Healthwatch Norfolk Trustee Board
18th July 2022
10.00 – 12:00

Healthwatch Office, Suite 6, Elm Farm, Norwich Common, Wymondham NR18 0SW
OR
THE MEETING MAY ALSO BE ATTENDED VIA MICROSOFT TEAMS

AGENDA

No.	Item Items for Action (A), Information (I), Discussion (D), Presentation (P)	Time	Mins.	Page	A,I,D
Part I – Public Board Meeting					
1.	Questions from the general public	10:00	5		D
2.	Welcome, introductions and apologies for absence (PP)				I
3.	Declarations of Interest (All) Updated register within Board Papers.			3	I
4.	Minutes of the meeting held on 11th April 2022 and action log.	10:05	10	5	A/I
5.	Matters arising not covered by the agenda				D
6.	CEO Report (AS) This report will incorporate a Draft Strategy	10:15	30	19 23	A/I/D
7.	Communications Report (JB), Intelligence & Projects Update (ST, CW & EW) Update on the LD/Autism Project (JS)	10:45	40	36 43 54	A/I/D

8.	Finance Update and Risk Register • Finance Sub–Group Minutes (PP) • End of Year accounts approval and sign off (JS) • Risk Register (JS)	11:25	20	 64 69	A/I/D I/D I/A/D
9.	**Any Other Business –** Please provide the Chair with Items for AOB prior to the Meeting's commencement	11:45	15		
	Dates of future Board meetings 17 Oct 2022				

Apologies should be sent to Judith.sharpe@healthwatchnorfolk.co.uk, telephone 01953 856029

Distribution:

Trustees

Patrick Peal – Chair
David Trevanion – Vice Chair
Elaine Bailey
Willie Cruickshank
Andrew Hayward
Marie Lyse Numuhoza
Vivienne Clifford-Jackson
Bridget Penhale
Mary Ledgard
Chris Macdonald
Linda Bainton
Chris Humphris

For information

Ceri Sumner
Natasha Morter
Maureen Orr
Tom McCabe
Dr Louise Smith

Register of Interests – updated July 2022

Name	Position	Details of interests
Patrick Peal	Chair	Mentoring CEO, Zoological Society of East Anglia Chair, London Children's Camp Director, Holistic Marketing Services LTD Director, ACP Farming LTD
Alex Stewart	CEO	None declared
Bridget Penhale	Board Trustee	Independent Consultant, Adult Safeguarding and Care. Member, Camberwell & St Giles Research Ethics Committee. Member, Mental Health & Disability Policy Committee (Law Society) Member, Advisory Panel, Institute for Volunteering Research (UEA) Member, British Society of Gerontology Member, British Association of Social Workers Member, Ann Craft Trust (Safeguarding charity) Member, Hourglass (Safeguarding Charity)
Chris Humphries	Board Trustee	Chair, Director, Committee member, The Community Hospitals Association Self-employed Consultant working for Local Community Hospitals such as "Friends of Insch Hospital and Community" in Aberdeenshire.
Chris MacDonald	Board Trustee	Independent self-employed consultant for health and social care in Norfolk – currently on 12 month contract with HWN on a project regarding experiences of care home residents with learning disabilities and/or autism Independent person for Norfolk County Council Stage 2 and 3 complaints about Childrens Services Independent member of Norfolk County Council Standards Committee Member of Norfolk Community Health & Care Patient & Carer Experience & Involvement Steering Group (as a carer)

Linda Bainton	Board Trustee	NONE
Marie-Lyse Numuhoza	Board Trustee	Steering committee members, Norwich City of Sanctuary Group Canon, Norwich Cathedral Social Policy Lead, Mothers Union Norwich Diocese Trustee, Norwich Race Equalities and Human Rights Association Employee, Future Projects, Community Action Norfolk Steering committee member on domestic abuse, Mothers Union National
Mary Ledgard	Board Trustee	Vice-Chair, Norfolk Older People's Strategic Partnership Chair, Norwich Older People's Forum Ambassador, Carers Voice Norfolk
Elaine Bailey	Board Trustee	Self-employed consultancy service currently working with Norlite Ltd, London, SW1 9SA
Willie Cruickshank	Board Trustee	Wife works at Specsavers in Norwich
Andrew Hayward	Board Trustee	NHSE GP Appraiser East Harling Parish Council Member Norfolk LMC (BMA) Pastoral Support Norfolk Armed Forces Covenant Board Member Specialist Nurse, Cardiology NNUH (wife)
Vivienne Clifford-Jackson	Board Trustee	Vice President Royal Norfolk Show Liberal Democrat Party South Norfolk President and Member Bereavement Support Volunteer and management committee member, Cruse Bereavement Care Trustee Voluntary Norfolk

