Healthwatch England

Public Committee Meeting

21 May 2024

Full Committee Papers

Healthwatch England 21 May 2024

Meeting #47 Committee Meeting held in Public

12:10 pm – 14:55 pm

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

Time	Public Committee Meeting – Agenda item		Presenter	Action
12:10	1.1	Welcome and apologies	CHAIR – DCA	
12:15	1.2	Declarations of interest	CHAIR - DCA	
12:20	1.3	Minutes of meeting held on the 6 February, and action log	CHAIR - DCA	FOR APPROVAL
12:25	1.4	Social Care Case Study – Healthwatch Leeds	HARRIET WRIGHT (HW Leeds)	FOR NOTING
12:40	1.5	HWE Presentation – Social Care Research	WILL PETT PAUL CALLAGHAN GEORGE LINDARS-HAMMOND	FOR NOTING
13:00	1.6	Chair's Report	CHAIR - DCA	VERBAL, FOR NOTING
13:05	1.7	Chief Executive's Report	LOUISE ANSARI	FOR NOTING
13:10 - 13:45		Lunch Break		
13:45	1.8	New Digital Strategy – Update	CHRIS McCANN	FOR NOTING
13:55	1.9	Healthwatch Model	GAVIN MACGREGOR	FOR AGREEMENT
14:00	2.0	Audit, Finance and Risk Sub Committee Update a) Strategic Risk Register 2024/25	JANE LAUGHTON	FOR NOTING FOR APPROVAL
14:10	2.1	Business Items: a) Business Plan 2024/26 b) Budget 2024/25	LOUISE ANSARI SANDRA ABRAHAM	FOR APPROVAL FOR APPROVAL

Time	Public Committee Meeting – Agenda item		Presenter	Action
	c)	Delivery and Performance Report for Q4 – End of Year 2023/24		FOR NOTING
14:25	2.2	Diversity and Equalities Update	CHRIS McCANN	FOR NOTING
14:35	2.3	Forward Plan	CHAIR - DCA	FOR NOTING
14:40		Questions from the public	CHAIR - DCA	
14:50		AOB	CHAIR - DCA	
	Date of Next Meeting 17 September 2024 at Stratford			

Healthwatch England Committee Meeting
Held in Public

Online on MS Teams and in person

Westbourne Room, 2nd Floor 2 Redman Place, Stratford

Minutes and Actions from the Meeting No. 46 – 6 February 2024

Attendees
- Professor David Croisdale-Appleby – Chair (DCA)
- Belinda Black – Committee Member (BB)
- Helen Parker – Committee Member (HP)
- Jane Laughton – Committee Member (JL)
- Pav Akhtar - Committee Member (PA)
- Professor Sultan Mahmud – Committee Member (SM)

In Attendance
- Louise Ansari – Chief Executive (LA)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Sandra Abraham – Head of Operations, Finance and Development (SA)
- Will Pett - Head of Policy, Public Affairs and Research (WP)
- Carmen Fuertes-Riestra – Strategy, Planning & Performance Manager (CFR) Minute-Taker

Guests
- Carrie Duran – Healthwatch North Lincolnshire (CD) - *Item 1.4*
- Astor Gilliland – Healthwatch England Research and Insight Analyst (AG) – *Item 1.5*

Apologies
- Umar Zamman – Committee Member
- Felicia Hodge – Committee Administrator

Item	Introduction	Action
1.1	**Welcome and Apologies** The Chair welcomed committee members and attendees to the meeting, including new committee member Professor Sultan Muhamed and Carrie Dean from Healthwatch North Lincolnshire who was joining via video conferencing.	

Item	Introduction	Action
	Apologies were noted for Umar Zamman and Felicia Hodge.	
1.2	**Declaration of Interests** There were no new relevant declarations of interest.	
1.3	**Minutes of meetings, held in November 2023 and action log** The minutes from the meeting held 28 November 2023 were accepted without amendment. **Action log** Actions from the meeting held 20 September 2023 were noted as follows: • 20230920 1.8(b) Business Plan 24/25 – Complete. • 20230920-2.0 - Financial Sustainability workstream for 2030 – the committee attended a workshop on the 18 January to start exploring ways to secure our future. This will run alongside work being done on future models. Actions from the meeting held 28 November 2023 were noted as follows: • 20231128 1.9(b) EDI Update – Complete There were no further outstanding actions.	
1.4	**Women's Health Cervical Screening – Presentation by Carrie Duran, Healthwatch North Lincolnshire** Carrie Duran (CD), from Healthwatch North Lincolnshire presented a report on the barriers to accessing cervical screening in North Lincolnshire. The report outlined barriers including emotional, physical, cognitive, and practical issues, such as lack of accessible facilities, lack of understanding about the importance of screening, and difficulty in arranging appointments. The recommendations include providing more accessible information, offering more flexible appointment times, and engaging with GP practices to identify and target groups who are not attending screening. By addressing these barriers, it is hoped that cervical screening uptake will increase and ultimately save lives. The committee expressed their concerns about the poor response that Healthwatch North Lincolnshire had received from GPs. CD explained that was due to the apathy GP practices had towards the Healthwatch. The committee also enquired about the methods used to make people feel supported during the sessions. CD replied that, in addition to the presence of support workers who assist with translation for some of the women, they set the context and briefly	

Item	Introduction	Action
	discussed cervical screening, offering reassurance to the women regarding the subject of cancer. They also supplied some easy reading information. The committee acknowledged the importance and worthiness of the research carried out and the quality of the follow up. **The Chair thanked CD for the presentation. The committee NOTED the presentation.**	
1.5	**HWE Current Topic Pharmacy findings - Presentation by Astor Gilliland and Will Pett** Astor Gilliland (AG) presented the Pharmacy Project Initial Findings to committee. A nationwide survey in collaboration with local Healthwatch was conducted to gather feedback on pharmacy services, resulting in 1,650 responses. Initial findings indicate: • Challenges in medication supply • Growing interest in *Pharmacy First*, for common conditions • Unfamiliarity with online pharmacies • Potential future use of pharmacy for specialised services, but limited capacity and funding may hinder expansion. These findings will be publicly released in March 2024. The committee expressed concerns about the differing approaches to treating UTIs in pharmacies and by GPs. This raises the issue of potential mismanagement, including incorrect antibiotic dosages and overlooking broader health concerns. WP explained that most pharmacists are not independent prescribers like GPs and rely on patient group directives for medication. Patients with UTI complications are usually referred to GPs, potentially causing frustration. However, all pharmacists are set to become independent prescribers by 2026, which may improve access. Trust in pharmacist prescribing is expected to increase over time, but initial limitations on prescribing times may persist. HP enquired if this is new insight or are people already familiar with it and we need to consider both the practical implications of our findings and the valuable insights we have gained. WP responded that Initially, we considered local Healthwatch involvement with pharmacies in the project's early stages and furthered this through additional research. Our focus on the Pharmacy First initiative aligns well with its launch, providing valuable insights into public perceptions. Survey questions also explore future pharmacy services beyond the initial conditions, highlighting public interest in expanded roles, such as vaccinations and dermatology services. The recent measles outbreak underscores concern about vaccination rates, suggesting a role for pharmacies in boosting immunisation levels nationally.	

Item	Introduction	Action
	Committee also stated that the discomfort among medical professionals primarily stems from concerns about accurate diagnosis and the fear of individuals being incorrectly diagnosed. Additionally, there are privacy considerations and the importance of discussing sensitive matters in a relevant and relatable manner. It is essential to address public concerns about misdiagnosis and to differentiate between public perceptions and professional perspectives on this issue, which warrants careful consideration.	
	PA raised the issue around the importance of defining "online" in terms of delivery methods for medicines, with various online ordering and distribution options. Different perspectives exist on what qualifies as an online pharmacy, ranging from website orders to digital app prescription services. Defining and educating about regulated online pharmacies is essential to prevent public health risks from unregulated pharmacies providing harmful medications.	
	WP reported that the next steps will include the policy team reviewing emerging policy requests, with a full report due for release in March. However, selected findings may be shared with the press beforehand. A webinar next week will update the network on progress and publication timelines to coordinate pharmacy initiatives. Stakeholder engagement will precede the report launch, including NHS England and Community Pharmacy England. Plans include evaluating Pharmacy First's progress after one year.	
	The Chair thanked AG and WP for the presentation. The committee NOTED the presentation.	
1.6	**State of the Network - Presentation by Delana Lawson**	
	DL presented our first State of the Network report to committee, which aims to assess the overall health of the Healthwatch network by gathering diverse data to create a comprehensive overview of both the network as a whole and individual Healthwatch.	
	DL reported that the poor funding for local Healthwatch is concerning. However, Income generation is progressing well, with improved ability by local Healthwatch to demonstrate impact and enhanced relationships with Integrated Care Boards (ICBs) resulting in increased income from ICBs. Core activities face challenges in defining and presenting them effectively, yet notable progress has been made in data sharing with Healthwatch England.	
	Financially, funding for core local Healthwatch provision has remained static at £25m, highlighting concerns about resources reducing in real terms. Despite variations in income generation among Healthwatch, substantial additional income has been generated, particularly from ICBs and NHS trusts.	

Item	Introduction	Action
	The focus on addressing challenges and enhancing reporting is crucial to support Healthwatch's impact assessment and tackle health inequalities, with primary care, health inequalities, and mental health being key project priorities. Efforts are underway to improve demographic data collection and sharing best practice, underscoring the importance of data in informing decision-making and supporting collaboration with Local Healthwatch and ICBs. This data will also inform local authorities of commissioning trends and provide insights for us in reporting to DHSC on Local Healthwatch funding. HP enquired that although the data is categorised by issue, does Healthwatch England know which local Healthwatch who are not sharing data or articulating impact effectively? Some excel in all areas, while others excel in specific aspects. Do we have a comprehensive understanding of this pattern? GM responded that regional managers engage with individual Healthwatch as well as us having an overall picture. We use tools like Power BI to identify disparities and making regional comparisons, complementing individual support provided through check-ins and the quality framework for local Healthwatch facing unique challenges. PA enquired about the project priorities for the next three years and observed a reduced focus on social care. Recognising the complexity of the issue, he sought to understand the reasons for this change. CMcC responded that this challenge is not unique to us but is a national issue. We are proactively collecting social care experiences to advocate for change and will be carrying out more work on social care over the coming months including using case studies from local Healthwatch. **The Chair thanked DL for the presentation. The committee NOTED the presentation.**	
1.7	**Chair's Report** The Chair reported to Committee that upon joining Healthwatch England, he prioritised visits to local Healthwatch until the end of November with further visits deferred to next year. He gained valuable insights and communicated these learnings extensively. Feedback from local Healthwatch boards indicated a desire for longer visit durations, allowing for more comprehensive discussions. DCA plans to extend visit durations based on host organisations' preferences, such as a day and a half visit in Cambridge aimed at engaging with local and regional stakeholders. DCA is pleased with the learning opportunities provided by local Healthwatch and remains committed to relaying experience and insight from his visits to the executive team. **The committee noted the report.**	

Item	Introduction	Action
1.8	**Chief Executive's Report** In addition to Louise Ansari's (LA) previously circulated report, LA emphasised the importance of maintaining a positive outlook and focusing on solutions when considering the current position of the NHS. Today's discussions and presentations have reinforced this perspective, highlighting the significance of small changes that can have a significant impact, such as installing hoists in GP practices for better physical access for people being screened for cervical cancer. LA also mentioned the Times Health Commission, which has been running all year and finally reported yesterday. LA was interviewed as part of this, and we feature in the final report. **The committee noted the report.**	
1.9	**Committee Members Update** No updates reported.	
2.0	**Audit, Finance and Risk Sub Committee (AFRSC) Update** Jane Laughton (JL), AFRSC Chair, gave a brief overview of subjects covered at the last AFRSC meeting on the 25 January. Main points highlighted were: • Review of the spend to date at the end of Q3 showing 70% of the annual GIA budget had been spent. • January budget reforecast for the remainder of the financial year. • Review of draft budget scenarios for 2024/25 • Review of the draft strategic risk register 2024/25 **DECISION** **In addition, JL sought approval from the committee on the minor change to the AFRSC terms of reference, reducing the amount of sub committee members from four to three. The committee all approved the change with the exception of PA who abstained.** **The committee noted the report.**	
2.1	**Delivery and Performance Report Q3** SA updated the committee on performance against the KPIs and Business Plan for period April 2023 – January 2024. The highlights of the report included: • 6 completed objectives. • 6 objectives on track to be completed by year end (March 2024). • 1 objective with a minor delay but expected to be completed by year end.	

Item	Introduction	Action
	• 2 objectives unlikely to be met this financial year but will be continued in our 2024-26 business plan. SA stated the reason for the projects not being on track as follows: • **Minor Delay: *KPI - 5% increase in media reach (Apr-Oct 22-23 v 23-24).*** Our media reach by the end of Q3 was 2.2m. This is 9% lower than our average media reach at the end of Q2 in 2022-23. Media reach is lower because of the report pipeline. • **Unlikely to be met: *KPI - 65% of data shared with us contains core demographic data on age, gender, ethnicity***. Due to changes in reporting, we do not have comparable figures to the ones we originally reported in Q1 and Q2. • **Unlikely to be met: *KPI - Completion of a financial sustainability model for Healthwatch England.*** We are still in the process of exploring various options to generate our own revenue, and we're also considering the required steps involved in this process, including the legal and compliance aspects that we need to follow. Ongoing conversations with HWE CEO and CQC Finance. BB asked if the KPIs, which are unlikely to be achieved, will eventually be met, even if it takes longer, or if they will not be achieved at all. SA explained that we will clarify this in the 24-26 Business Plan. HP sought clarification on whether our ability to measure demographic data was unlikely to be met due to it being too time consuming or are we measuring something that people are doing less of. CMcC explained that our sample base has increased significantly. Last year, we were receiving data from only 50 Healthwatch, which likely comprised those who were more engaged and advanced in collecting demographic data. Now that we are collecting data from a larger and more diverse group of Healthwatch, it suggests that those who are new to providing data are less likely to be actively collecting demographic information. **The committee noted the report.**	
2.2	**Forward Plan** The committee put forward the following considerations for our forward plan: • PA enquired about the standard of services, and with all the that is going on in healthcare is it worth us revisiting where we are at and noting any impact we may have. LA reported that we will be reporting	

Item	Introduction	Action
	on our impact in the annual report and will have a one year on review of our strategy in Q2 of 24/25.	
	• DCA commented that with women's health being a significant topic of great interest to us it is important to be remember the perspectives of caregivers.	
	• HP would like an update on the supporter plan, which was referred to in Our Future Focus strategy.	
	• JL proposed that while the local Healthwatch presentations at our committee meetings are valuable, we should explore the possibility of inviting an external individual who can reflect on our work. LA suggested a private or workshop sessions with an external speaker could address this.	
	ACTION:	
	• LA and SA to review the forward plan to address the above considerations.	**LA/SA**
	Questions from the public There were no questions from the public.	
	The next meeting will be held 21 May 2024 in Stratford, London Guests can join in person or online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

20 September 2023

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20230920 –2.0 Forward Plan	Louise Ansari	LA to consider the projected position of Healthwatch and work back on its journey to get there.	Discussion of potential models took place at our January Committee and Leadership team workshop. External consultant engaged to explore models being presented at March Leadership team meeting. Committee members responded at February workshop. The proposed model will be presented to National Committee on 21 May for a decision.	TBC	In progress

6 February 2024

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
Forward Plan	Louise Ansari and Sandra Abraham	LA and SA to review the forward plan to address the above considerations.	Meeting with executive team has been arranged for further discussion.	End of Q1	In progress

AGENDA ITEM: 1.4

AGENDA ITEM: Social Care Case Study

PRESENTING: Stuart Morrison, Team Leader, Healthwatch Leeds

EXECUTIVE SUMMARY: Healthwatch Leeds undertook work on social care in August 2022 to help inform the transformation of home care services. This work involved recruitment of people with lived experience. A set of recommendations included improving personalised care, complaints handling and collaboration between health and care services. Their recommendations guided the procurement process for the Community Health and Wellbeing Service.

Healthwatch Leeds received a commendation for their work at the National Awards event in early 2024.

Working with local people and partners to transform home care in Leeds

Harriet Wright

Your healthwatch Leeds

Aim

- To ensure that people's experiences were listened to in a radical redesign of home care that would meet people's needs and incorporate what is important to them.

- People in receipt of home care at the centre – disabled community, often hidden and easily ignored.

- Partnership work
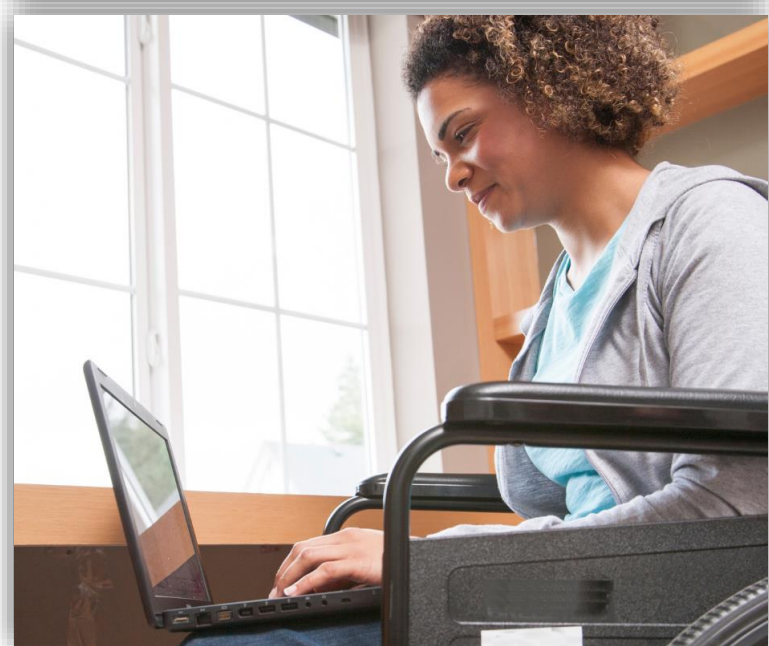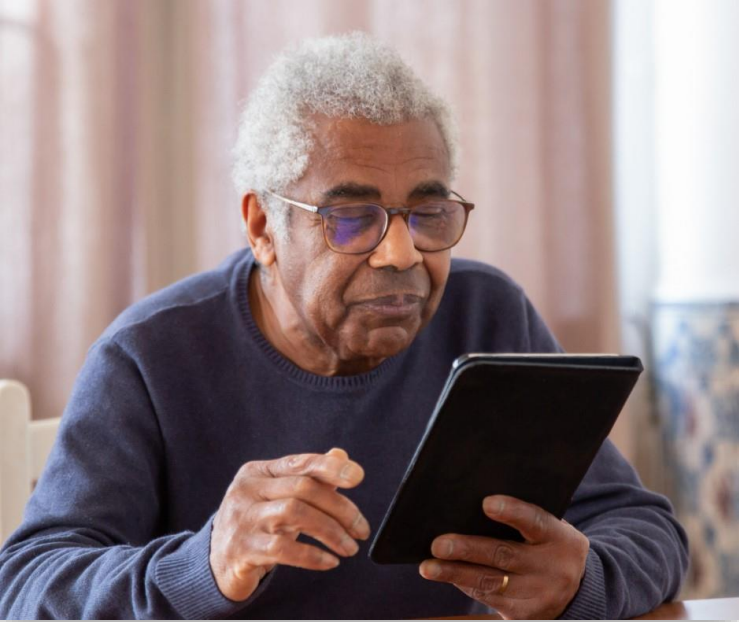
What change was needed and why was this important?

- In 2016, 2017 and 2019, Leeds City Council commissioned us to do a home care survey which identified recurring themes and recommendations.

- Despite our recommendations, satisfaction didn't improve.

- Important that voices of disabled people didn't continue to go unheard.

- Home care is not always culturally sensitive.

What we did

- Commissioned by Leeds City Council in 2022 to set up a panel of people with lived experience of home care (including carers) to feed into the development of the Community Health and Wellbeing Service, a radical new transformation programme, that would integrate home care with health and community services.

- Accessible engagement - run as a series of home-based virtual meetings (supported by digital buddies)

- Over a third of the 21 panel members from minority ethnic communities to inform how the new service could be more culturally sensitive.

- Report outlined 26 wide reaching recommendations

- Panel members involved in drafting tender specification and procurement process.

How will people's experiences be improved?

- More personalised care

- Better continuity of care through improved recruitment and retention

- Cultural and religious needs considered and met.

