Healthwatch England 8th June 2022

Meeting #39 Committee Meeting held in Public

Location: Jurys Inn, Western Way, Exeter EX1 2DB

11:15	Public Committee Meeting – Agenda item		Presenter	Action
11:15	1.1	Welcome and apologies	Chair – RF	
11:17	1.2	Declarations of interests	Chair - RF	
11:20	1.3	Presentation by Healthwatch Devon on joint work with CCGs, ICSs, Voluntary, Community and Enterprise sectors	Pat Harris, CEO Devon, Plymouth, Torbay Darin Halifax (ICSD) Nellie Guttmann Head of Involvement and Inclusion	FOR NOTING
11:50	1.4	Minutes of meeting held in March, action log, review of agenda and matters arising	Chair - RF	FOR APPROVAL
12:00	1.5	Chair's Report	Chair - RF	VERBAL
12:10	1.6	National Director's Report	LA	FOR NOTING
12:25	1.7	Committee Members Update	ALL	VERBAL
12:30	Break			
12:45	1.8	LHW Learning & Development Offer	MP	FOR NOTING
13:05	1.9	Strategic Risk Register	DO	For APPROVAL
13:10	2.0	Business Items a) Equalities Diversity and Inclusion Action Plan review of 2021-22 and plan for 2022-23	CM	FOR DISCUSSION
13:25	2.1	Audit, Finance and Risk Sub Committee Meeting	DO	FOR NOTING
13:35	2.2	Forward Plan	CHAIR	FOR NOTING
13:40		Questions from the public		
13:55		AOB		
		Date of Next Meeting 28th September 2022		

Healthwatch England Committee Meeting
Held in PUBLIC

Online on MS Teams

Minutes and Actions from the Meeting No. 38 – 9th March 2022

Attendees

- Sir Robert Francis – Chair (SRF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Lee Adams – Committee Member (LA)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Umar Zamman – Committee Member (UZ)

In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Jacob Lant – Head of Policy and Partnerships (JL)
- Gavin MacGregor – Head of Network Development (GM)
- Joanne Crossley – Head of Operations (JC)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JC)
- Paul Callaghan – Senior Policy Analyst (PC)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies

- Pav Akhtar – Committee Member (PA)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed Committee members and other attendees. He gave a special welcome to LAN the new national Director of Healthwatch England (HWE)	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 – Presentation on Unmet or Wrongly Met Needs in Health and Social Care by Nicola Clarke of Healthwatch Lincolnshire, Lisa Herrick of Healthwatch Luton and Ali Macleod of Healthwatch Salford.** JL gave a brief introduction to the project and the key themes driving it which were: • Poor Communications • Gaps in Information and advice • Eligibility Assessments The case studies themes presented by local Healthwatch (LHW) each focused on: • Older Person • Under 65 • Unpaid Carer	

HW Lincs told the committee 3 stories one of which was about a 22-year-old man who was diagnosed with Asperger's Syndrome and suffered with anxiety. Although the social worker assigned to him was described as "lovely", she was not the right fit and the patient was signed off from his treatment too soon. The family felt that there was a disconnect in the understanding of autism and social care, and that the care didn't consider the young person's needs, i.e personalised support from a younger male, who would help the patient to live the best life that he could.

HW Luton told of three further case studies. One of which was about a lady of working age who needs social support. She was originally the one being cared for, but due to a series of events over the past ten years, she has now become the carer for her partner. She has had no experience of long-term support and there is disparity in the support she requires and the care of her partner, who now has mental health needs. The situation has also affected the relationship between the carer, and the person being cared for.

The committee heard about another three case studies from HW Salford. One of which was about a 41-year-old Arabic man who does not speak English well, who was completely bedbound due to an accident and had carers going in to see him four times a day. Although he was provided with personal and health care, he had no emotional and wellbeing support or support for his family. His 11-year-old daughter had been out of school for months to assist with his care. The gentleman is receiving some benefits but had been refused additional financial support. He has had no contact with Citizens Advice but had been provided with a social worker who he has not seen for five months, so they are not aware of the increasing social and financial needs of the family. This has led to the patient becoming depressed, as he was the sole breadwinner of the family and is upset to see his wife sleeping on the floor beside him, so that she can change his bandages between social carer visits.

Key observations were:

- Insufficient or no support in original location
- No consistency in care or assessments
- No long-term support
- Difficulties in understanding the process of applying for social care support, particularly in diverse communities
- Lack of communication and interaction with social workers
- Unpaid carers feeling under-valued and being unaware of support available to them
- Isolated families trying to cope alone
- People going through life changing experiences don't always give services a chance
- Negative effects on people's mental health and the relationship between patient and carer
- Insufficient local signposting of support and information for individuals
- Long waits for needs assessments and carer's assessments
- Many people fall outside the Government funding criteria and self-fund their care, particularly older people
- People didn't always recognise a social care interaction or assessment, didn't see themselves as part of the process

The committee welcomed this powerful work and made the following observations:

- The need for better information and advice signposting; for this to be proactive and accessible to all and across all services
- Expectations that are not met affect people's mental health. The stories are powerful and demonstrate the inadequacies of the system. People should know what they are entitled to, but don't, particularly older people who 'don't want to be a bother', so reluctantly seek help.
- what can be done to support marginalised groups of different cultures and where English is not their first language?

	The Chair and committee noted the presentations which they found to be powerful stories and thanked PC, Lisa, Nicola and Ali for the work they are doing	
1.4	**Agenda Item 1.4 – Minutes and actions from 8th December 2021 Committee Meeting** The minutes from the meeting held 8th December 2021 were accepted without amendment. Committee to note the action log from the March meeting **Matter Arising** There were no matters arising.	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair gave a verbal update on activities since the last meeting. The chair referred to the war in Ukraine and the impact that is having on the national mood, alongside Covid. The Chair formally welcomed LAN, Healthwatch England's new National Director and thanked CM, his team and Healthwatch England (HWE) in carrying on the work so seamlessly in the interim since the previous national director left the organisation. The Chair mentioned that over the past three months the focus has been on defining Local HW place in the ICS system and that HW has an important role to play in transmitting the voice of local people into places where strategy is going to be defined. It is still to be defined how the ICS role will be performed and that of local stakeholders, including LHW at ICS levels and HWE have been assisting in this in terms of guidance and support and will continue to do so. The Chair referred to the resourcing challenges faced by LHW and HWE and applauded HW for doing an amazing job with a limited amount of funding. He stated that HWE have been focusing their efforts on constructive dialogues on how to best hear people's voices with DHSC, CQC and others to ensure that the resources that do exist are used to ensure that people's voices are heard in the places that they need to be heard in. The chair mentioned that the Secretary of State for Health and other parliamentarians have re-emphasised the importance of involving the people they serve. The function that HW perform and the impact we have is recognised and this is due to the hard work carried out both locally and nationally by Healthwatch. **The Committee noted the report.**	
1.6	**Agenda item 1.6 – National Director's Report** LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the meeting in December 2021 and asked the committee to note the report. LAN started by saying that it was an honour and a privilege to take on the role of National Director. She thanked the Chair, committee and HWE staff for giving her such a warm welcome. She mentioned that she had met a lot of the staff in person and had had meetings with stakeholders. She had twice met the Secretary of State for Health and Social Care (SoS) and had inputted into the health disparities white paper and the SoS's speech. She stated the importance of patient's voices being recognised in national policies and the impact of stories in highlighting the gaps in national policy aspirations and the lived experience and the effect it has on people's lives. LAN referred to the report and highlighted some of the activities that are still ongoing. She mentioned the challenges referenced in the report that HWE are going to try to	

	address to ensure that LHW are fully embedded into the new ICS structures and the funding and sustainability situation as patient engagement is the responsibility of all the system. Committee members made a range of comments on the report, including • The importance of not overlooking people with learning difficulties and other neurodiversity in the Accessible information agenda • Update on the elective care backlog - a deeper dive into the experience of waiting from selected ethnic minority groups has commenced and more information will be forthcoming in due course on this. • To what extent has HW been able to put an equalities lens on elective care recovery and cancer recovery? Work undertaken with the Kings Fund found that the waiting lists were longer in areas of social deprivation. However, this insight has not yet been broken down into ethnic groups. • Patient transport is an example of changes needed at ICS level and learning from Covid. The Chair re-iterated that work is needed to encourage LHW to bring their insight together with HWE. DO emphasised the importance of HW being at the table at ICS level to influence funding and the strategic direction of travel in addition to decisions made about allocation of resources. HW can also be positioned as being the experts in delivery on local engagement. Committee members also mentioned that they thought that the focus on tackling inequalities and creating efficiencies will influence where money is spent rather than how much is spent, and the money being spent on supporting the community will result in socio-economic benefits of people taking more control of their lives. **The Committee noted the ND report and the Chair thanked committee and HWE for their views.**	
1.7	**Agenda Item 1.7 – Committee Members Update** The Committee members had nothing further to report for this agenda item.	
1.8	**Agenda Item 1.8 – Annual Plan** **a) Business Plan & KPIs 2022/23** CM presented the Draft Business Plan 2022/23 to the committee which outlined the top line deliverables that HWE aim to deliver in year 2 of their renewed strategy and asked for the committee's approval. CM explained that all staff were included in the planning. The key elements are that HWE are going to continue to support LHW to build their skills and resources they need to deliver a high- quality service and ensure that they have a strong role within the new Systems. HWE are also going to continue to strengthen their brand and improve their approach to stakeholders and the less heard from communities to share their stories. To assist with this, HWE are going to work on their systems to make it easier for LHW to share data and insights to increase and strengthen the evidence base. HWE will continue to have a strong emphasis on building and sharing our expertise and engagement to ensure that is what we are recognised for across the sector. This will ensure that more communities are involved with shaping healthcare services. Committee members made a range of comments including: • The need for clarity on milestones where targets had a date for completion of March 2023. CM assured the committee that monthly programme updates, which	

	are rag rated will be undertaken throughout the year. Some KPIs, such as the stakeholder perception survey, are annual. • Meaningful gathering of data from people from an ethnic minority background is needed. JL advised that HWE are confident that the demographic data target from LHW would be achieved based on work that has already been done. Based on the webform, there has been a sizable increase in data coming from Black, Asian and Ethnic Minority groups this year, but such an increase is not expected next year. HWE need to analyse how many people to engage with and know which communities they are hearing from. Progress will be reported to the committee throughout the year. CM added that HWE are in the early stages of their EDI work and are putting the building blocks in place. A new taxonomy is being put in place to provide a breakdown of the data received. • HWE needs to consider what difference it intends to make and then consider where it would get its data from to inform that. • LAN suggested that HWE gives themselves more leeway on the dates on the roadmap for the Digital transformation programme to cover recruitment of a digital manager. • The committee questioned if 10% increase in stakeholder engagement in improving our work in health and social care is achievable. JL responded that although 10% is a big increase he is confident that with more work being done around impact, the previous target earmarked by the committee of 5% would be significantly improved on. • Flexibility would be needed if a big project were to come up and the need for agility so that the HWE work plan aligns with LHW. CM assured the committee that the draft work plan has already been shared with LHW at a Chief Officers meeting and a public version of the workplan would be shared with LHW upon sign off. The Network Development Team and the Policy Team take account of issues the network is involved with through the Chairs and CEOs of LHW and feed these into the Business Plan at a planning stage. **The Committee Approved the report subject to the points raised above and thanked CM for his presentation.** **<u>ACTION</u> - CM** to provide a review of Annual Plan in Q3	
	b) Draft Budget 2022/2023 JC presented a draft budget to the committee for 2022/23 and asked them to note the budget and agree the budget figures for next year. She informed the committee that funding had been reduced by 5% and there were challenges ahead as a result. She explained that a sizable percentage of non-pay activities will cover the digital programme, the foundations for this project have already been laid. The focus for next year will be on getting value for money and exploring further income streams. JC explained that management recharges may see some cost savings next year, which will increase the non-pay budget. Further details about this would be forthcoming towards the end of the month. Following the AFRSC meeting last month, budget planning is being reviewed to ensure that expenditure is maximised for next year and the procurement process starts as early as possible in the financial year. The Chair mentioned that the CQC Audit committee were satisfied with HWE assessment and control of risk. LAN assured the committee that work will commence on providing more accurate profiling and forecasting at the beginning of the year. **<u>The Committee Approved the Budget subject to further work by the AFRSC in April</u>**	**CM**

