Healthwatch Brighton and Hove: Annual performance report (April 1st 2025 to March 31st 2026)

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April 2026

Annual Performance report (April 1st 2025 – March 31st 2026) – Healthwatch Brighton and Hove

The examples included in our annual report cover the period from 1st October 2025. to 31st March 2026. This annual report should therefore be read in conjunction with our six-monthly report which covers the period and examples of our work from 1st April to 30th September 2025

Performance Indicators	Evidence
1. Intelligence	
3 key issues every 6 months demonstrating issues identified for needing improvement.	**1. Review of complaint letters** University Hospitals Sussex (UHSx) are receiving record breaking numbers of complaints and concerns, putting strain on the Patient Advice and Liaison Service (PALS) who are responsible for responding. Some patients have experienced lengthy delays, although the trust has worked hard to limit this number. We collaborated with UHSx to review a selection of complaint response letters issued by PALS, against nine criteria, to ensure that responses were compassionate, addressed people's concerns and described what learning would be applied as a result. We involved two of our volunteers to provide a lay perspective on 8 response letters. Overall, the letters were of good quality, and it was apparent that detailed investigations had been undertaken and that PALS had taken time to respond compassionately and thoroughly. Our observations were: • It is not always clear when learning occurs. It may be that in some cases, there is none, however, we did feel that in some cases there might have been learning that might have been identified. • Sometimes, the tone of letters could have been improved.

Performance Indicators	Evidence
	We were advised by the Trust that this "*was awesome and invaluable feedback*". Our findings were shared with the head of the PALS team and included in a quarterly report from the Trust's Director of Patient Experience, Engagement and Involvement for their Board. **2. Community mental health services - responding to a helpline enquiry** We heard from a member of the public who was concerned by the recent reduction in community mental health services provided by Southdown. We approached them for a response which was shared with the individual who had contacted us. We were advised about a project to redesign mental health services across Brighton and Hove and East Sussex. We learned that the redesign builds on work undertaken in 2024 to redesign the East Sussex Wellbeing Service and the development of the Neighbourhood Mental Health Teams (NMHTs). Southdown are seeking to create a consistent offer that provides walk-in mental health navigation and social prescribing alongside a short-term structured group offer that embeds peer support. The design also sought to retain spaces for existing clients. The early design process engaged with existing clients and staff and benefitted from feedback from system partners on the needs of clients who do not currently access their services – often because of the limited capacity. Alongside the staff consultation, Southdown had sought to give existing clients a summary of the proposals whilst also recognising that these could change. Southdown advised us that once the consultation period is concluded and they have more definite information, they plan to go back to clients and will then undertake further engagement. We were pleased that Southdown are prioritising listening to the feedback of

Performance Indicators	Evidence
	clients and that they are seeking to balance the needs of existing clients with the intention of increasing access to support for people across Brighton and Hove. We will continue to monitor the situation. **3. Musculoskeletal services enquiry** *"It was about 2.5 to three weeks before I heard anything from the MSK service, which point I got a form to fill in online which then indicated that my shoulder problem had been assessed for 'functionality or something similar,' as 38 out of a hundred points. But also, as routine rather than urgent. I didn't receive any information about what this actually meant, or what how or why this decision had been made. So, after a couple of weeks actually phone MSK and try to talk to them about it but found this quite a struggle."* We received feedback through our helpline about Musculoskeletal services (MSK). This is often referred to as physiotherapy. Concerns were raised about delayed responses, inadequate testing or investigation, poor diagnostic processes, and also a clinical assessment where existing pain condition was not considered. As a result, we contacted those responsible for commissioning the service at NHS Sussex and met with them in February 2026. We were already aware that from December 2024, a new Musculoskeletal (MSK) service for people in Sussex has been launched. The new service was intended to improve access, experience, and outcomes for patients, with the service providers working together to ensure patients receive a consistent experience, feel supported throughout the whole pathway, and

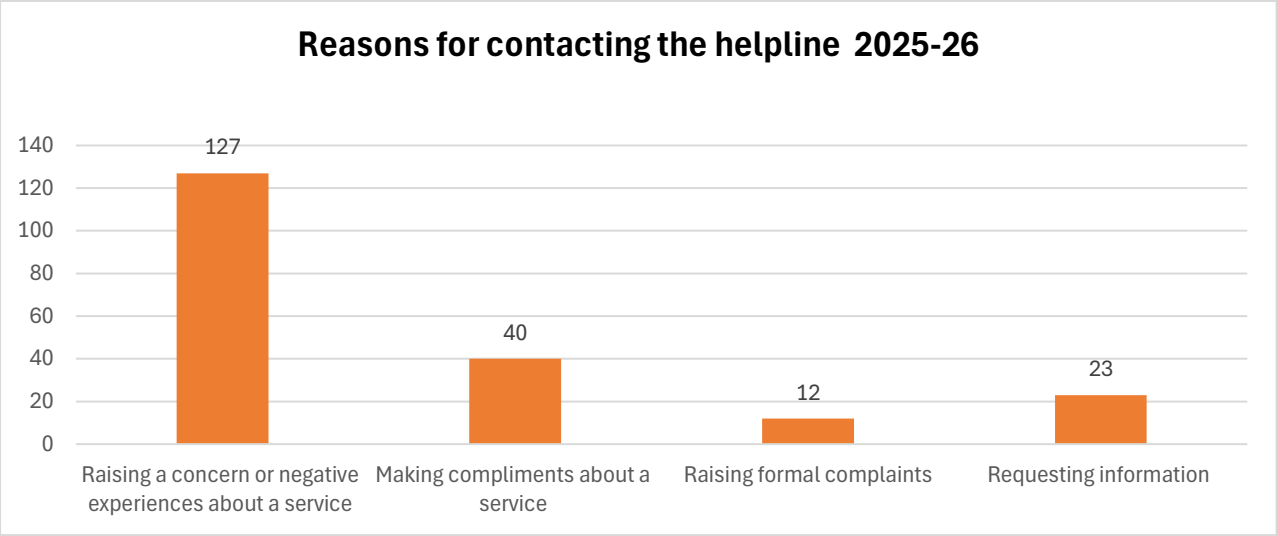
Performance Indicators	Evidence
	get the best treatment first time. We were keen to understand how, since the change in 2024, the service had been performing and what feedback was being heard by the service. We learned that: • Waiting times vary by condition and that some routine times are long (notably for persistent pain), but that https://www.sussexmskhealth.co.uk/wait-timesMSK community appointment days have been successful events to reduce waiting times for some. • A MSK collaboration forum exists to monitor the service. • Patient and service user feedback is routinely collected. • People who are waiting to be seen are signposted to support services. We discussed common themes that are being raised by patients which relate to waiting times, support whilst waiting and pain services. We recommended that better information and guidance about MSK services is needed to help people understand their choices. NHS Sussex agreed to look into the individual's concerns and provide them with a fuller response.
Customer Relationship Manager (CRM) information line with trends. Monitor this data to help detect patterns or emerging issues that may require further investigation.	Data from our information and signposting service (our Helpline) are posted in Smart Survey. We produce our bimonthly intelligence reports of this data, along with our Healthwatch neighbours in East and West Sussex. This consolidates our intelligence from the people we hear from – helpline, events, reports, polls, etc, which are then shared within NHS Sussex at our fortnightly Public Involvement meetings with the Director of Communications & Engagement, Deputy Head of Working with People and Communities and Deputy Director of Working with

Performance Indicators	Evidence
	People and Communities. This includes a summary of evidence from all 3 Healthwatch areas, and includes: • Questions or queries that we wish to pose to NHS Sussex or Integrated Care System partners. • Monthly numbers of helpline enquiries, concerns, complaints and compliments. • The most common themes and trends from feedback e.g. Primary care, acute care, community services and adult social care. • New themes and trends from feedback every month. • A case-study which highlights an issue received through feedback, including any actions that Healthwatch took in response. • Our latest poll findings. • Recent publications and reports with hyperlinks. We have produced 6 intelligence reports over the last year and have raised several queries with NHS Sussex, for example about the variation in Advice and Guidance provided by GPs across the city, which resulted in a presentation from NHS Sussex colleagues about the issues flagged in our report. This increases our knowledgef of changes that are happening, facilitates new partnerships and helps to initiate wider conversations. For example, following a presentation on initiatives to improve Emergency Care, we brokered a meeting between UHSx, the Trust for Developing Communities who are leading work at neighbourhood level to support the development of Integrated Care teams in the East of the city and Wellsbourne GP practice who are located in Whitehawk to look at reasons behind higher attendances at A&E from residents from this part of the city. More about this meeting is described later on in this report.

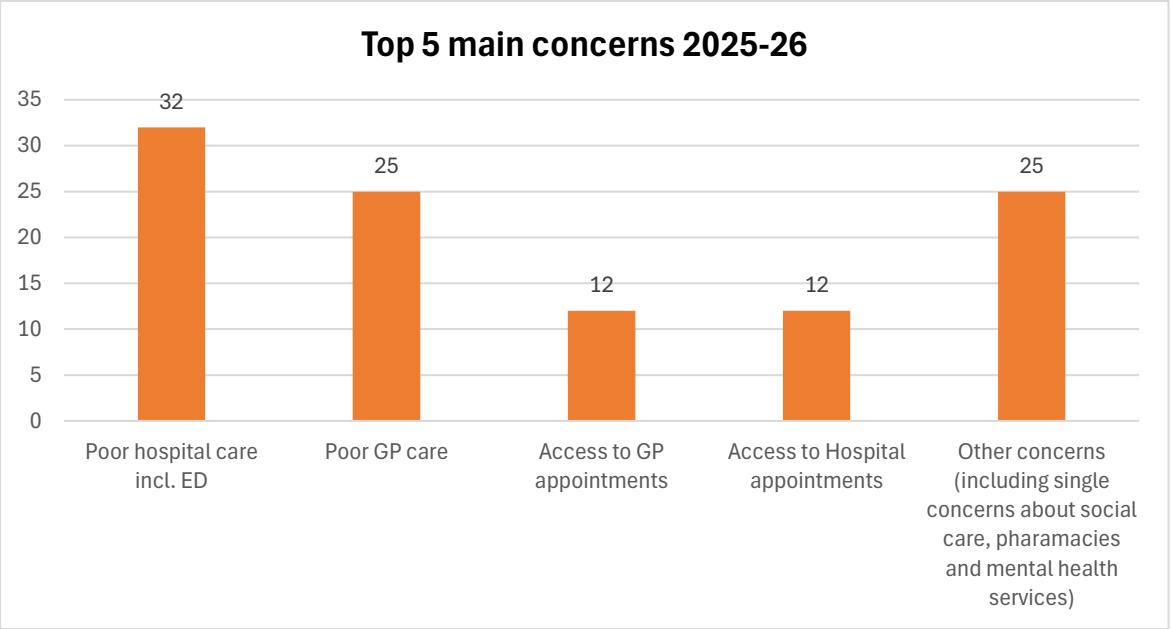
Performance Indicators	Evidence
	In total, we received 202 enquiries to our helpline between April 1st and March 31st 2026. This is a slight decrease on last year (228 during 2024-25), however we have noticed that enquiries are becoming more complex and often involve ongoing conversations with people, meaning we are speaking to the same person more than once. We are focussing more of our efforts on going out into the community to reach people and promote our services, such as our pop up at the Brighton Library in March. We are also routinely sending updates to local Councillors and MPs. In addition to our helpline, we also heard from 140 people at face-to-face events including a stall at the Jubilee Library (central Brighton) in March 2026. From 23rd March 2026 Healthwatch England and the CQC launched the Share for Better Care week which was designed to encourage people to share their feedback to help NHS and social care professionals tailor care, understand what's working, and identify new ways to improve services. During the week we received 19 pieces of feedback which was an increase from 6 from the previous week. Given that the Share for Better Care week was later this year (compared to 24th February 2025), it may be the case that the increase in traffic may well extend into next year's performance report. Our Communications Plan and Engagement Strategy describe our plans to raise greater awareness of Healthwatch and our helpline which will be a priority focus for 2026/27. The enquiries we received were a combination of phone call messages, feedback through our website, emails and face-to-face engagement. The majority of people contacting the helpline were:

Performance Indicators	Evidence

- Raising a concern or negative experiences about a service (127 people).
- Making compliments about a service (40 people).
- Requesting information (23 people).
- Raising formal complaints about a service (12 people).



