's week **Digital Engagement:** • Piloting of updated Drupal sites and the start of the migration programme	**Brand** • More training provided to support the roll out of our updated brand guidance. **Digital engagement** • Launch of updated Drupal Healthwatch England site with refreshed brand. • Roll out of refreshed branding and site to local Healthwatch **Advice and information:** • Ongoing new and updated advice and information content

<table>
<tr><th>Highlights Jan - Feb 2022</th><th>What to expect at End of Year (March 2022)</th></tr>
<tr><td>Advice and information
Ongoing new and updated advice and information content
Public feedback:
Launch of refreshed Because We All Care campaign to gather feedback
Campaign:
We have launched our new campaign - ‘Your Care, Your Way’</td><td>Testing of new syndicated functionality to local Healthwatch sites
Public feedback:
New push as part of Because We All Care campaign to gather feedback on unmet social care.</td></tr>
<tr><td>Digital and data transformation:
In Quarter 3 we continued work with a data consultant to refine our data standards.
We also rolled out the new demographic taxonomy for the CRM seeing a significant increase already in the data being provided by the network with demographic details attached.
Network Engagement:
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.</td><td>Data sharing agreement setting out mutual obligations of Healthwatch England and local Healthwatch ready for roll out for April 22
Healthwatch England taxonomy which will allow mapping to local Healthwatch taxonomies
Either proof of concept platform ready for procurement or build underway to facilitate local Healthwatch sharing data with Healthwatch England
Plan in place to support transition of local Healthwatch using Healthwatch England provided database to new model
Local Healthwatch accounts set up to use SMART survey as part of year-long trial
E learning and guidance scoped to support local Healthwatch on data management</td></tr>
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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

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Elective Care • We followed up the initial work on waiting times with the King's Fund which we carried out in September with a full report analysing over 2,500 people's experiences of waiting for elective care. We used the insights to feed into the development of the elective recovery plan which was published in February. It was encouraging to see our work secure key commitments in the plan including financial support for people on low incomes to new catch-up services offered far from people' homes. • We have also commissioned further research in the experiences of people from ethnic minorities to understand why they are having a poorer experience of waiting for elective care. **Demographic data:** • In Q1 and Q2 we worked hard to put the right infrastructure in place to support improved capture of demographic data from across the network. In Q3 we were finally able to roll 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	**Demographic data** - In Q4 we will see continuing increase in improvement in data quality around demographics. - We will also be testing the new reports library upload function which should also give us better demographic insights.

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
anticipated is needed to improve what the network is capturing. • Despite the challenges, early indications from reporting in Jan and Feb suggest a significant uptick in the quality and volume of data containing demographics. **Accessible Information Standard** • We published our research, looking at more than 6,000 people's experiences of the AIS to date, and shared our recommendations with NHSE in support of their review. • Launched the campaign / started push to raise awareness of people's rights as well as encouraging people not covered by the standard to share their experience. • 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.	**Accessible Information Standard** • We will continue the first phase of the campaign focussed on getting more people to share their experiences, be aware of their rights and encouraging people to support our recommendations. • We will also publish our second phase of research – looking in-depth at the experiences of 109 services users and 38 staff on support for people who don't speak English.

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

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Social care reform: • We kicked off our research on unmet need in social care by grant funding local Healthwatch to support the collection of detailed user case studies. We are looking at how people are impacted by differing types of unmet need, including people who cannot access assessments,	**Social care reform:** • We will conclude our field work on unmet need. We will also start negotiations with the DHSC, following the White Paper, published before Christmas, to establish formal

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)

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.
 	
Dentistry
• We published our latest report on dentistry highlight the growing impact of the dental access and affordability crisis on children.
    o Appts for children down 44%
    o Fewer than 1 in 5 NHS practices in England taking on new child patients
    o Concerns with HW by worried parents on track to treble this year.
• Secured high profile media coverage in the Sunday Times during a period where the news was dominated by Omicron.
• In late January the Government announced an extra £50 million to support additional NHS dental activity up to the end of the FY.
	involvement for Healthwatch in designing and testing the new information and advice service in social care.
	
	Digital Health Care
	• We will publish our latest report looking at how changes in digital health care services are being experienced by patients. This work will look at the use of blood pressure monitors at home. This will explore how will such initiatives are being taken up and how they are working/where they could be improved. There will be wider learnings for a whole variety or remote monitoring of conditions.

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

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Engagement: • Engagement Plan • Exploration of Health Inequality Ambassadors (pending funding) • Support for understanding participatory practice across local Healthwatch	• Appointment of secondee from a local Healthwatch to support development and roll out of an engagement plan • Appointment of 5 Inclusion Ambassadors from local Healthwatch to support other Healthwatch with involvement of people with lived experience in their work • Appointment of external expertise to support our involvement work

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

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
Finance and Risk • Our risk appetite is being reviewed with the AFRSC. • We are reviewing our activities and will make decisions about where virements may be needed between budget lines. • We have planned budget scenarios for 2022/23 • We are reviewing what resources are needed for 2022/23 **People and Ways of working** • We have now recruited 2 new committee members	• Governance review will start in January. • We will be finalising Q4 expenditures and reprofiling our expenditures to year end • We are discussing the grant agreement template and process to ensure that we provide assurance to CQC and align to Cabinet office guidance • We will be sharing the actions from the Healthwatch Staff Survey with all staff • We are reviewing DPIA processes and will address which activities need assessment – legal requirement

Highlights Jan - Feb 2022	What to expect at End of Year (March 2022)
• Louise Ansari, our new National Director started in February 2021. • A management development course is now in place for middle managers. There will be five modules and coaching sessions included in the programme. The course will run until mid-2022. • Healthwatch England Staff survey has now been completed and the results analysed by the Leadership Team.	

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AGENDA ITEM:2.1

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 2022/23

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 • AOB
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 • AOB
Sep 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

	• AOB
Dec 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 • Diversity and Equalities Update • AFRSC Minutes • Questions from the Public • AOB
March 2023	• 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 • Digital Transformation Update • AFRSC Minutes • Questions from the Public • AOB

Healthwatch England Committee Workshop Forward Agenda 2022/23

April 2022	Working with Children legal remit Risk Appetite Review of Strategic Risk Register 2022/23
July	Standing Orders & Committee Governance Review