1.9	**Business Items** **<u>Agenda Item 1.9 (a) – Update Equalities Diversity and Inclusion (EDI) Report Q3</u>** CM provided an update on the progress in delivering the Equalities Diversity and Inclusion Plan for 2021-22 and asked the committee to note the report. **The committee noted the report** **<u>Agenda Item 1.9 (b) – Delivery and performance Report Update</u>** JC provided a report in summary of the progress against HWE KPIs and Highlights from Jan-Feb 2022 and asked the committee to note the report. JC mentioned that delays to a couple of projects were due to priorities being given to other projects such as the ICS preparations. The committee sought further information on the delayed Brand Licence sign up and how confident HWE were for commencement in Q1. GM and CM explained that there had been a delay in ensuring that the licence agreement was legally binding, but HWE are confident that the rollout will commence in Q1 2022/23 following a letter sent from SRF (the Chair) to the network. The Chair confirmed that he has sent a detailed letter of expectations but questioned if HWE foresee any problems with LHW. GM responded that HWE are working with LHW to find solutions to get their data onto the HWE system. JO asked that the colour coding on the document be reviewed and that an alternative shade is used for completed projects for future documents. **<u>ACTION</u> – SA** to review the colour coding within the document and amend the completed projects hue **The Committee noted the Report**	**SA**
2.0	**Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report** DO provided a summary of the AFRSC meeting held in February. DO explained that the sub-committee had noted a forecast underspend with which they were uncomfortable and understood that it was unlikely to be reduced and possibly worsen. However, there were various mitigations that were unable to be implemented due to operational difficulties and going forward the sub-committee will have a closer overview of the budget profiling and management through reporting every quarter. DO informed the committee that the sub-committee has asked for a report in September where they can consider the wider availability of resources including resources made available from ICSs to LHW. She mentioned that there is a review underway with HWE and CQC on the process of how grants are allocated to LHW. DO stated that whilst the sub-committee were assured about the use of resources to test and refine the digital programme, given the complexity of this work they have asked for regular oversight through quarterly reporting throughout next year in addition to a digital risk register for the programme. AM mentioned that he didn't fully understand the risks involved in the digital transformation programme or data collection and sought further clarification either in the context of the risk and audit agreed by DO or by speaking to someone outside of the	

	meeting. DO suggested that the digital risk register is reviewed quarterly by the full committee. The Chair agreed. **<u>ACTION</u> – CM/GM** to provide digital project risk register for committee to review quarterly DO mentioned: • that the sub-committee will review the action plan associated with the staff survey. • the sub-committee has reviewed the strategic risk register and suggested some amendments but overall were satisfied with the approach being taken to risk management. The Chair sought further clarification on the underlying issues relating to the underspend and how this could be prevented in future. DO was able to provide him with several issues contributing to the underspend including change of approach in grant funding, delays in invoicing, delays in staff recruitment and backloading of projects resulting in little flexibility for manoeuvre. JC informed that procurement is taking longer than had been anticipated and HWE has just been notified that a digital project which had been expected to have had costs paid in year will not now happen, leading to an increase in the underspend. DO confirmed that a report on value for money (VfM) for grant allocation, profiling and outcomes has been requested for the next sub-committee meeting. **<u>ACTION</u> – GM** to provide a report on VfM for grants allocated to include profiling and outcomes for the next AFRSC meeting in May **The committee noted the report, and the Chair thanked the sub-committee for their work**	**CM/GM** **GM**
2.1	**Agenda Item 2.1 – Forward Plan** The Chair presented the Forward Plan for the next 12 months containing the standard agenda items and asked members if there was anything they would like to include on future agendas. JO asked that the workshop provisional plan shows forward thinking themes for the year e.g. ICS and adult social care. **The committee noted the forward plan and future meeting arrangements**	
	AOB The Chair and committee members thanked JC for the work she has done for HWE and wished her well for the future.	
	Comments from the public There were no comments from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 13:20 pm	
	The next meeting will be held on 8th June 2022 The meeting will be held in Exeter, Devon Guests can join in person or online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

9th March 2021

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20220309 1.8 Annual Plan	Sandra Abraham	To provide provide a review of Annual Business Plan in Q3		Dec 2022	Planned
20220309 2.0 Audit, finance & Risk	Chris McCann Gavin MacGregor	To provide a digital project risk register for committee to review quarterly		Jun 2022	Complete
	Gavin MacGregor	To provide a report on Value for Money for grants allocated to include profiling and outcomes for the next AFRSC meeting	We assess and track the value for money and impact of each grant we make We have a working group and Collaboration Manager focused on monitoring funded Healthwatch projects	Sept 2022	Planned

AGENDA ITEM: 1.6

AGENDA ITEM: National Director's Report

PRESENTING: Louise Ansari

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in March.

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Note from Louise Ansari, National Director

The team have done fantastic work in the last couple of months, in improving our internal processes, in supporting the network, and in creating impact in policy and practice by highlighting the key issues that people, patients and communities are experiencing in health and care. I would highlight:

- Continuing major media coverage shining a light on problems with access to NHS dentistry; and the need for accessible information specifically for people who do not speak English (for example, Ukrainian refugees), as well as GP access. On the latter issue, we achieved over 90 items of media coverage at the end of May in response to new GP data. Coverage included BBC News online, BBC TV news and BBC Radio 5, the Press Association, the Telegraph and the Times.
- Our deep engagement and position on the advisory board of the influential Fuller Review of Primary Care. We used our position to ensure the review focused on key areas around continuity of care, the benefit of neighbourhood care teams, and the importance of getting the workforce right
- Our ongoing support for Local Healthwatch to engage with the developing Integrated Care System structures and leaders as well as our comprehensive training offer that we will hear more about in the meeting today
- A root-and-branch review of our finance and procurement processes to align more closely with CQC systems and reporting

Since our last Committee our Chair Sir Robert Francis QC announced his intention to step down from the role in November 2022. Given Sir Robert's continuing high impact and very significant levels of influence on the health and care systems,

including as an advocate for Healthwatch, we were sorry to hear this news. Whilst the search for his successor begins, we are happy to still have Sir Robert supporting Healthwatch for most of 2022.

1. Influencing

1.1 Accessible Information

In Q4 our national campaign on accessible information moved into its second stage, focusing on the experiences of people who don't speak English. This was timely given the sudden influx of Ukrainian refugees into the country following the Russian invasion of Ukraine in March.

We published our evidence summary based on in-depth interviews and focus groups with 109 patients and 38 staff. This shows that while the root causes of the communication barriers are different, the outcomes (and some of the solutions) are very similar to the groups we worked with in the first phase.

All this work is feeding in to NHSE's review of the AIS, which we helped to secure. This is now due to be published over the summer, with an update of the AIS expected in the Autumn. We expect the review to accept the recommendations made by us and our partners, and we are now in discussions with NHSE and CQC to explore how compliance will be monitored and enforced going forwards.

Unfortunately, provision of support for people who don't speak English is not covered via the AIS. We are therefore now exploring with NHSE the possibility of new national commissioning guidance for translation services in primary care. This is a starting point to building wider awareness of this issue in NHSE and getting system-wide action.

1.2 Elective recovery

Last time we reported that NHSE had published the elective recovery plan and had taken on our recommendations.

Whilst this is positive, we still have outstanding concerns about how hospitals are addressing inequalities.

Our previous work has shown that people who live in the poorest areas are more likely to wait longer, and that those waits are more likely to have a detrimental impact on them, e.g. preventing them from working.

Our latest research shows that if you are a woman or from an ethnic minority, you are likely to have a worse experience of waiting.

51% of respondents to our survey said they had had their treatment delayed or cancelled. But this average hides a disparity in experience by ethnicity - 57% of people from ethnic minority backgrounds were more likely to have had their treatment delayed or cancelled compared to 42% of people from white British backgrounds

51% of people from ethnic minority backgrounds were also more likely to have been given a week or less notice before their care was delayed or cancelled than people from white British backgrounds (37%).

1.3 Dentistry update

In May we issued our latest briefing on dentistry. This highlighted that almost half of the population now consider NHS dental charges to be unfair.

The work highlighted how the cost-of-living crisis means people are increasingly unable to afford private care, and that in some cases can no longer afford NHS treatment even if they can find an NHS dentist willing to take them on.

We also continue to report on the impact this is having on children and flagged that almost 1 in 5 parents reported to us that they had been told they could only get treatment for their children on the NHS if they went private. This is against NHS guidance, so we are investigating further with NHSE how this can be identified and addressed.

The report stimulated significant press and parliamentary interest over the course of the month.

1.4 GP access review / Fuller stocktake

In May NHSE published the findings from the Fuller Review of GP services.

This report follows our recommendation from March 2021, which set out clearly that a full review of primary care access needed to be carried out as part of the pandemic recovery.

Since the review was announced in October 2021, we have been feeding in our insight as a member of the advisory board and used our position to ensure the review focused on key areas around continuity of care, the benefit of neighbourhood care teams, and the importance of getting the workforce right.

On continuity of care, it is worth highlighting that we stressed this is about more than patients just seeing the same care professional each time. It's about people wanting a better relationship with an NHS that understands and works with them on their personalised care. It is great to see the review recognise that some people need better access to same-day urgent care, while others would benefit most from greater continuity of care – and that patients need to move between these depending on needs and preferences.

1.5 Report back on NHS Mandate letter

Government responded to our advisory letter on the NHS Mandate. You can see the advice in full here.

We secured key commitments around accessible information, dentistry and NHS complaints in this year's mandate. See the mandate in full here.

1.6 Covid Inquiry

We submitted our response to the consultation on the Terms of Reference for the Covid Inquiry.
Broadly speaking we were supportive of the existing scope but stressed the need to apply a wider definition to who is a victim of the pandemic. This is much broader than those who sadly died, or lost family members due to Covid, and should cover people who have suffered as a result of delayed treatment for other conditions.

We also stressed the need for the inquiry to have a clear timeframe to help set public expectations around when conclusions may be drawn.

1.7 Digital Health Care – Remote Monitoring

In April we published the findings of our latest piece of research looking at the experiences of people using remote blood pressure monitoring services.

The evidence suggests there is a real appetite among patients to make use of this sort of technology and that it has huge potential to empower people to take more responsibility for their own care. However, presently there is too little support for patients to know how to use it effectively, and there are no real systems in place to enable GPs to effectively monitor and use the data generated.

This research holds useful lessons for the BP@Home programme, but also how the NHS should be deploying remote monitoring technology in other areas of care.

You can read the full report here.

1.8 NHS Long Term Plan

NHSE have asked Healthwatch England to run an evidence review exercise to inform the planned update of the Long-Term Plan. This is to help the NHS understand where they stand in terms of the LTP targets and trajectories post-pandemic.

We have reviewed the evidence shared with us by people between April 2021 and March 2022, to present in summary form, specifically drawing out learnings relating to health inequalities.

We agreed to focus on three of the core areas covered by the Core20Plus5 initiative:

- Maternity (2,445 people's experiences)
- Mental health (3,730 people's experiences of adult's services and 2,089 people's experiences of CAMHS)
- Cancer care, including earlier diagnosis (1,148 people's experiences)

To further draw out learning on health inequalities, and to assess the

impact of the pandemic on these, we will provide a thematic summary of our existing analysis from the last two years.

This exercise has looked at evidence from more than 239,224 people and has been cut by the following themes:

- Access to services
- Quality of services
- Transfer between services
- Post-pandemic recovery
- Experience of digital transformation

2. External Updates

2.1 The Health and Care Act

In May the Health and Care Bill became an Act. It is set to come into law from 1 July 2022.

We continue to support local Healthwatch in the run up to this and have recently published our support documents on how to create collaborative agreements between local Healthwatch and MOUs with ICS partners. We are currently exploring with NHSE how we can continue this support programme for the rest of this year.