The majority of people were raising concerns around poor care from hospitals (32 concerns) and poor care from GPs (25 concerns). The next most frequently raised concerns were around accessing both GP and hospital appointments (12 concerns each). These are similar to concerns raised the previous year with poor care from hospitals remaining the top concern. Other concerns (25 concerns) included single issues, for example concerns about accessing pharmacies, concerns about the care provided by a pharmacy, poor dental care, poor access

Performance Indicators	Evidence
	to social care, difficulties accessing mental health services and concerns about treatment received from mental health services.  We used this feedback to set our workplan, which this year has included undertaking Enter and Views of the Emergency Department and Kidney Units, and work with local GPs including engaging with over 1000 patients registered at Woodingdean practice and our involvement in three separate GP mergers that have been initiated this year. To illustrate these concerns, some comments are posted below:

Performance Indicators	Evidence
	Poor hospital care: “GP wanted me to have an x-ray on lower ribs. Outpatients said they wouldn’t do it as it is only x-ray for chest. Staff seemed clueless. Rude. They said it wasn’t ‘protocol’. Hot as a sauna. Overheated. Have complained about the heating before … lack of ventilation and no air-con.” “I was admitted to RSCH (Royal Sussex County Hospital) with a stroke. I was neglected for 24hr. Left continually vomiting, with severe head pressure, some pain, injured from my fall, dehydrated and delirious. I was examined briefly, my injuries were not looked at, I was given medication but nobody came to see if they were effective.” **Poor GP care:** "Difficulty getting quality of service consistently. Drug prescribed by GP in a rush and no advice given about it…Appointment split into two lots of 3 minutes at the time as it was not a timed consultation. GP has very limited knowledge of me and history of health. Poor quality appointment and was rushing to assumptions.” “Concerns were raised about length of appointments (too short, not being listened to), prescribing of medications without properly advising the patient, and being put on a new lifetime drug without any planned reviews. Patient was aware of the increase in patient numbers in recent years, lack of full- time GPs, inability to see a female GP.”

Performance Indicators	Evidence
	Poor dental care: “They are insisting I have certain things done- x rays, hygiene appointments. And threatening that I will be removed from the practice.” “The dentist is acceptable, but I am concerned that they could become private, then I would have serious problems of paying for it. Probably go without treatment, unless for a serious condition.” **Difficulties accessing GP appointments:** “I've been suffering from a sore thumb which has kept me awake for two nights. It sounds ridiculous and trivial but it's affecting my work. I tried unsuccessfully to get an appointment with my GP so went to a private doctor via work who told me that I needed to be seen in person. I've gone back to my GP but am still struggling to get an appointment at my GP practice. I'm not sure what I need to do, or can do?” "I have nothing bad to say about our doctors. The huge problem is getting an appointment! The phone lines open at 8.30, always a queue then fully booked by 8.40. As for the online system, I have tried before surgery opens at various times in the day and even during the night, they are always ‘at capacity’ for recurring and new conditions. The only way I ever get an appointment is to go to the surgery in person, and even that does not always work. It is even harder if you want to see a specific doctor, I have been trying for a couple of months to see my ‘usual’ doctor."

Performance Indicators	Evidence
	Compliments: Finally, although the 'helpline' will naturally be a route for raising concerns, some people took time to add compliments, for example: "I had my smear test today on 14/04/2025 (Stanford Medical Centre) - The nurse was really kind and reassuring. I can be anxious when it comes to my health and have lots of questions. She explained step by step what was going to happen. I was offered the option of a chaperone. She answered any questions I might have and explained when and how I would get the results. She also emphasised that if the procedure was painful and uncomfortable she would stop at any time. The nurse was a really kind and caring professional." "Husband had an arterial bleed, from ambulance to A&E to endoscopy dept, all have been excellent, saved my husband's life, forever grateful."
Workplan updated every 6 months and reviewed continually.	A draft workplan for 2026/27 is subject to Board approval in April 2026. We will forward once this has been approved by our Board. Our workplan is regularly reviewed.
2. Activity	
Number of Environmental Audits (if applicable) Number of PLACE visits conducted (if applicable).	**Enter and Views including Environmental Audits:** The majority of people we heard from this year, were raising concerns around poor care from the hospital and GPs, however, in contrast to last year, poor hospital care has overtaken poor GP care as the main concern. This is why our workplan includes a focus on hospital care. This year, we undertook two detailed Enter & Views of services at University Hospitals Sussex and

Performance Indicators	Evidence
	supported Trusts to deliver their PLACE (Patient Led Assessments of the Care Environment) assessments. 1. Enter and View and an Environmental Audit at the Emergency Department at the Royal Sussex County Hospital, April 7th 2025. This was done following a request by University Hospitals Sussex (UHSx), following an inspection visit made by the CQC who had raised concerns about corridor care. UHSx wanted an independent review of the department. Separately, we had also spoke to people about their experiences of the department and you can read our full report here. Following our Enter and View visit, we suggested the following areas for improvement: • improving signage. • installing video displays and positioning information systems to make them more accessible. • improving fire and safety. • providing clearer staff IDs and information about staff uniforms. • improving patient dignity (majors) The response from the University Hospitals Sussex showed how our visit will influence future plans: *"Huge thanks to the team at Healthwatch Brighton and Hove for supporting the Trust with this Enter and View, and for the insightful and professional report. As ever, Healthwatch facilitate the voice of patients, having real influence over the improvements we plan and actions are being taken in response, including supporting*

Performance Indicators	Evidence
	better information about waiting times for patients. This report will shape our next steps and will inform the Trust's strategic plans for the Emergency Department." - Director of Patient Experience, Engagement & Involvement 2. Enter and View of the Sussex Kidney Unit, August 19th 2025 – included an Environmental Audit of the outpatient and dialysis waiting areas, main haemodialysis rooms (x4), and the day-case unit. We attended the unit in response to findings from a 2024 survey, led by The UK Kidney Association in partnership with Kidney Care UK. The Kidney PREM (Patient Reported Experience Measure) is an annual, national survey of UK kidney patients. The results of the 2024 PREM ranked Sussex Kidney Unit as 63 out of 66 centres, making it one of the lowest ranking renal services in the country. We attended the unit to listen to patients' experiences in more depth. Our environmental review was positive with 85% of patients said they were either satisfied or very satisfied with the environment. We made several recommendations and learned that the trust already has plans to improve the environment and enact some of the following changes. In response, the Trust said: *"We would like to thank Healthwatch Brighton and Hove for accepting our invitation and visiting our Brighton unit to speak with some of our haemodialysis patients. The detailed report provided offers valuable insights that will guide us in improving our service, particularly in enhancing communication with our patients. We are also deeply grateful to our patients for their candour and honesty, which is essential in helping us deliver better care."*

Performance Indicators	Evidence
	PLACE - Patient Led Assessments of the Care Environment: This year, our staff and volunteers supported two trusts to complete their annual PLACE assessments. We visited the Royal Sussex County Hospital (RSCH), the Royal Alexandra Children's Hospital (RACH), and the Sussex Eye Hospital over seven days. We visited the following departments: • Endoscopy – Thomas Kemp (TK) • Post-natal ward - TK • Trevor Mann Baby Unit (Surgical Neonatal Intensive Care) - TK • Lawson Unit (specialist HIV centre) – Louisa Martindale Building (LMB) • Neurosurgery ward - LMB • Elderly medical ward (Frailty Same Day Emergency Care) - LMB • Discharge Lounge - LMB • Vascular ward – TK • RACH Orthodontics • RACH Emergency Department • RACH High Dependency Unit • RACH Surgical ward • RACH Medical ward • Sussex Eye Hospital - Pickford Ward • Surgical Assessment Unit – Millenium wing • Sussex Cancer Centre • Sussex Kidney Unit • RSCH Emergency Department

Performance Indicators	Evidence

- RSCH Emergency Department external
- Millenium building external
- LMB external
- Level 11 (West Trauma & Orthopaedics) – Food Assessment
- RACH Medical – Food Assessment.

We also supported Sussex Partnership Foundation Trust (SPFT) by conducting a visit at Mill View Hospital.

The Patient-Led Assessments of the Care Environment (PLACE), 2025 Official statistics February 2026) shows assessments for the RSCH and Mill View Hospital compared to the national average as follows (green is higher than the national average and red is lower than the national average) – higher scores indicate better outcomes.

	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
RSCH 2025	98.97%	88.66%	98.44%	86.03%	89.72%	96.69%	86.43%	88.58%
Mill view 2025	99.76%	86.62%	84.90%	88.24%	100.0%	98.92%	N/A	100.0%
National average	98.55%	92.13%	92.79%	92.30%	89.37%	97.00%	85.68%	87.12%

Performance Indicators	Evidence
Brief examples of 2 joint projects undertaken with neighbouring Healthwatch East- and West Sussex.	**Example 1 - Healthwatch in Sussex Polls**: Over the last year we developed a series of polls, with our colleagues in East and West Sussex. The polls serve as a 'temperature check' on current or emerging issues, to capture views on topics we hear less about and to provide system partners with real time feedback on services. They can also act as a trigger for further investigation or used in their own right. Each poll is 6-9 questions in length alongside optional equalities questions. Six polls were delivered in the last year were, with two being led by Healthwatch Brighton and Hove. The latest one on weight loss injections is led by Healthwatch Brighton and Hove and is currently live). The polls have been completed by 2207 people across Sussex (485 in Brighton and Hove). 1. NHS satisfaction (April 2025, 615 responses in Sussex/235 responses in Brighton and Hove). *Led by Healthwatch Brighton and Hove.* 2. Carers (May, 179/26). *Led by Healthwatch Brighton and Hove.* 3. Nutrition (July, 166/35). 4. Changes to GP practice/Modern General Practice (September, 599/82). *Led by Healthwatch Brighton and Hove.* 5. Children and Young People's learning needs (November, 100/8). 6. Pharmacy First (January 2026, 548/99). Full details are provided in the reports list (under Outputs). Our polls are shared widely, including with NHS Sussex colleagues including the Director of Communications & Engagement; Deputy Head of Working with People and Communities; Deputy Director of Working with People and Communities; our VCSE partners; and our Councillors / MPs. We promote all of our poll results through our newsletters. Our reports have

Performance Indicators	Evidence
	been added to the NHS Sussex 'Insight Bank' so that they are available to anyone with an interest in learning more about people's feedback. We were asked to present some of our findings at the Brighton and Hove Place Delivery Board, which is leading on the development of Integrated Care Teams. We have been able to rely on our findings when relaying patient experiences at system-level meetings, for example at the March Health and Wellbeing Board 2026, we highlighted that many patients were not aware of the various changes that have been made to general practice and were struggling to keep pace with change and that better communications are needed. **Example 2 – You and Your GP:** We receive many concerns via our helpline relating to poor care from GPs and accessing GP appointments. This is why monitoring primary care is a priority in our workplan. This year, we have routinely monitored recent changes to general practice. For example, the autumn of 2025 saw the NHS introduce 'You and Your General Practice' (YYGP), known by some as a GP Charter. The 'You and Your General Practice' (YYGP) outlines principles about what patients and GP practices should expect of each other in terms of appointments, communications, support and feedback. It also aims to create greater consistency across GP services. In light of feedback we had received, we undertook as review of all 31 GP practices in the city to see who well they were promoting YYGP. Our report outlines what we found, including: • A requirement for all GP practices to maintain access to all three forms of communication (face-to-face visits; phone calls; and digital platforms) between 8am and 6.30pm, Monday to Friday.