- Training for staff incorporating elements of lived experience.

- A responsive service that commits to continually listening and improving.

-

"I think it is great. Good use of technology to allow me to have my say." panel member

"The recommendations from the Citizens Panel report are now the bedrock of our commissioning intentions." Kate Sibson, Commissioning Programme Manager - Adults & Health Directorate, Leeds City Council

"I enjoyed watching how much some of the people got out of participating on the panel and enabling that by being a buddy."

Volunteer buddy

For more information

https://healthwatchleeds.co.uk/reports-recommendations/2023/home-care-2022/
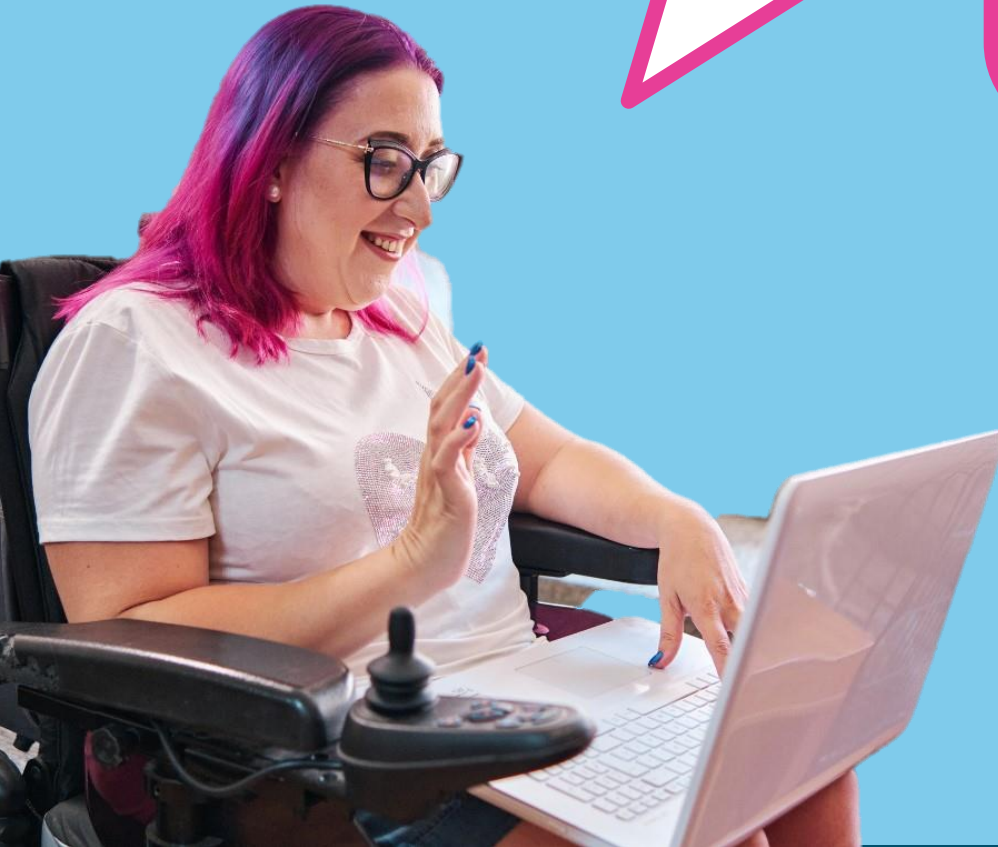
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AGENDA ITEM: Current project/issue: Social care

PRESENTING: Paul Callaghan, Policy Manager, and George Lindars-Hammond, Senior Policy Analyst

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Government's social care white paper noted a need for more evidence on who accesses social care support, who doesn't, and what the barriers to access are.

Our research aims to address these gaps in evidence, with a focus on experiences of disabled adults aged 18-64. Through nationally representative polling and qualitative case studies with local Healthwatch, we have found:

- When people access care, it can be life changing – supporting people to stay healthy, do the activities they like, and to work/study/volunteer.
- 78% of people accessing care say it helps them live the lives they want to live.
- But low awareness and high costs provide access barriers for potentially millions of adults.
- Care could support this group with volunteer work, full-time employment, attending social events, visiting friends/family, or taking part in physical activities.
- We also have findings to share on the role of unpaid carers, and the experience of waiting for a social care needs assessment.

RECOMMENDATION: Committee is asked to **NOTE** the presentation

AGENDA Item: 1.7

AGENDA ITEM: Healthwatch England Chief Executive's Report

PRESENTING: Louise Ansari

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Healthwatch England Committee on Key activity since the last meeting in February 2024

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Introductory note from the Chief Executive

The final quarter of the year was again a time of great activity for Healthwatch where we continued to influence national policy on health and care. We published our patient vision report in February which was well received by stakeholders across the sector. On dentistry we have influenced the national recovery plan and have continued to ensure a focus on this issue by appearing at the Health and Social Care select committee.

We published a major report on pharmacy which articulated what the public have told us about how the Pharmacy First program should be rolled out if it is to be successful.

We have continued work on sustainability of the Healthwatch movement with substantial refinement of our approach, developing a model that will make the organisation viable and impactful to 2030 and beyond.

We have embarked on the development of an ambitious Digital Strategy to ensure that we remain a relevant and vital voice for the public in Health and Care.

In January 2024, we celebrated the work of local Healthwatch with our newly shaped national impact awards. The quality of the entries demonstrated the

breadth and depth of work being undertaken by the Healthwatch network, Healthwatch Coventry was the overall winner for improving the maternity care of refugees and newly arrived women.

We ensured we reached a satisfactory end of year financial position, and our robust approach to financial management meant that we successfully and effectively utilised our all of our 2023/24 budget.

1. **Influencing**

We have continued to make progress on amplifying the patient voice within primary care, with ongoing work on dentistry and the publication of our pharmacy report. With a new Government expected this year, we have also set out our ideas on how patient experience could be improved across the NHS through our patient vision report.

Despite a busy period delivering work set out in the business plan, we have also reacted to key developments in the sector. Our work leading the response to Ofcom/Royal Mail's proposals to downgrade NHS post has put us at the forefront of the national conversation and we expect to have significant influence in mitigating the risk of people's NHS post being delayed .

A busy period of outputs will continue, with key reports on the two other priorities in our strategy – social care and women's health – expected in the coming weeks.

Topics

Royal Mail

We have become concerned about proposals to delay bulk mail of NHS appointment letters from two days to three days as part of Ofcom's review of Royal Mail's universal service obligation.

In February, we published an open letter to Royal Mail's CEO, copying in senior political stakeholders, Amanda Pritchard and Ofcom, to outline our concerns.

In March, we led the consultation response on behalf of our partners, NHS Providers, National Voices, and the Patients Association. This included new insights suggesting over two million appointments were missed last year due to the late delivery of NHS letters – and the need for proposals which do not make this situation worse. The consultation closed in early April.

We subsequently wrote a letter to The Telegraph to highlight our concerns following coverage on Royal Mail's formal proposals to Ofcom's consultation. This led to a front-page story in The Telegraph, featuring our research and a quote.

Since our own letter and consultation response, the Health Secretary Victoria Atkins herself has written to Royal Mail to ask for answers on the implications of their reforms for NHS patients.

We have continued to lead regular conversations with Ofcom, Royal Mail, and NHS England. We have already been able to secure assurance from Royal Mail that they are committed to a solution on NHS post and will be involved in a series of NHS/Royal Mail roundtables to better understand the impact of proposals on patients.

Dentistry

We continue to press for improvements in access to NHS dentistry.

Though we wanted it to go further on substantive long-term reform, the Government's Dental Recovery plan included some recommendations that we had pressed for in previous reports and a private briefing we sent to ministers, civil servants and special advisers to inform the plan. These included stronger ringfencing of ICB dental budgets and increased financial incentives for dentists to provide more NHS work.

In March, we also gave verbal evidence to the Health & Social Care Select Committee. During this session, we highlighted the continuing negative impact that dental charges are having on access and the need to make it as easy as possible for patients to find out where they can access new NHS appointments. We also argued that long-term reform of NHS dental services is needed, ideally with patients being registered with their dental practice in the same way as their GP.

More broadly, we have continued to have close engagement with ministers on the future of dentistry. For example, we have attended a series of private roundtable discussions led by minister Andrea Leadsom, which have been discussing ideas for reform of the dental contract. These are due to conclude soon and could be followed by new Government proposals later this year.

Next month, we will be presenting our work to the conference of Local Dental Committees, organised by the British Dental Association.

Pharmacy

We have published a [new report](#) on people's experiences of, and attitudes towards, pharmacy services this month. It shows that Pharmacy First, the scheme to expand pharmacy services and ease pressure on GPs, has been welcomed by patients and that there is appetite for further expansion in future. However, it also flags barriers that people continue to face using pharmacy services, including the cost of living and medicines shortages.

The report has been endorsed by key pharmacy stakeholders, including the Royal Pharmaceutical Society, the General Pharmaceutical Council, the National Pharmacy Association, Community Pharmacy England, and the Association of Pharmacy Technicians UK. The report received coverage across trade media and the Health Service Journal, our target media outlets for this work.

We have been invited by several of these partners to present findings to their members and have been working closely with NHS England and the NHS Business Service Authority to action our recommendations for improvement.

We have also been asked by the Department of Health and Social Care/NHS England to help organise a roundtable involving patient groups on the ongoing issue of national medicines shortages. We are due to be presenting at this and will be pressing our recommendations for a review of the medicines supply chain and flexibility for pharmacy teams to change the medicines they dispense during shortages (when safe to do so and in collaboration with patients).

Patient Vision

In February, we published *What patients want: a vision for the NHS in 2030*. Using experiences of care from over 10 million people collected over the past ten years, this sets out a bold vision for what patient experience should look like across the NHS in 2030.

Our vision calls for a focus on three key themes:

1. Making the NHS easier to access and navigate.
2. Tackling health inequalities.
3. Building a patient-centred culture.

Across each of these themes, we give recommendations on how the next government could make progress on improving patient experience (without the need for costly or large-scale reform).

The report was launched through a webinar for decisionmakers, NHS professionals and key stakeholders, which over 120 attended and gave overwhelmingly positive feedback on.

Since then, we have been using Patient Vision as a platform for engagement with stakeholders, with support for some of our recommendations from other bodies. We are planning a series of meetings with political stakeholders over the coming months, prior to the forthcoming election, during which we will be pressing our key recommendations.

External Updates

Now that the government has published its full suite of recovery plans, for elective care, UEC, primary care and dentistry, we are not expecting any major new health or social care plans before the next General Election, other than full details of the Major Conditions Strategy this summer. However, there are a number of new consultations and ongoing public inquiries.

Topics

NHS Constitution consultation

On 30 April, the DHSC launched an eight-week public consultation on a limited number of changes to the NHS Constitution, which is reviewed every 10 years. While we welcome some of the proposals, such as enshrining 'Martha's Rule' - the right to request a second opinion for deteriorating patients – and more rights for unpaid carers to be involved in hospital discharge planning of loved ones, we feel the review could be more ambitious.

In anticipation of the review, we commissioned polling in January to ask the public about support for current and theoretical rights and we will be publishing findings soon. Results show that access targets pledged in the Constitution are popular – but we argue that they focus too much on hospital, rather than primary care, and they have become meaningless after being unmet for so long.

Overall, we are calling for a rebrand of the Constitution to become the NHS Patient Promise to become a genuine contract between government, services, professionals, and patients.

Duty of Candour consultation

The DHSC is running a public consultation on how the Duty of Candour is working. In place since 2014, it requires providers to apologise to patients and service users when things go wrong. This is separate from (but similar to) the professional Duty of Candour which requires individual health professionals to be honest and apologise when things go wrong. We plan to respond to the consultation, which ends 29 May.

Welfare and fitness to work reforms

The DWP and DHSC are seeking to make changes to the fit-note system which may see non-medical staff or unfamiliar medics, processing requests from patients for time off work on health grounds. The DWP has also published a Green Paper proposing changes to Personal Independence Payments (PIP) to reduce claims made on anxiety grounds. This followed a speech by the Prime Minister in which he criticised 'over-medicalisation' of everyday worries of life.' Our response to the plans is likely to point out lengthy waits for mental health services.

Industrial action

While consultants have now struck a pay deal with the government, junior doctors remain in dispute, with a mandate to strike now in place until 19 September. At the time of writing, no new strike dates had been announced. GPs have also put NHSE on notice that they are officially in dispute with them over the 24-25 GP contract. However, it's technically difficult for GPs to strike as self-employed contractors without risking penalties for breach of contract.

CQC delays ICS assessment roll-out

Following talks with DHSC, the CQC has agreed to a short delay to the national roll-out of its new remit to assess integrated care systems. Reports from two ICS pilot assessments, in which local Healthwatch took part, are yet to be published. Separately, NHSE is planning a new rating system for ICSs as part of a new oversight framework to be consulted upon in the summer.

Public Inquiries

Our written submission to the Thirlwall inquiry into the Letby crimes was reviewed and accepted by the inquiry in April. Public hearings are not due to start until Autumn 2024.

Module 3 of the Covid inquiry, looking at the impact on healthcare services, is due to start in September 2024. We haven't yet heard if we will be asked to give evidence on our written submission at the public hearings.

Tobacco and Vapes Bill

The Bill is now at committee stage after being backed in the House of Commons on introduction in mid-April. If passed, it would ban the sale of tobacco products to anyone born after 1 January 2009 (children aged 15 or younger today). It has been hailed as a significant public health measure.

3. Support to the Healthwatch Network

Future Healthwatch Sustainability

We have held discussions with over 100 Healthwatch and 100 local authority commissioners to understand their views on the challenges, opportunities, and potential solutions regarding the sustainability of Healthwatch. We commissioned Kaleidoscope to undertake an independent review of the Healthwatch model and options to improve sustainability and effectiveness.

The primary recommendation emerging from the discussions and independent report is for a transfer of commissioning responsibility from local authorities to Healthwatch England. Further discussions with Healthwatch are planned for May to look in more detail at this proposal with a final report to National Committee in September 2024.

National Impact Awards

In January 2024, we celebrated the work Healthwatch undertake to make life better for local people. The award criteria prioritised understanding the experience of seldom heard groups and how Healthwatch involve people with real-life experience.

Amidst tight competition, Healthwatch Coventry was the overall winner for improving maternity care for refugee and newly arrived women. Their work

revealed that many refugee and asylum seekers were not receiving adequate antenatal support. As a result of their work, it is now easier for refugee and newly arrived women in Coventry to access essential maternity services, with better referral routes, translation support and improved communication for these women.

Healthwatch Blackpool were highly commended for helping to identify and tackle a rise in children and young people vaping, while a [further fifteen Healthwatch](#) were commended for their work to improve health and care for their local communities.

Satisfaction Survey

Each year, we conduct a survey of Healthwatch to understand the extent to which our support is benefitting them and how we can improve. 74% of Healthwatch rated our support as positive – an increase from 63% in 22/23. 38% of Healthwatch felt our support had improved, 49% had remained the same and 4% reported it had got worse. In June we will produce a full report on the action we will be taking in response to the detailed feedback provided by local Healthwatch.

Diversity Survey

We made a commitment to understand the diversity of the Healthwatch network and the extent to which they reflect the diversity of the population.

Following a low response in 2022/2023, we changed the methodology. As a result, the response rate increased from 56 to 146 Healthwatch. In terms of ethnicity, 9% of Healthwatch staff, volunteers and Board members fall within the category 'All Asian', consistent with 2021 Census data, while 7% identify under the 'All Black' category, slightly higher than the 4% figure recorded in the 2021 Census. A full report detailing these findings will be produced in June 2024.

Shared values

To further our work on improving our effectiveness and strengthen the Healthwatch movement, we collaborated with local Healthwatch to develop a set of shared values. Through a series of events, involving Committee, Healthwatch England staff and 37 Healthwatch, we collectively identified key values that encapsulate our culture and began to look at the behaviours expected from all members of Healthwatch by the public, and the necessary steps to embed them in our everyday practice. We have a plan for 24/25 to support the adoption and embedding of these values – equity, independence, truth, impact, collaboration - within both Healthwatch England and local Healthwatch.

Patient safety and the Care Quality Commission

Discussions were held with local Healthwatch on their role with regards to patient safety matters. This led to Healthwatch England developing a new formal process for Healthwatch to escalate patient safety issues with the Care Quality Commission when they have exhausted local referral routes. We included this in our response to the Thirlwall Inquiry as one of the measures we have taken to improve support to local Healthwatch on patient safety matters. Nationally, Healthwatch England will coordinate with the Care Quality Commission to understand trends and ensure any issues raised by local Healthwatch are dealt with appropriately.

We continue to support the establishment of working relationships between Healthwatch and the new CQC Integrated Teams, as well as supporting the involvement of Healthwatch as key local stakeholders in CQC assessments of local authorities and ICSs.

Learning and Development

A key strand of our support to local Healthwatch is delivered through our learning and development offer. This is based on the feedback we receive from them, together with a core skills framework developed in conjunction with local Healthwatch.

The support includes e-learning, online webinars, and peer networks, together with resources to support sharing of best practice. We have published our learning and development calendar for 2024/25 to enable Healthwatch to plan their training in advance. We commission local Healthwatch to deliver many of the sessions in 2024/25, together with external specialists. We are currently working on improving accessibility to our resources following feedback in our satisfaction survey.

4. Communications

End-of-year review

We have undertaken a review of our communications performance for 2023-24. Overall, we have had a successful year with a significant increase in engagement with our channels and content. A summary of the report has been circulated to the Committee, but key highlights include:

- Social reach and engagement: Our refreshed digital communications approach and greater investment in social media has resulted in a 204% increase in social media reach year-on-year (20.1M in 2023-24 v 6.6M in 2022-23). We have also seen engagement with our social media messages increase by 173% (882K in 2023-24 v 323K in 2022-23).

- Media coverage: Although we did not start reporting insight from our new policy projects until the second half of 2023-24, over 4,000 items of media coverage mentioned Healthwatch in 2023-24, and we gained a media reach of 3.2B, which was on par with the previous year. A greater focus on reactive media and exclusives in the national media helped our performance. On average, in Q4 of 2023-24, 40% of Healthwatch coverage was in broadcast media, while 54% was in national or online media.

- Audience engagement: Visitors to our website increased 57% year-on-year (1M in 2023-24 v 635K in 2022-23). This resulted in over 202K users accessing our advice, 174K users viewing our news and insight and 149K users' findings their local Healthwatch. 13.5K users also shared and experience with us (+16% on the previous financial year).

- Supporter numbers: Our focus on growing our follower numbers has resulted in a 35% increase year-on-year. (72K in 2023-24 v 53K in 2022-23). We have also seen increased traffic to our website from our follower base. For example, remarketing to our supporters via email has resulted in a 215% increase in monthly website users acquired via email in Q3-Q4 2023-24 compared to the previous year.

- Accessibility: We have also maintained the accessibility of our communications. In the last financial year, website users rated our advice 4.1 out of 5 on average for usefulness. Our accessibility monitoring software also gave us an average score of 87 out of 100 for content quality, accessibility, marketing and user experience.

Wider communications

Since the last report in February, we have continued to work on our wider communications. This activity has included:

- Joint campaign with CQC: We launched our joint campaign with CQC #Shareforbettercare. The campaign aims to increase feedback from those facing health inequalities. Our launch phase ran from mid-February until mid-April. Overall, during the campaign period, website user numbers increased by 78%, compared to the same period last year. While visitors to our feedback form were 320% higher, and form completions were 364% higher. We are currently evaluating the initial phase. The learning from this will inform our next phase.

- Insight communications: We have continued promoting our insight via our channels and PR. Recent examples of coverage include:
    - March: The national media, including the Daily Mail and BBC, covered our response to the NHS dental plan. We also achieved coverage for our position on health inequalities.
    - April: Most of the trade media covered our Pharmacy First report, including the HSJ. We also achieved national coverage on medicine shortages, NHS waiting times, Royal Mail delivery cuts that could impact NHS mail & the NHS Constitution consultation.
- Improving our search engine optimisation (SEO): With 25% of website users coming via organic search, we have reviewed how to improve our search engine ranking. This includes investing in new software. We have already seen signs that this is bearing fruit, with traffic via search engines climbing.
- Brand communications: We have continued to support local Healthwatch with content and communications. Recent resources include our new annual report template, supported by training on writing for impact, and three new videos explaining our role, advice service, and why sharing an experience matters.