The next major milestone for us on the ICS reforms will be the completion of the 42 local engagement strategies which are all due in at the end of May. We will be reviewing these and will report back to committee.

2.2 Queen's speech

The Queen's Speech was delivered in early May by Prince Charles.

Key points to be aware of in terms of the Government's priorities in relation to health and social care for the next year are as follows:

- **The Health and Social Care Levy** has now come into effect which raises £13bn a year and will "tackle the COVID-19 backlogs, reducing waiting times and deliver millions more scans, tests and operations,

while reforming the way routine services are delivered so the NHS is fit for the future".

- **Elective recovery** - To support recovery of elective services, the Government plans to spend more than £8 billion from 2022-23 to 2024-25, supported by the revenue from the Health and Social Care Levy. This is in addition to the £2 billion Elective Recovery Fund and £700 million Targeted Investment Fund already made available last year to help drive up and protect elective activity.

- **Delivering Healthcare Priorities** - The Government has committed to build 40 new hospitals by 2030, backed by an initial £3.7 billion. "Together with eight previously announced schemes, this will mean 48 hospitals delivered by the end of the decade, the biggest hospital building programme in a generation. The first of the 48 hospitals opened for patients last year and a further six are in construction. The new hospitals will transform the way we deliver healthcare infrastructure for the NHS, prioritising sustainability, digital technology and the latest construction methods".

- **Social Care and Integration** - In September 2021 the Government announced £5.4 billion for adult social care reform. This includes reforming the social care charging system to protect people in England from unlimited and unpredictable care costs. "From October 2023, we will end unpredictable costs by placing a £86,000 limit on the amount people anyone in England will have to spend on their personal care cost over their lifetime. The new cap will end the pain of unlimited care costs so that more people can preserve their savings and assets and pass something on to their loved ones".

- **Implementation of the Government's Integration White Paper** will ensure patients receive better, more joined-up care. Building on the Health and Care Act 2022, it will bring the NHS and local government closer together to join up health and social care services through the design of a shared outcomes framework, with a single accountable

person who will be responsible for the delivery of these shared outcomes including shared health and care plans for people locally.

- **Draft Mental Health Act Reform Bill** - The purpose of the draft Bill is to a) Ensure patients suffering from mental health conditions have greater control over their treatment and receive the dignity and respect they deserve and b) Make it easier for people with learning disabilities and autism to be discharged from hospital.

- **The Women's Health Strategy** will focus on priority healthcare issues for women across the course of their lives:

    - priority healthcare issues: menstrual health and gynaecological conditions; fertility, pregnancy, pregnancy loss and post-natal support; the menopause; healthy ageing and long-term conditions; mental health; and the health impacts of violence against women and girls; and

    - thematic priorities: women's voices; healthcare policies and services; information and education; health in the workplace; and research evidence and data.

2.3 Ockenden

At the end of March, the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust, led by Donna Ockenden, was published.

The review into almost 1,600 clinical incidents identified failures to listen to families, failure to learn from clinical incidents and failure of multiple external bodies to act in improving maternity services at the Trust over two decades.

It found that where investigations did take place, they did not meet the expected standards at that time and failed to identify areas for improvement in care.

The review calls for immediate action to improve care and safety in maternity services across England, focusing on areas such as safe staffing, escalation and accountability, clinical governance and robust support for

families.

In response, we will be undertaking work on maternity services to see how our evidence can support implementation of the review's findings.

2.4 British Social Attitudes Survey

Also, at the end of March the results of the British Social Attitudes survey covering satisfaction with the NHS were published.

These showed that more people are now dissatisfied (41%) with the NHS than are satisfied for the first time since 2002.

The findings show the lowest levels of satisfaction with GPs (38%), dentists (33%), A&E (39%) and both hospital inpatient (41%) and outpatient (49%) services since it began tracking public attitudes.

People strongly support the founding principles of the NHS: that it is funded by general taxation and available free of charge. They also remain happy with the quality of care they receive and with the attitude and behaviour of staff they encounter when being treated.

The BSA survey is a long running and highly regarded quantitative survey. Whilst the results are not positive, it is useful to note that they align with what we are hearing through our network wide qualitative research activities.

3. Support to the Network

3.1 Healthwatch Funding

Each year Healthwatch England publishes information on the funding of local Healthwatch. In 2021/22 Healthwatch network received total funding of £25.4 million to deliver its statutory activities giving local communities a strong and influential voice in the running of health and care services. Overall, this funding has decreased from an initial allocation of £40.5 million, although the annual budget reductions have got smaller over time: 19/20 - 2.6%; 20/21 - 1.7% and 21/22 - -0.2% (projected). However, when inflation is factored in, the Healthwatch network's financial resource has fallen by 48% since it was established.

3.2 Learning and Development

Healthwatch England delivers a programme of learning and development for local Healthwatch. Between April 21 and March 22 193 sessions were delivered with 3694 attendees on topics ranging from research skills to supporting work on equality, diversity and inclusion. The programme takes a blended approach with webinars, guides, peer support and e learning. Healthwatch England has provided small amounts of funding to enable Healthwatch to share learning, for example, on engaging people experiencing homelessness, engaging refugees & asylum seekers and engaging people living with dementia, using video diaries. We measure the effectiveness of the programme – 91% of those attending one of the sessions reported that they would apply what they'd learnt to their work. One example is collection of demographic data – important for understanding who Healthwatch are reaching as well as to inform analysis. This is resulting in Healthwatch England receiving larger quantities of demographic data – important to help us fully understand the combined impact of personal characteristics on people's experiences of health and social care and wider work of tackling health inequalities.

3.3 Digital

Ensuring we have the right digital systems and data processes in place is critical to the local and national work of Healthwatch. We are strengthening the systems and processes to build greater consistency across the network and support Healthwatch to work together to be better. This work includes introducing common data standards and new systems to make it easier for Healthwatch to share information and insight with us. We have also provided guidance and training on the collection of demographic data to better understand who we are reaching and better understand the combined impact of these personal characteristics on people's experiences of health and social care and to escalate this on a local, regional and national level.

4. Communications

4.1 Brand awareness and support

Our most recent public awareness polling, which finished in January 2022, indicates that awareness of our 'Healthwatch' brand stands at an all-time high of 40%. This represents a 13-percentage point increase over last year. Other key headlines from our latest polling include:

- Awareness of 'Healthwatch England' stands at 34%. This is the first time we have asked this question and provides us with a benchmark moving forward.

- Although awareness has increased markedly, the majority still don't know what we do. This shows we need to do more to deepen understanding of our role.

- Most respondents thought Healthwatch helps to improve healthcare for adults (79%) which is 10% higher than 2020, this may suggest more people think we make a difference. The number of 'don't knows' has also dropped by half – showing confidence in picking a perceived role.

- Awareness amongst demographic groups we have specifically targeted, such as older people (52%), carers (50%) and people with long-term conditions (45%) is higher than the average.

- We have seen a 5%-point improvement in awareness amongst people from an ethnic minority background (34%). Awareness amongst people from lower-income backgrounds has increased 15% points (39%).

- Awareness amongst health and care professionals is 60%.

We believe the improvements in awareness has been helped by (a)our investment in media, paid social, as well as national campaigns in partnership with CQC and (b) the high demand we and local Healthwatch experienced for advice and information during the pandemic.

We have continued to implement updates to our brand tone of voice and design with new resources and training for the network. New resources include updated report templates, social media and email marketing materials, as well a new graphics bank and annual report template. As a result, the use of our brand centre in April and May is 30% higher than the same time last year.

We have continued our 'always on' marketing to raise awareness of Healthwatch and encourage more people to use our service. So far, this financial year nearly 20,000 people have used our 'find your local Healthwatch' tool.

4.2 Public campaigns and advice

As well as progressing our national campaign, "Your Care Your Way", we have also developed a roadmap for our other campaign work in 2022-23. This includes our joint award-winning campaign with CQC, "Because We All Care" and our plans to run four further campaign spikes to maintain a steady stream of feedback for us and local Healthwatch. The first spike will take place in June with a focus on the deaf and hard of hearing, with will be followed by work focussing on older people, people with long-term conditions, as well as individuals with learning disabilities and autism. Within each spike, we will also focus on increasing our feedback from those who are more likely to face health inequalities (e.g. people living in areas of deprivation).

We have also continued to provide new advice and information, which either links to our policy priorities or in response to changing public needs. Since March, we have produced updated or new advice on: how to find a dentist; your rights to an interpreter when using NHS services; getting help for Long Covid; getting help out of hours; health rights for new arrivals and, bereavement support. So far, this financial year, our advice has been accessed 164,000 times. 4 in 5 users rate our advice as useful or very useful. However, with less demand for COVID-19 advice, demand for our advice is down 20% compared to the first two months of the last financial year.

4.3 Other communications highlights

- **Media reach:** We have achieved significant media coverage in April and to the time of writing in May thanks to our findings on issues like NHS dentistry. Healthwatch has achieved 710 mentions in the national, trade and local media – 10% of this coverage was on TV or radio. Our four items of coverage in May with the greatest reach were all covered by the BBC and related to NHS dentistry.

Date	Outlet	Link
9 May	BBC	Covid: The struggle to get a dentist and the reality of living with Covid - BBC News
10 May	BBC	Dentists: East Yorkshire and North Lincolnshire NHS patients face three-year wait - BBC News
21 May	BBC	Ministers asleep at the wheel over dentist shortages, say Lib Dems - BBC News
9 May	BBC	Patients in pain as many struggle to find dental care

- **Digital accessibility:** Our new Drupal 9 website template for local Healthwatch was independently tested for accessibility and achieved AA compliance. It will now be rolled out to new and existing sites we support.

- **Digital engagement:** Updates we have made to social media and email marketing approach at the start of the year appear to be bearing fruit. Our social media reach from April to May is 60% higher than the same point in the last financial year. Our public email open rate has increased to 39% (versus Government average of 28%) and our click rate is 6.7% (versus Government average of 3.9%)

5. ICS Support Programme

Following the passing of the Health and Care Act in July, it is vital that local Healthwatch ensure that the public voice is heard within Integrated Care Systems. Healthwatch England is supporting Healthwatch to work together to ensure the system acts on what they hear from communities across wider areas. Our support includes publishing examples of where working practice between Healthwatch and Integrated Care Systems is already promising, to support learning; toolkits such as supporting development of formal agreements between local Healthwatch and a framework for conversations about how their ICB can resource the additional responsibilities placed on Healthwatch.

Healthwatch England commissioned intensive support for six ICSs for Healthwatch to develop formal agreements on working together within their system. Four of these have agreements in place. We are mapping needs across Healthwatch in the other systems. Conversations with NHSE are underway to discuss how to meet the ongoing support needs of local Healthwatch to be ICS ready.

6. Equality Diversity and Inclusion

6.1 Our draft Equalities Diversity and Inclusion action plan for 2022-23 is tabled as item 2.0 on the agenda of today's meeting. The paper also includes a review of our activity against the 2021-22 EDI plan which contains further detail on the activity highlighted below.

6.2 We have established the new demographics for the taxonomy into the Civi CRM system which has seen an increase in the amount of data collected.

6.3 In March, we carried out further research into who is worst affected by the high waiting times for elective care. This showed, reinforcing our previous research, that it is those living on lower incomes who are having a worse experience as well as waiting longer. In February 2022, NHSE published the elective care recovery plan, which took on many of the recommendations we made following research we published in November.

6.4 In February 2022, we launched our new campaign – 'Your Care, Your Way' – to ensure health and care services take account of people's additional communication needs when providing care.

6.5 Following our December report on dentistry in we which highlighted the needs of children and families as a key theme we were pleased to see the DHSC and NHSE react positively to our concerns by announcing an extra £50 million for NHS dental appointments up to the end of March 2022, with clear instructions to practices to prioritise urgent cases and children.