Performance Indicators	Evidence
	• A requirement for all GP practices to respond to requests for appointments or advice within one working day with next steps for patients, and clarity that practices cannot tell people to just call back the next day. • Guidance for patients to help them act appropriately, including being prepared for appointments, cancelling when necessary, and organising prescriptions as required. • Information on how to give feedback or complain to practices, as well as complain to their Integrated Care Board (ICB), or feedback to Healthwatch. A key aspect was all GP practices needing to have shared a link to the NHS England YYGP document on their practice website home page no later than 1st October 2025. Healthwatch Brighton and Hove, Healthwatch East Sussex and Healthwatch West Sussex looked at channels of communication at GP practices across Sussex during November 2025. We wanted to identify if GP practices are adhering to the 'You and Your General Practice' requirements. Healthwatch staff and volunteers reviewed 163 Sussex GP practice websites to check compliance. The key findings from this review were as follows: • Most of the 163 GP practices reviewed in Sussex (77.3%) had published the 'You and Your GP' guidance on their websites or provided a link to it, but 22.7% had not. • Geographical variations exist, with all practices in Brighton & Hove publishing the guidance, compared to approximately two-thirds in East Sussex and West Sussex. • The location and presentation of 'You and Your GP' guidance published on GP practice websites varies considerably. • Approximately a quarter of practices placed YYGP content in high-profile locations on their website homepage making the content easy to find.

Performance Indicators	Evidence
	• Most GP websites in Sussex (62.0%) included information on the availability of face-to-face access at the practice. However, in 4-in-10 of these examples, information suggested access was not provided for the full duration of the times required by YYGP (8am to 6.30pm). • Most GP websites in Sussex (77.9%) included information on the availability of phone access to the practice. However, in 4-in-10 of these examples, information suggested access was not provided for the full duration of the times required by YYGP (8am to 6.30pm). • Most GP websites in Sussex (66.9%) included information on the availability of digital platforms at the practice. However, in 3-in-10 of these examples, information indicated access was not provided for the full duration of the times required by YYGP (8am to 6.30pm). The review generated 5 recommendations, each responded by NHS Sussex (see 'Percentage of recommendations influencing service improvement'): 1. All Sussex GP practices to make sure they publish the 'You and Your GP' guidance on their website in line with the national requirements. 2. Primary Care Networks and GP practices to regularly review website information in-line with YYGP requirements and ensure that accessible, clear and consistent information on communication channels and their operating times is provided to patients. 3. Primary Care Networks and GP practices to explore regular (annual) lay testing of website content, including by Patient Participation Groups (PPGs), to ensure their effectiveness from a patient perspective. 4. NHS Sussex to collaborate with GP practices in Sussex to develop and keep up-to-date websites aligned with 'You and Your GP' principles and delivering clear and consistent

<table>
<tr><th>Performance Indicators</th><th>Evidence</th></tr>
<tr><td></td><td>contact information.
5. Healthwatch to periodically review GP practice websites in Sussex to assess the quality, clarity and accessibility of content from a patient perspective.

NHS Sussex who commission local GP services provided the following response to our report:

“NHS Sussex welcomes the findings of Healthwatch’s countywide review of GP practice websites and the implementation of the You and Your General Practice (YYGP) requirements. We appreciate the scale of the work undertaken, the clarity of the insights provided, and the constructive spirit in which this exercise has been carried out. The introduction of YYGP in the 2025/26 GP contract represents an important step in strengthening this clarity and consistency, and we value Healthwatch’s contribution to monitoring its early implementation.”</td></tr>
<tr><td>Website, Facebook page and Newsletter traffic including bulletins.</td><td>Our website and other traffic are shown below, with a comparison between the first and second six months of the last year. There are some interesting differences including an approximate 100% increase in website traffic (unique users) and more than a doubling of returning users. Followers to our Facebook, Instagram and Bluesky accounts are also steadily increasing.

<table>
<tr><th></th><th>April 1st 2025 to September 30th 2025</th><th>October 1st 2025 to March 31st 2026</th><th>Annual total – April 1st 2025 to March 31st 2026</th></tr>
<tr><td>Total website traffic (unique users)</td><td>8,777</td><td>16,724</td><td>25,501</td></tr>
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Performance Indicators	Evidence			
	Total website traffic (returning users)	552	1,218	1770
	Average time on website for all users	1m 09s	38s	Not applicable
	Total articles on website	132	97	229
	Total Facebook posts	64	40	104
	Facebook followers	994	999	999 (annual totals are not applicable as all followers are accumulated through time)
	Total Instagram posts	56	35	91
	Instagram followers	446	452	452
	Total Bluesky posts	51	39	90
	Bluesky followers	96	107	107

Annual totals:

11 total audience newsletters to our mailing list (monthly).
3 total volunteer newsletters.
7 WhatsApp messages to our volunteers.

Performance Indicators	Evidence
	14 mailshots (ad hoc) to our mailing list (annual total): • Healthwatch in Sussex poll: NHS Satisfaction Poll 2025. • Healthwatch in Sussex poll: Challenges as a carer. • Get involved: mental health services, data in the NHS and women's voices. • HW closure press release. • Healthwatch in Sussex poll: your views on recent changes to GP surgeries. • HW closure petition press release. • NEPTS (Survey: Do you, or someone you support, use Patient Transport Services?). • HWiS poll: NHS support for children's learning needs in Sussex. • RESEND: NEPTS (Survey: Do you, or someone you support, use Patient Transport Services?). • HWiS poll: Pharmacy services in Sussex. • Survey: Your views on the creation of a new NHS Online Trust. • RESEND: Survey: Your views on the creation of a new NHS Online Trust. • HWiS poll: Access to weight loss injections. • Share for Better Care Week 2026.
Details of issues shared with Healthwatch England such as reports and key issues.	All of our 32 reports, including our helpline data, and our 11 newsletters are shared with Healthwatch England and can be viewed here. We were also one of ten Healthwatch commissioned by HWE for the Trans & Non-binary Experiences of GPs in Brighton & Hove which contributed to their intelligence gathered by 1400 people from this community.

Performance Indicators	Evidence
	In the last 6 months of this year, we escalated one matter to Healthwatch England (see next). Details of issues escalated in the first 6 months are described in our 6-monthly Performance Report. The issue we raised within the last 6 months (March 2026) was regarding the RSV (Respiratory syncytial virus) vaccine, which is not something we could raise at local level, as we suspect the guidance is set nationally (so we asked HWE to raise with NHSE and other parties). A risk factor of getting the vaccine, Guillain-Barre Syndrome, was brought to a patient's attention by the nurse. This illness is very serious and there is no cure. The individual asked about the risk statistics and was told 'one in a million'. The leaflet they were given after having the vaccine said it was 'one in 5,000'. There were additional risks if patients had some previous conditions. Apparently, the NHS is now stating the risk as 'one in 50,000'. They state the benefits outweigh the risks. Given the severity of the illness, it feels as if the statistics should be reviewed and patients given the information prior to deciding whether or not to have the vaccine. The individual organised their vaccine after a prompt from NHS online and no warning leaflet was attached. We received a response very recently from Healthwatch England: "Thank you for bringing this to our attention – very helpful. I'm going to raise this with DHSC and I will let you know what we hear back."
Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny Committee (HOSC) meetings attended.	5 Health and Wellbeing Boards (April, July, September, December and March). In November 2025, we also attended and actively contributed to a Health & Wellbeing Board Development Session to further enable the Board to meet its statutory local population health responsibilities.

Performance Indicators	Evidence
	5 Health Overview Scrutiny Committee meetings (April, July, September, November and February).
Total number of Board meetings attended, including Cancer Board, AEDB, SAR, Healthwatch Board, Planned Care Board (aggregated)	71 Board meetings attended.
Number of decision-making meetings attended by Board, staff and volunteers (aggregated).	333 decision-making meetings attended.
The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.	A) 4 Healthwatch events publicised (annual): 4 Healthwatch Board meetings – April, July, October and January. B) 26 additional events publicised (annual): 1. Healthwatch drop-in session at the Age UK West Sussex Brighton and Hove Walk-in Hub. 2. Free mindfulness taster session with the Sussex Mindfulness Centre. 3. COVID-19 spring booster drop-in. 4. MSK Community Appointment Day at Brighton Racecourse. 5. Free mindfulness taster session with the Sussex Mindfulness Centre. 6. Free mindfulness taster session with the Sussex Mindfulness Centre. 7. Bereavement by suicide action in East Sussex. 8. Energy works pop-up at Age UK WSBH.

Performance Indicators	Evidence
	9. Valuing the voices of women in health and care. 10. Free webinar series for people under 40 with Type 2 Diabetes. 11. Brighton & Hove Ageing Well Festival 2025. 12. Annual General Members Meeting - University Hospitals Sussex NHS Foundation Trust. 13. Winter COVID booster clinics - throughout October 2025. 14. International Day of Older People. 15. Age UK West Sussex Brighton and Hove Men's Meet-up. 16. Bereavement by suicide action in East Sussex. 17. Monty's Warm Welcome Hub (HKP – Hangleton and Knoll Project). 18. The National Maternity and Neonatal Investigation. 19. The Lonely Club. 20. Community health drop-in: every Wednesday, 1-4pm (HKP – Hangleton and Knoll Project). 21. Share for Better Care Week 2026 at Jubilee Library. 22. Free mindfulness course for people living with dementia & their loved ones. 23. Healthwatch Brighton and Hove - Board Meeting April 2026 (published before April 2026) 24. Healthwatch Brighton and Hove - Board Meeting July 2026 (published before April 2026) 25. Healthwatch Brighton and Hove - Board Meeting October 2026 (published before April 2026) 26. Healthwatch Brighton and Hove - Board Meeting January 2027 (published before April 2026)
3. Outputs	
Number of reports (including service areas reviewed) and	We published **31 reports** within the last year.