5. Equality, diversity, and inclusion highlights

We have continued to ensure that EDI is core to all our work. As a work place we are deeply committed to fostering a culture of equality, diversity, and inclusion. As part of our ongoing efforts, we have recently initiated a comprehensive review of our organisational culture. The value of 'equity' is already being discussed in all groups as a key part of our culture now and in the future.

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

Our policy and research work has continued to be parsed through an equalities lens. Since we last updated the committee at mid-year we have published products on homeless people's experience of health and care, ADHD and Autism, and barriers faced by rural communities.

One of the three key themes of the flagship Patient Vision report we published in February was 'Tackling health inequalities.'

A fuller account of our EDI activity is included our annual EDI report which is item 2.2 on today's agenda.

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

February 2024		
Date	**Event/Meeting**	**Attendees**
Thursday 8	Care Partner Engagement	**Lesley Goodburn, Jane Murkin**
Thursday 8	NHS Providers Health Inequalities event – speaking on panel	**Keymn Whervin** - Head of Experience, National Voices **Alan Strachan** – People Participation Lead for CAMHS, East London NHS Foundation Trust **Sarah Balchin** - Director of Community Engagement and Experience, NHS Solent
Tuesday 13	Experience of Care	**Neil Churchill NHSE**
Thursday 15	NHS Confederation Women's Health - Implementing the Women's Health Strategy	**Dame Lesley Regan** **Emma Challans-Rasool**
Wednesday 28	HSSIB Stakeholder Focus Group - Exploring Our New High-Level Strategy	**Rosie Benneyworth** - HSSIB
Thursday 29	Advisory Group: Unlocking Prevention within ICSs	**Annie Bliss** – NHS CONFED
March 2024		
Friday 1	National Health Care Uniforms Project	**Kevin Chidlow** - CMSP Director **William Pett** - HWE
Monday 4	Patient/Public Voice Group	**PHSO, HSSIB, CQC, National Voices, PSC, NGO**

Tuesday 5	NHS England - A&E 4-hour performance	**Professor Julian Redhead** - National Clinical Director for Urgent and Emergency Care at NHS England
Wednesday 6	Collaboration with NICE	**Clare Morgan**
Tuesday 12	Navigating Health (Australia)	**Sian Slade**
Wednesday 13	Meeting of Royal Mail, Healthwatch and other Patient body and Health Representatives	**David Gold –** Royal Mail
Wednesday 13	Diabetes UK	**Colette Marshall**
Thursday 14	NHS Assembly meeting	
Friday 22	Results from the British Social Attitudes Survey on confidence in the NHS	**Dan Wellings –**Kings Fund
April 2024		
Tuesday 2	Discussion on creating an international patient rights movement	**Elizabeth Deveny** - Consumers Health Forum of Australia
Monday 8	NGO and Healthwatch collaboration	**Jayne Chidgey – Clark** - National Guardian Office
Monday 8	MNSI and Healthwatch collaboration	**Sandy Lewis** - MNSI
Thursday 11	Patient Safety Commissioner Advisory Group Meeting	**Henrietta Hughes** - (PSC)
Thursday 11	Healthwatch Hull Homeless Voice's Showcase event	**Ellie Whitfield and colleagues** - (Delivery Manager)
Tuesday 16	Primary care patient safety strategy	**Hester Wain** – NHS England
Thursday 18 - 19	HSJ Provider Summit	
Monday 22	NHSE / Healthwatch England re NHSE's new oversight framework	**Miranda Carter** - Director of System Architecture, NHS England
Monday 22	Healthwatch West Sussex	**Zoey Harries**
Thursday 25	Collaborating to reduce the impacts of long covid and improve treatment	Pfizer

FUTURE ARC™

Healthwatch England
Summary of Research

Future Arc
May 2024

healthwatch

Background and Context

In February 2024 Future Arc began a project to conduct rapid research for Healthwatch England with the aim to validate, support and help Healthwatch England create a DDAT vision for the future that is aligned to its user and the Healthwatch network needs.

This report details the research approach used, analysis of the research findings, opportunities found in the research insights, and recommendations that can contribute to the future vision.

22 Participants were interviewed across the groups to the right.

To gain insight participants were asked questions such as:

1. What are the key needs of users from Healthwatch England's approach to DDAT?
2. Whats skills and capacity are required within Healthwatch to try and achieve this?
3. How can Healthwatch England best support the needs of users in the network?
4. What systems and format would ensure that the right insight is gathered from the right people?

Participants	Participant Group
6	Local Healthwatch
5	Healthwatch England Internal
3	Policy Makers
3	Public Participants
3	Practitioners
2	National Stakeholder

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Glossary of Terms

Terminology	Description
DDAT	Digital Data and Technology abbreviated and refers to the team and strategy responsible for this at Healthwatch.
Big Data	Data that contains greater variety, arriving in increasing volumes and with more velocity.
National Data Store (NDS)	Database/Data Lake that Healthwatch England are currently developing to store, aggregate and interrogate data. This will be made available to the network to use.
Data Aggregation	A process in which data is searched, gathered, and presented in a summarized, report-based form, data aggregation helps conduct process/human analysis at almost any scale.
Artificial Intelligence (AI)	Artificial Intelligence abbreviation and refers to the ability of a computer or computer-controlled robot to perform tasks that are commonly associated with the intellectual processes characteristic of humans. Such as in this context, synthesising research data.
Machine Learning (ML)	Abbreviation for Machine Learning which is a branch of artificial intelligence (AI) and computer science that focuses on the using data and algorithms to enable AI to imitate the way that humans learn, gradually improving its accuracy.
Natural Language Processing (NLP)	Natural language processing (NLP) is the ability of a computer program to understand human language as it's spoken and written.

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Summary of Key Feedback Themes

Collaboration & Internal Comms

There seems to be a general lack of connectedness, alignment and consistency within the network. Most stakeholders would love to have better visibility and avenues/systems for sharing across the network as they know that great value and learnings can could come from this. However, this feels too difficult to establish as a bottom-up change.

Capacity & Support

Local Healthwatch are good at adapting and working within their means in order to deliver their core service and tasks. However, there is so much more that they could achieve with greater support, training and resource, particularly in the value they can extract from their data. It also seems that the current channels/methods for understanding and delivering support need improving.

Better Data & Tooling

The current solutions and tools available suffice to get the basics done. However, the network and digital landscape are evolving and the volume of data coming in is increasing but capacity remains the same. Therefore, there is a need for tools that offer assistance, efficiency and greater sophistication, whilst still being easy to learn and widely usable. This will become more important as data aggregation and analysis efforts progress.

External Comms & Touchpoints

Healthwatch is a valued and valid champion of the patient voice that is well known and respected amongst the network and decision-makers within the sector. However, amongst the public and frontline staff this awareness and understanding is low. The website and the variety of tools used for managing comms could be optimised to help with efficiency and effectiveness.

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Observations and Recommendations
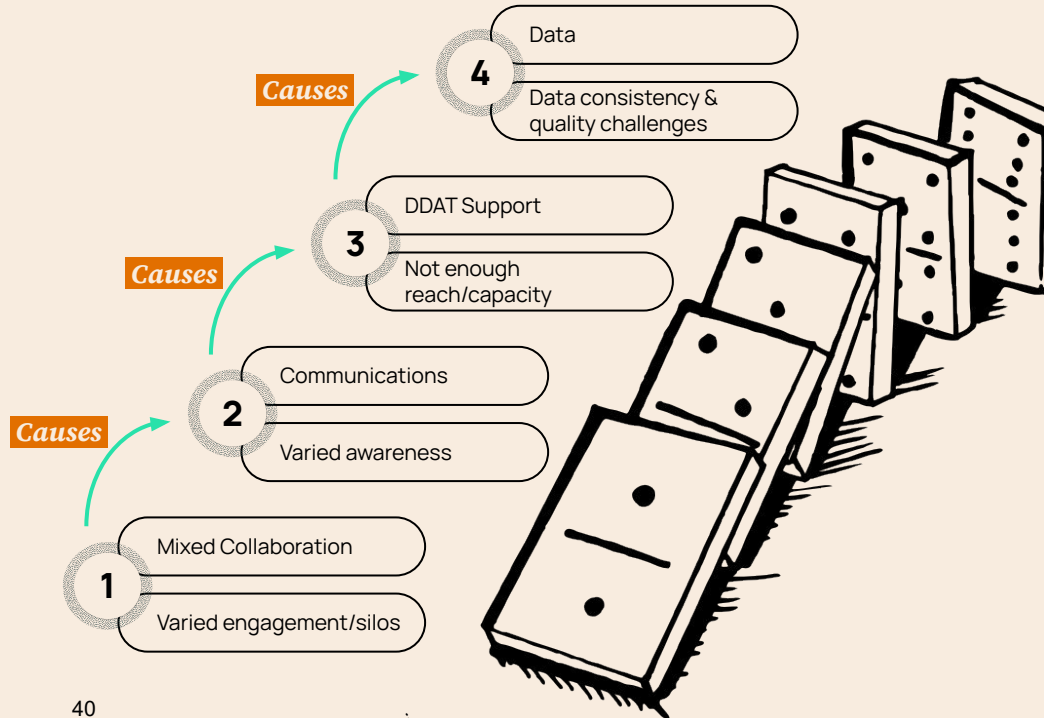
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Observation 1 *The Domino Effect*

Exponential challenges exist in how the network are using digital and data tools and their impact on ways of working. This is due to the initial limitations and mix of engagement in the network.

Given that this is the case it is important not to ignore this in the strategy, efforts can be put in place to first engage more of the network so that the network are aware and incentivised to align on approaches and thinking where required, and begin to influence an improvement in the effectiveness of digital and data.

We call this "The Domino Effect".

Focussing on increasing engagement at number 1, will in turn help meet needs and challenges later on and as a result this should be a focus in our prioritisation.

Causes

4 Data

Data consistency & quality challenges

Causes

3 DDAT Support

Not enough reach/capacity

Causes

2 Communications

Varied awareness

1 Mixed Collaboration

Varied engagement/silos

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Summary of Recommendations

In the main report, some short term actions and longer term opportunities were recommended and are summarised in the table below:

Theme	*Short term Long term*	*Recommendation*
Network Collaboration	Short Term	• Create a roadmap for digital engagement with the network over 2 years. • Review engagement levels and bespoke targeted support to less engaged and resourced parts of the network. • Use a community/collaboration tool to build awareness and load more support and training material.
	Long Term	• Network expansion by approaching professional IT bodies to partner or broaden awareness of Healthwatch. For example Tech UK to broaden the network and the Health part of BCS The Chartered Institute for IT. • Another idea that came about in the research is collaboration with vendors used in Healthcare that are interested, and may even pay for information on patient experience using their products. This presents a potential disruptive commercial approach for Healthwatch in the future.
Communications	Short Term	• Roadmap targeted communications that are intended for Local Healthwatch so that they have visibility of what's coming, align this to specific strategic launches like the NDS. • Refine the website templates to help Local Healthwatch communicate Healthwatch vision and purpose clearly
	Long Term	• Approach areas of innovation acceleration in the Health and social care in the UK and create joint communication plans to broaden engagement with the public. • Taking a broader approach, wider NHS trusts could be added to Healthwatch notice boards, collaboration tools and best practice communications.

Summary of Recommendations

Theme	Short term Long term	Recommendation
Digital Support	Short Term	• Map out the strategic goals for the delivery of data and digital support until 2026 and create a roadmap of required digital activity including the change and support plan for the Healthwatch England network. Needs to included planned technology rollouts and planned digital and data training.
	Long Term	• Bundle the advised toolkit together in a clear way. • Train users to adopt more super user access to widen access to configure templates and lessen the burden on Healthwatch England. • Create training and best practice content that can be re-used and shared on collaboration tools.
Data Reach	Short Term	• Run workshops with groups of Local Healthwatch to further understand how they would like to interrogate data in the National Data Store. • Create a series of 'best practice' content for a data toolkit that encourages some further uniformity. • Refine data standards for statutory requirements, where the network are more likely to stick to one approach.
	Long Term	• Healthwatch have a unique opportunity to create a data journey for a user's feedback. Where a user can be assigned a unique identifier that connects them to where their data may be used. This would also allow them to see how their opinion impacts change. • To gather information from harder to reach demographics Healthwatch England could also explore innovative ways to gather feedback such as voice input.

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Next Steps *Immediate things to consider*

1. Public UX Research

We intend to do a separate UX piece of research with members of the public to gather further needs and opportunities

2. Strategy Formation

Decide on what to add/create in the digital vision and strategy going forward

3. Resource and Budget

Scope resource or project partner requirements to deliver short and long term strategic objectives

4. Create Roadmap

Create an activity roadmap that includes the near term action and longer term milestones to achieve the strategy

5. Engage Network

Begin engagement activity with the network to communicate the roadmap with planned activity and toolkit

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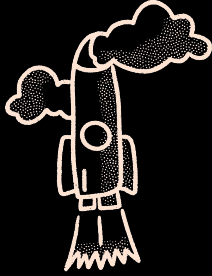
FUTURE ARC™

Empower *Ideas.*
Enable *Ambition.*

AGENDA ITEM: 1.9

AGENDA ITEM: Healthwatch Model proposal

PRESENTING: Gavin Macgregor

PREVIOUS DECISION: National committee requested further work on the models.

EXECUTIVE SUMMARY: In pursuit of ensuring the long-term sustainability of the Healthwatch network, Healthwatch England committed to exploring different options, including the Healthwatch model itself.

Following extensive consultations with both Healthwatch and local authorities, and informed by an independent report, a primary recommendation has emerged: the transfer of commissioning responsibility for Healthwatch from local authorities to Healthwatch England.

RECOMMENDATIONS: HWE Committee is requested to APPROVE this model as the preferred option.

Background

Over several years we have documented that the Healthwatch network faces a pressing challenge. This year our report stated that funding now stands at 43% of its initial allocation with this shortfall disproportionately affecting individual Healthwatch. In alignment with the Healthwatch England strategy, a commitment was made to explore avenues for bolstering the network's future sustainability, including looking at alternative commissioning models.

Progress Overview:

1) In August 2023, the National Committee deliberated on three distinct models for commissioning and funding Healthwatch: a) Integrated Care Boards as commissioners b) Healthwatch England directly employing local Healthwatch staff c) Healthwatch England acting as commissioners for Healthwatch groups. Upon request by the National Committee, detailed exploration was undertaken in November 2023 for the model where Healthwatch England assumes the role of commissioner.

2) Between December 2023 - March 2024, Healthwatch England facilitated seven webinars involving 100 Healthwatch representatives, along with two sessions involving over 100 local authority commissioners. These sessions delved into the challenges, opportunities, and potential solutions around Healthwatch sustainability.

3) An independent review of the Healthwatch model and its options was commissioned by Healthwatch England from Kaleidoscope. The ensuing report and recommendations were presented to the National Committee during a workshop on 25 March. Recommendations span actions executable within existing legislation, those necessitating regulations, and those requiring primary legislation. The options considered included those models considered by National Committee (1. above).

A summary report of (2) and (3) was shared with Healthwatch and local authority commissioners.

Primary Recommendation:

The primary recommendation from the Kaleidoscope report resonates with the emerging consensus arising from discussions with Healthwatch providers and local authorities. It proposes a pivotal shift: transferring the responsibility for commissioning Healthwatch from local authorities to Healthwatch England. This transformative step aims to

- Empower Healthwatch with greater independence, ensuring its voice is heard clearly.
- Provide Healthwatch England with powers through its commissioning role to address disparities in impact, effectiveness, and focus on tackling inequalities.
- Streamline operations to eliminate duplication and bolster infrastructure, enabling greater efficiency.
- Cultivate a culture of enhanced collaboration by aligning contract periods and reducing the impact of competition.
- Distribute fair and equitable funding across all Healthwatch.

Decision:

The National Committee is invited to approve Healthwatch England as the commissioner model as our position, understanding that this would need a change in legislation to be affected.

Subsequently, Healthwatch England will engage in consultations with Healthwatch providers and stakeholders to develop the detail that would

underpin this model and report to National Committee for consideration at its
September meeting.

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Healthwatch England

Strategic Risk Register 2024-25

CREATED BY: Leadership & Committee January 2024

FULL REVIEW BY COMMITTEE: 5 March 2024

PENDING APPROVAL: Committee Meeting 21 May

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR01	FINANCIAL	Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.	Chief Executive	3	4 (Imp) 5 (Lh) 20 (High)	• We are exploring opportunities for income generation outside our annual GIA budget; and ensuring that income is either clearly for spend over multiple years or we can spend in year. • We have set out our scenario planning for changes in our GIA budget/ income over the coming years. • Increasing public awareness of Healthwatch's important role, and showing the impact we have • LT and Committee proactive in seeking appropriate further sources of income	• We will reforecast the annual budget in October 2023 and January 2024 and take mitigating actions on reprofiling spend that are needed. (*October 24 and January 25*) • 'Healthwatch 2030' workstream considers long term change needed to the Healthwatch England purpose and structure and the network model	4 (Imp) 4 (Lh) 16 (High)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SRO2	FINANCIAL	If local Healthwatch do not have sufficient resources, they will not be able to fulfil their statutory activities locally, leading to a break in service, weakening community representation and diminishing health and social care advocacy.	Head of Network Development	1	4 (Imp) 5 (Lh) 20 (High)	• We engage with local authorities to support commissioning of effective Healthwatch, protect/enhance budgets and prevent breaks in service. • We engage with Council leaders where we become aware of a council's intention to reduce funding significantly. • We provide a report to DHSC on Healthwatch funding and notify them if we become aware of potential breaks in service. • We provide and evaluate training and support to Healthwatch providers on demonstrating their value and continued case for funding through impact and	• We are identifying potential changes to the Healthwatch model to address Healthwatch resource challenges and variation across the network.	4(imp) 4(Lh) 16 (High)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						effectiveness programmes		
SR03	RESOURCES /REPUTATION	Local Healthwatch may not have the capability to deliver their statutory functions, leading to variation in the standard of local Healthwatch and the overall reputation of the Healthwatch brand	Head of Network Development	1	**(4) Imp (3) Lh** **20 High**	• We provide resources and deliver a learning and development programme aligned to HW core skills and identified needs. • We gather key data from Healthwatch, including analysing annual reports to inform our support to local Healthwatch and discuss the results with individual Healthwatch. • We provide a Quality Framework to support Healthwatch to understand their effectiveness and identify areas for improvement.	• We will monitor staff turnover and engage with providers and commissioners if there are concerns about delivery by a local Healthwatch against contract expectations	**(4) Imp (3) Lh** **12 Medium**
SR04	INFLUENCE AND	If the health and care system doesn't act on	Head of Policy, Public Affairs	2	**(4) Imp (4) Lh**	• We are already cutting our data by ICS to	• We are delivering an overarching	**(4) Imp (3) Lh**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		what Healthwatch England says, there is a risk that this may prevent us from creating significant change in service delivery and, in turn, limit our ability to improve the overall access, outcomes and experience for people and patients.	and Research and Insight		**16 High**	ensure it is presented at the right level to support local decision making • We continue to support local Healthwatch to work collaboratively to engage with their ICSs. • We continue to engage regularly with NHSE on engagement and involvement. • We have published our Evidence Model to provide more confidence in the quality of our work	campaign to go back to basics and build support for listening and engagement across the NHS and social care. • We are working with the DHSC as part of our Healthwatch 2030 work to explore options for a new, more sustainable model for Healthwatch in context of the ICS reforms. • We have published our Patient Vision 2030 and will be engaging with key stakeholders over the coming months on our recommendations	**12 Medium**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR05	DIGITAL	If Healthwatch England's DDAT approach and Digital Strategy does not keep pace with beneficial developments in data and digital technology, we risk our ability to be relevant and risk others taking this space/losing competitive advantage.	Director of Communications, Insight and Campaigns	3	4 (Imp) 3 (Lh) 12 (Medium)	• Broad stakeholder engagement project feeding into the development of new digital strategy. • New solutions support an adaptive approach to unknown changes in DDaT and organisational needs. • We engaged an external provider to scope the potential usages of emerging tech.	• Future proofing our developments on existing platforms to support new technologies as they emerge. • New digital strategy supporting a cross organisational, network and stakeholder approach. • The Digital Strategy will set objectives for ensuring that we stay on top of potential beneficial developments. • Robust evaluation process for new DDaT solutions based on ROI balancing cost, data security and efficiency gains. • We will provide DDaT training and education for staff	5 (Imp) 2 (Lh) 10 (Medium)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
							and committee members to ensure they have an understanding of Digital development.	
SR06	REPUTATION	If we provide inaccurate information to the public or we do not act on a serious concern raised with us by the public, we risk damaging our brand and people not returning to use our service again.	Head of Communications	1	(5)Imp (2) Lh 10 (Medium)	• We have an internal planning and clearance process in place for our communications. • We check information with third party organisations or individuals when relevant. • We enable public to feedback on our service. • We monitor and manage risk via weekly and monthly. We have a crisis management policy in place.	• We are updating our escalations process with CQC and local Healthwatch. • We are reviewing our safeguarding approach with CQC and the training we provide to staff.	5 (Imp) 1 (Lh) 5 (Medium)
SR07	DIGITAL	If we do not achieve consistent uptake from the network and continue to improve our	Director of Communications, Insight	3	5 (Imp) 2 (Lh) 10 (Medium)	• Continue to evaluate our current solutions and models, adjusting them to keep them	• Increase flexibility of existing platforms to support third-party	5 (Imp) 1 (Lh)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		digital, data and Technology systems, this will impact on our ability to gather, analyse, and share data and deliver a quality service, resulting in a negative impact on the reputation of Healthwatch England and the network.	and Campaigns			relevant and effective for our data systems and web presence as well as to inform future procurement and development. • Small footprint solutions freeing resources for further development/procurement.	solutions enabling more responsive action to required change. Incentivise uptake of data and web solutions by creating a value-added feedback loop – more incoming data benefits users supplying data. We will continue to engage with local Healthwatch to ensure that we continually refine and improve our digital platform and training offer to improve uptake.	**5 (Medium)**
SR08	STAFFING RESO	Healthwatch England may suffer from low	Chief Executive	3	3 (Imp) 4 (Lh)	• Evaluate the competitiveness and		2 (Imp) 2 (Lh)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		staff morale and high staff turnover if (a) pay rates do not keep up with inflation or (b) if the progression of pay is restricted within the organisation (c) lack of promotional opportunities within our small organisation.			12 (Medium)	relevance of salaries and benefits in collaboration with the Care Quality Commission (CQC), including plans to implement a capability pay framework pending approval from the Department of Health and Social Care (DHSC). • Keep staff informed of the additional excellent benefits on offer to all employees. • All staff to have a personal development and performance plan (PDP) • Create and implement a Learning and Development plan & policy to provide employees with equitable training and		4 (Low)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						development, opportunities to enhance their skills and promote satisfaction.		
SR09	DIVERSITY	If we do not have a diverse committee and staff team, then we risk a low diversity in thinking and experience.	Head of Operations, Finance and Development	3	4 (Imp) 3 (Lh) **12 (Medium)**	• Transparency in the recruitment process • We continually review our recruitment processes to ensure that we are maximising our opportunity to attract staff and committee members from diverse backgrounds. • Recruitment panels reflect diversity wherever possible. • We will seek lesser-known networks and agencies to find a wider range of candidates.		4 (Imp) 1 (Lh) **4 (Low)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• Actively encourage candidates from all the protected characteristics to apply for roles at all levels, and candidates are anonymous when shortlisted. • We actively review the diversity of our staff team and committee, and we will strive to make sure our staff and committee are diverse to reflect the population served. • We have reviewed alternative workforce including secondments and interns and will potentially be taking part in the 10,000 Black Interns scheme.		