7. Key Meetings Attended by the National Director since the last Committee meeting

March	
Introduction meeting with National Voices	Charlotte Augst
ICS & CCG Devon	Sarah Wollaston (Chair ICS) & Jane Milligan CEO of ICS & CCG Devon
Introduction meeting with Sir David Pearson	Former Chair of Social Care Sector, COVID-19 Support Task Force
DHSC	Matthew Style
NHS Director for Experience, Participation & Equalities	Neil Churchill OBE
NHS Reform Roundtable	Secretary of State for Health & Social Care
NHS Confederation	Matthew Taylor and colleagues
Patients Association	Rachel Power
National Guardian ND	Jayne Chidgey-Clark
Local HealthWatch CEOs webinar	LHW CEOs – Various
Kings Fund	Richard Murray

ICS Conference Panel Discussion on the importance of listening	NHSE/I Representations, NHSConfed Representations
The Chartered Society of Physiotherapy	Sara Hazzard & Karen Middleton CEO
Healthwatch Islington & Healthwatch Trafford on Volunteering	Jeni Kent, Healthwatch Islington and Andy Latham, Healthwatch Trafford
HW Liverpool & HW Lincolnshire on funding sustainability (LHW Grants & Collaboration with NHSE/CQC, HW Liverpool and HW Lincolnshire)	Sarah Fletcher, HW Lincs Sarah Thwaites, HW Liverpool Claire Jackson, HW Warwickshire
April	
Nursing and Midwifery Council	Andrea Sutcliffe CBE – Chief Executive
Versus Arthritis	CEO Deborah Alsina
HW North East Lincolnshire/HW Essex/HW Blackburn with Darwen -Healthwatch Impact Programme	Healthwatch North East Lincolnshire (Tracy Slattery), Healthwatch Essex (Sam Glover) and Healthwatch Blackburn with Darwen (Sarah Johns)
Andrew Barnett OBE	Previous HWE Committee member
Patient and Carer Network (PCN) – Speaker	Royal College of Physicians (RCP)
HW Peterborough & Cambridgeshire – work with Gypsy, Roma and Traveller communities	Sandie Smith and Jo McHattie, HW Peterborough & Cambridgeshire
Local Government Association	Sarah Pickup, Deputy Chief Executive
HW Herefordshire	Christine Price, CEO
HW Chairs and board member network meeting	Various LHW attendance
Martyn Day MSP	Scottish Member of Parliament
Healthwatch Haringey and Healthwatch Worcestershire – Quality Framework	Rakshita Patel, HW Haringey, Suzy James, HW

	Worcestershire, Simon Adams HW Worcestershire
Helpforce	Maeve Hully, Volunteering Director
HW Kingston upon Thames visit	Stephen Bitti, HW Kingston Liz Meerabeau Candy Dunne Helena Wright Kezia Coleman
HW Leeds visit	Hannah Davies CEO
Coventry and Warwickshire ICS/NHS Coventry and Warwickshire CCG	Danielle Oum ICS Chair/Phil Johns ICS CEO designate
May	
NHS Discharge Forum 2022 Event – Speaker	Various attendees from Health and Social Care
NHS Herefordshire and Worcestershire CCG	Integrated Care Board Chairs and Chief Officers
Cornwall & Scilly Isles ICS	John Govett Kernow ICS Chair designate and Mario Dunn, CEO Cornwall Healthwatch
HW Lincs	Sarah Fletcher, CEO
HW Northumberland	Derry Nugent, CEO
Co-Chair of the NHS Assembly	Prof Dame Clare Gerada
General Medical Council	Charlie Massey, Janna Bolger
NHSE(SW) Citizens Assembly	Nick Pennell and colleagues
North East London ICS	Marie Gabriel – Chair / Zina Etheridge – CEO
HW Coventry and HW Warwickshire	Ruth Light and Chris Bain, CEOs

AGENDA ITEM:1.8

Agenda item: Learning and Development Offer

Presenting: Marianne Patterson, Learning and Development Manager and Gavin Macgregor, Head of Network Development

Previous Decision: N/A

Executive Summary: Healthwatch England made changes to how it delivered its Learning and Development programme for local Healthwatch in 2019. This presentation sets out the changes that have taken place, the range of learning opportunities, evaluation of the programme and next steps

Recommendation: For noting

Learning and development programme

Marianne Patterson, Learning and Development Manager
Gavin Macgregor, Head of Network Development

8 June 2022

Where we were – 2019 and before

My perceptions from working in local Healthwatch

- Mainly face to face training, delivered mostly in London and occasionally Birmingham and Leeds with occasional webinars
- Not necessarily needs driven or in consultation with the network
- Delivered mostly by external suppliers
- Advertised and delivered on an adhoc basis
- Limited evaluation and 'you said we did' messages
- No induction training for local Healthwatch staff and board members
- No volunteer management training, guidance or support
- Focus on Enter and View

Where we are now

New developments 2020 onwards

- **Needs driven**
  - Learning needs survey every two years
  - Aligned with strategy and Quality Framework
  - Aligned to needs of key audiences and their roles in the network
- **Range of courses**
  - Leadership, decision making, code of conduct, conflict of interest
  - Volunteer recruitment, training, reward, recognition & management
  - Outcomes, impact and influencing skills
  - Research planning, survey design, data analysis
  - Public sector equality duty, understanding EDI, collecting demographic information, producing easy read materials

Where we are now

New developments 2020 onwards

- **Blended learning approach**
  - Development of e-learning courses and inductions (general, lead officer and Chairs and board members)
  - Webinars & showcase sessions with no upper limit to share information & answer questions
  - Small group training, action learning and peer facilitated learning
  - Commissioned training from specialist organisations e.g. the Consultation Institute, Easy Read UK, Diversity Trust
  - How to guides e.g. models of engagement in engaging people experiencing homelessness, engaging refugees & asylum seekers, engaging people living with dementia, using video diaries
  - Peer network meetings: Chairs & board members, volunteer managers, engagement leads, EDI leads, Research and Insight staff, campaigns leads, website users & Black Staff Network

Where we are now continued..

New developments 2020 onwards

- **Example of blended learning in action**
  - Essentials of project planning for local Healthwatch
    - Quarterly small group webinars
    - Supporting guidance and checklist on network site
    - Interactive e-learning course

- **Investment in the expertise of the network**
  - Secondments to develop and share good practice guides and templates, deliver our Equality, Diversity and Inclusion programme, shape our approach to engagement & support data & digital work
  - Delivery of training and development of e-learning courses
  - Development of resources and showcasing good practice

Where we are now continued..

New developments 2020 onwards

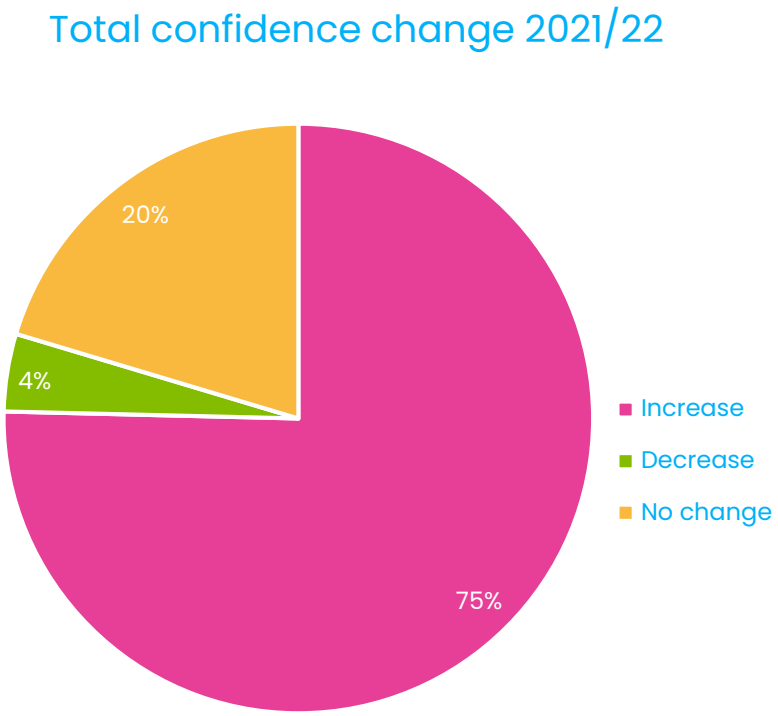
- **Forward planning**
  - April 2021 published our first full learning and development calendar so local Healthwatch can see the offer at a glance and save the dates
  - Sessions become available to book at the start of each quarter
  - Teams now build this into their Q4 business planning
- **New focus on feedback and evaluation**
  - Cross team working group agreed new events feedback form with three key measures plus free text option which is shared in all sessions
  - Monthly download of feedback and trends shared with all staff
  - Semi structured conversations with LHW on their experience of L&D
  - Quarterly peer network facilitator meetings to avoid duplication and share successes and challenges

Headlines and highlights

April 2021 – March 2022

Events and e-learning	
Sessions delivered	193
Booked attendees	3694
Feedback forms received	987
Peer networks developed	7
E-learning courses created	6
Learners taking an e-learning course	690
Average satisfaction rating of learners taking an e-learning course	8.6/10
LHW people offered to take part in a semi structured conversation	20

Did learning and development change the network's confidence?

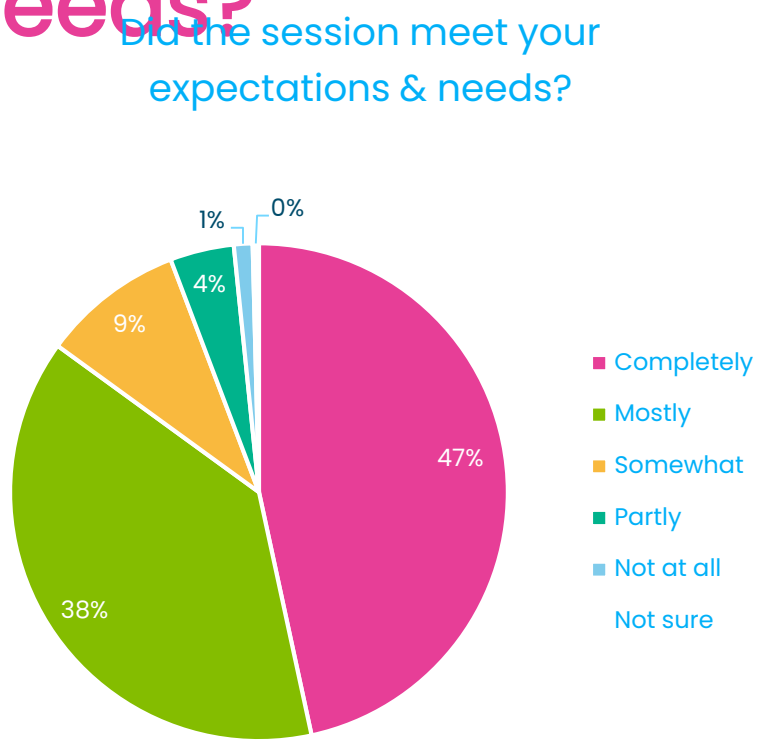


We asked attendees to rate their confidence in the subject area before and after each session they attended, on a scale of 1-10.

75% of confidence ratings had increased after attending a session run in 2021/22.

Figures are based on 987 feedback forms received.

Did learning & development opportunities meet the network's needs?

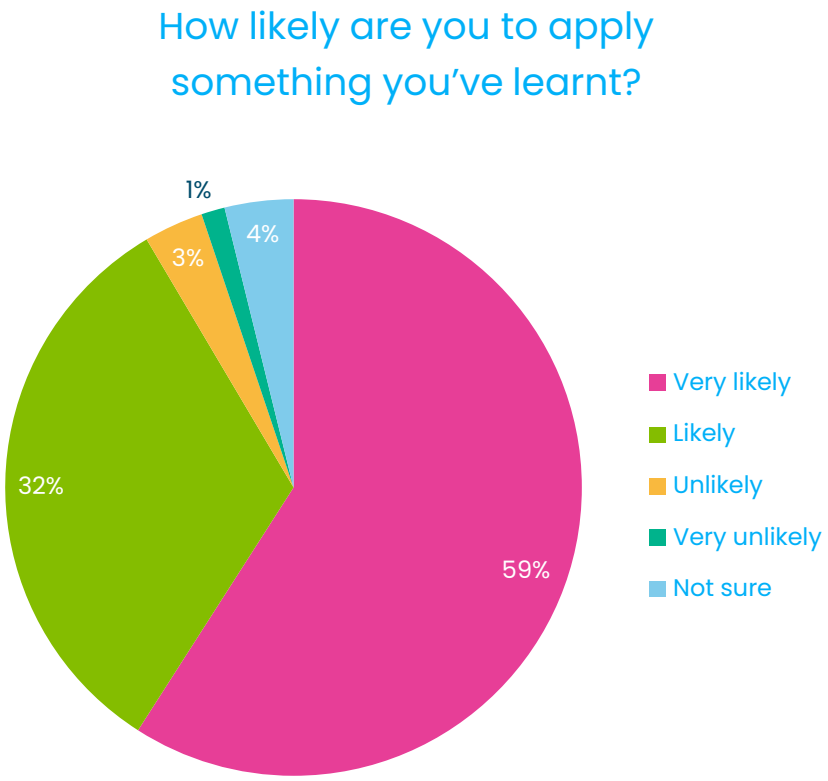


We asked attendees whether the session they attended met their expectations and needs.