Performance Indicators	Evidence
total number of people engaged in each review.	This list does not include three strategic documents which should be read in conjunction with these reports: • Communications Plan, March 2024 - April 2026. • Healthwatch Brighton and Hove Engagement Plan 2024-27. • Vision, Mission and Values. For our reports, we outline the different service areas, numbers engaged, and number of recommendations (if applicable) as shown below. 1. Your Experiences of Vaccinations – Healthwatch in Sussex Poll, April 2025. 566 responses (84 Brighton and Hove). No recommendations. 2. Healthwatch Brighton and Hove Annual Performance Report 2024/25 (1st April 2024 to 31st March 2025). April 2025. No recommendations. 3. Our social value commitments: 2025-2030. April 2025. No recommendations. 4. Our climate commitments: 2025-2030. April 2025. No recommendations. 5. NHS Satisfaction in Brighton & Hove and Sussex-wide – Healthwatch in Sussex poll, May 2025. 615 responses (135 Brighton and Hove). No recommendations. 6. Healthwatch visits to University Hospitals Sussex NHS Trust as part of the PLACE programme. May 2025. 10 areas for improvement. 7. Homecare Check Summary Report. May 2025. 225 people. No recommendations. 8. Equality Impact Assessment 2024-2025. June 2025. Equalities data provided by 2,174 people. 3 recommendations. 9. Poll results: supporting carers to attend their own healthcare appointments. Healthwatch in Sussex poll, June 2025. 179 responses (26 Brighton and Hove). No recommendations. 10. Healthwatch Brighton and Hove - Annual Report 2024-25. June 2025. No recommendations.

Performance Indicators	Evidence
	11. Patients' views about Woodingdean Medical Centre Part 2: July 2025. July 2025. 1,612 survey responses. 4 recommendations. 12. Enter and View Report: The Emergency Department at the Royal Sussex County Hospital, April 2025. July 2025. 31 people. 5 areas for improvement. 13. Helpline enquiries to Healthwatch Brighton and Hove: April 1st 2024 – March 31st 2025. July 2025. 228 people. No recommendations. 14. Our workplan for 2025/26. July 2025. No recommendations. 15. HWiS poll results: how do your nutritional and dietary needs affect you? – Healthwatch in Sussex poll. August 2025. 166 responses (35 Brighton and Hove). No recommendations. 16. Enter and View Report: The Sussex Kidney Unit at the Royal Sussex County Hospital. April 2025. August 2025. 14 people. 14 areas for improvement (including environmental audit). 17. Improving outcomes for people at risk of hypertension - Evaluation Report. September 2025. 91 people. No recommendations. 18. Trans & Non-binary Experiences of GPs in Brighton & Hove. September 2025. 34 people. 4 recommendations. 19. A report on vaping and children & young people with special educational needs. October 2025. 52 people. 5 recommendations. 20. HWiS poll results: recent changes to GP practices. October 2025. 599 responses (82 Brighton and Hove). No recommendations. 21. Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care. November 2025. 49 people. 7 recommendations. 22. HWiS poll results: NHS support for children's learning needs in Sussex. December 2025. 100 responses (8 Brighton and Hove). No recommendations. 23. Healthwatch Brighton and Hove Six-month Performance Report (April - September 2025). January 2025. No recommendations.

Performance Indicators	Evidence
	24. Homecare Check - Annual Report 2024-25. January 2026. 211 people – 12 new people in addition of the summary report in May 2025. No recommendations. 25. HWiS poll results: Pharmacy First. February 2026. 548 responses (99 in Brighton and Hove). No recommendations. 26. 'You and your GP' mapping. February 2026. 0 responses (163 Sussex GP practice websites). 5 recommendations. 27. A Healthwatch in Sussex report on Non-Emergency Patient Transport Services. February 2026. 151 responses. 5 recommendations. 28. Your views on the creation of a new NHS Online Trust (a virtual hospital). March 2026. 159 responses. No recommendations but informed response to consultation regarding the new NHS online Trust. 29. Healthwatch Brighton and Hove's response to the consultation on the new NHS online NHS Trust. February 2026. 5 groups of recommendations to inform public consultation. 30. Our Social Value Commitments – annual update 2025/26. No recommendations. 31. Our climate change commitments - Annual update (April 2025 – March 2026). No recommendations. **Numbers engaged over the entire year were 3,267.** This includes helpline enquiries, poll data for Brighton and Hove and 140 at in-person events. Excludes Equalities Impact Assessment report 2024-25 which is a compilation of data and feedback forms used at events. **Recommendations** from reports – 33 (October 1st 2025 to March 31st 2026) and 1 1 (April 1st 2025 to September 30th 2025) = 44 for the year. **Areas for improvement** from PLACE, Enter and Views and Environmental Audits – 29 (October 1st 2025 to March 31st 2026) and 15 (April 1st 2025 to September 30th 2025) = 44 for the year.

Performance Indicators	Evidence
	Note that recommendations are developed on SMART principles. Where there are no recommendations, the findings and intelligence are shared widely including Brighton and Hove City Council, NHS Sussex, and Healthwatch England. We also produce bi-monthly reports, with our Healthwatch neighbours in East and West Sussex which consolidate our intelligence which is shared with the NHS. We have produced 6 bimonthly reports over the last year.
4. Influence	
Two examples demonstrating impact from attending decision-making meetings - defined as 'meetings with external people across the system where Healthwatch influences or leads decisions made – includes Board meetings'. Could be decisions initiated by Healthwatch, commitments made in meeting minutes, contributions/presentations by Healthwatch.	**1. University Hospitals Sussex NHS Trust:** We routinely meet with leads at University Hospitals Sussex NHS Trust to share insight and learn about important changes/updates. In Quarter 3, we discussed the Trust's focus on engaging with East Brighton residents, who are also one of our identified priority groups (see our 3-year Engagement Plan). Following this, we facilitated a meeting between the Trust, the Trust for Developing Communities who are leading work at neighbourhood level to support the development of Integrated Care teams in the East of the city and Wellsbourne GP practice who are located in Whitehawk to look at reasons behind higher attendances at A&E from residents from this part of the city. We learned that Whitehawk is now the 188th most deprived area (nationally), a worsening position as they were previously ranked 290th. We also heard more about the Trust's Hospital Alternative Oversight programme (HALO) which aims to reduce unnecessary attendances. It

Performance Indicators	Evidence
	was agreed to pull data showing the main reasons for why people attend the Emergency Department. TDC explained that they deliver a leaflet drop which signposts people to services and it was agreed to develop this by creating 'personas' that people could relate to and help them understand their choices e.g. where a person with certain conditions and needs might go for help and support. We will be meeting with the Trust's HALO led to understand how we can support this important work. **2. Processes for supporting mergers of GP practices:** In June 2025 we met on several occasions with Working with People and Communities Manager (Primary Care), NHS Sussex, in the codesign of survey questions and a supporting document for GP closures and mergers. In the meetings we advised on the ways to engage the public about any suggested changes. We stressed the importance of a question justification process to prevent survey bloating, seek ways in which any changes will affect patients (e.g. how they travel for appointments), the use of paper and online survey copies, and using qualitative insight to explore and help explain some of the survey findings. Also advised about the proposed 5-week timeframe of the survey, being aware of public holidays, and how a reminder (text) can boost numbers about half-way through, and if respondents are really struggling then 'a last chance to have your say' a couple of days before closure. The entry to a prize draw may encourage participation. The most recent correspondence with the Working with People and Communities Manager (Primary Care) was that "The document has been finished, but needs to be signed off before it's published, and I'm not sure yet when that will be. It may be the case that this becomes part

Performance Indicators	Evidence
	of a wider 'how to' guide to the whole process of merging and closing practices." This implies our support was valued and may have benefits across the health system. This experience has been valuable in developing this guidance and supporting the merger of Wish Park and Links Road surgeries in collaboration of the PPG Chairs.
5. Impact	
Example reflecting on progress made on a recommended action regarding a protected characteristic group i.e.: age, sex, gender reassignment, sexual orientation, disability, ethnicity or race, religion or belief, pregnancy and maternity, or marriage and civil partnership.	**Trans & Non-binary Experiences of GPs in Brighton & Hove:** Our Engagement Plan identifies the LGBTQ+ community as a specific group who we want to hear from and this year we were one of 10 local Healthwatch who were commissioned by Healthwatch England to enhance their understanding of Trans and Non-binary experiences of GP care. We heard from 34 trans and non-binary people from Brighton and Hove, and though the feedback does highlight some areas of concern, there were several positive findings too. Our findings were shared with Healthwatch England to contribute to a wider, nationally representative study they were conducting. The total study heard from 1,393 trans or non-binary people. The evidence was used to underpin a number of recommendations from the Healthwatch England Report including that the government should develop a new LGBT+ health strategy that presents a coherent offer to trans and non-binary people from the NHS through primary, secondary, and mental health service. In summary, GP support for gender and other care was good overall, but a significant minority thought less so. More respect was thought to be shown by GPs, Practice Nurses and Receptionists, compared to Pharmacists and Practice Managers.

Performance Indicators	Evidence
	Again, accessing HRT was not problematic for most, although some had a more negative experience. Continuing this theme of mixed experiences, waiting times to change their gender marker varied considerably with some waiting up to 2 years. The findings from this study were shared at the LGBTQ+ Health Evidence Review meeting (September 2025). This event was arranged by NHSE to support the national LGBTQ+ Health Evidence Review, commissioned by The Secretary of State for Health and Social Care. This will explore LGBTQ+ health inequalities and aims to identify barriers to healthcare access and areas where LGBTQ+ communities encounter poorer healthcare experience and outcomes. The review will also identify and describe best practice approaches and make recommendations for change. At this LGBTQ+ Health Evidence Review meeting, we shared feedback on our recent Trans and Non-binary people and key points from our earlier work, including: • Our work explored accessing services during Covid-19 found LGB people were more likely to delay making an appointment (47.7% delayed their appointment relative to 36.6% of heterosexual people). • We also found that people who defined themselves as LGBTQ+ (compared to those who did not) were more likely to have had a remote appointment in the pandemic but were the least likely to be satisfied with them. Reasons ranged from general prejudice that could be exacerbated by the remote setting to more nuanced reasons such as reduced access to support. We also shared our work with Switchboard, The Clare Project, Allsorts, and MindOut.