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR10	REPUTATION	If a local Healthwatch fails to respond or collaborate effectively with us and/or each other, there is a risk of significant loss of reputation and impact.	Head of Network Development	3	4 (Imp) 3 (Lh) **12 Medium**	• We provide resources and support peer networks for Healthwatch on collaboration with other Healthwatch, including within Integrated Care Systems • We promote, support, and monitor participation of local Healthwatch in nationwide activities. • We monitor and support local Healthwatch sharing data with HWE	• We will collate HW priorities and facilitate collaboration between HW. We will monitor local Healthwatch participation across HWE activities and engage with HW where we see low collaboration levels.	4 (Imp) 1 (LH) **4 Low**
SR11	EQUALITY, DIVERSITY, AND INCLUSION	If Healthwatch (including local Healthwatch) fails to engage with those seldom listened to groups, it may lead to inadequate representation of their unique perspectives	Director of Communication, Insight and Campaigns / Head of Communications	1	(5)Imp (2) Lh **10 (Medium)**	• We have an annual EDI plan in place. • We ensure our communications are accessible. • We are transparent about where we need to	• We will engage with key stakeholders to ensure we land our emphasis on equality, diversity & inclusion (EDI) positively.	(4) Imp (1) Lh **4 (Low)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		and situations, which can lead to less accurate insights into health and social care quality and damage to our reputation and credibility.				improve and how this will be achieved. • We have carried out a range of programmes with a specific focus on EDI. • We have updated our organisational EDI plan to reflect the commitments made in our refreshed strategy. • We have communicated the results of several policy priorities with a strong equalities dimension (e.g., cost of living impact on health and elective waiting times), as well as running a major campaign with an EDI focus on Accessible Information	• We are running a campaign to better engage diverse communities.	

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• We will be clear about who we target, which population we target and why, because we don't have the resources to cover every health equity population.		
SR12	INFLUENCE AND IMPACT	A general election in 2024/5 causes a period of policy development stasis that diminishes our ability to achieve change.	Head of Policy, Public Affairs and Research and Insight	2	(2) Imp (5) Lh **10 (Medium)**	• We are already exploring how our work can be used to highlight key areas of concern for people/patients ahead of manifesto development. • We are also shifting our policy research projects to look increasingly at how existing policy is being delivered, rather than trying to shape new policy. E.g., looking at the effectiveness of diagnostic hubs	• In February we published our 'Patient Vision' report that set out what improvement patients wish to see to health and care services by 2030, with recommendations focused for the political parties	**(2) Imp (2) LH 4 (Low)**

Risk Grid April 2024 – March 2025

Risk Ratings

Risk Ratings Based on scores

Impact	1 – Very Low	2 – Low	3 – Medium	4 – High	5 – Very High
5 – Very High	5 SR09 – Advice & Information SR10 - Digital	10 SR11 - Digital	15	20	25
4 – High	4 SR06 – Diversity SR07 – Reputation SR08 - EDI	8	12 SR03 – Staffing Resources SR04 – Influence & Impact	16 SR01 – Financial SRO2 - Financial	20
3 – Medium	3	6	9	12	15
2 – Low	2	4 SR05 – Staffing Resources SR12 – Influence & Impact	6	8	10
1 – Very Low	1	2	3	4	5
	1 – Very Low	2 – Low	3 – Medium	4 – High	5 – Very High

Likelihood

Legends

Legends
Very High
High
Medium
Low

AGENDA ITEM 2.1(a)

AGENDA ITEM: Draft Two-year Business Plan

PRESENTING: Louise Ansari

PREVIOUS DECISION: Committee approved a draft of this plan in February 2024. This final plan is set out for formal approval

EXECUTIVE SUMMARY: The following two-year Business Plan (2024-26) includes the main objectives we plan to achieve from April 2024 to March 2026.

RECOMMENDATIONS: Committee is asked to **APPROVE** the Business Plan.

Background

Below is our comprehensive two-year Business Plan, 2024-26. This has been developed with staff throughout our organisation and with input from the committee. This plan outlines our objectives, key performance indicators, budget, and strategic risks, providing a roadmap for our organisation over the next two years to continue to deliver our strategy.

As in previous years we will review the business plan throughout the year, to ensure that we are responding to changes in our external environment.

Committee Members are asked to APPROVE this Business Plan.

Final Draft

HEALTHWATCH ENGLAND

Business Plan 2024 – 2026

Healthwatch England - Business Plan 2024 – 2026

SECTION ONE: Business Plan (Strategic Objectives, Activities and Key Performance Indicators)

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

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
1	**To increase public and professional awareness of Healthwatch, especially amongst those facing inequalities.**	• To deliver a year-long national campaign in partnership with CQC to increase feedback from those facing inequalities.	Head of Communications	KPI	• Brand awareness +10% (from 40% to 50%) • 40% of aware public know a little or a lot about what we do (up from 31%) Comparison 2023 v 2026.	Q4 2025/26
		• To review the strategy and put in place an updated campaign for 2025-26 to increase feedback from those facing inequalities.		PI	• We see a 5% increase in the proportion of feedback from our target audiences (2023-24 v 2024-5)	Q4 2025/26
		• To launch a professional campaign to encourage a culture of listening in the NHS.	Head of Communications / Head of Policy, Public Affairs and Research and Insight	PI	• Campaign strategy and delivery plan in place	Q2 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		• To support the communication of our insight to professionals and the public. Key issues include primary care, social care, and women's health.	Head of Communications	PI	• Our media reach grows each year by 5%. Comparison 2023-24. • Our social reach grows by 5% each year. Comparison 2023-24	Q4 2025/26
		• To deliver our digital communications strategy covering search, social and partnership referrals.	Head of Communications	PI	• Visits to our website grows each year by 10%. Comparison 2023.	Q4 2025/26
2	**To provide a consistent and accessible brand communication experience.**	• To deliver our plan to continually improve the use of our brand through training and resources. To review our brand to inform our next strategy.	Head of Communications	KPI PI	• 50% of those who have used us would recommend us (up from 39%). • Over 50% of local Healthwatch are assessed as '*good*' when using our brand. Compared to 2024.	Q4 2025/26
		• To deliver our plan covering brand marketing, content, news, and campaigns.	Head of Communications	PI	• Engagement with our social media grows each year by 10%.	Q4 2025-6
		• To explore new ways to increase our reach and engagement. Approaches include PR, national awards, social and paid-for content syndication; marketing partnerships; new content formats and new systems.	Head of Communications	PI	• We can demonstrate how four changes in our approach have increased audience reach or engagement.	Q1 2025-6

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
3	**To grow our public and professional supporter base.**	• To deliver our supporter strategy for the public and professionals.	Head of Communications	**KPI**	• 200K channel subscribers (up from 50K). Compared to 2024	Q4 2025/26
		• To explore new ways to increase actions and involvement by the public and professionals in our work. Including opportunities to attend events, feedback on projects and advocate.	Head of Communications/ Head of policy and insight.	**PI**	• We can demonstrate how changes in our approach have increased actions by our audience.	Q2 2025/26

DATA AND DIGITAL

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

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
4	**To find out the experiences of people needing or using health, public health, and social care services.**	• Set a vision for our digital and data that will support us achieving our strategic objectives including real time feedback to people who share their experiences of health and care.	Director of Communications Insight and Campaigns	**PI**	• Publication of DDaT Strategy	Q2 2024/25
		• Create implementation plan for new DDaT strategy, with dependencies on cost and capability				Q2 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
5	**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.**	• Continue to increase the volumes of and quality demographic data that we receive and improve demographics presentation via dashboard.	Digital Systems Delivery Manager / Research and Insight Manager	**NEW PI**	• Of Healthwatch that regularly share data 60% include demographics.	Q4 2025/26
6	**To find out the experiences of people needing or using health, public health, and social care services.**	• Improved error checking and resilience to Data Sharing Platform (DSP). Supporting users uploading data to Healthwatch England. (simplify)	Director of communication, Insights and Campaign / Head of Policy Public Affairs and Research	**New PI**	• 85% of local Healthwatch sharing data on a regular (near real time) basis with Healthwatch England via the NDS by March 2025.	Q2 2024/25
7	**To provide a consistent and accessible brand communication experience.**	• Website template onboarding new Healthwatch to Healthwatch England's template.	Director of communication, Insights and Campaign	**NEW PI**	• 85% saturation target for WIB take-up	Q4 2025/26
8	**To build a sustainable and high-performing network of local Healthwatch services.**	• Impact tracker automation and integration solution, supporting Healthwatch to track and identify and promote their impact to stakeholders.	Director of communication, Insights and Campaign / Head of Network Development	**NEW PI**	• 50% of network take-up of solution.	Q4 2025/26
		• Development of cloud solution for Healthwatch to communicate their activities to other Healthwatch and	Director of communication, Insights and	**NEW PI**	• 50% of network take-up of solution.	Q4 2025/26

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		Healthwatch England, supporting collaboration opportunities in the network.	Campaign / Head of Network Development			
		• National Data Store (NDS) API development to support dynamic data analysis by allowing applications like Power bi to directly connect to datasets within the system.	Director of communication, Insights and Campaign		Completion of the API	Q4 2025/26

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EQUALITIES, EQUITY, DIVERSITY, AND INCLUSION

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STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need
ST4ATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement

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No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
9	**Ensure our external research, policy and communications work helps improve health equity**	• We will ensure that every research and policy project we undertake is designed to have an impact on addressing health inequalities.	Head of Policy, Public Affairs and Research	**KPI**	• 100% of our research and policy projects to include an equalities focus.	Q4 2025/26
		• Continue to shine a light on health inequalities across all areas of health and care through our insight pieces	Head of Policy, Public Affairs and Research	**KPI**	• Over half of insight pieces published to focus specifically on health inequalities	Q4 2025/26

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
10	**Ensure our internal processes and policies ensure EED&I in our staff support and culture**	Continue to provide comprehensive EED&I training for all employees, including management and the leadership team, to foster an inclusive environment.	Head of Operations, Finance and Development	**PI**	• 100% of staff attends an EDI training session.	Q3 2024/25
11	**Supporting EED&I activity across the network**	Integrate and commission EDI across the L&D Programme, including peer networks	Head of Network Development		20 sessions/peer networks/ e learning with an EDI focus	Q4 2025/26
		Prioritise tackling inequalities as part of Collaboration Programme	Head of Network Development	**PI**	Four projects and participating Healthwatch and reported outcomes	Q4 2025/26
		Understand and communicate the tackling health inequalities dimension of Healthwatch achieving outcomes and Impact	Head of Network Development		Set benchmark by Q1 2024/25	Q4 2025/26
		Support local authority commissioning to include EDI in tender and contracting	Head of Network Development	**PI**	60% of tenders/contracts reviewed	Q4 2024/25
		Carry out annual Healthwatch People Diversity survey to inform Healthwatch England support	Head of Network Development	**KPI**	Diversity survey completed and tracked	Q2 2024/25 Q2 2025/26

EVIDENCE, ENGAGEMENT, AND INFLUENCE

STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
12	**We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations.**	• Publish State of Patient Experience 2025, two years on from 2023 report.	Head of Policy, Public Affairs & Research	KPI	**Spanning all projects** • At least two major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	Q2 2025/26 (Subject to change)
		• Continue to ensure that our work on primary care, including dentistry and GP access, is high on the policy agenda.	Head of Policy, Public Affairs & Research			Q4 2025/26
		• Publish findings on Pharmacy First and deliver an insight piece to provide a 'one year on' assessment of how public attitudes have changed	Head of Policy, Public Affairs & Research	KPI	• 85% of national stakeholders saying Healthwatch is a trusted and valuable organisation. (Baseline from 2023 is 79%)	Initial findings: Q1 2024/25 One year on: Q1 2025/26
		• Deliver a project on patient experiences of optometry services, with a view to informing a possible Eye Care Strategy	Head of Policy, Public Affairs & Research	PI	• An impact model to be developed that all major research and policy products are evaluated against	Q4 2024/25
		• Deliver our social care campaign in partnership with other health and care organisations to raise awareness ahead of general election and influence direction of new administration.	Head of Policy, Public Affairs and Research			Q4 2025/26
		• Deliver a women's health project to align with year three of the women's health strategy (possibly on UTI, endometriosis, or women's access to sexual health services)	Head of Policy, Public Affairs and Research			Q1 2025/26

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		• Deliver a project raising awareness of patient and parent experiences of ADHD/autism services to influence through national NHSE stakeholder group.	Head of Policy, Public Affairs and Research			Q2 2024/25
		• Deliver a project to reveal the 'hidden waiting list' of people awaiting follow up appointments and explore patient experiences of follow ups	Head of Policy, Public Affairs & Research			Q3 2024/25
		• Complete projects on diagnostic hubs and cervical screening that have carried over from 2023/24.	Head of Policy, Public Affairs and Research			Q1 2024/25
		• Assess how we are perceived across stakeholders through round four of stakeholder perceptions research.	Head of Policy, Public Affairs and Research			Q2 2025/26
13	**Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.**	• Publish insight pieces once per month, with a strong focus on stakeholder engagement and achieving impact from published pieces.	Head of Policy, Public Affairs and Research	**KPI** **KPI**	• At least ten insight pieces to be published per year, a minimum of two with additional quantitative insight. • Four insight pieces to be assessed as impactful under the new impact model	Q4 2025/26

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
14	**Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.**	• Support local Healthwatch to engage and influence effectively with new political stakeholders.	Head of Policy, Public Affairs and Research	KPI	• Three quarters of MPs say that they know at least a little about what Healthwatch does (Baseline 60%, 2023)	Q1 2025/26
		• Support local Healthwatch to deliver implementation of the revised Accessible Information Standard.	Head of Policy, Public Affairs and Research	PI	• Revised Accessible Information Standard is published	Q2 2024/25
				PI	• Healthwatch work on accessible information is assessed as impactful through the new Impact Model	

LOCAL HEALTHWATCH RELATIONSHIP

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

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
15	**Healthwatch England and Local Healthwatch have evaluated and redefined their**	• Deliver Healthwatch England's statutory activities to provide advice and support to local Healthwatch including:	Head of Network Development	KPI	• Number of Healthwatch reporting outcomes in annual report	Q4 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
	relationship to maximise collective quality and impact (nationally, regionally, and locally).	• Delivery of a Learning and Development programme aligned to core skills framework • Delivery of an events programme including National Conference and Awards • Facilitate communication and collaboration between Healthwatch England and local Healthwatch, as well as among Healthwatch themselves, to enhance our collective effectiveness and influence. • Delivery of a programme to support Healthwatch to demonstrate and communicate their impact • Publish a report on the funding and activity levels of the Healthwatch network		**KPI** **PI** **PI**	• 90% of Healthwatch rate Healthwatch England support as good or very good • Gavin to complete KPI for this activity • Publication of report	Q4 2025/26 Q3 2024/25 Q4 2024/25 Q4 2024/25 Q4 2024/25
		• Deliver Healthwatch England's statutory activity to provide advice and information to local authorities on commissioning an effective Healthwatch service.	Head of Network Development	**PI**	• 80% of tenders reviewed for compliance and outcomes focus	Q4 2024/25
		• Assist and evaluate Healthwatch in establishing effective relationships with the new Care Quality Commission	Head of Network Development	**PI**	• Set benchmark of rating of Healthwatch/CQC	Q1 2024/25 (Benchmark) Q4 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		structure and assessment approach and support the implementation of a new patient safety escalation process.			relationship by Healthwatch	
16	**The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch**	• Scope and propose a new model, building consensus with stakeholders and develop and deliver an implementation plan, aligned to the 2030 workstream	Head of Network Development	**KPI** **PI**	• New Model proposal • Engagement with 75% of local Healthwatch on new model proposal	Q1 2024/25 Q3 2024/25

ORGANISATIONAL DEVELOPMENT

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

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)	Delivery Date
17	**Sustainability of Healthwatch England and the Network – Healthwatch 2030**	• Scope and cost a programme of work to explore organisational impact and shape for the long term	Chief Executive		Q3 2024/25
		• Undertake wide consultation on opportunity and risk for Healthwatch			Q3 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		• Build into next strategy iteration 2026-2030		KPI	• Creation and assessment of new models for Healthwatch (incorporating the NDT models work)	Q3 2024/25
		• Take advantage of opportunities for expansion of Healthwatch role and financial sustainability in an agile way; continue to explore income generation and modelling shape of Healthwatch.		KPI	• Involvement of 100 stakeholders in developing 'Healthwatch 2030	Q4 2025/26
		• Review progress on our 2023-26 strategy 'our future focus'		KPI	• New strategy process agreed by end March 2025	Q2 2024/26
				PI	• Report to committee on progress of the current 23-26 strategy in September (Q2 2024)	
18	**Culture** We will create a new process with committee and staff to establish a new culture set within our organisation	• Complete our new culture development process	Chief Executive Officer/ Head of Operations, Finance and Development / Head of Network Development	KPI	• 80% of staff feel that their daily work practices and interactions align with our new cultural values and expectations by Jan 2025	Q1 2024/25
		• Clearly outline new values and behaviours expected across Healthwatch England and the network				Q2 2024/25