47% of people said that the sessions completely met their needs, and a further 38% said it mostly met their needs.

This means that 85% of attendees felt our sessions met their expectations and needs.

How likely are attendees to apply what they learnt in sessions to their work?



We asked attendees how likely they were to apply something they'd learnt in a session to their work.

59% said they were "very likely" to apply their learning in their role, and 32% said they were "likely" to do so.

In total, 91% of attendees felt they would apply what they'd learnt in a session to their work.

Feedback on L&D programme overall

Trends from semi structured conversations – see report for more info

- **What worked well for learners**
  - Range of relevant learning opportunities available
  - Online webinars which allow more people to take part as there are no additional travel, time or cost requirements, especially for those with caring responsibilities
  - Small group discussion sessions
  - Supporting resources to refer back to
  - Commissioned courses from specialist organisations like the Samaritans and Diversity Trust
  - Opportunities to network with other local Healthwatch
  - Organisation, booking system and HWE facilitation & friendliness

Feedback on L&D programme overall

Trends from semi structured conversations – see report for more info

- **What could have been better for learners**
  - Calendar could have been easier to find
  - Clearer labelling of the type of session and what to expect
  - More interaction in the session
  - Specific goals for the peer networks
  - Facilitators to be mindful of the pace of sessions, speaking slowly and giving time to process information

Feedback on L&D programme overall

Trends from semi structured conversations – see report for more info

- **Examples given of where confidence increased**
  - Understanding Healthwatch
  - Representing Healthwatch
  - Decision making process and importance
  - Engagement techniques
  - Survey design
  - Collecting demographics
  - Identifying and describing outcomes
  - Understanding and describing Equality, Diversity and Inclusion, the Equality Act and protected characteristics

Feedback on L&D programme overall

Trends from semi structured conversations – see report for more info

- **Examples given of where learning was applied**
  - Migrated to new website and improved content
  - Now analysing data and helping CCG to design surveys
  - Now collecting and analysing demographic information
  - Carrying out virtual visits, outdoor engagement and developing bespoke posters for different communities

"Learned about GP text messaging engagement in showcase session then downloaded the resource and followed the steps to replicate the approach. It sparked the idea of how to get insight during the pandemic from patients and the resource was used to persuade the Practice Manager to agree. Received 1000+ responses very quickly which would not have happened otherwise. Have since developed a hybrid E&V model which has increased confidence in the practice and volunteers to reinstate E&V by not talking to patients on site"

Healthwatch Leicester

Next steps for the L&D programme

Our plans for 2022-23

- Continue to offer a blended learning programme that covers priority skills needed to run a Healthwatch
- Continue to invest in local Healthwatch subject specialists to lead sessions and develop e-learning courses and resources
- Continue to publish a full calendar of events but move it to the training and events tab so that it can be found more easily.
- Improve the event description in adverts on the networks site so people are clear what to expect
- Offer presentation skills, train the trainer training and action learning techniques to Healthwatch England facilitators
- Commission extra courses where there has been high demand e.g. how to produce professional easy read courses
- Offer action learning sets for people who provide information and signposting

Next steps for the L&D programme

Our plans for 2022-23

- Commission EDI courses as requested by the network in: understanding and developing your approach to EDI, inclusive leadership, working with LGBTQ communities and disability awareness
- Develop more e-learning courses where appropriate
- Invest in support and development for Healthwatch Chairs and board members:
  - 55 days consultancy time for small group training session and tailored development session for individual boards
  - Commission Getting on Board to offer programme of support to 20 LHW to improve recruitment and diversity of their boards
- Ask LHW to complete learning needs survey Q4
- Continue to seek and act upon feedback and share 'you said, we did' messages

Thank you for your time

Any questions?

healthwatch

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING

Healthwatch England 8th June 2022

AGENDA ITEM: 1.9

AGENDA ITEM: Draft Strategic Risk Register 2022-23

PRESENTING: Danielle Oum, AFRSC Chair

PREVIOUS DECISION: AFRSC reviewed and made amendments to the new draft strategic risk register for 2022-23 at their meeting on the 12th May 2022 and the full Committee suggested amendments to the register at the April workshop, which have also been considered.

EXECUTIVE SUMMARY: The new draft strategic risk register for 2022-23 highlights the potential risks to Healthwatch England's reviewed strategy, the network and the business plan for 2022/23.

RECOMMENDATIONS: Committee is asked to **REVIEW** and **APPROVE** the risks and mitigations presented in the register

Background:

Strategic Risk Register 2022-24

Following the approval of our business plan on 9th March 2022, the new strategic risk register was drafted by the Leadership Team and Committee in April.

The risks are placed in order of their post-mitigation rating with the highest risk placed first.

The highest red flagged risk is:

- **SR01** - Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.
  Post Mitigation Rating = 16 (high)

- **Local Healthwatch Risk SR16** - Due to reduction in funds from local authorities, local Healthwatch are unable to deliver some or all their statutory activities, affecting their viability/result in gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network.
  Post Mitigation Rating = 20 (high)

At the last AFRSC meeting on the 12th May the sub-committee commented on the following risks. All amendments, following the sub committee's comments, have been made in the draft register:

Risk SR10 - Resourcing

Risk: *There is risk that continuing high expectation of a high volume and high quality on delivery of projects, means that staff workload is too high*

- Whilst agreeing to the risk wording, the sub-committee asked that the mitigation be reviewed.

Risk SR02 – Financial

Risk: *Failure to comply with CQC financial processes, risks us having an underspend/overspend, or being non-compliant with procurement and audit procedures. In turn this could lead to the Healthwatch England Committee feeling a lack of assurance.*

- Risk needs to demonstrate the potential for lack of impact rather than lack of assurance.
- Mitigations need to reflect front loading procurement and spending for impact

Risk SR01 – Financial

Risk: *Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.*

- Mitigation may not work because if we receive additional income, we cannot guarantee funds will be received and spent within year.
- Mitigation needs rethinking and to be more structured.

New Risk – Financial

Risk: *Time taken to review all processes and train staff has the potential to take resources from other work.*

- Considered as an operational risk and not a strategic risk
  This risk has since been removed from the draft strategic risk register.

Risk SR16 – Stakeholders

Risk*: Failure to get the right balance when presenting our evidence risks causing upset with the government or other key stakeholders.*

- Review post mitigation rating as risk now considered to be higher

Risk SR09 – Equality, Diversity & Inclusion

Risk: *Failure to respond to staff who raise negative experience about EDI within Healthwatch England leads to reputational damage, low morale, and poor culture.*

- Risk description needs to be more about staff morale and organisational culture in general
- Mitigations needs to be reviewed to reflect more clearly the actions that HWE has taken/are taking in mitigating this risk.

Committee are asked to **REVIEW** and **APPROVE** the risks presented.

DRAFT

Healthwatch England

Strategic Risk Register 2022-23

CREATED BY: Leadership & Committee April 2022

REVIEWED BY AFRSC: 12th May 2022

APPROVED BY:

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
HEALTHWATCH ENGLAND HIGH LEVEL STRATEGIC RISKS								
SR01	**FINANCIAL**	Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.	Head of Operations	6	4 (Imp) 5 (Lh) **20 (High)**		• We will reforecast the annual budget in September and December and take any mitigating actions on reprofiling spend that are needed. • We will explore opportunities for income generation outside our annual GIA budget; and ensure that income is either clearly for spend over multiple years of we are able to spend in year • We set out a plan for a strategy refresh which will include scenario	4 (Imp) 4 (Lh) **16 (High)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
							planning for changes in GIA/ income over the coming years.	
SR02	**FINANCIAL**	Failure to comply with CQC financial processes, risks us having an underspend/overspend, or being non-compliant with procurement and audit procedures. In turn this could lead to Healthwatch England having a lack of impact if spend is not optimised	Head of Operations	6	4 (Imp) 4 (Lh) **16 (High)**	• We are reviewing our financial processes • We reconcile spending on a monthly basis using figures supplied directly from CQC • A member of CQC Finance team will attend our quarterly AFRSC meetings. • Procurement for 2022-23 will be front loaded and processed in Q1 • Our budget will be spent against projects that will give us the most impact	• We will put in place a programme of training to ensure that HWE staff are fully cognisant of CQC processes.	4 (Imp) 3 (Lh) **12 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR03	**FINANCIAL**	Managing the revised 2022-23 budget by projecting a 10% vacancy rate in staff could potentially lead to downward pressure on recruitment and a staffing risk.	Head of Operations	6	4 (Imp) 4 (Lh) **16 (High)**	• A detailed assessment of likely staff movement and savings against specific posts (i.e. those that are currently vacant) has been undertaken	• We will reforecast against the budget in September and December to assess if reprofiling is required. • We will identify activity and related spend on staff costs that could be mitigated against by income generation or delaying recruitment if necessary	4 (Imp) 3 (Lh) **12 (Medium)**
SR04	**FUNDING/REPUTATION**	Failure to demonstrate the difference Healthwatch England make and to show the broader value of our work and impact, nationally, risks cuts to our funding, reputational damage and people	Head of Network Development /Head of Policy, Public Affair and Research & Insight	2	5 (Imp) 3 (Lh) **15 (High)**	• We have an impact programme to help us identify impact • We communicate national and local communication of impact through interventions such as the	• The business plan includes a range of actions to increase our reach and influence, including demonstrating the impact we make	5 (Imp) 2 (Lh) **10 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		having less trust in the brand.				Healthwatch Awards and Annual Reporting.		
SR05	**REPUTATION**	Failure to deliver on our objectives in the business plan, risks us not delivering on our overall strategy as well as our statutory function	Director of Communication, Insight and Campaigns	6	5 (Imp) 3 (Lh) **15 (High)**	• We have a monthly programme management review to check delivery against key work streams.	• We will review the Business Plan in September to assess whether delivery is on track.	5 (Imp) 2(Lh) **10 (Medium)**
SR06	**DIGITAL**	Due to the complexity and scale of our digital transformation, we fail to manage the programme causing a delay that will impact on our 2023-24 budget and negatively impact on our operational delivery.	Director of Communications, Campaigns and Insight	1,3 & 4	4 (Imp) 3 (Lh) **12 (Medium)**	• We have a plan in place and have a cross team group in place to scope and manage risks.	• We will produce a specific risk register related to the Digital Programme which AFRSC will regularly review • We will recruit a manager at 'A' Grade to ensure the coordination and timely delivery of the programme.	3 (Imp) 3 (Lh) **9 (Medium)**
SR07	**DIVERSITY**	Failure to have a diverse committee and staff team risks a lack of good skill sets and expertise	Head of Operations	6	4 (Imp) 3 (Lh)	• Transparency in the recruitment process	• We will review our recruitment processes to ensure that we	4 (Imp) 2 (Lh) **8 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		that different people bring.			**12 (Medium)**	• Recruitment panels reflect diversity wherever possible. • We will seek lesser-known networks and agencies to find a wider range of candidates • Actively encourage candidates from all the protected characteristics to apply for roles at all levels, and candidates are anonymous when shortlisted. • We actively review the diversity of our staff team and committee, and we will strive to make sure our staff and committee are diverse to reflect the population served.	are maximising our opportunity to attract staff and committee members from diverse backgrounds	