Performance Indicators	Evidence
	Additional reports relating to this protected characteristic group that we shared included: • Young people share their views on barriers to accessing services, report, 25th June 2024. LGBTQ+ Children and Young People (CYP) were asked for their views about how substance misuse services, sexual health services and therapeutic support services could better engage with them. • LGBTQ+ people share their experiences of health and social care services, report, 29th June 2022. Our project supported LGBTQ+ people in Brighton and Hove to share their experiences of health and social care services. • Report: How to deliver personalised end of life care for LGBTQ+ patients (February 2022), report, 22nd February 2022. Our report looks at how to deliver personalised end of life care for LGBTQ+ patients. The results are from a Healthwatch review of published literature.
Percentage of recommendations influencing service improvement – based on % of recommendation *accepted* by NHS/ICB and % of those resulting in *service change.*	**Over the last year, we have made 38 recommendations and 29 'Areas for improvement' from Enter and Views, Environmental Audits and PLACE** As many of these recommendations were generated within the last 12 months, it is too early to say how many have led to service change or improvement. Service change or improvement may occur several months after a report is published and shared. To illustrate this delayed impact further, two Healthwatch reports published in 2022 (experiences of mental health services) and 2024 (parent/carer experience of health care services for under 5 years of age, including those with Special Education Needs) have been recently cited in the draft Joint Strategic Needs Assessment review into Special Educational

Performance Indicators	Evidence
	Needs and Disabilities, Learning Difficulties and Neurodiversity (currently being written and see later in examples of studies with long term change). **Enter and Views and Environmental Audits – Sussex Kidney Unit and Emergency Department – Royal Susex County Hospital** **Combined - 19/19 'areas of improvement' leading to service improvement.** The Enter and View and Environmental Audit at the Sussex Kidney Unit generated 14 'areas of improvement.' At the time of writing the report the Trust said it would send a 'monthly patient information summary' sheet which should help to improve communications about individual care, and improve the sensitivity of the letters sent. For the Environmental Audit 'areas for improvement', the Trust have provided new furniture, provided a new Haemodialysis room, increased Haemodialysis storage, and provided a therapy room that feels less clinical. The Enter and View and Environmental Audit at the Emergency Department at the Royal Sussex County Hospital generated 5 'areas of improvement'. Since our Enter and View, the following actions have been implemented. These are as a direct result of our findings and recommendations: *"They have the new information screen up in the waiting room which shows the waiting times now, the corridor has been massively reduced and is mostly empty, and the nursing team have done awareness raising with their staff about introducing themselves. We are also monitoring the data monthly so we can intervene early if there are emerging issues."* Director of Patient Experience, Engagement and Involvement

Performance Indicators	Evidence
	We expect all 'areas of improvement' to be addressed given that they will all be added to an 'improvement tracker' and assigned to a department in the hospital to implement, implying that further long-term changes will arise. Recommendations are RAG rated to assess the extent they have been met. Both environments received positive comments from the Trust as how they will respond to our findings. **Healthwatch visits to University Hospitals Sussex NHS Trust as part of the PLACE programme** **0/10 'areas of improvement' leading to service improvement** Assessors of the environment were asked how confident they were that a good level of patient care and experience would be delivered within the environment. Areas of improvements were evident for the following departments: endoscopy, neurosurgery, elderly medical, discharge, emergency department external, Millennium external, cancer centre, emergency department not being fit for purpose, estate concerns, and people queuing in the emergency department. All data from the PLACE visits are collated and analysed by NHS digital. So although at the present there is no immediate evidence of service improvement, the NHS will publish detailed reports in response to these assessments. The Director of Patient Experience, Engagement and Involvement, mentions that *"The feedback is greatly appreciated by our clinical teams who used the insights to improve patient care and experience. All the responses are well received and ensure the patient voice is at the heart of the Trust's engagement. Thank you!"* **Equality Impact Assessment 2024-2025**

Performance Indicators	Evidence
	3/3 recommendations met The equalities data that we obtain from the people we engaged 2024-2025, show that we were effective in hearing from the LGBTQ+ community, those who said that their gender did not match their sex assigned at birth, people who said they had a disability, those who reported no religion, and unpaid carers. The proportions of people with these characteristics were similar to the census proportions in 2021. The three recommendations were to engage higher proportions of men, younger people and people from Black and Racially Minoritised communities. In looking at the trends compared to 2023-2024, we have increased the proportion of men, younger people, and Black and Racially Minoritised people, although there is still scope to improve and bring them in line with census proportions. We are currently undertaking a study to generate more responses from men. **Patients' views about Woodingdean Medical Centre Part 2: July 2025** **3/4 recommendations met leading to service improvement** In the second of our Woodingdean Medical Centre reviews, we made four recommendations: offer more frequent online booking systems, support people with disabilities, improve familiarity with the medical centre website and help people to use the website. Overall, the planned increase in capacity of GP hours and the ongoing improvements to the website will help to meet some of these recommendations. The practice also looked to offer more online booking appointments up to two weeks in advance. The practice also responded about helping people to understand the NHS app and continue to improve the practice website.

Performance Indicators	Evidence
	Trans & Non-binary experiences of GPs in Brighton & Hove **2/4 recommendations met leading to service improvement** The four recommendations from this report were: there should be clear guidelines and training for GP staff and other health workers (e.g. preferred pronouns); gender markers should be amended to include non-binary as an option, to more accurately reflect the patients gender identity; to alert NHS system leaders about the long waits to be seen by a gender specialist and inconsistent approach regrading HRT prescriptions; and patient records should include a 'body indicator' to show which health screening patients should be referred to, irrespective of their gender marker. All these recommendations are part of the wider Healthwatch England work who commissioned this study. Also, the first two recommendations above could be achieved by sharing and publicising the Healthwatch Brighton and Hove /ru-ok? report "A Guide for Professionals working with young LGBTQ people" which explains the importance of how professionals communicate with this community. **A report on vaping and children & young people with special educational needs** **0/5 recommendations leading to service improvement**

Performance Indicators	Evidence
	The 5 recommendations from this study can be summarised as follows: more research needs to be conducted to find out about children and young people with SEND experience of vaping; more information to be provided to parents and carers around the potential dangers of vaping; vaping cessation support for children and young people with SEND needs to be co-designed with children and young people with SEND and tailored to meet SEND needs; support for vaping cessation in children and young people with SEND needs to be tackled sensitively and different approaches for engaging young people with SEND may be required; and that the Council support the local implementation and enforcement of the Tobacco and Vapes Bill 2024. In light of this report, we hope this may have triggered more work in this area among the Council and partners we worked with (Amaze and the Parent Carers' Council) although it is difficult to assess whether this has happened at this early stage. **Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care** **0/7 recommendations leading to service improvement** This study generated 7 recommendations specific to the health needs and preferences of refugees and asylum seekers. They were: more group support to help people understand the health care system; address barriers such as language literacy and digital exclusion; have 24/7 interpreters in a range of different languages; for GP's to be more culturally informed especially about how to convey care quality through touching an examining patients; change the protocol from getting people back to work to address root causes of health issues; raise

Performance Indicators	Evidence
	awareness of pharmacy support for refugees and asylum seekers; and increase awareness about how to find an NHS dentist. Several of these recommendations are system-specific and are difficult to monitor this project's contribution. We are also aware that Sanctuary on Sea, who we partnered in this project may have plans to educate people about the health system and provide the necessary support in accessing healthcare. **A Healthwatch in Sussex report on Non-Emergency Patient Transport Services** **5/5 recommendations leading to service improvement** The aim of this research was to find out about patient experiences of the Non-Emergency Patient Transport Service (NEPTS) since the 1st April 2025 when the EMED group took over the delivery of the Sussex NEPTS contract. We collected the views of 151 people who had either used or applied for the service. From earlier reports on NEPTs that we had conducted, it was notable that overall satisfaction with the service has fallen since our 2020 NEPTS survey by 16.5% percentage points. In 2025, 62% of respondents were either 'very satisfied' or 'satisfied' with their experience of using the patient transport service since 1st April 2025 compared with 78.5% in 2020. The five recommendations from the report are: focus on reducing delayed hospital pickups; strengthen communication and escalation paths; review services provided by subcontracted companies; review use of private hire taxis; improve and promote the Patient Zone; and deliver a more consistent service across the whole of Sussex so that all patients have a positive experience.

Performance Indicators	Evidence
	We have spoked to NHS Sussex commissioners and EMED who have accepted these recommendations and are developing an action plan which will formally respond to them in high-level challenges to improve experiences for service-users. **You and Your GP** **5/5 recommendations leading to service improvement** Healthwatch Brighton and Hove, Healthwatch East Sussex and Healthwatch West Sussex looked at channels of communication at GP practices across Sussex during November 2025. We wanted to identify if GP practices are adhering to the 'You and Your General Practice' requirements. Healthwatch staff and volunteers reviewed 163 Sussex GP practice websites to check compliance. The review generated 5 recommendations, each with a response from NHS Sussex: 1. All Sussex GP practices to make sure they publish the 'You and Your GP' guidance on their website in line with the national requirements. "*NHS Sussex supports the recommendation that all practices ensure YYGP guidance is published in line with national requirements*." 2. Primary Care Networks and GP practices to regularly review website information in-line with YYGP requirements and ensure accessible, clear and consistent information on communication channels and their operating times is provided to patients. "*NHS Sussex will continue to work with practices and website providers to promote clearer, more prominent placement of YYGP information.*"

Performance Indicators	Evidence
	3. Primary Care Networks and GP practices to explore regular (annual) lay testing of website content, including by Patient Participation Groups (PPGs), to ensure their effectiveness from a patient perspective. "*We also support the proposal for regular lay testing of website content, including through Patient Participation Groups. This aligns with our commitment to ensuring patient-centred communication and will be explored further with PCNs.*" 4. NHS Sussex to collaborate with GP practices in Sussex to develop and keep up-to-date websites aligned with 'You and Your GP' principles and delivering clear and consistent contact information. "*Providing exemplar website layouts and links to national guidance, including translated versions, to support consistent implementation.*" 5. Healthwatch to periodically review GP practice websites in Sussex to assess the quality, clarity and accessibility of content from a patient perspective. "*Ongoing independent insight is valuable in helping us understand how information is experienced by patients and where further support may be needed.*" A final response from NHS Sussex shows that it: *"is committed to working in partnership with Healthwatch, PCNs and GP practices to ensure that YYGP is implemented in a way that genuinely improves patient understanding and access. We value the constructive challenge and insight provided through this mapping exercise and look forward to continuing our shared work to strengthen communication, consistency and patient experience across Sussex."* **Consultation on the creation of a new NHS Online - our response** **0/5 recommendations leading to service improvement**

Performance Indicators	Evidence
	We made 5 groups of recommendations for the NHS regarding the creation of a new NHS online Trust – these were informed by our existing work on digital and data and a survey of 159 people to gather their thoughts: • Promote the new Trust and sell the benefits of digital technology. • Reassure people around data security. • Improve the training offer. • Improve ease of use. • Focus on digital technology which support appointments. Our response was only submitted in March so it is impossible to see at this stage whether these recommendations will inform the future delivery of the NHS online trust, but we will monitor future developments. In total, of the 38 recommendations and 19 'areas of improvement' made, 18 and 19 (respectively) led to service improvement at this stage, or 37/57 = **65% led to service improvement.**
3 examples of studies with long term change (beyond 6-month project lifespan).	**Example 1 – Homecare - assessment of the care provided to people in their own home:**

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	Our Homecare Check service is run in partnership with the local Council. Our volunteers regularly visit and interview local residents who have home care services provided by independent companies, but paid for, either fully or partly, by the Council. In January 2026, we published an annual report of homecare checks, collating the view of 211 service users across 9 different homecare providers. Our monthly findings to the Council have been used to support conversations with the care providers to assess the quality and safety of services provided and deliver continual improvements. They have also been used to support the Council's work in appointing new providers. A completed report for an individual provider is sent to the Council who then prepare a set of targeted questions for that provider based on any issues raised in the report. The report and questions are sent to the provider, who will be given time to read the report and then respond to the questions raised. The provider is expected to share information/explanations on any concerns raised, outline what steps they will be taking to address the concerns, and specifying the timescales for these to be done. Many of the issues to providers are similar. The main issues are likely to be one or more of the following – taken from all those showing less than 70% agreement to positively worded questions: • Those carers who cannot help with basic necessities such as making a small meal or use of a bath seat. • Office staff not being helpful.