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
		• Define and agree mechanisms for ensuring culture is embedded in our internal processes and external work		KPI	• 70% of the network understands the values and behaviours.	Q2 2024/25
		• Evaluate the impact of our culture change work		PI	• 60% of LHW can give examples of where they are demonstrating shared values and behaviours in their work (2025/26)	Q4 2025/26
19	**Review of Policies** Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.	• Review the CQC policies that govern us and produce a condensed version that is applicable to our work.	Head of Operations, Finance and Development	KPI	• 100% of CQC policies set for review are abridged and approved for Healthwatch England use.	Q4 2025/26
20	**Service Level Agreements (SLAs)** Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.	• Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving and review SLAs in January 2025.	Head of Operations, Finance and Development	KPI	• 100% of SLAs meet or exceed the defined standards in the SLAs agreements.	Q4 2025/26
21	**Finance and Governance** Our committee, finance and staff will maintain the	• Review the committee standing orders and accountability framework (January 2025).	Head of Operations, Finance and Development			Q4 2025/26

No.	Strategic Objectives	Activities	Owner/Lead	Key Performance Indicators (KPIs) & Performance Indicators (PI)		Delivery Date
	highest standards of governance	• We will maintain a full quota of committee members in post.				Q3 2024/25
		• We will conduct two budget reforecasts (October and January) to ensure accurate financial projections and align resources effectively.		PI	• We will spend 100% of our GIA budget.	Q3 2024 and Q4 2025
		• We will carry out an annual staff survey to improve staff overall experience and enhance organisational performance.		PI	• 95% completion rate of the staff survey 2024.	Q3 2024/25

SECTION TWO: Budget 2024/25

Budget 2024-25	£
NHS Staff Pension Charge	**143,933**
Total Staff Pay – (Incl. £50k pay Internal recharges)	**2,223,988**
Total Non-Pay – (incl. £150k non-pay internal recharges)	**975,767**
Total Healthwatch England GIA Annual Budget	**3,343,688**

Non-Pay detailed budget 2024-25	Amount (£)
Other General Supplies & Service	1,000
Books, Journals and Subscription (Comms)	15,691
Books, Journals and Subscription (General)	7,000
Printing and Design Costs (Digital, Creation Agency Artwork)	61,164
Public Engagement Expenses (Campaigns)	20,000
Public Relations Expenses (Polling, Stakeholder Per & Research)	147,496
Travel & Subsistence	62,504
Training Expenses (LHW)	49,000
Training Expenses (HWE Staff)	38,624
Meeting expenses / Room Hire	25,000
Conferences and seminars attendance (Healthwatch Week)	100,000
Piloting new Healthwatch Model	20,000
FM Computer Contracts - Digital BAU - Hosting, Maintenance & Development	155,000
FM Computer Contracts - Digital Marketing	123,288
CQC Internal Non-pay Recharges	150,000
Total Non-Pay Budget	**975,767**

SECTION THREE: Commercial and Contracts

Supplier	Service Provided	Start Date of Contract	Estimated Value £
Circle Interactive Ltd	Hosting, Maintenance & System Development	Initial contract start date was 1st May 2022 we've now gone into the extension period for another two years: 1st April 2024 to 31st March 2026	FY 2022/24 Up to £359,205 (Including VAT) **FY 2024/25 £91,000** Two Year Spend 2024/26 Up to £182,000 (including VAT) No change to Contract Value Total contract value £541,205 (Including VAT)
Sprout social	Social media management and monitoring system	01 Nov 2023	£6,273 (FY24/25)
Mondiso	Website accessibility tool	01 Dec 2023	£3,300 (FY24/25)

Supplier	Service Provided	Start Date of Contract	Estimated Value £
Cision (Gorkana) and NLA Media Access Licence	Media database and monitoring	1 April 2022	£15,600 (FY24/25)
Graylings	PR Support	1 April 2023	£20,000 (FY24/25)
HH Associates Ltd	Design, video and photography	1 April 2024	£38,000 (FY24/25)
Meta Workplace	Online community	1 April 2024	£34,200 (FY24/25)
BrandStencil	Brand management platform	1 June 2021	£4,789 (FY24/25)
Total			**£213,162**

SECTION FOUR: Strategic Risk Register 2024/25

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR01	FINANCIAL	Healthwatch England does not have enough financial resource to (a) undertake our statutory	Chief Executive	3	**4 (Imp)** **5 (Lh)** **20 (High)**	• We are exploring opportunities for income generation outside our annual GIA	• We will reforecast the annual budget in October 2023 and January 2024	**4 (Imp)** **4 (Lh)** **16 (High)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.				budget; and ensuring that income is either clearly for spend over multiple years or we can spend in year. • We have set out our scenario planning for changes in our GIA budget/ income over the coming years. • Increasing public awareness of Healthwatch's important role, and showing the impact we have • LT and Committee proactive in seeking appropriate further sources of income	and take mitigating actions on reprofiling spend that are needed. (*October 24 and January 25*) • 'Healthwatch 2030' workstream considers long term change needed to the Healthwatch England purpose and structure and the network model	
SRO2	**FINANCIAL**	If local Healthwatch do not have sufficient resources, they will not be able to fulfil their	Head of Network Development	1	**4 (Imp)** **5 (Lh)** **20 (High)**	• We engage with local authorities to support commissioning of effective Healthwatch,	• We are identifying potential changes to the Healthwatch model to address	**4(imp)** **4(Lh)** **16 (High)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		statutory activities locally, leading to a break in service, weakening community representation and diminishing health and social care advocacy.				protect/enhance budgets and prevent breaks in service. • We engage with Council leaders where we become aware of a council's intention to reduce funding significantly. • We provide a report to DHSC on Healthwatch funding and notify them if we become aware of potential breaks in service. • We provide and evaluate training and support to Healthwatch providers on demonstrating their value and continued case for funding through impact and effectiveness programmes	Healthwatch resource challenges and variation across the network.	

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR03	RESOURCES /REPUTATION	Local Healthwatch may not have the capability to deliver their statutory functions, leading to variation in the standard of local Healthwatch and the overall reputation of the Healthwatch brand	Head of Network Development	1	**(4) Imp (3) Lh** **20 High**	• We provide resources and deliver a learning and development programme aligned to HW core skills and identified needs. • We gather key data from Healthwatch, including analysing annual reports to inform our support to local Healthwatch and discuss the results with individual Healthwatch. • We provide a Quality Framework to support Healthwatch to understand their effectiveness and identify areas for improvement.	• We will monitor staff turnover and engage with providers and commissioners if there are concerns about delivery by a local Healthwatch against contract expectations	**(4) Imp (3) Lh** **12 Medium**
SR04	INFLUENCE AND IMPACT	If the health and care system doesn't act on what Healthwatch England says, there is a risk that this may	Head of Policy, Public Affairs and Research and Insight	2	**(4) Imp (4) Lh** **16 High**	• We are already cutting our data by ICS to ensure it is presented at the right level to support	• We are delivering an overarching campaign to go back to basics and build support for	**(4) Imp (3) Lh** **12 Medium**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		prevent us from creating significant change in service delivery and, in turn, limit our ability to improve the overall access, outcomes and experience for people and patients.				local decision making • We continue to support local Healthwatch to work collaboratively to engage with their ICSs. • We continue to engage regularly with NHSE on engagement and involvement. • We have published our Evidence Model to provide more confidence in the quality of our work	listening and engagement across the NHS and social care. • We are working with the DHSC as part of our Healthwatch 2030 work to explore options for a new, more sustainable model for Healthwatch in context of the ICS reforms. • We have published our Patient Vision 2030 and will be engaging with key stakeholders over the coming months on our recommendations	
SR05	DIGITAL	If Healthwatch England's DDAT approach and Digital Strategy does not	Director of Communications, Insight	3	4 (Imp) 3 (Lh)	• Broad stakeholder engagement project feeding into the	• Future proofing our developments on existing platforms	5 (Imp) 2 (Lh)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		keep pace with beneficial developments in data and digital technology, we risk our ability to be relevant and risk others taking this space/losing competitive advantage.	and Campaigns		12 (Medium)	development of new digital strategy. • New solutions support an adaptive approach to unknown changes in DDaT and organisational needs. • We engaged an external provider to scope the potential usages of emerging tech.	to support new technologies as they emerge. • New digital strategy supporting a cross organisational, network and stakeholder approach. • The Digital Strategy will set objectives for ensuring that we stay on top of potential beneficial developments. • Robust evaluation process for new DDaT solutions based on ROI balancing cost, data security and efficiency gains. • We will provide DDaT training and education for staff and committee members to ensure they have an	10 (Medium)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
							understanding of Digital development.	
SR06	REPUTATION	If we provide inaccurate information to the public or we do not act on a serious concern raised with us by the public, we risk damaging our brand and people not returning to use our service again.	Head of Communications	1	(5)Imp (2) Lh **10 (Medium)**	• We have an internal planning and clearance process in place for our communications. • We check information with third party organisations or individuals when relevant. • We enable public to feedback on our service. • We monitor and manage risk via weekly and monthly. We have a crisis management policy in place.	• We are updating our escalations process with CQC and local Healthwatch. • We are reviewing our safeguarding approach with CQC and the training we provide to staff.	5 (Imp) 1 (Lh) **5 (Medium)**
SR07	DIGITAL	If we do not achieve consistent uptake from the network and continue to improve our digital, data and Technology systems, this will impact on our	Director of Communications, Insight and Campaigns	3	5 (Imp) 2 (Lh) **10 (Medium)**	• Continue to evaluate our current solutions and models, adjusting them to keep them relevant and effective for our data systems and web presence as	• Increase flexibility of existing platforms to support third-party solutions enabling more responsive	5 (Imp) 1 (Lh) **5 (Medium)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		ability to gather, analyse, and share data and deliver a quality service, resulting in a negative impact on the reputation of Healthwatch England and the network.				well as to inform future procurement and development. • Small footprint solutions freeing resources for further development/procurement.	action to required change. Incentivise uptake of data and web solutions by creating a value-added feedback loop – more incoming data benefits users supplying data. We will continue to engage with local Healthwatch to ensure that we continually refine and improve our digital platform and training offer to improve uptake.	
SR08	STAFFING RESOURCES	Healthwatch England may suffer from low staff morale and high staff turnover if (a) pay	Chief Executive	3	3 (Imp) 4 (Lh) 12 (Medium)	• Evaluate the competitiveness and relevance of salaries and benefits in		2 (Imp) 2 (Lh) 4 (Low)

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		rates do not keep up with inflation or (b) if the progression of pay is restricted within the organisation (c) lack of promotional opportunities within our small organisation.				collaboration with the Care Quality Commission (CQC), including plans to implement a capability pay framework pending approval from the Department of Health and Social Care (DHSC). • Keep staff informed of the additional excellent benefits on offer to all employees. • All staff to have a personal development and performance plan (PDP) • Create and implement a Learning and Development plan & policy to provide employees with equitable training and development, opportunities to		

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						enhance their skills and promote satisfaction.		
SR09	DIVERSITY	If we do not have a diverse committee and staff team, then we risk a low diversity in thinking and experience.	Head of Operations, Finance and Development	3	4 (Imp) 3 (Lh) **12 (Medium)**	• Transparency in the recruitment process • We continually review our recruitment processes to ensure that we are maximising our opportunity to attract staff and committee members from diverse backgrounds. • Recruitment panels reflect diversity wherever possible. • We will seek lesser-known networks and agencies to find a wider range of candidates. • Actively encourage candidates from all the		4 (Imp) 1 (Lh) **4 (Low)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						protected characteristics to apply for roles at all levels, and candidates are anonymous when shortlisted. • We actively review the diversity of our staff team and committee, and we will strive to make sure our staff and committee are diverse to reflect the population served. • We have reviewed alternative workforce including secondments and interns and will potentially be taking part in the 10,000 Black Interns scheme.		

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR10	REPUTATION	If a local Healthwatch fails to respond or collaborate effectively with us and/or each other, there is a risk of significant loss of reputation and impact.	Head of Network Development	3	4 (Imp) 3 (Lh) **12 Medium**	• We provide resources and support peer networks for Healthwatch on collaboration with other Healthwatch, including within Integrated Care Systems • We promote, support, and monitor participation of local Healthwatch in nationwide activities. • We monitor and support local Healthwatch sharing data with HWE	• We will collate HW priorities and facilitate collaboration between HW. We will monitor local Healthwatch participation across HWE activities and engage with HW where we see low collaboration levels.	4 (Imp) 1 (LH) **4 Low**
SR11	EQUALITY, DIVERSITY, AND INCLUSION	If Healthwatch (including local Healthwatch) fails to engage with those seldom listened to groups, it may lead to inadequate representation of their unique perspectives	Director of Communication, Insight and Campaigns / Head of Communications	1	(5)Imp (2) Lh **10 (Medium)**	• We have an annual EDI plan in place. • We ensure our communications are accessible. • We are transparent about where we need to	• We will engage with key stakeholders to ensure we land our emphasis on equality, diversity & inclusion (EDI) positively.	(4) Imp (1) Lh **4 (Low)**

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		and situations, which can lead to less accurate insights into health and social care quality and damage to our reputation and credibility.				improve and how this will be achieved. • We have carried out a range of programmes with a specific focus on EDI. • We have updated our organisational EDI plan to reflect the commitments made in our refreshed strategy. • We have communicated the results of several policy priorities with a strong equalities dimension (e.g., cost of living impact on health and elective waiting times), as well as running a major campaign with an EDI focus on Accessible Information	• We are running a campaign to better engage diverse communities.	

No.	Category	Risk	Owner	Strategic Aims (1,2 or 3)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• We will be clear about who we target, which population we target and why, because we don't have the resources to cover every health equity population.		
SR12	INFLUENCE AND IMPACT	A general election in 2024/5 causes a period of policy development stasis that diminishes our ability to achieve change.	Head of Policy, Public Affairs and Research and Insight	2	(2) Imp (5) Lh **10 (Medium)**	• We are already exploring how our work can be used to highlight key areas of concern for people/patients ahead of manifesto development. • We are also shifting our policy research projects to look increasingly at how existing policy is being delivered, rather than trying to shape new policy. E.g., looking at the effectiveness of diagnostic hubs	• In February we published our 'Patient Vision' report that set out what improvement patients wish to see to health and care services by 2030, with recommendations focused for the political parties	(2) Imp (2) LH **4 (Low)**

Healthwatch Committee Meeting

TUESDAY 21 May 2024

Agenda Item 2.1 (b)

ITEM: Healthwatch England Budget 2024/25

PRESENTING: Sandra Abraham

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This is a summary of our agreed budget for 2024/25

RECOMMENDATION: Committee is asked to NOTE the budget

BACKGROUND:

The following table presents our confirmed budget of £3,343,688 for the financial year 2024/25. This includes £143,933 Staff NHS Pension charge, which CQC and DHSC have included the funding for to cover the cost. The remaining £3.2m will be allocated to both pay and non-pay budgets, including £200k internal recharges paid to CQC for various services rendered, including HR, finance, procurement, facilities, IT, and legal support.

Our proposal for £150k capital expenditure for digital development is still pending with the CQC. Due to the cut in CQC's capital expenditure, there is increased pressure on capital spending. Consequently, a prioritisation process on the allocation of the funds is still ongoing. Decisions on the award of the funds will be given following the completion of this process.

TABLE ONE: Total Budget Summary

GIA Budget Breakdown	£	Notes
GIA Annual Budget	3,343,688	
Budget Breakdown		
Staff NHS Pension Charge	143,933	HWE Staff NHS Pension Charges of £143,933 will be covered by CQC £99k and DHSC £44,933K. This is shown on line 31.
Staff Pay	2,223,988	Includes internal recharges of £50k Staff cost is based on a 5% vacancy rate
Non Pay	975,767	Internal recharges of £50k included non-pay budget excluding internal recharges £825,767
Captial Budget Proposal	150,000	This is pending a decision from CQC, which we are unlikely to receive due to cuts in CQC budget

TABLE TWO: Pay Budget

Budget Holder	Cost Centre	Subjective Code	Description	Pay Budget												Budget 2024/25
				Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Louise Ansari	P35770	5005	ALB Staff & Committee (Exec)	28,388	28,388	28,388	28,388	28,388	29,233	29,233	29,233	29,233	29,233	29,233	29,233	346,571
Louise Ansari	P35770	5320	ALB Staff (Band A)	33,531	33,531	33,531	33,531	33,531	34,872	34,872	34,872	34,872	34,872	34,872	34,872	385,159
Louise Ansari	P35770	5321	ALB Staff (Band B)	69,907	69,907	69,907	69,907	69,907	72,703	74,757	74,757	74,757	74,757	74,757	74,757	891,442
Louise Ansari	P35770	5322	ALB Staff (Band C)	34,742	34,742	34,742	34,742	34,742	36,133	36,133	36,133	36,133	36,133	36,133	36,133	426,641
Louise Ansari	P35770	5324	ALB Staff (Band E)	22,114	22,114	22,114	22,114	22,114	19,778	19,778	19,778	19,778	19,778	19,778	19,778	276,429
Louise Ansari	P35770		Rechargs to-from other NHS (credit in from Secondment)	–5,867	–5,867	–5,867	–5,867	–5,867	–5,867							–35,202
Louise Ansari	P35770	5764	CQC Internal Pay Recharges	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,163	50,000
				198,982	198,982	198,982	198,982	198,982	203,019	210,940	210,940	210,940	210,940	210,940	210,869	2,341,040

													Total Pay Spend based on a 5% vacancy rate				2,223,988

TABLE THREE: Staff NHS Pension Charge

Budget Holder	Cost Centre	Subjective Code	Description	Non-Pay Budget												Budget 2024/25
				Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Louise Ansari	P35770		**NHS Pension Charges**	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	11,933	143,933

TABLE FOUR: Non-Pay Budget

Budget Holder	Cost Centre	Subjective Code	Description	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Budget 2024/25
Sandra Abraham	P35775	7210	Other General Supplies & Service	45	10	100	0	40	115	70	120	200	100	100	100	1,000
Ben Knox	P35783	7222	Books, Journals and Subscription (Comms)	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	15,691
Sandra Abraham	P35775	7222	Books, Journals and Subscription (General)	140	140	750	350	400	1,120	400	1,000	800	1,000	200	200	7,000
Ben Knox	P35783	7224	Printing and Design Costs (Digital, Creation Agency Artwork)	5,097	5,097	5,097	5,097	5,097	5,097	5,097	5,097	5,097	5,097	5,097	5,097	61,164
Ben Knox	P35783	7249	Public Engagement Expenses (Campaigns)	0	0	0	20,000	0	0	0	0	0	0	0	0	20,000
Will Pett	P35786	7251	Public Relations Expenses (Polling, Stakeholder Per & Research)	12,083	12,083	12,083	12,083	12,083	12,083	12,083	12,083	12,083	12,083	12,083	14,583	147,496
Sandra Abraham	P35775	7270	Travel & Subsistence	4,231	5,302	2,331	5,444	3,187	5,000	5,000	5,000	2,305	3,000	2,200	2,000	62,504
Gavin Macgregor	P35784	7300	Training Expenses (LHW)	4,000	4,000	4,000	4,000	4,000	4,000	5,000	4,000	4,000	4,000	4,000	4,000	49,000
Sandra Abraham	P35775	7300	Training Expenses (HWE Staff)	1,000	3,000	3,000	3,000	2,000	3,000	5,000	3,000	3,000	5,000	3,000	3,000	38,624
Sandra Abraham	P35775	7319	Meeting expenses / Room Hire	0	2,150	3,250	0	2,960	200	700	1,350	550	4,140	3,500	3,500	25,000
Gavin Macgregor	P35784	7302	Conferences and seminars attendance (Healthwatch Week)	0	0	0	0	0	0	0	0	100,000	0	0	0	100,000
Gavin Macgregor	P35784	7371	Piloting new Healthwatch Model	0	0	0	0	0	20,000	0	0	0	0	0	0	20,000
Chris McCann	P35785	7371	FM Computer Contracts - Digital BAU - Hosting, Maintenance & Development	11,000	12,000	12,000	15,000	13,000	13,000	13,000	13,000	18,000	11,000	12,000	12,000	155,000
Ben Knox	P35783	7371	FM Computer Contracts - Digital Marketing	10,274	10,274	10,274	10,274	10,274	10,274	10,274	10,274	10,274	10,274	10,274	10,274	123,288
Sandra Abraham	P35775	7800	CQC Internal Non-pay Recharges	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	150,000
Total				61,678	67,864	66,693	89,056	66,849	87,697	70,432	68,732	170,117	69,502	66,262	68,562	975,767

TABLE FIVE: (CQC) Capital Budget (pending decision from CQC)

Budget Holder	Cost Centre	Subjective Code	Description	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Actual Budget
Chris McCann	P35785	7371														150,000

AGENDA ITEM: 2.1 (a)

AGENDA ITEM: KPI and Business Plan End of Year Performance Report, 2023/24

PRESENTING: Sandra Abraham, Head of Operations, Finance and Development

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and Business Plan objectives at the end of year for 2023/24

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

APPENDIX:
1. Performance Report against our Business Plan at End of Year 2023/24

Background

The following report gives an overview of our performance in relation to our key performance indicators (KPIs) at the end of year. Appendix 1 offers a comprehensive report on our progress in meeting the objectives set in our Annual Business Plan for the year.