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR08	**EQUALITY, DIVERSITY & INCLUSION**	Failure to identify or respond to EDI issues amongst staff within Healthwatch England can impact on staff wellbeing and performance at work leading to low morale and poor culture	Director of Communication, Insight and Campaigns	3 & 6	(5)Imp (2) Lh **10 (Medium)**	• We have undertaken an EDI review and are now implementing an action plan • Staff are regularly reminded of our zero-tolerance approach and how to raise concerns. • EDI discussions are held at our all staff meetings regularly to give staff the opportunity to discuss wider issues and embed a more inclusive culture • Our Staff Engagement Group (SEG) is there to support staff who are having an issue as well as escalate concerns to Leadership Team	• We will implement a programme of learning that will support staff to understand and model best practice on ED&I at Healthwatch England. • We will be carrying out a range of discussion sessions with all staff on broader EDI issues e.g. LBGT, disability to further embed a working culture that embraces diversity. • A staff survey will be conducted in Q3. Following the results of the survey an action plan will be produced by Leadership Team	(4) Imp (2) Lh **8 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
							to address any areas of concern.	
SR09		Due to an increase in the volume of work, there is a risk of staff being overwhelmed and stressed, resulting in a decline in performance which will impact on the delivery of our objectives	Head of Operations	6	4 (Imp) 4 (Lh) **16 (High)**	• We review our work on a weekly and monthly basis via our cross-team planning process • We take a monthly temperature check of staff morale and we also survey staff annually • We review our staff "heat map" quarterly, highlighting the projects that staff will be working on each month. This review helps us to identify the busy periods and adjust work accordingly. • Leadership Team and managers will continue to support	• If we take on a new piece of work that was not originally identified in the business plan, we will review whether any planned activity needs to be rescheduled.	4 (Imp) 2 (Lh) **8 (medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						staff in managing workloads		
SR10	**INFLUENCE & IMPACT**	Failure to increase public visibility of Healthwatch England and failure to have a bold voice on issues risks a reduction in our impact and ability to influence policy	Head of Communications	4	4 (Imp) 3 (Lh) **12 (Medium)**	• We have a plan in place to raise our profile • We track awareness annually • We have an updated tone of voice that helps to ensure our communications demonstrate our independence and values.		4 (Imp) 2 (Lh) **8 (medium)**
SR11	**EQUALITY, DIVERSITY & INCLUSION**	A failure to effectively implement and communicate our work on Equality Diversity and Inclusion, in line with explicit commitments outlined in our refreshed strategy, risks damage to our reputation and	Director of Communication, Insight and Campaigns/Hea d of Communications	3 & 6	(5)Imp (2) Lh **10 (Medium)**	• We have undertaken an EDI audit • We have an EDI action plan in place	• We will implement a plan based on the EDI audit to ensure that Healthwatch understand their duties in this area.	(4) Imp (2) Lh **8 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		credibility, particularly among the seldom heard groups that we need to reach.				• We are transparent about where we need to improve and how this will be achieved. • We have carried out a range of programmes with a specific focus on EDI. • We have updated our organisational EDI plan to reflect the commitments made in our refreshed strategy.	• We will seek to address issues raised around areas, such as board make-up, organisational culture and routinely celebrate equality, diversity and inclusion practice in the Healthwatch network. • We will engage with key stakeholders to ensure we land our emphasis on equality, diversity & inclusion (EDI) positively • We will deliver three programmes of work including a major flagship campaign with an EDI focus	

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR12	**FUNDING**	Failure to demonstrate value for money and impact from our dispersal of funding to local Healthwatch, risks damage to our reputation and inability to attract future funding opportunities and partners	Head of Network Development	1, 2, 4	3 (Imp) 3 (Lh) **9 (Medium)**	• We have a robust grants process in place and report on our grants programme to AFRSC • We assess and track the value for money and impact of each grant we make • We have a working group and Collaboration Manager focused on managing Healthwatch projects	• We will produce an annual report on outcomes and value for money achieved by grants programme for AFRSC	3 (Imp) 2 (Lh) **6 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
SR13	**RESOURCING**	As Healthwatch England is a small organisation, there is a risk that not having a succession plan for key staff may lead to a loss in knowledge and experience.	Head of Operations	6	3 (Imp) 3 (Lh) **9 (Medium)**	• We have a training programme in place to build the confidence and skills of middle managers • We support staff individually to build their learning and development.	• We will review organisational development for the whole organisation • We will identify staff who could take on key roles if the incumbent leaves	3 (Imp) 2 (Lh) **6 (medium)**
SR14	**ENQUIRIES/EVIDENCE**	Failure to identify serious issues raised by the public because we do not have the right processes, risks loss of trust in the brand and damage to our reputation.	Head of Operations	6	3 (Imp) 4 (Lh) **12 (Medium)**	• Clear safeguarding policy in place • Clear whistleblowing policy in place • Line management arrangements set clear accountability for acting on information • Healthwatch England has strong links with relevant statutory bodies	• We will provide further training for Staff on how to handle difficult calls. • We will also provide a refresher information session on what constitutes safeguarding and whistleblowing. • We will review the NCSC offer regularly to ensure that it is still fit for purpose and	3 (Imp) 2 (Lh) **6 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						e.g. CQC, GMC & NHSE • The process on how NCSC deals with Healthwatch England enquiries has been reviewed and updated. • We have a crisis/issues management protocol in place	supports our needs	
SR15	**STAKEHOLDERS**	Failure to get the right balance when presenting our evidence, risks causing upset with the government or other key stakeholders.	Head of Policy, Public Affairs and Research and Insight	4	4 (Imp) 2 (Lh) **8 (Medium)**	• We brief key stakeholders on our strategy, business plans and priorities for the year. • We share regular stakeholder insight bulletins with stakeholders to socialise findings early. • We have specific stakeholder engagement plans in place for all	• We will be prepared to make interventions on areas of public concern where we feel it is important that we take a stronger public position. We will be judicious about when we do this.	3 (Imp) 2(Lh) **6 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						publications and recommendations. • We triangulate our qualitative and quantitative data sources with insights from other organisations to ensure our analysis is balanced and presented in context. • We work in partnership with influential and credible organisations.		
RISKS TO LOCAL HEALTHWATCH								

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
(Risks Healthwatch England can provide some mitigation against)								
SR16	**FUNDING**	Due to reduction in funds from local authorities, local Healthwatch are unable to deliver some or all their statutory activities, affecting their viability/result in gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network.	Head of Network Development	2	5 (Imp) 5 (Lh) **25 (V. High)** 	• We have an engagement programme with local authorities, including formally raising concerns about impact of reduction in income. We seek early indication of budget intentions and plan engagement accordingly • We have established a Commissioners Reference Group to support effective commissioning • We manage individual risk to HW budgets through the local Healthwatch risk register to inform engagement and overseen by	• Following our discussions with DHSC and DLUHC we are seeking written guidance from them for local authority commissioners which would stress the need for contracts to comply with key HWE policies.	5 (Imp) 4 (Lh) **20 (High)** 

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						Director of Communications		
SR17	**FUNDING/REPUTATION**	Failure to demonstrate the difference local Healthwatch make and to show their broader value of their work and impact locally, risks cuts to the network funding, reputational damage and people having less trust in the brand.	Head of Network Development /Head of Policy, Public Affair and Research & Insight	2	5 (Imp) 3 (Lh) **15 (High)**	• We have an Impact Programme to support Healthwatch to understand and communicate the difference they make. 28 local Healthwatch being supported by Impact Programme • Our Quality Programme enables local Healthwatch to understand and demonstrate their effectiveness and value and support local authority commissioners to commission effective Healthwatch	• We will be using new processes incorporated into our planning and coordination processes to encourage and increase the collection of data about the difference we have made and how our insight has been used • We have revised our brand messaging and are proposing to strengthen the trademark licence by setting out Healthwatch England expectations on quality	5 (Imp) 2(Lh) **10 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• We have a programme of training, resources and support in place to help the network develop expertise in developing credible research/engagement and in stakeholder influencing	• We will be collecting examples of Healthwatch impact to communicate to stakeholders and funders and encourage learning	
SR18	**ICS (INTERGRATED CARE SYSTEMS)**	If LHW are not consistently represented in ICS governance, nor funded to work collaboratively across ICS footprints the ability for LHW to influence Health and Care at a key decision-making level will be reduced.	Head of Network Development /Head of Policy, Public Affairs and Research & Insight	2 & 4	3 (Imp) 4 (Lh) **12 (Medium)**	• LHW are being asked to develop agreements on working together across ICS and we have produced tools to support them do this • LHW in complex ICS are being provided with intensive support to reach agreements. • LHW are being encouraged to develop MOU with the ICB and a tool is available to help.	• Mapping of ICB/ICP level representation to identify areas of inconsistency. • Launch of a template to support LHW ask for funds from ICB and tracking of funding across England. • Network for ICB and ICP representatives to be put in place. • Regional managers to	3 (Imp) 3 (Lh) **9 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• Engagement with NHSE and DHSC to ensure that LHW role in ICS is clear and supported by ICB leadership • National Director is undertaking a programme of discussion with ICB leads to encourage them to support collaboration of Local HW	provide reactive support to LHW facing challenges.	
SR19	**CHANGE MANGEMENT**	Due to the range, scale and complexity of the change management programmes underway (Digital, Diversity & Inclusion, ICS and Engagement), there is a risk that that local Healthwatch may not be able to participate in these and other Healthwatch England activities e.g. campaigns, data sharing, projects etc. This will impact on the collective value of	Head of Network Development	1, 2, 3, 4, 5, 6	4 (Imp) 4 (Lh) **16 (High)**	• We have a communication and an engagement plan led by Head of Network Development and Director of Communications, Campaigns and Insight to support take up of programmes and promoting rationale **Digital:**		4 (Imp) 2 (Lh) **8 (Medium)**

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
		our work and cause reputational damage.				• We have set aside a Digital Fund to support Healthwatch transitioning to new systems • We have brought in external expertise to strengthen digital practices and processes • We have an engagement plan with local Healthwatch to understand needs and involve in finding digital solutions and adoption of common standards **Equality, diversity and Inclusion:** • We have set out three-year plans		

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						on EDI with 1- year action plan **ICS:** • Using NHSE funding, we have commissioned expertise to understand local Healthwatch needs and inform support offer • We have an engagement programme with local Healthwatch to ensure they understand the change process • We work in an agile fashion testing and refining proposals with the network to ensure they are based on evidence of need and are useful to the network.		

No.	Category	Risk	Owner	Link to Strategic Objective (1, 2, 3, 4, 5, 6)	Pre-Mitigation Rating	CURRENT Risk Controls and Risk Actions (mitigations)	PLANNED Risk Controls and Risk Actions (mitigations)	Post-Mitigation Rating
						• We have introduced trackers to record local Healthwatch participation in change programmes to inform engagement plan		

Risk Grid April 2022 – March 2023

(Categories highlighted in pink represents LHW Risks)

2 risks rated high; 19 risks rated medium, highest risk category is financial

Risk Ratings

Impact	Risk Ratings Based on scores				
5 – Very High	5	10 SR04 Funding/Reputation SR05 Reputation SR17 Funding/Reputation	15	20 SR16 Financial	25
4 – High	4	8 SR07 Diversity SR08 EDI SR09 Resourcing SR10 Influence & Impact SR11 EDI SR19 Change Management	12 SR02 Financial SR03 Financial SR04 Financial	16 SR01 Financial	20
3 – Medium	3	6 SR12 Funding SR13 Resourcing SR14 Enquiries/Evidence SR15 Stakeholders	9 SR06 Digital SR18 ICS	12	15
2 – Low	2	4	6	8	10
1 – Very Low	1	2	3	4	5
	1 – Very Low	2 – Low	3 – Medium	4 – High	5 – Very High
	Likelihood				

Legends
Very High
High
Medium
Low

Agenda Item 2.0 (a)

AGENDA ITEM: Healthwatch England EDI Plan 2022-23 and review of 2021-22

PRESENTING: Chris McCann

EXECUTIVE SUMMARY: This report outlines our Equalities Diversity and Inclusion Action plan for 2022-23 and reviews actions against the 2021-22 EDI Action Plan.