Performance Indicators	Evidence
	• Not feeling able to talk openly with the supervisor about your care and any concerns you have. • Not knowing what to do if they think someone is being hurt or harmed. • How complaints are handled. • Not being informed by the homecare provider about changes to their planned care. • Not having a rota detailing what time their care workers will visit and who they will be. • A feeling that they do not have choice and control, and that their care provider listens to them, when making decisions about their care? Through the providers' right to reply, the changes they commit to putting in place shows evidence of long-term change to the quality of care delivered. This could typically be making a commitment to recruiting more staff, providing in-house training, simplifying the process of openly talking with their care worker's supervisor, etc. An example of these replies is shown below from an anonymous provider and is evidence of long-term change: Do you often see the same care workers? 64% of the respondents stated that they always/usually see the same care workers. Please explain how you ensure continuity of care going forward and how this will be monitored for improvements. Provider response - New measures will be implemented and their effectiveness continually evaluated, to ensure we maintain continuity of care for better outcomes and a more satisfying work environment for care workers going forward. The following steps will be taken: • Consistent scheduling: Assign a primary care worker to a service user and ensure that changes in staffing are minimised as much as possible.

Performance Indicators	Evidence
	• Communication: Ensure all changes in staffing is clearly communicated to service users or their representatives to ensure a smooth transition. • Training: Ensure care workers are adequately trained to deliver the best of care to each service user. • Quality monitoring: Use the insights gained from the regular quality monitoring and feedback to inform changes in policies or practices that can improve continuity of care. Do you receive a rota of times and carers? 68% said they do. Please advise how you ensure all service users/or family are kept informed of times. Provider response - Provider is introducing a new system that allows service users to access real-time information about visit times and details. To ensure quality monitoring, Provider will follow up with service users who require a schedule to be sent to them and will implement this process promptly. Additionally, Provider will make sure that any changes to visit times are communicated to service users and their families. Do you often see the same care workers? 64% of the respondents stated that they always/usually see the same care workers. Please explain how you ensure continuity of care going forward and how this will be monitored for improvements. Provider response - New measures will be implemented and their effectiveness continually evaluated, to ensure we maintain continuity of care for better outcomes and a more satisfying work environment for care workers going forward. The following steps will be taken:

Performance Indicators	Evidence
	• Consistent scheduling: Assign a primary care worker to a service user and ensure that changes in staffing are minimised as much as possible. • Communication: Ensure all changes in staffing is clearly communicated to service users or their representatives to ensure a smooth transition. • Training: Ensure care workers are adequately trained to deliver the best of care to each service user. • Quality monitoring: Use the insights gained from the regular quality monitoring and feedback to inform changes in policies or practices that can improve continuity of care. Do your carers arrive on time? 64% said yes. Please advise how you improvements could be made to timeliness and how this is monitored for improvements following this feedback. Provider response - Provider has the following in place: • Travel time: there is enough travel time for the care workers to travel in between their visits. • Time monitoring: monitor our ECM for live updates and inform the service user when a care worker is running late. • Quality monitoring: feedback from the service users will give insight on care workers' timing and use this information to provide coaching or support to care workers who may be struggling with time management. Do you ever have the opportunity to talk to the supervisor frankly about your care and anything that might be bothering you? 52% said yes. Please advise of what actions you will now take following this feedback and how you will monitor its effectiveness.

Performance Indicators	Evidence
	Provider response - Provider recognises the importance of open and honest communication between service users, care workers and supervisors as it is essential for providing high-quality care and addressing any concerns that may arise. The following measures will be implemented: • Regular feedback: provide service users with an anonymous feedback form about their care and any issues they may be experiencing. Supervisors will then use this information to identify areas for improvement and follow up with service users as needed. • Open door policy: Provider promotes an open-door policy and the supervisors will encourage the service users to feel comfortable to approach them with concerns or questions at any time. This can be communicated through verbal and written communication as well as through modelling an open and approachable behaviour. In addition, BHCC also shared their views about a particular experience raised through the Homecare visits: "I want to confirm that we are aware of these issues following a review with a Service-User in February 2026. I will again contact her care agency (anonymised) and emphasise her preference never to have two male workers visit. This is already recorded in her care and support plan. In relation to the therapy support, she was advised in February that access to these services within Sussex Community Foundation Trust (community health) are via the GP Surgery. I also contacted the GP surgery at this time to ask for this onward referral to be considered. I have

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	also now spoken to her again and she has confirmed that she will follow up directly with the surgery." The contribution from our Homecare project has been acknowledged in the Brighton & Hove City Council plan 2023 to 2027 refresh 2025 that sets out priorities through to 2027. Under the heading of 'what we've delivered 2023 to 2025' and 'Ensuring there is safe, effective, sustainable and high-quality health and care provision in the city ', the Council state: *"We worked in partnership with Healthwatch to deliver the Homecare Checks service, regularly visiting and interviewing people in the city who receive homecare services, to ensure the quality of services are monitored and supporting people's wellbeing."* In appreciation of the Homecare project, the Council added comments to our latest Homecare annual report: *"Brighton & Hove City Council thanks Healthwatch and the Home Care Check Service for producing this report and for supporting efforts to improve home care and extra care services. Feedback from people using these services is essential in shaping quality and ensuring provision meets residents' needs.* *The council continues to work with providers to make improvements based on individual feedback and wider themes identified across the city. While it is positive that most people are satisfied with their care, we remain committed to addressing areas for development and ensuring people have choice and control over how their outcomes are achieved."* - Claire Rowland, Commissioning and Performance Manager - Home Care and Extra Care - Homes and Adult Social Care, Brighton & Hove City Council.

Performance Indicators	Evidence
	Findings from the annual collation of Homecare data was presented to the Council and Providers at an annual forum during March 2026. **Example 2 – Enter and view including environmental audit and the Royal Sussex County Hospital Sussex Kidney Unit:** In August 2025, between 11-4pm, two trained and DBS-checked Healthwatch volunteers and two members of Healthwatch Brighton and Hove staff visited the Sussex Kidney Unit at the Royal Sussex Hospital. Staff members conducted an Environmental Audit and volunteers conducted interviews with patients and their carers focusing on communication (communication between the renal team and patients, communication between the renal team and other services, and patient suggestions to improve communications). We used a survey as a prompt and spoke to patients in-depth, gathering qualitative data to complement quantitative data. We spoke to 14 patients. From our **Enter and View**, our survey findings reveal that dialysis patients are generally happy with the Sussex Kidney Unit at the Royal Sussex County Hospital. Patients scored communication highly overall (average score of 5.37/7.00) and there were many positive comments about the care they receive as well as an awareness of the constraints of the system. Headline findings from the communications were: • There were some quite mixed and polarised opinions about communications in some areas such as test results, dietary advice, and life goals discussion. • Two areas were raised as particularly upsetting for some patients. Firstly, regarding some instances of poor communications around changes to treatment at dialysis

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	appointments. Secondly, some patients felt there were poor letter communications about significant changes to care. • Opinion was mixed regarding test results, with some not understanding them online and finding this frustrating. • Whether the renal team asked patients about their emotional feelings was rated poorly, with 43% of patients stating that they were never asked about this. • There were a mix of responses regarding the renal team's support with accessing other services. In terms of long-term change, the department have informed us that they plan to send a 'monthly patient information summary' sheet which should help to improve communications about individual care. Also, in terms of ensuring sensitivity in letter communications when related to significant changes in care, it was noted that the department are struggling to keep up with demands of increasing haemodialysis numbers. The department recognises that letter sensitivity needs to improve. The **environmental audit** was in four areas: • Outpatient waiting area. • Dialysis waiting area. • Main haemodialysis rooms x4. • Stirling day case unit. Recommendations from the environmental audit were as follows:

Performance Indicators	Evidence
	• Improvements to storage. • Improvements to the dialysis waiting area (e.g. seating, placing a manned desk and WC repair). • Improvements to patient information on display (e.g. information about staff). • Replacement of some ceiling tiles. • Fixing the second lift which is out-of-order. To illustrate the long-term nature of these changes UHSx told us they have the following plans to improve the environment: • New furniture for the Level 8 Haemodialysis waiting area, including a manned/staff desk ("We are grateful for the support from the SEKPA charity who are funding the new furniture"). • New Haemodialysis room (room 5) on Level 8 to provide treatment for the growing number of patients. • Increased Haemodialysis storage on Level 8 and Level 10. • Therapy room on Level 8 for therapeutic interactions in a room that feels less clinical. Several of the commitments from the Trust emerged at the time of writing the report. It is expected further changes will be implemented through time. All recommendations are added to an 'improvement tracker' and assigned to a department in the hospital to implement, implying that further long-term changes will arise. Recommendations are RAG rated to assess the extent they have been met.

Performance Indicators	Evidence
	Finally, the response from the Trust regarding the Enter and View and Environmental Audit, indicates further evidence of long-term change: *"We would like to thank Healthwatch Brighton and Hove for accepting our invitation and visiting our Brighton unit to speak with some of our haemodialysis patients. The detailed report provided offers valuable insights that will guide us in improving our service, particularly in enhancing communication with our patients. We are also deeply grateful to our patients for their candour and honesty, which is essential in helping us deliver better care."* **Example 3 – Influencing long term plans for children with SEND:** Two Healthwatch reports published in 2022 (experiences of mental health services) and 2024 (parent/carer experience of health care services for under 5 years of age, including those with Special Education Needs) have been recently cited in the draft Joint Strategic Needs Assessment review into Special Educational Needs and Disabilities, Learning Difficulties and Neurodiversity (in press). They appear in a section entitles 'Parent Carer Voices'. This means that the voices of the local people who we captured through our project are now reflected in the city's longer term plans for the current and future health and wellbeing needs of people with SEND.
Annual performance as regards the Economic, Environmental and Social Value of the work undertaken –	**Economic:** • It is extremely challenging for us, as a small social enterprise, to estimate the economic value of the work we produce and the longer-term financial impacts this may have, as it is

Performance Indicators	Evidence
delivered within 30 days after the end of the relevant year end.	not possible to quantify everything we do in monetary terms. This would require us to identify all of our stakeholders and scope of interaction, determine outputs and outcomes, identify changes and apply financial proxies to estimate their value and adjust for reality (i.e. what would have happened anyway), in order to generate a Social Return on Investment. This is a significant piece of work which would detract resources away from delivering our core and contractual functions. We would welcome further discussions with the Council about the need to report against this requirement. • In 2024/25, our team of volunteers have contributed an estimated 4000 hours of work supporting the role of Healthwatch Brighton and Hove (mostly face-to-face). This is equivalent of employing just over two additional full-time members of staff (35 hrs per week). Based on the Brighton and Hove Living Wage of £12.60 for 2025/26, this would equate to over £46,000 • This year, we have successfully attracted over £54,000 in additional income (above our core contract) to bolster our work. This has been reinvested into the organisation and helped us to engage with more people. Examples of funded work include our TNBI and Homecare projects, described above. • We are also assessing the feasibility of whether our economic value can be calculated as a cost-benefit analysis. **Environmental and Social Value:** As per our current contract, we have prepared two reports (appended) which describe the progress we are making to deliver against our social value and net zero commitments:

Performance Indicators	Evidence
	• Our social value commitments: annual update • Our net zero commitments - annual update 2025/26
6. Support	
Number of safeguarding referrals and case escalations undertaken	4 safeguarding concerns raised. 5 case escalations - Health and Adult Social Care, Brighton and Hove Community Housing, BHCC, University Hospitals Sussex, and the Police. 1 person querying whether learning from an existing safeguarding concern will happen.
Number of referrals to PALS and NHS complaints including POhWER.	PALs – 9 NHS Complaints Advocacy Service (PohWer) – 14 NHS directly - 11 Complaints to practice of Service Manager – 12 Dental council – 3 Parliamentary ombudsman - 3
Annual report / stakeholder report with strategic partner satisfaction.	Our Annual report for 2024/25 was published in June 2025. We carry out stakeholder reviews every two years, and our next one is due in 2026. Results from our last survey can be found here.