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

healthwatch

Healthwatch England

End of Year KPI

Performance Report

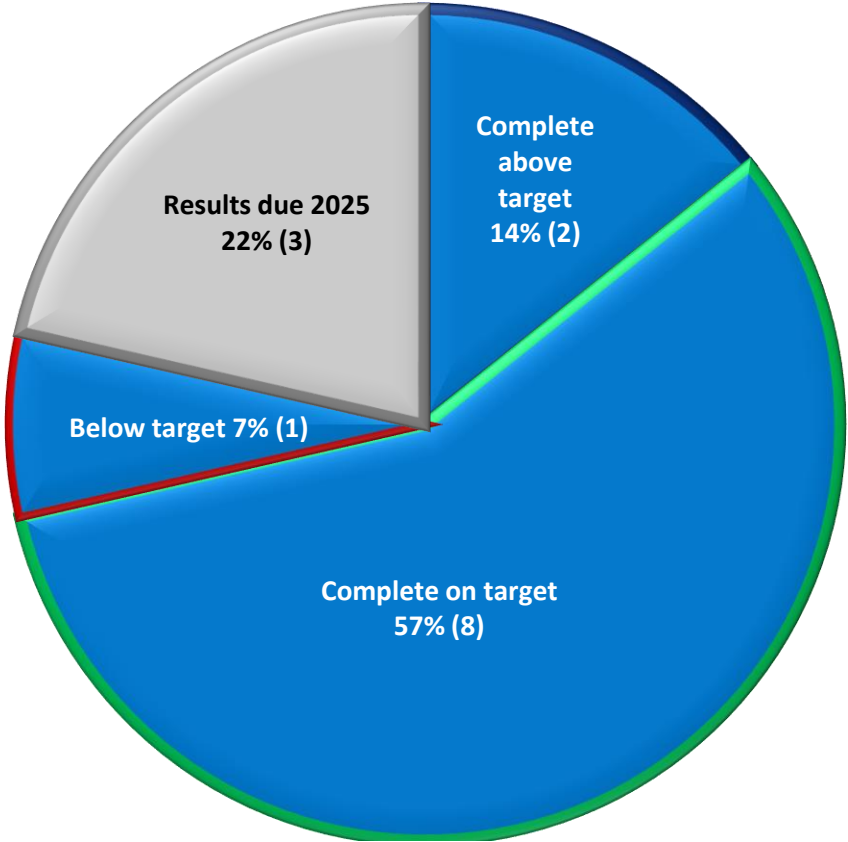2023 – 2024

SECTION ONE: KPI SUMMARY REPORT EOY 2023-2024

RAG Status:

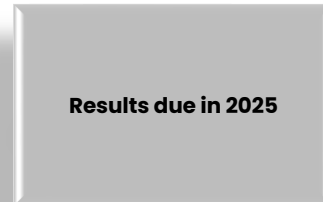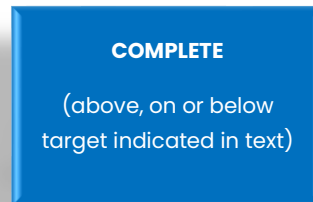| Complete above target | Complete on target | Complete Below target | Results due in 2025 |

Complete above target 14% (2)

Results due 2025 22% (3)

Below target 7% (1)

Complete on target 57% (8)

Delayed Indicators	RAG Status and Reason for delay
Question from stakeholder perceptions work: "How often do you use insight and information provided by Healthwatch in your work". Results were 19% often, 27% sometimes, 21% rarely and 24% never. Net total using insight at least rarely was 70%. We propose the baseline is often plus sometimes – i.e., 46%	Baseline established. To be measured by stakeholder survey 2025
We have the results of the latest round of stakeholder perceptions work. This measure has stayed stable at 70% but not reached the target.	2-year target. We will measure this against the 2025 stakeholder perception
We have the results of the latest round of stakeholder perceptions work. This measure has stayed broadly stable at 57% but has not reached the target.	2-year target. We will measure this against the 2025 stakeholder perception

SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status:

COMPLETE (above, on or below target indicated in text)	Results due in 2025

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need						
1.	**Evidence, Engagement and Influencing**	HWE gathering insight data from all 42 ICS areas (at least quarterly)	42 ICS	By the end of quarter 3, we had received insight data from all 42 ICS areas via the NDS, webform and local Healthwatch reports.	Complete	Head of Policy, Public Affairs and Research and Insight
2.	**Evidence, Engagement and Influencing**	65% of data shared with us contains core demographic data on age,	65%	There has been an increase in the amount of data that contains key demographics this quarter, most likely due to Healthwatch sharing data with us for the first time sharing demographic data.	Complete (Not met)	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
		gender, ethnicity.		Overall, we are seeing an improvement in the amount of data that contains key demographics compared to 2022/23. . 		

	Age %	Ethnicity %	Gender %	Number of Healthwatch not sharing any demographic data
2022/3	25%	21%	34%	23
Q1 23/4	29%	25%	38%	16
Q2 23/4	24%	19%	29%	22
Q3 23/4	30%	26%	38%	23
Q4 23/4	41%	36%	52%	22

Of those Healthwatch reporting confidence in collection of demographic data in the annual survey, 24% did not share this data with us. The most likely causes are that they collect it but don't share it with us because they don't know how to extract it from their CRM system or because they use the same extract to inform their commissioners and the commissioners don't require it.

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
				It has become clear that the target set was unrealistic given that nearly 30% of local Healthwatch data is collected in ways where it is very difficult or impossible to collect demographic data (i.e. post, email, social media and from third parties).		
3.	**Evidence, Engagement and Influencing**	100% of all policy and research projects to have an equalities angle to them, exploring the experience of a particular community or communities.	100%	Our work on cost of living has focused on income and age. The health inequality focus of our project on primary care is low income, age, minority ethnic groups and urban/rural areas. The focus for our women's health project will be low income/deprivation, disability, and ethnicity. The focus for our social care campaign and our community diagnostic hubs research is on disability.	Complete	Head of Policy, Public Affairs and Research and Insight
4.	**Data and Digital**	70% of Local Healthwatch who respond, rate our digital systems as good or very good (data collected via the	70%	We asked each Healthwatch to rate each of our digital systems: % of those HW with access to system who rate it as positive or mixed views as follows: Workplace Positive 59%; Mixed: 30% Network site 67%; Mixed 17% HW Website template Positive: 50%; Mixed:24% Data Sharing Platform 47%; Mixed: 20%	Complete	Director of Communication, Campaign, and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
		satisfaction survey).		Smart Survey 68%; Mixed: 6% Average = Positive 58%; Mixed =19% The majority of the remainder of the feedback was don't know/didn't use. The average for negative feedback was 4.5%		
5.	**Communications**	5% increase in media and social reach (Apr-Mar 22-23 v 23-24)	5%	Our social media reach by the end of Q4 was 20.1M. This is 204% higher than our social reach by the end of Q4 in 2022-23. Our media reach by the end of Q4 was 3.2B. This is 2% lower than our media reach by the end of Q4 in 2022-23. On balance, by maintaining media reach and trebling our social reach, we have achieved our KPI.	Complete	Head of Communication
STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them						
6.	**Evidence, Engagement and Influencing**	We achieve a 25% year-on-year increase in the number of times our evidence is accessed by our stakeholder audiences.	25% year on year Not possible to measure year on year but quarterly figures show	In Q4 2023/24, there were 79,590 views of our evidence, compared to 78,909 in Q3, 51,144 in Q2 and 52,770 in Q1. This is a 1% increase on Q3 and a 56% increase on Q1. As mentioned previously, we don't have a comparable figure for last year.	Complete	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
			significant increase.			
7.	**Evidence, Engagement and Influencing**	% of stakeholders say they are using our insight and evidence to inform their decisions. (New KPI requiring baseline. We propose 46%).	46% To be measured by stakeholder survey 2025	Question from stakeholder perceptions work: "How often do you use insight and information provided by Healthwatch in your work". Results were 19% often, 27% sometimes, 21% rarely and 24% never. Net total using insight at least rarely was 70%. We propose the baseline is often plus sometimes – i.e., 46%	Baseline established	Head of Policy, Public Affairs and Research and Insight
8.	**Evidence, Engagement and Influencing**	80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%)	80% To be measured stakeholder survey 2025	We have the results of the latest round of stakeholder perceptions work. This measure has stayed stable at 70% but not reached the target. We will measure this against the 2025 stakeholder perception	2-year target	Head of Policy, Public Affairs and Research and Insight
9.	**Evidence, Engagement and Influencing**	80% of stakeholders saying they	80%	We have the results of the latest round of stakeholder perceptions work. This measure has	2-year target	Head of Policy, Public Affairs and

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
		believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)		stayed broadly stable at 57% but has not reached the target. We will measure this again against the 2025 stakeholder perception survey.		Research and Insight
10.	**Evidence, Engagement and Influencing**	At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	2	• Our cost-of-living research led to interest by a No 10 special adviser in the results about the cost of prescriptions. They subsequently told us that our findings contributed to the government's decision not to keep free entitlement to prescriptions for people aged 60 plus rather than align it with the current state pension age of 67. • Our evidence on inadequate 6-week post-natal checks, especially to assess women's mental health needs, informed NHSE's new *Three-year delivery plan for maternity and neonatal services* in March 2023. The plan says GPs will get additional guidance on carrying out the 6-week checks.	Complete – (above target)	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
				• Many of our calls of recent years to improve GP access (including reports on virtual appointments during Covid and ongoing feedback we've shared from the network) have been accepted by DHSC and NHSE in their joint *Delivery plan for recovering access to primary care*, published in May 2023, which has an explicit commitment to ending the '8am rush' by funding practices to introduce digital telephony and train receptionists as care navigators so they can help patients at first point of contact and not tell them to ring back the next day. Healthwatch is named in the report as one of the stakeholders that informed the plan.		
STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement						
11.	**Evidence, Engagement and Influencing**	75% of local Healthwatch routinely (at least quarterly) sharing data and reports with us via the CDS	75%	As at 25/4/2023, 121 LHW have now shared data with us via the data sharing platform. This represents 79% of the network.	Complete (above target)	Head of Policy, Public Affairs and Research and Insight

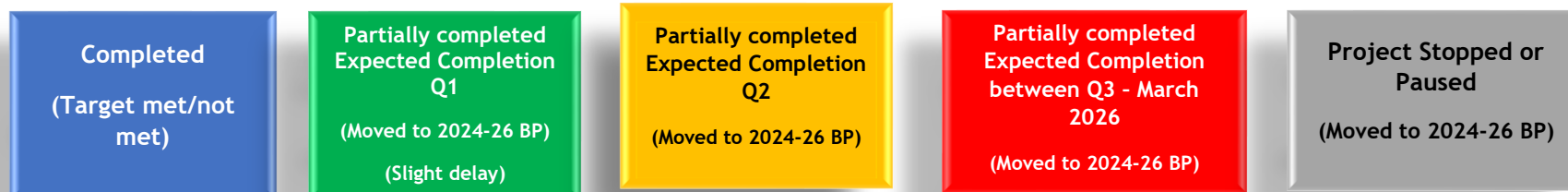| No.	Operational Plan	Description	Target	Progress	Progress Status (April – March)	Lead
12.	**Organisational Development**	Completion of a financial sustainability model for Healthwatch England	Completion	We have gained a clearer understanding of our limitations in income generation and identified potential opportunities to undertake paid work to support CQC projects before they are tendered.	Complete – on target	Head of Operations, Finance and Development
13.	**Equality, Equity, Diversity, and Inclusion**	EDI objectives in 100% of staff personal development plans.	100%	Staff attending EDI Training.	Complete – on target	Director of Communication, Campaign, and Insight
14.	**Equality, Equity, Diversity, and Inclusion**	90% of staff feel valued and respected in the workplace	90%	90% of staff reported feeling valued and respected in the workplace from our 2023 staff survey	Complete – on target	Director of Communication, Campaign, and Insight

HEALHWATCH ENGLAND

Business Plan 2023-24

End of Year Updates - April 23– March 24

Business Plan Approved by Healthwatch England Committee: 20 September 2023

Updates to the delivery of the Business Plan: April 2023 – March 2024

healthwatch

RAG Status:

| Completed (Target met/not met) | Partially completed Expected Completion Q1 (Moved to 2024-26 BP) (Slight delay) | Partially completed Expected Completion Q2 (Moved to 2024-26 BP) | Partially completed Expected Completion between Q3 - March 2026 (Moved to 2024-26 BP) | Project Stopped or Paused (Moved to 2024-26 BP) |

Communications

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

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
1.	Increase awareness and understanding of our brand, especially amongst those facing inequalities.	Develop new campaign platform to target those facing health inequalities in partnership with CQC.	• We launched our joint campaign with CQC to increase feedback from those on lower income and ethnic minorities in February 2024. The final campaign platform has resulted from testing with the audiences, local Healthwatch and partners. The initial launch phase, focussed on awareness, ran until mid-April 2024. During this period 30K people visited our feedback form, this was 320% higher than the same period on 2023-24. We are	Head of Communications	December 2023	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			now planning the next phase of the campaign which will run till March 2025. • We have continued to run micro campaigns to get public feedback to support our monthly insight reporting. By the end of Q4, 13.5K people had shared their experiences via these campaigns. This is a 16% increase in feedback year-on-year. • We have also continued to promote our brand and our content via our always-on campaigns. As a result, 1M people visited our website over the year. Users visiting from the UK rose 25% year-on-year.			
2.		Support communication of the state of patient experience report and communicate other key insights (cost of living, GP referrals etc.)	• Although our new campaigns will not report until later in 2023-24, we have taken steps to increase awareness of existing and new insight through proactive and reactive media work. • Our media reach at the end of Q4 was 3.2B. This was broadly consistent with our media reach in 2022-23, just 2% down year-on-	Head of Communications & Research and Insight Manager	March 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			year. This in a significant improvement since Q1, when our media reach was down 23%. • We saw online engagement with our news and insight increase year-on-year. Views of our news content increased 28%, while views of our reports content increased 16%.			
3.		Develop new strategy covering search, social and referrals.	• Our updated digital communications strategy covering search, social and other channels, supported by increased spending in this area is paying off. Our social media reach by the end of Q4 was 20.1M. This is 204% higher than our social reach in 2022-23. We received 882K social media engagements by the end of Q4. This is 173% higher than the number of social media engagements we received in 2022-23.	Head of Communications	October 2023	Complete
4.	Provide a consistent and accessible brand communications experience.	Audit brand, roll updated trademark and develop plan to strengthen brand until 2026.	We reran an audit of how the brand is being used by a basket of 30 local Healthwatch. The audit found that use of the brand had improved across all domains. The findings have been used to develop our plan for strengthening the brand until 2026. The updated trademark is now being issued to new	Head of Communications	March 2024	Complete
5.		Work with development team to improve network communications and		Head of Communications, Head of Network	March 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
		carry out a review of network channels, including the network site.	providers and will be rolled out more widely in Q1 2024. A review of the network site has been undertaken and an update will take place in 2024-25.	Development & Digital Systems Development Manager		
6.		Develop one network marketing, content, and campaigns approach.	We have continued to support local Healthwatch to market our brand. Activity includes: • Providing a monthly look ahead at planned activity over the next four months. • Providing new brand resources (such as new photography, promotional videos, and templates) • Providing resources for the network for campaigns. For example, we have provided out of the box campaigns to celebrate 10 years of Healthwatch, to market our service and celebrate Black History Month and a winter marketing campaign to help more local people access advice and share experiences.	Head of Communications & Head of Network Development	December 2024	Complete
7.		Work with digital to support website roll out and content syndication	• The project to migrate local Healthwatch to the new version of Drupal was completed in Q4 2024.	Head of Communications & Digital Systems	March 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadlines	Rag Status
			• Work on the content syndication will start in Feb 2024. Testing of the new tool is currently underway.	Development Manager		
8.	Grow number of advocates and supporters	Develop a supporter strategy for professionals and the public	• We have seen a 35% growth in our follower numbers during 2023-24. Our fastest growing channels are sign-ups for email marketing and Facebook. • During 2023-24, we have tested several approaches to grow our supporter base and then encourage them to take more actions. This learning has been used to develop a supporter strategy which will be implemented in 2024-25.	Head of Communications & Research and Insight Manager	December 2024	Complete
9.		Start rolling review of communication channels and systems	• We have an ongoing rolling review of channels in place. This year we have reviewed and updated our approaches to social, SEO and email marketing.	Head of Communications	November 2023	Complete

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop

Data and Digital

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

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
10.	In 2022/23 we put the fundamental building blocks in place. We will continue to develop digital and data systems support the public to understand how sharing their experience makes a difference through change at national, regional, and local levels.	A six-month period will be required to bed in the new systems delivered at the end of 22/23.	• The six-month bedding in of the new systems was completed. We do continue to monitor and make changes to the system as higher usage identifies improvements.	Digital Systems Development Manager	August 23	Complete (Target met)
11.		Scoping of long-term strategic vision for digital will begin including development of Feedback and customer journey (Network Relationship)	• External support to help with delivery has been secured, meetings held with the supplier and the external supplier element of the project is now underway.	Director of Communications, Campaign & Insight, Head of Network Development Team, Digital Systems Development Manager.	March 24	On track
12.	Our digital systems increase our reach, give good user experience, and support our business objectives.	Finish migration of local Healthwatch websites to Drupal 9	• Project to migrate websites to was completed to schedule in January 2024. This was completed despite the unexpected retirement of Drupal 9 – all platforms now on the Drupal 10 version.	Digital Systems Development Manager	March 24	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
13.		Transfer of website management from Comms to Digital	• Migration and onboarding are with Digital along with all development works for Healthwatch England's websites and network WIB/template offer. The Network site is with the Network Development Team and Digital is providing support.	Digital Systems Development Manager	March 24	Complete
14.		Integrate website with National Data Store	• We continue to look at ways our platforms can work together, and this will be an ongoing project.	Digital Systems Development Manager	March 24	Complete
15.		Set clear objectives to collect and share demographic data	• Depends on more joining Data Sharing Platform (DSP). Should be reformulated for next year	Research Insight Manager	March 24	Paused
16.		Extend analysis tools to allow view by ICS area.	• ICS tools on the NDS are ready to be deployed to live and plan drawn up to pilot with network – this work crosses over with a number of other projects involving access for the network to the NDS.	Digital Systems Development Manager	March 24	Complete
17.		Backlog to be uploaded to the reports library by August 2023.	• Backlog has now been completed	Research Insight Manager	July 23 (complete)	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
18.		Promotion of SMART Survey.	• SmartSurvey accounts currently at approx. 61% (92 local Healthwatch) of network with 95% of the network having signed the data sharing agreement – these Healthwatch will be directly contacted and offered the service. Ongoing.	Digital Systems Development Manager	March 24	Complete
19.		Work with CQC on data sharing.	• We have met with CQC and developed a scope for potential work. Progress is dependent on CQC resource met CQC Principal Analyst Dave Gledhill who is considering what approach CQC would like to take. We have paused this work pending engagement from CQC	Director of Communications, Campaign & Insight	March 24	Paused
20.	We aim to deliver faster, better quality, consistent data that is easily available to and valued by health and care system	Development of an evidence model	• The text of the evidence model has been finalised. We have worked with the Comms team on a public facing version that we can refer to. This was published in late April.	Research Insight Manager	March 24	Complete (Target met)
21.		Development of a polling panel framework	• We had 11 applications for the polling part of the proposed Research and Data procurement framework. We have evaluated	Research Insight Manager	March 24	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			all applications and chosen suppliers. The framework should be in place by June 2024.			