RECOMMENDATION: That the committee approves the new action plan and notes the actions taken against the 2021-22 plan

Equalities Diversity and Inclusion Work Plan

June 2022

As the health and care system continues its recovery from the impact of COVID-19, it remains clear that addressing the stark impact of inequalities on people's access to and outcomes from health and social care services is an issue that needs to be a continuing area of focus for Healthwatch.

Background

In 2020, we committed to applying an Equalities Diversity and Inclusion (EDI) lens across our work. To ensure we live up to this commitment, we publish an organisational action plan every year setting out our approach.

This document is our third annual plan and sets out the steps we will take in 2022-23. The document also outlines the progress we made in 2021-22.

Our annual plan is underpinned by our organisational strategy, which emphasises equalities and includes an explicit objective '*To seek the views of those who are seldom heard and reduce the barriers they face'*.

To support local Healthwatch improve their approach to EDI, we have also published an equality, diversity and inclusion roadmap, setting out our objectives and the steps we intend to take.

Our National Committee scrutinises our delivery to help ensure we meet our objectives and live up to commitments that we have set.

Our Equalities Diversity and Inclusion plan for 2022-23 builds on our previous work and includes a renewed emphasis on understanding the impact of inequalities on children and young people.

The objective of this plan

This plan aims to ensure that we meet the commitments to addressing Equality, Diversity, and Inclusion - a commitment laid out in our strategy and which will run through all our work.

We will do this by:

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

2. Ensuring that we continue to develop an evidence base that more accurately reflects the diversity of the community we represent.

3. Fostering a workforce culture that promotes and embraces Equality, Diversity and Inclusion and demonstrates exemplary practices around equity.

4. Involving more people from affected communities in our work and forming partnerships to help make change happen.

5. Providing support to local Healthwatch to build the skills and evidence they need to challenge local health and care decision-makers to improve Equality, Diversity and Inclusion.

6. Conducting appropriate and proportionate equality impact assessments when planning our work.

Embedding a focus on Equalities, Discrimination, and Inclusion in all our work

1 Embedding EDI in our approach to policy and Influencing

How will we ensure that every piece of work we do is designed to deliver real-world impact?

We will do this by:

1.1 Ensuring our campaigning and engagement activity focuses on those whose voices are not heard enough in the health and care system. We will also partner with the right people and organisations to reach those facing health inequalities.

1.2 Making sure every policy or research project includes a focus on health inequalities. This will include:

- A continued focus on ethnic minorities;
- Building our capacity to reach out to children and young people
- Reporting on the impact of socio-economic deprivation, particularly considering the challenges people are facing in meeting living costs and how that ultimately impacts on their health and care
- Scoping and delivering new areas of work to support specific population groups including women and maternal health

1.3 Regularly briefing stakeholders including NHS England and DHSC, providing real-time insight on emerging evidence specifically relating to health inequalities.

1.4 Using the insights gathered through our continuing flagship campaign 'Your Care Your Way' on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard (AIS). We will also secure key improvements in foreign language translation services, which are out of the scope of the AIS review but have been a major theme of our evidence and campaign.

1.5 Continually reviewing our campaigns approach when it comes to inequalities issues. This will help to inform the design of new work in areas like social care and ensure that our work is understood by those facing inequalities.

1.6 Delivering support to local Healthwatch on collecting demographics data and producing a quarterly analysis to track performance on age, gender and ethnicity.

1.7 Providing targeted support to those local Healthwatch who do not yet collect, report or analyse demographic data.

1.8 Reviewing our analysis model to ensure we are making the best use of new streams of data. Where possible we will cut our insights by Integrated Care System and make even greater use of external data sources to triangulate our findings.

1.9 Reporting on the sustainability of the local Healthwatch network – highlighting regional disparities funding levels and the impact this is having on the strength of patient and user voice in specific communities.

2 Working with local Healthwatch to promote EDI

How will we deliver the objectives set out in our Equalities Diversity and Inclusion Roadmap?

2.1 - Objective - By 2024: Every local Healthwatch will have a contract that prioritises equalities, diversity and inclusion.

We will do this by:

(i), Working with councils to develop the right objectives, outcomes and key performance indicators, including refreshing our guidance on commissioning an effective local Healthwatch

- Councils are using our guidance when drawing up their tender specifications for local Healthwatch. We will continue to promote this approach.
- We have set up a Commissioners' Reference Group to assist with refreshing our guidance on commissioning to local authorities, which we expect to complete by November 2022.

(ii), Monitoring new contracts to ensure EDI issues are prioritised.

(iii), Collecting and sharing evidence from our Quality Framework to show the difference we make to health inequalities.

- We are changing how we collect evidence from the Quality Framework to improve our analysis across the network. This work should be in place by the end of July.

2.2 - Objective - By 2024: Every local Healthwatch can demonstrate how equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved.

We will do this by:

(i) Updating our Quality Framework tool so local Healthwatch can better assess their strengths and weaknesses regarding equality, diversity and inclusion.

- We are changing how we collect evidence from the Quality Framework to improve our analysis across the network. This work should be in place by the end of July.

(ii), We will provide dedicated training to boards and local Healthwatch leaders

(iii), Finding out how people are involved in shaping the work of local Healthwatch and promote best practice approaches to inclusive decision making. We are currently surveying local Healthwatch to find out how people with lived experience are involved in decision making. From July, a report on the findings, good practice case studies, and a toolkit will be available.

2.3 - Objective - By 2024: HW board members, staff and volunteers reflect national demographics when it comes to protected characteristics.

We will do this by:

(i), Carrying out an annual survey to understand the diversity of HW boards, staff and volunteers and report our findings

(ii), Providing support to ensure the diversity of HW boards, staff and volunteers

2.4 - Objective - By 2024: Our communications and campaigns meet best practice accessibility standards. More of our community partners rate our ability to represent diverse communities.

We will do this by:

(i), Continuing to roll out an updated accessibility policy, supported by staff training.

(ii), Running and supporting campaigns that increase feedback from communities we do not hear enough from.

(iii), Surveying our national and local partners to understand their perceptions of us when it comes to equalities

2.5 - Objective - By 2024: Our evidence base can identify who we are reaching, and we know how to reach those we are not speaking to. People who share experiences with us reflect national demographics when it comes to protected characteristics.

We will do this by:

- (i), Funding pilots to improve the way we engage specific communities and then share this learning
- (ii), Rolling out systems and training to better capture demographics and analyse people's views. This will include new survey tools, a data-sharing platform and guidance.

3 As an employer

How will we foster a culture that promotes Equality, Diversity and Inclusion?

We will do this by:

3.1 Striving to build a happy working environment for all staff. We will use staff surveys to identify where there may be unfairness and inequalities, and we seek to address and resolve these issues when they arise.

3.2 Having the right staff forums and channels. Our Staff Engagement Group will continue to escalate any issues they feel do not align with our equalities aims. We will also seek a new Speak Up Guardian to represent our staff.

3.4 Developing our staff skills and capabilities, including mandatory training on equality, human rights, diversity and inclusion. We are developing a learning programme for all staff on equality, diversity and inclusion in the workplace to help them understand and demonstrate good practice in our organisation.

3.5 - Continuing to ensure that when it comes to recruitment all potential candidates are treated fairly. This includes providing equal opportunity in the advertising and interview process and encouraging candidates from all the protected characteristics to apply for roles. We will also ensure a diverse make-up for all our recruitment panels.

4 How we communicate

How will we ensure our communications are accessible and inclusive and we support more people from seldom heard communities to use our service?

- **We will do this by:**

4.1 – Ensuring our communications are inclusive, relatable and authentic. We will continue to roll out our updated tone of voice and accessibility guidance and training. We will support communications that encourage our services to become more diverse. We will ensure our communications meet our accessibility policy and have our websites independently tested for AA accessibility compliance. We will try new ways to improve accessibility (e.g. making reports online and enabling the public to feedback using a translation service).

4.2 – Boosting feedback from seldom heard groups. This will include targetting people by equality factors (e.g. learning disabilities, economic deprivation, ethnicity, physical disabilities) as part of our wider public campaigns to increase representation from seldom heard groups. We will also work with partners to raise awareness amongst specific communities.

4.3 – Amplifying health inequality issues. We will promote the findings and recommendations of our inequalities research to health and social care decision-makers.

4.4 - Improving access to advice and information that can help people overcome health inequalities (e.g. NHS access if you are a recent arrival, accessible information rights for those with a disability).

Review of EDI Activity in 2021-22

In May 2021, we restated our commitment to Equalities, Diversity and Inclusion when we launched our refreshed strategy, which saw the addition of a new strategic objective - To seek the views of those who are seldom heard and reduce the barriers they face.

We publish an annual Equalities Diversity and Inclusion Action Plan to ensure that we are held to account for living up to our commitments in this area. This section outlines some of the highlights of actions that we undertook in 2021/22.

Working with the Network

New roadmap published
In October 2021, we published our Equality, diversity and Inclusion Roadmap to support our strategy and put equalities at the heart of our work. The roadmap sets out our journey so far, the challenges we face and the opportunities we can build on. The document also sets out how we will support local Healthwatch over the next three years to:

- Think about equalities, diversity and inclusion in every aspect of our work.
- Continually ask what more we can do to listen to those the system overlooks and address any barriers to participation,
- Make sure our evidence is heard and acted on.

EDI peer network
We created the Healthwatch EDI working group. The group, which meets quarterly, helped shape our equality, diversity and inclusion programme and has become a peer network for all local Healthwatch staff and board members. The purpose is to enable local Healthwatch staff to come together to share their experiences, successes and challenges within equality, diversity and inclusion and to offer each other peer support, practical examples and solutions.

Examples of practice shared in the first meeting included:

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

Quality Framework

We reviewed the Quality Framework and strengthened equality, diversity and inclusion. It is being tested and rolled out with local Healthwatch now using our improved framework for both their initial self-assessment and subsequent annual reviews.

Learning and Development

Equality, Diversity, and Inclusion featured prominently in our Learning and Development programme, which seeks to share learning from Healthwatch and bring in external expertise. We raised awareness of different strategies by expanding our collection of approaches and providing webinar training on to engagement and inclusion. New resources include Healthwatch North East Lincolnshire, and Healthwatch Essex approaches to involving young people and people with learning disabilities in their work, and Healthwatch Central London and Healthwatch Lincolnshire approaches to working with the Black African and Gypsy and Traveller communities.

Action learning sets

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

Training opportunities

We commissioned training courses from the Diversity Trust in understanding and embedding equality, diversity and inclusion in the work of Healthwatch and from the Consultation Institute in understanding public sector equality duty. These took place quarterly and were fully attended. We also commissioned quarterly training from Easy Read UK in producing your own professional, easy read materials.

Collecting demographic information

We funded Healthwatch Tower Hamlets through a competitive process to run two sessions on collecting demographic information in June 2021 to hear what support the network needs to do this well. They produced a toolkit based on that feedback, which received a very positive response from local Healthwatch.

Black Staff Network
We supported staff of colour to set up a network to share experiences and facilitate learning. The network has assisted in the shaping and delivery of strategy and policy and helped develop and support a more unified equality, diversity and inclusion culture.

Healthwatch Week
Equality, diversity and inclusion were themes that ran throughout Healthwatch Week in November 2021. We also had a whole day dedicated to tackling health inequalities. We heard from historian and broadcaster Professor David Olusoga about the role of Black and Asian communities in the development of the NHS and why it's crucial to have often hidden voices in leadership roles. A panel comprising the heads of the NHS's main equalities programmes, set out their plans to tackle health inequalities and the role that Healthwatch can play. Delegates also heard about the different approaches that can help improve our approach, including the importance of collecting demographics and accessible communications. We also discussed the role of volunteers in tackling health inequalities and how Healthwatch Worcestershire had used the Quality Framework to strengthen equality, diversity and inclusion across their work.

National Healthwatch Awards: Equality, diversion and inclusion was a theme all the categories of our National Awards. For example, Healthwatch Essex won the COVID-19 Award for their campaign to bring attention to the challenges faced by people living with sensory impairments adhering to COVID-19 restrictions, such as effectively communicating when people have masks on. The campaign generated great media coverage and reached an estimated 170,000 people.