Performance Indicators	Evidence
Annual 360 review providing performance feedback from neighbouring HW and HWE on impact.	The three Healthwatch teams meet fortnightly and attend the South-East Healthwatch networks which meet quarterly. We carry out a stakeholder survey to obtain views and opinions about our services. As indicated, our next review will take place in 2026. We also proactively seek views from stakeholders when producing our annual report and include direct quotes which demonstrate the value partners place in our work and our collaborative style. Examples can be found in our last two annual reports for 2024 and 2025. Our CEO has routine 1:1's with the HWE Regional Manager, and as part of this feedback is given on quality of our annual reports, which are described as impactful and an example of best practice. We worked on a project funded by HWE (Trans & Non-binary Experiences of GPs in Brighton & Hove) and produced our own local report. We asked HWE for feedback, which included: "Overall I think the report looks great, I have a few suggestions, but none are essential: • I especially like your section comparing your local findings to our national ones (not a surprise, but great to see that Brighton& Hove are doing so well locally!) • For your first 3 recommendations on training I think it could be much clearer to write it as "There should be clear guidelines and training for GP staff and other health workers: " and then have 3 bullet points below with the training recommendations. • Your recommendation of 'body indicator' needs to be explained more (I understand it, but those who don't have prior knowledge may not)."

Performance Indicators	Evidence
	This is an example of the quality of our work but also proactively seeking feedback from HWE to improve our reports.
Provide advice on best practice for public and patient involvement to commissioners and service providers of health and social care services – 2 examples for annual report.	**Example 1 – Evaluating the Neighbourhood Mental Health Teams** Earlier in the year we proactively engaged with partners leading the development of Neighbourhood Mental Health Teams (NHMTs) and proposed a service-led evaluation. We have continued to discuss this with the Head of Mental Health Commissioning and a Senior Mental Health Commissioner and system partners. This has progressed to working with the Senior Commissioning Manager of Adult Mental Health and designing an agreed approach to the evaluation. Healthwatch has developed a plan that was approved by a lived experience group and at the Mental Health Community Transformation Partnership Group. The proposed approach is to use a short questionnaire to allow service users to volunteer for a phone/online conversation. The data recorded in the questionnaire will allow a varied sample of people to converse with (from all those that volunteer). Interviews will be undertaken across three phases: February to June 2026, July to October 2026 and November to February 2027. The conversations will enquire about awareness of NHMTs, service experience, suggested improvements, and ongoing support. We will speak to 10-12 people per time phase. Healthwatch has played a leading role in developing the approach to the evaluation (mixed methods and phased approach), developing the questionnaire for service-users alongside supporting documents such as an interview topic guide, participation information sheet, informed consent form and a supporting Data Protection Impact Assessment. We have also offered advice on their carer and service provider questionnaire. The project has now been expanded to include the whole of Sussex, with our Healthwatch partners in the East and West

Performance Indicators	Evidence
	joining the project thus ensuring that the views of service users form across Sussex will now be captured. **Example 2 - Supporting our city's safeguarding** We have continued to be an active partner in the city's Adults Safeguarding Board, which includes the NHS, social care, local authority, police, local charities and others. Safeguarding is about keeping vulnerable people, who need care and support when they cannot always protect themselves, free from abuse or neglect. This year, we participated in the Board's refresh of its strategy for the next three years and are pleased this includes our recommendation for a strengthened priority to hear more from local people, as part of the Board's aim is to ensure that safeguarding is personal and focused on the needs of the person. As part of the Safeguarding Adults Board (SAB) Development Event held on 17th March 2025, to identify priorities and areas of focus for the new SAB Strategic Plan for 2025-28, there was universal support from partners to hearing more of the voice from those who experience the city's safeguarding processes and ensuring this is central to the future development of adult safeguarding arrangements. The Board commented: *"Following on from the Leadership group meeting …thank you again for the valuable feedback you contributed with regard to the BHSAB Strategic Plan…. which we feel has really helped to further improve [it]."* – Board feedback Healthwatch Brighton and Hove have provided an outline on how the voices of those who experience the city's safeguarding processes could best be heard which was unanimously approved by the Board

Performance Indicators	Evidence
	We will deliver this work from March 2026 to March 2027. We have recommended a mixed methodology approach to maximise both quantity and quality of feedback (surveys, and 10-12 one-to-one interviews over the course of the project). This is the first time such a survey will have been issued by the Council. People will express their interest for an interview through their questionnaire. This will enable us to speak to people with a range of experience (based on their questionnaire responses), although it will be made clear that we may not be able to speak with all those that volunteer. Due to the sensitive nature of people's experiences of the safeguarding process, a 1:1 interview is considered to be more appropriate than sharing experiences in a group setting. We co-designed a survey with SAB and LEAG (Lived Experience Advisory Group) members. Alongside the survey, we have developed a Participation Information Sheet (for prospective interviewees), and informed consent form, a topic guide for the interviews and a Smart Survey form for documenting interview notes. We have also agreed with the SAB whether any cohorts of service user should not be contacted via this work e.g. we have advised to avoid approaching victims of Domestic Violence to avoid re-traumatising, people with severe mental illness or those with learning difficulties. Our staff have undergone training in a trauma informed approach and we will also involve a HWBH volunteer in the interview who is the current Chair of the Safeguarding Adults Review Board.

Performance Indicators	Evidence
	The project started in March 2026.
Update and review HW Decision making policy.	This was updated in July 2024 and can be accessed here. The next update will be July 2026.

Get in touch – our contact information

Click here to share your experiences and feedback with us. Thank you

For enquires or help

Email us at office@healthwatchbrightonandhove.co.uk **or contact us through our website**

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BSL: Click this link to Contact us using BSL

Easyread: Click this link to access our Easyread feedback form

Website: www.healthwatchbrightonandhove.co.uk

Making a formal complaint: read our advice on **help making a complaint**.

Sign up to our free monthly newsletter by clicking here

Our social value commitments

Annual update

Committed to quality

Impact Awards 2024 WINNER healthwatch

healthwatch Brighton and Hove

Our commitment

Healthwatch Brighton and Hove is committed to delivering social value. Social value (SV) is about making sure that we have a positive impact on our people and communities.

Our SV goes beyond delivering on our core Healthwatch contract requirements, and are the additional community benefits we want to achieve.

As part of our commitment, we routinely review and update our ways of working and also publish an annual report describing actions we have taken or are working on. We also include a summary in our statutory Annual Report.

This is our first update progress report.

To note. Our plans for this year have been affected by the government's proposal to abolish Healthwatch. Currently, we only have certainty about our immediate future until March 2027, and this will affect our long-term plans.

What we achieved in 2025-2026

We have successfully delivered our Year One plans and have been able to bring forward some of our Year Two ambitions.

Age and Dementia Friendly Business

This year we worked towards becoming accredited as a dementia friendly organisation. We attended Brighton and Hove City Council's Age and Dementia Friendly Training and are now registered as an Age and Dementia Friendly business. This means, we:

1) are welcoming and friendly.

2) offer a seat to rest and toilet if space permits, without needing to spend money.

3) ensure our business is accessible.

4) have become a Dementia Friend.

5) Signpost people to more information.

The Council's training was shared and discussed by the staff team. All Healthwatch employees and many of our volunteers signed up to become Dementia Friends. We also joined the Age and Dementia Friendly Alliance.

Disability Confident employer

We signed up to the government's Disability Confident scheme to show our commitment to think differently about disability and take action to improve how we recruit, retain, and develop disabled people. When we recruit, we offer a guaranteed interview to people who declare a disability and meet the minimum criteria. Our offices are fully accessible, and we offer reasonable adjustments to support people. We make job adverts accessible, for example, using straightforward language, avoiding jargon and acronyms, and including an equal opportunities statement. We have policies in place to support people with a disability. Next year, we will embed these commitments.

Supporting our staff

Our SV outcomes are designed to attract and retain the best employees and volunteers, reduce absenteeism, improve work-life balance, and improve productivity.

We provide a wide range of SV for our employees, including:

- being a Brighton and Hove Real Living Wage employer.
- offering a flexible working environment with full and part time paid roles.
- supporting our employees with their caring responsibilities.
- offering an attractive work package with 5% pension contributions, 28 days annual leave plus addition days off over Christmas.

As part of a package of support:

- We offer a free Employee Assistance Programme (EAP) to support well-being. We reviewed our existing scheme this year, involving staff and our volunteers, and determined that our current programme provides the right level of support. We have extended our EAP for another year.
- We encourage hybrid working, allowing people to work in the office and at home with appropriate equipment provided, including but not limited to

laptops, adjustable standing desks, printers, desks, ergonomic chairs, ergonomic computer. We have provided staff with equipment and encouraged staff to have Workstation Assessments performed to ensure their home working environments protect their well-being and physical health. We offer staff taxable benefits in kind which covers some of their travel costs into the office, so that this does not act as a barrier to someone working for us. We also cover the costs of staff lunches.

- We updated our operational policies this year:
    - to enable our employees to undertake paid local volunteering activities.
    - to extend our offer of a guaranteed interview (subject to meeting minimum criteria) to candidates who are carers, university students and former members of the Armed Forces (next year we will explore signing the Armed Forces Community Covenant).

- Going forward, when we need to recruit new staff members, we will consider the appropriateness of offering job sharing. We will also aim to target our advertising to reach the groups mentioned above, and to students nearing the end of their studies.

Supporting our volunteers

- A dedicated Healthwatch staff member leads the recruitment and ongoing support for our volunteers.
- We offer flexible opportunities including short and long-term volunteering roles, the ability to work flexible hours and virtual volunteering (i.e. undertaking telephone calls). We also allow volunteers to pause their activities with us but remain on our books. This year, 44 volunteers supported our work, four paused their activities, and two rejoined us. Nine new volunteers joined Healthwatch Brighton and Hove this year.
- Moving forward, we will analyse our volunteer role descriptions and update these. We capture volunteer equalities data which informs our future recruitment approaches. We have also issued a volunteer satisfaction survey which will help us continually improve our offer.

- To promote volunteering to varied groups we worked towards becoming accredited as a dementia friendly organisation and disability confident employer.
- This year, four Brighton University students joined us as part of their final year placements. BSc Business students are required to complete a consultancy project for a client, as part of a final-year degree assessment. Recognising our ambition to increase awareness of Healthwatch and promote our brand, we work directly with the students to help them design and deliver a promotion plan for Healthwatch Brighton and Hove. During May 2025, the students took over our social media channels and boosted our engagement rates. You can read more about this work here. The students benefited from delivering 'live' project work which will support them to be 'work ready.' We extended our offer to the students to support them with CV writing and interview skills. This was not taken up but we will continue to offer this.
- We updated our recruitment policy this year to offer guaranteed interviews (subject to meeting minimum criteria) to candidates who are final-year university students.
- We held three volunteer appreciation events this year, attended by 23 volunteers. We also delivered three bespoke newsletters showing our volunteers how their contributions support our work as well as keeping them up to date.