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop

Equalities, Equity, Diversity, and Inclusion

STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.
STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
22.	Ensuring that the projects we undertake are designed to deliver real-world impact on addressing inequalities in access to and outcomes from people's experience of Health and Care	Publish findings on Cost of Living (testing new methods)	• Cost of living findings has now been published	Director of Comms, Campaigns, and Insight	May 23	Complete (Target met)
23.		Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.	• The qualitative research on Maternal Mental health has been published	Head of Policy public Affairs and Campaigns	June 2023	Complete (Target met)
24.		Scope our plans for later in the year on women's health	• At the beginning of November, we selected 10 successful local Healthwatch to carry out	Head of Policy Public Affairs and Campaigns	September 2023	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			between them, 24 semi-structured interviews of women about cervical screening to explore their knowledge, attitudes, and experiences towards this. • The three groups of women they are focusing on particularly are: • Young women aged 24-29 • Women with physical or learning disabilities • Minority ethnic women who are either Asian, Asian British, Black, Black British, Caribbean, African, Mixed White, and Asian, Mixed White and Black Caribbean and Mixed White and Black African. • We are also planning to run a nat-rep poll of women in December or January asking broader questions.			
25.	Ensure that we continue to develop an evidence base that focuses on demographics and geographic spread to provide a reflective sample.	Promote the benefits of the new NDS to local Healthwatch who previously not shared data	• All Healthwatch have been contacted at least twice about sharing data with us. We are yet to hear from 9 Healthwatch. • We have produced a video which has been published on the network site to show how easy it is to share data with us.	Head of Network Development	March 24	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			• We have recruited a new member of staff to help us onboard the rest of the Healthwatch and to support changes of staff and Healthwatch contract changes. • We are using a spreadsheet to record when we use data from Healthwatch in insight pieces and reports – the results will be fed back to the network on a quarterly basis.			
26.		Set up ongoing programme to manage incoming volumes of data and support better sampling of our data.	• Our review of the quantity and quality of our data found that we were hearing from a broader geographical spread of Healthwatch; but it is difficult to assess trends given variation in the frequency of sharing data, poor data collection practices and limited understanding of data collection systems by some Healthwatch. • Whilst we received more data on key demographics in Q4, there is more work to do to ensure that all Healthwatch collect key demographics with their feedback and signposting data.	Research Insight Manager	March 24	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
27.	Further promote local Healthwatch interventions on Equality Diversity and Inclusion, understanding the impact that this is having. Share good practice across the network.	Updated network roadmap on EDI.	• The review took place. We are integrating this into the Business Plan for 2024-26, where the areas of work will be reported against under Equalities, Diversity, and Inclusion.	Head of Network Development	Nov 2023	Complete
28.		Develop improved approach to understanding. demographic make-up of local Healthwatch.	• Healthwatch completed the survey in March. A report will be presented to National Committee in June.	Head of Network Development	Demographic data collected Nov	Complete
29.	Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion	Delivery of the second half of our EDI training Programme to cover - Recognising and avoiding microaggressions, Delivering an inclusive and equitable workplace, Inclusive Leadership .	• The second half of the EDI training programme from the Diversity Trust was completed in July. We surveyed staff on the programme to get their views and areas of focus for the next phase of staff training.	Director of Communication, Campaigns and Insight & Head of Operation, Finance and Development	July 2023	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
30.		Identify and rollout continued EDI training for all staff to include working with a diverse group of people.	• The next EDI training for all staff will take place in February on learning disability and Autism.	Director of Communication, Campaigns and Insight & Head of Operation, Finance and Development	March 2024	Complete (Target met)

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop

Evidence, Engagement and Influencing

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

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
31.	Lead by example and encourage the network to focus less on the	Conduct gap analysis of volume, quality and geographic spread of	• Our review of the quantity and quality of our data found that we were hearing	• Research and Insight Manager	• March 2024	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
	quantity of data and more on who we are listening to.	data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data.	from a broader geographical spread of Healthwatch; but it is difficult to assess trends given variation in the frequency of sharing data, poor data collection practices and limited understanding of data collection systems by some Healthwatch. • Whilst we received more data on key demographics in Q4, there is more work to do to ensure that all Healthwatch collect key demographics with their feedback and signposting data.			
32.		Upload function for reports library to be fully operational and production of guidance for local Healthwatch to add their own reports.	• Guidance on how Healthwatch can upload their reports to the reports library was published in January 2024 and we've had at least 20 requests for logins. There has been a delay in the network being able to upload any reports due to unplanned upgrade work from Drupal 9 to Drupal 10.	Research and Insight Manager	March 2024	Complete

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
33.	Our priority areas, approaches and recommendations are designed with and informed by those with direct experience	Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.	• Published during May to June 2023	Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager		Complete (Target met)
34.		Stakeholder engagement and policy scoping on mental health to better understand influencing potential in this area for 2024/25.	• We have scoped mental health as part of the 2024/26 business plan. While mental health may be an area, we focus on 2025/26, other areas linked to the Healthwatch England strategy have taken precedence for 2024/25.	Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager	January 2024	Complete (Target met)
35.		Scope out plans for later in the year on women's health	• Conducted over summer 2023	Head of Policy, Public Affairs and Research and Insight &	July 2023	Complete (Target met)
36.		Delivery of women's health project focused on poor uptake of cervical screening among certain demographic groups. These include black and Asian women.	• Insight piece, poll findings & analysis by March 2024. Full report publication by June 2024	Head of Policy, Public Affairs and Research and Insight	March 2024	Partially completed – Expected completion Q1 (Moved to 2024/26 BP)

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
37.		Delivery of project assessing the development of diagnostic hubs	• Enter and views, interviews and polling completed by March. Publication likely June/July 2024	Head of Policy, Public Affairs and Research and Insight	March 2024	Partially completed – Expected completion Q1 (Moved to 2024/26 BP)
38.		Continue work on access to primary care – with delivery of projects on pharmacy and GPs	• Released some findings to media in Jan 24. Full results published April 2024.	Head of Policy, Public Affairs and Research and Insight	January 2024	Complete (Target met)
39.		Scoping of project assessing patient experience of virtual wards	• We will not be taking forward a project on virtual wards at present but may consider it for 2025/26.	Head of Policy, Public Affairs and Research and Insight	January 2024	Complete
40.	We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations	Support local Healthwatch to collaborate and influence across ICS areas.	• ICS Engagement Leads and HW Leads meeting Jan 24 to discuss new CQC assessment of ICSs and the role for HW • Delivery of 7 action Learning Sets between HW and ICSs completed and learning to be shared across the respective networks	Head of Network Development	March 2024	Complete
41.		Develop our regional public affairs strategy	• We have decided to pause this until closer to the election so that LHW are	Head of Policy, Public Affairs	March 2024	Paused (moved to

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
		which tracks local Healthwatch across all ICS	equipped to engage with new MPs.	and Research and Insight		2024/26 BP)
42.		Develop parliamentary engagement plans for long-term sustainability of the network.	• The policy team has a pre-election plan to engage with parties and MPs generally. Sharing of specific proposals with politicians on any new future model will be subject to internal engagement and sign-off.	Head of Policy, Public Affairs and Research and Insight	March 2024	Complete
43.		Update stakeholder map with clarity on individuals within Healthwatch England with responsibility for maintaining positive relationships with external stakeholders	• Stakeholder mapping session is planned for the end of April	Head of Policy, Public Affairs and Research and Insight	December 2023	Will be complete by end of May
44.		Complete final scoping of social care campaign and launch.	• The Team is now delivering the campaign after sign-off from the Leadership Team.	Head of Policy, Public Affairs and Research and Insight	December 2023	Complete
45.	Increase our influence and provide greater support to the	Complete round three of stakeholder perceptions research.	• Completed and analysed earlier this year	Head of Policy, Public Affairs, Research, and Insight	July 2023	Complete

No.	Our Aims	Activities	Updates	Owner/Lead	Deadline	RAG Status
46.	network to ensure that policy changes are driving real world improvements.	Build upon, and update, policy position statements on the website.	• Most policy positions have now been published on a dedicated web page. We need to agree how often to update the positions to ensure that they are kept up to date in the run up to the General Election	Head of Policy, Public Affairs, Research, and Insight	March 2024	Complete
47.		Work with comms to expand reach of insight pieces and develop web channels for sharing more policy focused content.	• We've agreed with the Comms Team that we will check with them before embarking on new pieces of insight to check that there is sufficiently strong insight to publish. During this period, we've published insight pieces on homelessness, cost of living and A&E pressures.	Head of Policy, Public Affairs, Research, and Insight	March 2024	Complete
48.		Follow up on findings from Referrals project with phase 2 findings and support network to promote	• Completed and promoted with good levels of engagement with local and national stakeholders	Research and Insight Manager	March 2024	Complete
49.		Development of evaluation processes to track and increase influence following projects	• An evaluation process has been developed, bringing together policy and comms colleagues 6 weeks after a publication	Head of Policy, Public Affairs, Research, and Insight	January 2024	Complete

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop

Local Healthwatch Relationship

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

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
50.	People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them.	Develop a clear narrative which makes a compelling case for why listening to people leads to better health and well-being, including contribution of Healthwatch.	• We have developed an initial narrative, which we are using in our communications. • We have also started work on developing a campaign to embed a culture of listening. This has included discussions with stakeholders.	Head of Communications	December 2023	On track
51.		Develop an action plan to embed a culture of listening across health and care organisations and the value of Healthwatch.	• We now expect to develop a plan for this work by the end of Q2 2024-25.	Head of Communication/ Head of Network Development	March 2024	Paused
52.	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch.	Scope updated Healthwatch model (Network Development Team to scope, Policy team to promote with stakeholders): Share options with Healthwatch and Commissioners Commence ICS commissioned pilot	• Following discussions with Healthwatch and local authority commissioners, together with an independent report, National committee are requested to approve a preferred proposal. • Webinars are planned for Healthwatch to help shape	Head of Network Development & Head of Policy, Public Affairs and Research and Insight	October – December 2023 (Q3) October – December 2023 (Q3)	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			details of the proposal, subject to approval. • We are meeting with the ICB/Local authority to help shape the pilot.			
53.	Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements locally and changes in national policy where needed.	Consult and re-define Healthwatch England & local Healthwatch collaborative approach and support offer and communications with the Network. (2023): • Deliver collaborations on Children and Young people; Maternity; Income Generation/sustainability; Promote tackling inequalities opportunities	• Healthwatch collaborating on young people, tackling inequalities, and sharing learning on generating income are underway or taken place	Head of Network Development	March 2024	Complete (on Target)
54.		Consult with Healthwatch on their experience when serious patient safety concerns take place	• Developed template for Healthwatch to use to raise patient safety concerns with local bodies and/or CQC, with an escalation process involving Healthwatch England should the local Healthwatch remain	Head of Network Development	Ongoing	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			unsatisfied with local response. • Regular webinars scheduled for Healthwatch to share and raise patient safety issues			
55.		Support local authorities on Healthwatch commissioning: • Hold reference Group to consider contract monitoring and new model; Deliver 4 Commissioner events	• Local authority webinars on the new model took place in March. All local authority commissioners were communicated • Agreed with local authority commissioners to develop commissioning template • Awaiting response from Local Government Association to support this programme	Head of Network Development	March 2024	On track
56.	Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements locally and changes in national policy where needed.	Provide more support for network communications and carry out a review of network channels, including the network site (Development team, comms and digital): • Transfer management of network email, Facebook workplace and network site. • Start review of Network site.	• Transfer of network communications has been completed except for Facebook workplace which is scheduled to take place by July 2024. • Work underway to revamp Network site by June 2024.	Head of Network Development, Head of Communications & Digital Systems Development Manager	August – September 2023	On track

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
		• Rebuild of Network site.			October – November 2023 January – June 2024 (Q4/Q1)	
57.		Delivery of Healthwatch face to face event (Healthwatch conference - Sept), plus two online events aligned to strategy: • Lead Officers Conference • Awards and Policy Conference	• Lead Officers Conference completed • National awards took place January 2024 • Between the Leadership Conference and Awards Showcase Day 2023/24, 82% of the network engaged with the dual programme with 126 separate LHW attending both events. • Additional event on the State of the patient took place Feb 2024 • National Conference 2024 planning and development underway. • Conference 2024 to be one day event in Nov in central London – venue option to fit new agenda being finalised.	Programme Events Manager	September 2023 March 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			• Provisional agenda for the day agreed. • Agenda and Awards will this year include element of Values work, to embed across the network. • All work ongoing with working group.			
58.		Introduce core skills framework and L&D Calendar: • Prepare participation reporting	• Core skills framework introduced • Calendar for 24/25 published • Participation reported through State of Network report to National Committee in Q4	Learning and Development Manager	March 2024	Complete
59.		Support local Healthwatch to work effectively with CQC, including adapting to new CQC model: • local Healthwatch and new CQC teams supported to work effectively together; Agree indicator with CQC to measure effectiveness by March 2024	• Healthwatch informed about their role in the new CQC assessment of ICSs • Refreshed guidance on Healthwatch and CQC working together being issued Q1 24/25 • In agreement with CQC, Healthwatch England will evaluate local Healthwatch relationship with CQC through our annual survey in July 2024	Head of Network Development	October 2023	On track
60.		Collect, analyse, and report on Healthwatch Effectiveness,	• Report presented to national Committee Q4 23/24	Head of Network Development	February 2024	Complete

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
		including local Healthwatch outcomes: • Report on local Healthwatch Outcomes • Produce State of Network Report	• Briefing shared with HW in February			
61.		Engage with local Healthwatch about development and uptake of Healthwatch values and behaviours: • Deliver 4 Healthwatch Events	• Sessions with Healthwatch took place Q4 23/24. 37 Healthwatch contributed. • Plan to support embedding of behaviours associated with values has been developed and is being implemented throughout 24/25. • Videos of Healthwatch talking to HWE CEO about each value being prepared • We are collating examples of how Healthwatch are using the values and sharing with Healthwatch	Head of Network Development	March 2024	On track

Complete	On Track	Not on track	Target unlikely to be met	Paused/Stop

Organisational Development

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

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
62.	***Learning and Development*** We will support and develop staff to ensure they have the right skills to deliver on our strategic goals.	Produce an Organisational Development plan.	We have now developed a new learning and development programme to ensure that there is equity in our training and development opportunities for all staff.	Director of Communications, Campaign and Insight & Head of Operations, Finance and Development	June 2023	Complete (Target met)
63.	We will create a formalised and equitable process for requesting training and development opportunities.	Produce and implement a training agreement for any professional courses sponsored by Healthwatch England.	A training agreement for courses £1k and above have been implemented.	Head of Operations, Finance and Development	June 2023	Complete (Target met)
64.		Produce a guideline and ensure that all staff have a personal development plan (PDP) set for 2023-24.	All staff have completed a personal development plan (PDP) to enhance their career development.	Head of Operations, Finance and Development	June 2023	Complete (Target met)
65.	**Governance** Our committee will be diverse and maintain the highest standards of governance. .	New committee members will be appointed upon the appointment of the new Chair or interim chair in Q1.	We have now appointed two new committee members. Jane Laughton who started on the 1 September and Sul Mahmud who will start on the 8 January 2024.	Chief Executive Officer and Head of Operations, Finance and Development	June 2023	Complete (Target met)
66.		An interim governance review (Standing Orders. Cttee size) will be complete in Q1.	We conducted a review of the committee's Standing Orders and Accountability Framework, which received approval during the May 2023 committee meeting.	Director of Communications, Insight and Campaigns	June 2023	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
67.	**Finance** Healthwatch England will maintain its financial viability and maximize the use of its resources, by exploring every possible avenue for raising funding and revenue.	We will carry out scoping work for a three-year financial sustainability model.	Following our meetings with CQC's legal, finance, and governance teams to clarify the framework within which we could raise funds outside of our GIA. The findings included the following principles: • We must spend all funds raised within the same financial year unless they are multi-year agreements. • We cannot deviate from our statutory purpose. • We can only engage in work with other public bodies, not private companies. If we wish to collaborate with a private sector company, we must do so through another public body. • We are not allowed to submit bids for CQC contracts due to our affiliation with the CQC. Nonetheless, we can consult the CQC to review their project pipeline and identify any projects that fit within our	Chief Executive / Head of Operations, Finance and Development	January 2024	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			statutory mandate before they are open for bidding.			
68.		Review supplier contracts before renewal on a rolling basis	As part of our ongoing commitment to obtaining the best value for money, we consistently review our supplier contracts prior to renewal.	Head of Operations, Finance and Development	March 2024	Complete (Target met)
69.		Conduct a committee session on financial sustainability in Q3 (2023-24)	On 18 January a committee and leadership workshop was held to discuss our financial sustainability.	Chief Executive / Head of Operations, Finance and Development	January 2024	Complete (Target met)
70.	**Culture and Behaviours** We will create a new process with committee and staff to establish a new culture set within our organisation.	Create a new process with committee and staff to establish a new culture set within our organisation.	We have conducted culture sessions with our committee, staff, and local Healthwatch. These sessions revealed commonalities among the groups, and the five shared values identified were: • Equity • Collaboration • Independence • Truth • Impact	Chief Executive/Culture Champion Group	March 2024	Partially completed will continue in Q1 2024/25

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
			This work will continue through Q1, where we will hold further sessions to refine a shared set of behaviours that demonstrate the values and the ways in which we will hold ourselves and others accountable for our culture.			
71.		Produce quarterly report on staff diversity for committee and the Leadership Team	The workforce annual report has now been shared with the leadership team and is on the agenda to be shared at the next AFRSC meeting on 24 July	Head of Operations, Finance and Development	March 2024	Partially completed will conclude in July 2024/25 (Q2)
72.	**Service Level Agreements (SLAs)** Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.	Review SLAs to ensure the services we are getting are exemplary and meet our needs.	The review of our SLAs has been finalised. The fee for these services from CQC is currently being calculated using a new pricing model.	Head of Operations, Finance and Development	December 2023	Complete (Target met)
73.		Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving.	As a result of ongoing delays in having our Service Level Agreements reviewed by CQC, we have incorporated the measurable standards of our SLA into our 2024-2026 business plan.	Head of Operations, Finance and Development	December 2023	Partially completed. Expected completion in Q1

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
74.	**Review of Policies** Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.	Review the CQC policies that govern us and produce a condensed version that is applicable to our work.	We have initiated the process of reviewing the CQC policies that govern us, with the objective of creating abridged versions for approval by CQC and Healthwatch England. However, due to the significant volume of policies that need to be reviewed and aligned with our business need, we have extended this review process into our business plan for 2024-2026.	Head of Operations, Finance and Development	March 2024	Partially completed Expected Completion between Q3 – March 2026
75.	**Management of our programmes of work** Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy.	Programme Management Framework Templates to be reviewed.	Our programme management framework has undergone a review, and we have implemented a more reliable framework that efficiently manages all our strategic projects while ensuring successful delivery.	Strategy, Planning and Performance Manager	May 2023	Complete (Target met)
76.		Produce quarterly performance reports for Leadership and committee	We now generate performance reports every quarter for both our Committee and Leadership team.	Strategy, Planning and Performance Manager	May 2023	Complete (Target met)
77.	**Enquiries & Complaints** We will have a consolidated process	Create a process to consolidate all handling and	With the recent appointment of a new Enquiries Support Officer, we have completed a	Head of Operations,	March 2024	Partially completed – Expected

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	for handling and responding to our complaints, enquiries, and Freedom of Information requests (FOI).	reporting of all enquiries, insight, and FOI.	thorough process for managing and reporting enquiries. Furthermore, we are in the process of developing clear guidance materials and flowcharts to improve the triaging of incoming enquiries.	Finance and Development		completion Q1 20224/25
78.	**Healthwatch England Intranet** We will have an intranet service so that staff can stay informed and have easy access to our business information.	Scope the options available for an intranet e.g., SharePoint Site and/or staff team channel.	We have scoped the different option available for an Healthwatch England intranet site and the best option identified was a SharePoint site	Head of Operations, Finance and Development	May 2023	Complete (Target met)
79.		Assemble a Task Force working group and Work with Comms, CQC and the task force working group to develop and launch the Healthwatch England new intranet site.	Our intranet site has now been successfully developed despite facing some challenges with limited assistance from CQC.	Head of Operations, Finance and Development	March 2024	Partially completed – expected completion in Q1
80.	**Programme of Internal Audit** We will develop an internal audit programme to identify areas of concern, so we	Investigate the audit process for Healthwatch England via CQC.	Following the AFRSC meeting on July 20 an internal audit was not recommended due to the good level of assurance already provided to Healthwatch England Committee, CQC, DHSC and Secretary of State. However, a Management Assurance	Head of Operations, Finance and Development	July 2023	Complete (Target met)

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
	gain further assurance on our operations.		Framework (peer-to-peer review) focusing on high-risk areas like data management will be implemented instead.			
81.		Produce an assurance map of Healthwatch England.	An assurance map was produced and shared with AFRSC on the 20 July.	Head of Operations, Finance and Development	July 2023	Complete (Target met)
82.	**New Starters E-Induction** To develop and implement a comprehensive e-induction program for new employees, aimed at providing them with a seamless onboarding experience. By creating an engaging and interactive digital platform, we aim to streamline the induction process, enhance employee satisfaction,	Identify content and structure: Determine the key information we want to include in the induction program. Plan how the content will be organised and structured to ensure a logical sequence.	The content that needs to be included in the new starters E-Induction has now been identified.	Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	October 2023	Complete (Target met)
83.		Create engaging content: Leverage Easygenerator's features to create interactive and engaging content. including multimedia elements like videos and images, to make the induction program more interactive and memorable for learners.	We are currently in the process of creating our interactive content. However, we are currently behind schedule due to a change in work priority. We expect to have this process completed by Mid-February.	Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	November 2023 December 2023	Partially completed – Completed expected in Q1

No.	Our Aims	Activities	Updates	Owner / Lead	Deadline	RAG Status
84.		Test the user interface, content navigation, and interactive elements to ensure a seamless experience for learners. Gather feedback from a small group of users to identify any areas for improvement	This activity will take place once the above task has been completed.	Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	January 2024	Partially completed – Completed expected in Q1
85.		Launch and promote the new e-induction to New Starters.	This activity will take place once the two above tasks has been completed.	Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager	January 2024	Partially completed – Completed expected in Q1

Agenda Item 2.2

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

PRESENTING: Chris McCann

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This paper sets out an update on our progress in delivering our commitments to Equalities, Diversity, and Inclusion.

RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In July 2023, we published our annual action plan on how we would deliver on our commitment to Equalities, Diversity, and Inclusion in 2023-24. This plan aims to support the delivery of our strategic objective to '*To support more people who face the worst outcomes to speak up about their health and social care, and to access the advice they need.*' This paper highlights our work in this area throughout financial year.

1. <u>Research and Policy</u>

We have a commitment to apply an equalities lens to all our policy and research work.

Delays to NHS Care

In July 2023, we published research that shows people are currently facing multiple cancellations or postponements of care which are having a significant impact on their lives and symptoms, while further increasing health inequalities. We commissioned a survey of 1084 people who have seen their NHS care either cancelled or postponed this year to understand

the extent of disruption to care amid rising waiting lists, workforce issues, industrial action, and other pressures on the NHS.

Disruptions to care disproportionately affect certain groups, widening existing health inequalities. People who have greater health needs are still facing serious barriers to timely care, and they are also more likely to be more affected by cancellations of care.

- Unpaid carers, 84%, and neurodivergent people, 83%, were more likely to report negative impacts of cancelled care on their lives, followed by
- people on low incomes, 80%; and those from minority ethnic backgrounds, 75%.
- Groups who were more likely to have had two or more NHS postponements or cancellations included disabled people, 52%; neurodivergent people, 51%; and people on lower incomes, ethnic minorities, and LGBTQ+ people, 49%, respectively.

Health and Social Care Select Committee report on dentistry.
We were extensively referenced in a report by the Health and Social Care Committee that called for fundamental reform of NHS dentistry after MPs heard about the pain and distress caused to people who cannot see a dentist.

Healthwatch England gave oral evidence to the Committee about the problems people have experienced accessing and affording an NHS dentist.

We highlighted that whilst some parts of England have better access to NHS dentists, our research indicates that people from the most deprived communities struggle the most to access dental care because they cannot afford it. Polling we published in 2021 found that people from lower-income households, when compared to people from more affluent households, were:

- Less likely to have visited the dentist during the pandemic.
- More likely to have avoided treatment due to the cost.
- Less likely to say they will see a dentist in the future.

- People from an ethnic minority background also had similar responses.

Because of this inequality, Healthwatch England has called for rapid and radical reform of how NHS dentistry is commissioned and provided to create a system where everyone has equal access to affordable dental care. Any reform also needs to result in better information for patients and clarity on the obligations of dentists.

We also offered recommendations to government as they were developing the NHS Dental Recovery Plan. We were pleased to see some of our recommendations taken forward, for example on stronger ringfencing of ICB dental budgets and increased financial incentives for dentists to provide more NHS work however we will continue to ensure that long-term reform of NHS dental services remains a high-profile issue.

Cost of living crisis

In March 2024, we published our latest research on the impact the rising cost of living is having on people's health and their use of health and care services. Our poll of 2008 adults in England suggests that, though there have been improvements on some issues, people are still avoiding vital health and care services due to the fear of extra costs:

- Going to a dentist because of the cost of checks ups or treatment
- Booking an NHS appointment because they could not afford the associated costs, such as accessing the Internet or the cost of a phone call.
- Buying over the counter medication they normally rely on
- Taking up one or more NHS prescriptions because of the cost.

Our research also highlighted that the financial burden of healthcare is particularly weighing heavily on specific groups:

- People on disability benefits
- People on means-tested benefits
- Younger people aged 18-24.

Our recommendations:

- While we welcome the support already in place, social tariffs and schemes must be better communicated to the people who need it.
- Primary care teams must make people who need medication aware of pre-payment options.
- More people should be made aware of the Healthcare Travel Cost Scheme (HTCS).
- The government working with health and care services must also go further to support people in the cost-of-living crisis.

Women's Health

One of the organisation's strategic priorities is women's health and we have just commissioned ten local Healthwatch to carry out in-depth interviews of diverse women about their knowledge, attitudes, and experiences of cervical screening. We are particularly aiming to hear from young women aged 24-29, women with physical or learning disabilities and minority ethnic women, groups which have particularly low uptake rates. This research will inform policy recommendations to NHS England and government on how cervical screening take-up can be increased among these groups.

At the beginning of November, we selected 10 successful local Healthwatch to carry out between them, 24 semi-structured interviews of women about cervical screening to explore their knowledge, attitudes, and experiences towards this.

The three groups of women they are focusing on particularly are:

- Young women aged 24-29 (screening invites are sent out from age 25 and uptake has been declining in this cohort over recent years)
- Women with physical or learning disabilities (who need adjustments such as invites and results in accessible formats, type of equipment, staff attitude and appointment length)
- Minority ethnic women who are either Asian, Asian British, Black, Black British, Caribbean, African, Mixed White, and Asian, Mixed White and Black Caribbean and Mixed White and Black African (who may experience cultural pressure not to go for tests or experience other barriers to services).

We also undertook a nationally representative poll of women in December or January asking broader questions about initiatives that would make them more likely to take up screening invites (e.g. better information, locations, times, and views on home testing, which is one idea being piloted and considered). DHSC are aware of the project and are keen to hear about examples of best practice that could be shared. We may be able to influence the Major Conditions Strategy, which covers cancer, and the ongoing implementation of the Women's Health Strategy.

To coincide with Cervical Cancer Prevention Week, in January, we published a blog outlining some of the key challenges people have shared about cervical screening with local Healthwatch and outlines the steps we are taking nationally to address those.

Our report, which is set for publication in June 2024, will outline our findings on why particular groups are hesitant to take up cervical screening and our recommendations on how to improve uptake rates.

Primary Care

Another of our strategic priorities is primary care. A key part of the government's primary care recovery plan is 'Pharmacy First', which aims to expand the use of pharmacies to ease pressure on GPs, so we have conducted research on how pharmacies can be most effective over the coming years.

Our report, "Pharmacy: what people want", was published in April 2024 and explores the current state of pharmacy services and offers actions for healthcare leaders and the wider sector.

The report dives into people's experiences of and attitudes towards pharmacy services at the outset of Pharmacy First.

On inequalities, the report highlights that although 90% of prescriptions in England are dispensed free of charge, the cost-of-living crisis impacts pharmacy usage, with five per cent of people saying they have avoided taking up one or more NHS prescriptions because of the price.

It outlines opportunities for community pharmacies and the challenges the sector is facing as the role of pharmacists continues to expand. It also presents a comprehensive list of recommendations for the government, NHS England, Integrated Care Boards, the pharmacy sector, as well as local Healthwatch.

Challenges facing Ethnic Minority groups

In October 2023, we published a blog on 'The challenges ethnic minority groups face, and the changes we must see'

This shared the key trends in what people from different ethnic minority groups are telling us, and proposed steps the NHS can take towards equity in care.

People who don't speak English get poor communication support. NHS waiting times are longer for people of certain ethnic minority groups. Research shows Asian people are more likely to experience long waiting times than any other ethnic group.

Our work on referrals shows people are less likely to receive swift or correct referrals if they are not white British.

We recommended the following steps.

- We urge NHS providers to investigate any instances of patients being refused access due to ethnicity or symptoms being dismissed. Under the NHS Constitution, patients have the right to access NHS services and not to be refused on unreasonable grounds. They also have the right not to be unlawfully discriminated against.
- Integrated Care Boards should collect and publish data on disparities in waiting times between patient groups, including different ethnicities. This is so providers can understand and address any inequalities.
- Adapt the NHS e-referral system or other care record systems to ensure that people's communication preferences, including language, are recorded as early as possible.

- Review GP funding arrangements to make sure resources can be adjusted depending on the local population's need for translation or interpreting support.
- Review Integrated Care Systems' duties in providing interpreting and translation services.

The public's perspective: The state of health and social care

In November 2023, we published our report *'The public's perspective: The state of health and social care'* which draws on the experiences of over 65,000 people we heard from between October 2022 and September 2023, combined with external data.

The report highlighted that those experiencing inequalities already face challenges accessing care and have poorer health outcomes. Our research found rising financial pressure risks making these worse.

We are seeing a two-tier system emerge, where healthcare is accessible only to those who can afford it, with one in seven people who responded to our poll advised to seek private care by NHS staff.

We also highlighted that:

- Many people, particularly those on low incomes, are not getting the healthcare they need because of the associated costs, like prescriptions and travel costs.

- Those struggling to get by often report a worse experience when accessing or waiting for care – and this is especially true for disabled people, people experiencing financial struggles, and people from ethnic minority backgrounds.

- These delays and disruptions can substantially impact people's lives, leaving them in pain or discomfort, and sometimes allowing their health to worsen.

Accessible Information

In November 2024, we attended an NHSE workshop on language and

interpretation services to help inform future thinking about how services can best support and keep safe patients who do not speak English as a first language. This work was prompted by the sad death of a young Romanian boy whose parents did not understand appointment letters and was diagnosed late with terminal cancer.

We continue to wait for the publication of the new Accessible Information Standard but anticipate recommendations that we have made on the new standard to be incorporated.

- **Homeless people's experience of health and care services**

In December 2023, we published a blog on the issues faced by homeless people in health and care. Homeless people have worse mental and physical health than the general population. In the 2021 Census, 5.3% of the population of England said their general health was bad or very bad, compared to 63% of homeless people, according to Homeless Link.

Our research shows homeless people have particular problems accessing GPs and other services.

GP surgeries often insist people provide documents proving their identity and address to register as a patient – even though this is not a regulatory requirement. Homeless people are unlikely to have the types of documents that GP surgeries ask for. That means GP surgeries may refuse to accept them as a patient in the first place.

We heard about homeless people experiencing serious problems accessing NHS dentistry. Research by the homelessness charity Groundswell found that the oral health of their research participants was very poor, and significantly worse than the general population.

We heard that homeless people often felt judged by healthcare professionals and not well cared for. They felt that healthcare staff do not respect them because they are homeless. As a result, they felt disinclined to seek help with their health problems.

In the blog, we recommend that:

- On primary care, all GP practices should sign up for the NHS Register with a GP Surgery Service. This makes registering with a surgery easier for patients, particularly those with no fixed address or ID. Right now, the service is being used by one in three practices in England, with more than nine in ten patients happy with the service.
- On dentistry, Integrated Care Systems should look to improve access for the homeless. West Yorkshire ICB, for example, have proactively planned a £6.5m investment in dental care, including £4.5m from projected under-delivery on the NHS contract. This includes investment into schemes that include targeted access for homeless people.

What patients want: a vision for the NHS in 2030

In February 2024, we published our Patient Vision report using experiences of care from over 10 million people collected over the past ten years.

One of the three key themes of the report was 'Tackling health inequalities.'

Health inequalities in England are stark and growing. Those living in the most deprived areas can expect to live in good health for a far shorter period compared to those in the least deprived areas. Multiple factors create these inequalities, but in healthcare people experience varying quality of care.

We outline in the report that we want the NHS to provide excellent care for everyone. Gaps in life expectancy and healthy life expectancy between the most well off and deprived areas should be falling by 2030. We also call for Integrated Care Systems to work with local councils to ensure communities get advice and support to prevent ill health, and that people with extra communication needs receive full support every time they interact with the NHS.

Barriers to Healthcare in rural communities

In April 2024, we published a blog highlighting the barriers people in rural areas face to accessing care.

The blog makes several recommendations to improve access to services for those in rural areas, which we will be pressing with NHS England over the coming months.

To improve people's ability to travel to services:

- Councils should work with local health providers when making decisions on public transport to facilitate public access to remote health providers.
- NHS England, Integrated Care Boards (ICBs) and hospital trusts should do more to raise awareness of transport support and financial help with travel.
- NHS England must reopen its review of the health travel cost scheme to speed up reimbursement for those eligible.
- Transport support schemes should be extended to cover primary and community care and hospital appointments.
- NHS England should work with ICBs to improve the implementation of the non-emergency patient transport service (NEPTS) review. This includes making sure support is available for all patients travelling to and from renal dialysis appointments.

To improve access to NHS dentistry:

- Integrated Care Boards (ICBs), which are responsible for commissioning NHS dentistry, should keep the public informed about if and when mobile dental vans will be coming to their areas, after the government's Dental Recovery Plan announced that vans would be deployed in 11 rural and coastal areas this year.
- ICBs should consult with local Healthwatch and councils about which parts of communities are experiencing poor access to NHS dental services and target provision accordingly.

On choice in the type of appointment, we also call for GP practices and hospitals to inform patients of alternative modes of appointments, like video call or telephone, and provide clear instructions ahead of time on how these will work.

2. **Support to Local Healthwatch**

A key element of our efforts around EDI has been to strengthen capacity and capability across the local Healthwatch network.

We have brought Healthwatch together to learn from each other, such as developing their work with children and young people, addressing inequalities in maternity services, and continuing our work on the NHS Accessible Information Standard. Crucial to our success and future are our culture and values, which underpin both the work of local Healthwatch and Healthwatch England. We worked closely to develop these and will continue to support Local Healthwatch to ensure they are embedded in everyday practice. Equity is one of our five chosen values that underpin all our work.

Training

- Delivery of 5 courses on subjects such as understanding race and racial bias and disability awareness with 91 booked learners
- Commissioning of new training provider on EDEI awareness for 24/25 covering 10 sessions
- New 'Introduction to EDEI' e-learning course developed and tested with 7 LHW. To be published Q1 2024-25.
- 1 EDEI peer network meeting - theme tackling inequalities showcase of collaboration project led by HW Brent) with 29 booked; themes agreed for 24/25: understanding and using the AIS, equity and inclusion in E&V and tackling health inequalities.

Diversity of the Network. Understanding the demographics of our staff and volunteers is key to helping us know if, as a network, we are representative of the communities we serve.
- We collected diversity information from 146 Healthwatch 23/24 – up from 57 responses in 22/23.
- The headline message from the analysis is that our network is representative of the wider UK population. For example, nine percent

of our people are from an Asian background, which matches the latest population census data.

- This important information will help to inform our support on workforce and volunteer recruitment. We will produce a detailed report later

Commissioning of Healthwatch. We supported 17 local authorities to ensure EDEI was part of commissioning, including importance of collecting demographic data.

Impact.

- EDEI was a focus for our National Impact Awards. Winner Healthwatch Coventry's work resulted in making it easier for refugee and newly arrived women in Coventry to access essential maternity care services.
- We are supporting Healthwatch ensure they are able to communicate the difference they make, including around tackling health inequalities in the lead up to them publishing their annual reports.

Healthwatch effectiveness. We produced a report bringing together key data collected from local Healthwatch, including Healthwatch activity on addressing health inequality and collection of demographic data, together with action which Healthwatch England is taking to support the network.

3. Communications

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

- **Accessibility:** We had our website externally assessed to ensure that it is compliant with AA web accessibility standards. We have also continued to ensure our communications are as accessible as possible. We use an external system to monitor the accessibility of our website across several metrics. Our score as of March 2024 were:

Website quality	Content	Accessibility

Target (Good)	70 out of 100	70 out of 100
2023-24	90 out of 100	94 out of 100

- We have also continued to provide new resources and training to local Healthwatch to support the accessibility of their information. For example, we:
  - Reviewed and updated our guidance on accessible communications.
  - Produced an Easy Read template for to make it easier for people with learning disabilities to feedback.
  - Commissioned three new videos explaining who we are, how our advice service works and why sharing feedback with us is important. These videos include captions, and we are having BSL versions produced.
  - Ran eight training courses for local Healthwatch linked to accessible communications.
- Evidence – To help gather real time feedback for our monthly update to stakeholders, we now reach out on social media to a different target group each month. Feedback targets over the past year have included people from ethnic minority backgrounds, people on low incomes, neurodiverse people, people from the LGBTQ+ community, and individuals who have autism or a learning disability.
- Brand awareness – we have continued to celebrate diverse communities as part of our brand communications. Examples of this work included Black History Month and Pride, as well as Time to Talk and Carers Week. We also provided local Healthwatch with resources so they could support these campaigns locally.
- Campaigns – Our joint campaign with CQC #ShareForBetterCare launched in February. The campaign aims to increase feedback from people on low incomes, as well as ethnic minority communities. To support activity which will focus on different ethnic minority communities we have commissioned focus groups to understand more about people's attitudes to feedback, as well as potential motivations and barriers.

4. **How we work**

We continue to strive to ensure that Healthwatch England has a focus on equality, diversity and inclusion and demonstrates exemplary practices around equity in our own organisation.

In July we published our 2023/24 Equalities Diversity and Inclusion plan. We publish an action plan annually on how we will live up to our strategic commitment to tackling health inequalities. The plan lays out how EDI is a golden thread that runs through all our work across Policy and Research, Network Support, Communications, and our Organisational Culture.

Business Planning 2023-24

In September, the committee gave its approval for our annual business plan, which was an extension of the previous six-month plan that covered the period from April to September.

We continuously aim to utilise the diverse skills among our committee members to support our work and made sure that every staff member had the chance to contribute to our Business Plan for 2023-24.

Learning and development

In our continuation to support staff in their learning and development needs we have introduced a new Personal Development Plan (PDP) for each staff member and launched a new guideline for learning and development, focused on providing an equitable and fair opportunities for skill growth.

After gathering feedback through our EDI staff survey in August regarding the recent EDI staff training, we have identified new areas of focus for our next EDI Programme. The upcoming training program will cover the following topics:

- Exploring health and healthcare issues specific to diverse groups and communities.
- Focusing on the following communities Healthwatch aims to represent and hosting reflective sessions:
    - Specific minority ethnic groups
    - Neurodiversity
    - Learning disabled

- o Deprived communities
  - o Other protected characteristics – age and faith
- Understand impact of intersectionality
- Understanding of the legal framework as it relates to EDI.

Staff Survey

In October we conducted a staff survey that showed 90% of staff felt HWE had a good approach to equality, diversity, and inclusion. This marks a notable improvement of 6% when compared to the staff survey conducted in 2022.

Culture and behaviour

We are deeply committed to fostering a culture of equality, diversity, and inclusion. As part of our ongoing efforts, we have recently initiated a comprehensive review of our organisational culture. To facilitate this process, we have conducted engaging sessions involving our committee members, staff, and local Healthwatch representatives. Together, we have identified a set of values and behaviours that cultivate a more inclusive and harmonious environment where everyone feels valued and empowered. The value of 'equity' is already being discussed in all groups as a key part of our culture now and in the future.

AGENDA ITEM: Public Committee Meeting Forward Plan

PRESENTING: Chair

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out for the agenda items for the Public Committee meeting taking place in 2024.

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

Healthwatch England Committee Meeting in **PUBLIC** Forward Agenda 2024/25

Date	Agenda Items
Standard Items for each Public Committee meeting • Welcome and Apologies • Declaration of Interest • Minutes and Actions from last meeting • Chair's Report • Chief Executive's Report • Committee Members' Reports • AFRSC Minutes and Report • Delivery and Performance report • Forward Plan • Questions from the public • AOB	
17 September 2024	• LHW or other presentation on a key influencing area • Reports from HWE Staff (?) • One Year Review of 2023-24 Strategy Progress
26 November 2024	• LHW/HWE or other presentation on a key influencing area • Reports from HWE Staff (?) • Annual Conference (check with Hollie) • EDI update