Board diversity survey
We piloted a survey in the North East to establish baseline data for board member diversity. We did not get as large a response as we would have liked, so we are now exploring alternative ways to collect this information.

Core20 Plus Connectors project
We facilitated the co-design of the Core20 Plus connectors pilot programme with people and organisations who have lived experience of health inequality. This has resulted in 20 Integrated Care Systems piloting community-driven approaches to tackling health inequality. We also supported local Healthwatch with the application process to deliver the pilot programmes. This resulted in four pilots being led by a local Healthwatch. Supported by around £320k in funding, the pilots have helped raise awareness of our work to help tackle inequality. We will continue to support the local Healthwatch who are delivering the pilots to learn from each other and share the insight they generate with us and the network.

Inclusion ambassadors and work on active participation
Our work to appoint Inclusion Ambassadors, who will help us improve our approach to recruiting diverse volunteers, has been delayed. Similarly, we had to postpone our work on active participation to understand how Healthwatch

can support people with lived experience in decision-making. Both these projects are now back on track.

Policy and research

Throughout 2021-22 we continued our work to speak people from diverse backgrounds, understand their experiences, and make sure policy makers hear and act on their views.

VacciNation: Exploring vaccine confidence
In June 2021, Healthwatch published new research exploring vaccine confidence amongst people from African, Bangladeshi, Caribbean, and Pakistani backgrounds. We wanted to understand these barriers to ensure key lessons are taken forward for future public health campaigns. We partnered with Traverse (a social research organisation) and the NHS Race Observatory to carry out this project and share insights with key stakeholders such as DHSC, NHSE, Public Health England and Cabinet Office. The findings provided an insight into how we can create an environment where people feel confident making that decision for themselves.

Waiting Times
In October 2021, we partnered with the Kings Fund to explore the impact of extended waiting times on people. Taking an equalities focus to the analysis, this joint work revealed that those living in the poorest areas are almost twice as likely to have a longer wait. Our work showed that these long waits significantly impact people's well-being, including their physical and mental health, pain levels and ability to work. This evidence highlights that the way in which the country is recovering from the pandemic exacerbates existing inequalities rather than addressing them. This work supported our broader calls to not focus on just the number of people on waiting lists but on how we help people while they wait.

In November, we published a report pulling together the experiences of 2,500 people currently on NHS waiting lists or who had recently received treatment. This report highlighted how those living in more deprived areas are waiting longer for planned care, and their experience of waiting is worse. Our research aimed to ensure the elective recovery plan being developed by NHSE focused on reducing waiting times in the right way, rather than just trying to get the numbers down as quickly as possible. We want to ensure the NHS prioritises patients according to clinical need, and those who must wait longer are kept informed throughout and provided with interim support. We also wanted to make sure specific policy solutions addressed existing disparities and avoided creating new inequalities.

In February 2022, NHSE published the elective care recovery plan, which took on many of our recommendations. In particular:

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

In March, researched who is being worst affected by the increasing waiting times for elective care. Our findings, as before, highlighted that those living on lower incomes are having a worse experience and waiting longer. The data also showed that people from ethnic minorities also have a worse experience compared with people from white British backgrounds. People who have an ethnic minority background and are also from a low-income household appear to have the worst experience of all.

We are using this evidence to push NHSE and hospitals to improve their demographic data collection and reporting of who is on waiting lists so the system can formally monitor these issues.

Our research on elective care highlighted multiple health inequalities and disparities in people's experience of waiting for care. As part of our input into the upcoming health disparities white paper, we are recommending that trusts and NHSE need to do more to understand the people waiting for care when making support offers.

Our report on elective care waiting times in November looked at over 2,500 people's experiences of waiting. However, even with additional targeting of ethnic minority communities via online channels, we were unable to reach a large enough sample of participants to provide us with any robust conclusions about the experiences of these groups and how they may differ. Due to time pressures to gather insight and inform live policy decisions, we commission a specialist polling company to help us understand the experiences of more individuals from an ethnic minority background who are, or have recently, received elective care on the NHS.

NHS Dentistry

We have been reporting throughout the pandemic on the impact on dentistry in our report in mid-December 2021 we highlighted that:

- The experiences of children and families is a key issue, including analysis of national performance data and an assessment of which parts of the country have been worst affected. Our evidence highlighted the growing challenge around children accessing care and the need for policymakers to take urgent action to avoid creating a generation of young people plagued by tooth decay.

- Among adults, one of the groups who has been worst affected has been care home residents. The COVID-19 restrictions on visiting care homes, and issues with residents having to isolate for two weeks if they went to see a high street dentist, have caused significant access issues.

Following this work, we were pleased to see the DHSC and NHSE react positively to our concerns by announcing an extra £50 million for NHS dental appointments up to the end of March 2022, with a clear instruction to practices to prioritise urgent cases and children.

Improving our research systems
We rolled out changes to the Healthwatch CRM. This included updated demographic categories to help us improve the insights we have that relate to health inequalities. We continue to engage with NHS England, NHS Digital and CQC on how we make sure our demographic reporting aligns with their systems. This will ensure that partners can easily compare our evidence with their data and make informed decisions about future policy.

Demographic data - Healthwatch England
At a national level, we set ourselves a target at the beginning of the year to increase the proportion of our data coming from Black, Asian and Minority ethnic groups. At the start of the year, it was just 4%, and the aspiration was to get this to 15%. We are pleased to report that improvements in how we engage our audiences and record people's background helped us achieve our target by the end of Q3. Over the year we reached a figure of 17%.

Accessible Information Research
We established a coalition of partners to work on our campaign on the Accessible Information Standard (AIS). We are working with Mencap and SignHealth to bring in additional insights from users with learning disabilities and sensory impairments. We reviewed 6,200 people's experiences of accessible information shared with the network to date. We then focused our primary research efforts on non-English speakers. We partnered with Doctors of the World, and six local Healthwatch engaged with 149 patients and staff from these communities. The insight derived is being factored directly into NHSE's review of the AIS and informing our ongoing campaigning activity on this issue. (See below for more on the Accessible Information Campaign).

Digital Exclusion
In our report, Locked out: Digitally excluded people's experiences of remote GP appointments, we looked at how changes to the way appointments have been provided during the pandemic affect groups who may struggle with remote access. The research focused on the experience of:

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

The report showed how the move to remote access has subtly changed the way in which inequality of access is playing out for these groups and called for a hybrid approach going forward. We were able to use the findings of the work, combined with our Access to GPs report from earlier in the year, to secure clarification from NHSE on patients' rights to request face-to-face appointments.

Patient Data
In our work on the use of patient data, we worked with NHS Digital (NHSD) to commission a literature review of all the engagement done with the public on this topic over the last decade. Over July 2021, we supported the Patient Experience Library to carry this out. One of the key findings was a significant knowledge gap regarding the use of data among ethnic minorities. This is helping to define where NHSD need to go next in their work to build broad public trust in the way the NHS uses data for planning and research.

Communications

'Your Care, Your way' Accessible information Campaign
In February 2022, we launched our new campaign - 'Your Care, Your Way' - to ensure that health and care services consider people's additional communication needs when providing care. The campaign is being run in partnership with disability charities, including RNIB, RNID, Mencap, SignHealth and Disability Rights UK.

Our campaign launch saw the publication of research, indicating that while some people experience good communications support from services, we found that many more are not. A review of 6,200 people's experiences found that patients face obstacles that made it hard to access care and use services, leaving them frustrated, concerned about their health and reliant on others.

On the groups covered by the Accessible Information Standard, NHSE accepted all our recommendations in their formal review findings. We have also played a key role linking in NHSE with those affected by the issue, ensuring their feedback was reflected in the final findings. We have successfully used the evidence gathered to date on the foreign language elements to put this on NHSE's work programme for 2022-23.

We have learnt that it is important to not only make communications accessible, for example by providing surveys in multiple formats, but we also need to find ways to assist people in communicating with us directly. For example, if you provide a BSL survey, you need to enable people to feedback using BSL. In future, we will need to do more to think through the whole journey someone with communication needs takes to use our service.

Reaching people from more diverse backgrounds: We have continued our work to reach different communities via our communications. Highlights include:

- Using postcode targeting on social media to help increase feedback from people living in deprived areas to help inform our waiting times report in November. Our campaign resulted in over 2,500 people sharing their views.
- Applying our new brand language guide and always-on marketing to help increase engagement. Via our general feedback form we have seen the proportion of people sharing their experiences from non-white backgrounds increase.

As part of our work on elective care, we launched a six-week drive to understand people's experiences of waiting for hospital treatment. We boosted responses by targeting England areas with a higher proportion of people from ethnic minority backgrounds and higher deprivation levels.

Public awareness amongst people from ethnic minority backgrounds
Our latest polling conducted in the winter of 2021, indicates that public awareness has increased overall of the Healthwatch brand. We have also seen improvements when it comes to people from specific backgrounds. For example, awareness of Healthwatch amongst people from a non-white background currently stands at 34%. This is 5 percentage points higher than when the polling was last conducted in 2020.

Challenges is connecting via digital channels
Changes to social media platforms to improve privacy has made targeting some communities via social media channels harder. For example, targeting people who live in areas of high deprivation is still effective, whilst targeting people via the potential interests of their community is more difficult.
Our attempts to use relevant partners and groups as an alternative route to some communities have not always made up for the shortfall in our reach. In future, we will need to continue focusing on deepening relationships with the partners who can most effectively support our work.

Making our information more accessible
We have continued to deliver our work to make our communications as accessible as possible. We have rolled out an updated accessibility policy to the network and provided training. We also have:

- Trained over 100 staff and volunteers on using our brand tone of voice and how to make our communications clear, understandable, and accessible in terms of language.
- Made changes to our visual brand to ensure that the colours and fonts we use in our communications are more accessible. We launched a new guide to support this in December 2021.
- Developed an updated Drupal nine website which will be accessibility tested and rolled out to local Healthwatch services.

- Introduced a new tool to replace our existing website accessibility checker. This tool better enables us to scan pages for accessibility problems that we can quickly address.

Healthwatch England as a workplace

We continue to strive for a pleasant working environment for all staff. Using our annual staff survey findings, we have continued to identify and address equality issues. Our internal culture will also be a key focus for our 2022-23 action plan.

Business Planning
We ensured that all staff were included and given the opportunity to contribute to the Business Plan for 2022-23, which highlights the work we aim to deliver throughout the year.

Equalities Impact Assessment
We successfully introduced and embedded in our planning a new EIA Assessment template. The template needs to be completed for all relevant projects to consider the impact of our work on different groups of people.

Learning and Development - Through CQC Academy learning and the prepaid Knowledge Academy Pass, we have given all staff an opportunity to develop their skills and abilities in their respective roles. Staff have also been given secondment opportunities to learn new skills and mentorship to increase self-confidence and knowledge.

Recruitment
We have continued to ensure that all potential internal and external candidates are treated fairly and given equal opportunities during the application process. We have also encouraged more candidates to apply from diverse backgrounds and protected characteristics. This has led to the successful recruitment of a more diverse committee and staff group.

Staff Engagement Group
Our Staff Engagement Group (SEG), has played a fundamental role in escalating issues that are inconsistent with the organisation's equality goals. This has allowed the Leadership Team to promptly address these issues and ensure fairness and equality.

Staff Survey
Our 2021 staff survey results were an improvement on the survey conducted in 2020, with more positive feedback. Currently, an action plan is in place to address the areas of concern that were identified (e.g. unfairness and inequalities).

AGENDA ITEM:2.2

AGENDA ITEM: Forward Plan

PRESENTING: Sir Robert Francis

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 12 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2022/23

Sep 2022	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Digital Transformation Progress • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Update • Questions from the Public • AOB
Dec 2022	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Annual Plan review Update • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Update • Questions from the Public • AOB
March 2023	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and Performance Update • Annual Plan & KPIs 2022/23 • Draft Budget 2022/23 • Diversity and Equalities Update • Digital Transformation Update • AFRSC Minutes • Questions from the Public • AOB