Supporting carers

To support our employees who have caring responsibilities we offer flexible working practices which allow individuals to take paid and unpaid caring leave and to vary their working hours, for example, during school holidays. We have met our target of doing this with 12 weeks of contract start dates but also operate an open-door policy for staff members to discuss changing needs with their line mangers.

Our policies include equal opportunities for promotion, career development, and professional growth. We updated our recruitment policies to extend guaranteed interviews to those who are carers (who meet minimum criteria).

Going forward, we will work with the Carers' Centre to provide carers with access to helpful information.

We will continue to explore the appetite amongst staff and volunteers for creating an internal network for carers, where staff and volunteers can connect, share experiences, and offer mutual support.

Supporting victims of domestic or sexual violence

We have made sure that everyone who works and volunteers for us understands we have a zero-tolerance approach to Domestic Violence. We will do everything we can to protect staff and volunteers and signpost them to relevant frontline support services. We have developed our policies to include one covering Sexual Harassment and our Domestic Violence Policy makes it explicit about protections we offer.

The staff team all completed trauma inform training this year and received in-person training from the Survivors Network on Supporting Survivors. Staff members also completed training on Responding Well to Disclosure.

This year, we joined the Employer's Initiative on Domestic Abuse, supporting a network of employers to take effective action on domestic abuse. This supported us to update our policies and procedures and to demonstrate our culture of safety.

Going forward, we will obtain literature and use this to raise wider awareness of Domestic Violence at events we attended or hosted. We will also create a webpage with advice and included this in one of our newsletters.

To demonstrate a culture of safety, a named person will lead delivery of our commitment of supporting staff and volunteers who may be victims of domestic violence.

Our climate change commitments

Annual update (April 2025 – March 2026)

Committed to quality

Impact Awards 2024 WINNER healthwatch

healthwatch Brighton and Hove

Our commitment

Healthwatch Brighton and Hove is committed to contributing to the city's accessible, clean, and sustainable environment goals.

As part of our commitment, we routinely review and update our ways of working and also publish an annual report describing actions we have taken or are working on. We also include a summary in our statutory Annual Report.

This is our first update progress report.

To note. Our plans for this year have been affected by the government's proposal to abolish Healthwatch. Currently, we only have certainty about our immediate future until March 2027, and this will affect our long-term climate change plans.

What we achieved in 2025-2026

- We previously published our initial plans to become carbon neutral.
- We met with Community Works, who achieved their Investors in the Environment Bronze Award, and they have shared good practice with us.
- We are working with a local sustainability consultant who has reviewed our draft plan and is supporting us to refine this. This work is funded by a grant from Naturesave Trust. As a result, we are developing a workable plan to help us deliver meaningful change.
- We were an active partner during the first year of a city-wide partnership with the Trust for Developing Communities (TDC) and 20 other local VCSE to deliver a Lottery-funded Climate for Communities Project. Sadly, due to the uncertainty regarding our future, we have had to withdraw from this and have lost associated funding. We have provided the partnership with insight on how best to evaluate the impacts of the project from a health and wellbeing perspective.

Developing our plans

Our **Year One plans** were focused on conducting a review of work we have undertaken to date. Other areas of focus included identifying funding to underpin our work and creating an environmental sub-group. We successfully achieved these.

Uncertainty about our future has diverted our attention away from delivering everything we had hoped to do this year, e.g. we have not had the capacity to undertake a financial review or identify suitable training and volunteering opportunities. These activities will be rolled over to next year.

Year One progress

1. **A review of our work.** We are working with Alice Doyle from Positive Impacts. Alice has reviewed our draft climate action plan, and her feedback is helping us to establish a proportionate approach to our work, focused on what a small team of five staff and 40 volunteers can directly influence, and how we might integrate sustainability into our services. We have agreed that our actions must be achievable, repeatable and avoid overcommitting ourselves.

   Carbon emissions are often divided into three areas, and we have assessed which areas we have some control over:

Scope 1 are called direct emissions from activities within the organisation e.g. emissions created from manufacturing processes.	Healthwatch does not create direct emissions as we do not produce goods or have manufacturing processes which create greenhouse gases and we are a tenant, rather than owing premises (see below).
Scope 2 are called indirect emissions, e.g. from any electricity, heat, cooling, or steam which are purchased.	Healthwatch rents office space from Community Base which provides all our lighting, heating, recycling, etc. As a tenant, we have minimal control over the building's Scope 2 indirect emissions. But we do have a choice of landlord and we have reviewed this.
Scope 3 are other indirect emissions, for example, choices our employees make and our supply chain.	We have identified that we have some control over Scope 3 indirect emissions, such as staff and volunteer travel, commuting and our supply chain e.g. who provides our printing needs.

2. **Funding**. We successfully secured funding to support our climate ambitions as part of our partnership work with TDC, but this has unfortunately now been lost (see above).

3. **Training.** We have been on a learning curve this year and have been supported through our involvement with the TDC project and from our work with Positive Impacts. Through the TDC project, we have hosted sessions with other voluntary and charitable partners to reach priority groups with climate-health messaging. We will focus on identifying further training for our staff team and volunteers next year.

4. **Environmental sub-group**. Initially, this was formed by our CEO and the project lead for the TDC project but following the loss of this member of staff, the whole staff team now forms this group; in addition to Alice who is bringing independent scrutiny to our work.

5. **Risks:** We identified that key risks to our ability to meet our climate ambitions are dependent on factors that we have no control over (see the table above), our limited team capacity, buy-in from staff and volunteers and the proposed closure of Healthwatch. We have mitigated some of these through the review process described above.

6. **Measuring emissions:** This has been delayed pending the outcomes from our review and will be carried over to next year.

7. **Sharing energy saving advice, conducting an internal financial review, and identifying volunteering opportunities**. These activities have been delayed and will be carried over to next year.

Steps we have taken this year

A review of our office space

We have reviewed our office requirements this year and explored other opportunities in the city. Following this review, we decided to remain in Community Base. We now share a smaller office with Community Works, two days a week. Our staff team work from home the remainder of the time.

We purposefully decided to remain in Community Base as it is home to a variety of Voluntary, Community and Social Enterprises (VCSEs) who we work with and also because our landlord takes their responsibility towards the environment seriously. Community Base has already completed a Carbon Footprint Reporting.

- The building has a hydroelectric power supply which significantly reduces energy supply carbon emissions when compared with non-renewable electricity sources.
- The landlord has installed energy efficient heaters which over time will decrease building energy usage and it will be interesting to see how significant this is. Conservatively, the hope is for a minimum 10% reduction.
- The landlord has delivered ongoing improvements to upgrade lighting to LED which will also impact favourably on energy usage.

Our move from a larger office to a smaller, shared space with Community Works will reduce our carbon footprint. Our previous CO_2 footprint made up a small 0.001 CO_2 tonnes of Community Base's overall output. We have yet to determine what impact our downsizing will have on this level.

Modifying our office needs

In addition to a change of office, we have:

- Purchased eight efficient laptops, which use less energy and have longer battery lives e.g. they are engineered with low-power components and feature a 42-kWh long-life battery. The laptops contain 10% post-consumer recycled plastic and ocean-bound plastic in speaker enclosures, and packaging is 100% sustainably sourced and made from recyclable moulded paper pulp. Using a smart plug, our previous calculations showed that running one of our older laptops for a standard 7 hours a day created 0.13kWh of electricity per day. Our new laptops have been recorded as creating 0.10kWh per day. This reduction in electricity usage will lower our carbon emissions, with the exact amount still be calculated.
- Recycled seven of our old laptops, saving these from going to landfill.
- Recycled office furniture we no longer needed, including six desks, two shelving units, one storage cupboard and two pedestals, saving these from going to landfill.
- Reduced our printing requirements. We have switched to using online surveys as standard practice. However, we recognise that being an inclusive organisation means that we must continue to communicate with people in a way that suits their needs, for example, producing printed materials to ensure we can reach people with updates about our work and opportunities to shape local health and social care. Working with our

landlord who provide printing facilities, we hope to be able to estimate our current printing needs and determine how we might reduce these.

- **Moved to holding more meetings online** and conducting interviews with members of the public online or by phone, which has reduced our travel needs. We estimate that 80% of our meetings are now online and 80% of our interviews are conducted online or on the phone.
- **Continued to use central printing options**, meaning that we do not buy in paper. Paper used for printing is 100% recycled.
- **Supporting staff to make greener choices.** We offer hybrid-working and as part of this we encourage staff who work at home to purchase recycled paper, to optimise heating to one room, to put the stand-by time on their laptops to 2 minutes, and we offer them spare equipment to be used at home rather than sending them to landfill (e.g. office chairs).

Supporting sustainable travel

We cover some staff travel costs into the office, so that this does not act as a barrier to someone working for us. We also cover our team member's travel costs incurred in the course of their work. We encourage them to use sustainable travel choices as much as possible and by covering travel costs, our aim is to remove costs as barrier to achieving this.

The majority of our staff team walk to work or use public transport (train and bus). Car use is minimal and estimated to occur just once a week.

We also cover our volunteer travel costs. For one of our routine projects, which involves our volunteers going out to meet people in person, we try to match service users to the location of our volunteers to reduce distances travelled.

Next steps

To help us determine our carbon emissions and savings, we will:

- Record our printing needs, small purchases that we make, and explore how we store our work electronically.
- We will record details of how our staff team and volunteers travel to off-site meetings, conferences, or other legitimate business travel. This may help us identify more ways to encourage sustainable travel. For commuting, we will use google maps to determine the distance and method of travel and multiply this by the days worked. We will also start to

ask staff and volunteers how they travel to determine if we can do more to help them switch to use public transport.

- Examine our general purchasing. This represents a minor part of our business activities as we do not 'buy in' many supplies. We purchase general office supplies from local shops in the city. We sometimes rely on larger retailers who can quickly deliver, particularly to staff member's homes. When choosing suppliers, we will start to consider the 'likely distance travelled' by them, in addition to looking at cost and their environmental credentials.

Year two plans

Year Two will be focused on trying to identify new funding opportunities to support our work and suitable training courses four our staff team and volunteers i.e. to increase their carbon literacy.

Through a financial review, we will determine if we can further support staff and volunteers to make greener choices.

We will start to record data as described above to determine our current travel and supplier needs as well as their environmental credentials. We hope these actions will enable us to calculate a CO_2 baseline.

We will determine what other data we might capture from the people we engage with through our work, and how we can raise awareness of climate choice. For example, we will explore whether to add questions on climate-health to all our surveys/focus groups. We will also use our communication channels to share energy saving advice.

We will explore how we use and store our work digitally ('digital content hygiene') to see if we can reduce carbon emissions. Our website and brand platform are provided by Healthwatch England, limiting any technical changes that we might make but there might be scope for us to improve internal practices.

Lastly, we will determine whether we have capacity to join the Green Champions network.

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