Healthwatch Norfolk Trustee Board Part I minutes
11th April 2022
9:25 to 12:00

In attendance

Trustees
Patrick Peal (PP) – Chair
David Trevanion (DT)
Andrew Hayward (AH)
Bridget Penhale (BP)
Chris Humphris (CH)
Chris Macdonald (CM)
Elaine Bailey (EB)
Linda Bainton (LB)
Marie Lyse Numuhoza (MLN)
Mary Ledgard (ML)

Officers
Alex Stewart (AS) – Chief Executive
Judith Sharpe (JS) – Deputy Chief Executive
Emily Woodhouse (EW) – Business Development Director
Caroline Williams (CW) – Head of Communications and Engagement
John Bultitude (JB) – Comms and Marketing Officer
Siobhan Thompson (ST) - Information Analyst (minutes)

Invited attendees
Simon Scott (SS) – Public Health, Norfolk County Council
Tracey Bleakley (TB) – CEO designate of the Norfolk and Waveney ICS

Item		Action
	Tracey Bleakley - CEO Designate of the Norfolk and Waveney ICS	
	PP welcomed everyone. Everyone introduced themselves.	

	PP welcomed TB to the meeting and to Norfolk. TB provided an update on The ICS and Healthwatch Norfolk Involvement. A summary of what was shared and discussed is below. The ICB is going to be very different from being a CCG but TB is mindful that there are 500 members of staff and everyone in the system who have been working with the CCG in a certain way. The ICB is here to make sure the rest of the system can work as effectively as it can for the residents of Norfolk and Waveney. We have to enable people but at the same time make sure the money works well. Really keen to work at PLACE level and give local accountability to make their own decisions locally. It is all about the residents in Norfolk and Waveney and enabling more years of healthy life and to level up some of the disparities. Highlight that we value everyone in the system; and everybody can have a sense of 'this is what we are trying to do'. The aim is to instil that new ethos. There are some changes at the top: • New Finance Director, from East London. Really keen to promote ICB as being an anchor organisation and devolving as much as possible to a PLACE level. • A great Medical Director has been appointed. • A brand new role of Director of Patients and Community, this role is there to signify that our residents and communities are as strong as NHS as part of the ICS. This person will work with Healthwatch and will make a good relationship with residents and voluntary sector. Moving Comms and Engagement and complaints under this role. They are also responsible for Primary Care and Urgent and Emergency care. • Appointing in next few weeks: Nursing Director, Workforce Director, Digital and Data Director. There is nothing that cannot be challenged. Everything is up for a challenge or up for a change.	

	There was a discussion around looking at each resident holistically. TB noted: • Have been working with Primary Care around people and their family/carers having a role in the multi-disciplinary team and having the same status as NHS and Local Authority. • Want to focus on children, where we might not see benefit for up to fifteen years. For example, Children Mental Health waiting lists. Need to constantly have our eye on the future. • Need to create time and space for relationship building and understanding what each team does so that this works at a PLACE level. • Plan to improve data sharing, for example enable flow from dentist to GPs. • Need to change the culture and think differently about how we signal it is not all about NHS. We cannot work in silos. • AS asked about participatory budgeting, is there a will between Local Authority, Children's Services and education to be part of this wider picture. TB responded that think there is, need to facilitate that, NHS might need to be more flexible. AH asked if there has been any resistance to these ideas. TB responded that at national meeting recently the discussion was around having a more supporting system working, that there is too much bureaucracy. At regional meeting did not feel that had filtered down. So need to challenge that. EB asked about number of staff vacancies at acutes and how we get past that. TB responded that this needs to be focused on: look at organisational development, staff surveys, look at culture and people being supported. People should want to work here and have better quality of life. TB left the meeting	
1.	**Questions from the general public**	
	No questions received from the general public.	
2.	**Welcome, introductions and apologies for absence**	

	Apologies were received from: Willie Cruickshank, Vivienne Clifford-Jackson, Ceri Sumner, Natasha Hayes, Louise Smith, Maureen Orr, and Tom McCabe.	
3.	**Declarations of Interest**	
	The register of interests will be updated with new Trustee information and circulated in the next 2 weeks.	
4.	**Minutes of the meeting held on 17th January 2022 and action log.**	
	The minutes were approved. Action log: 70 – The update in the log is for information. 74 – CH asked when the Norfolk County Council adult review is expected to be completed. SS will try to find out. 76 – AS noted that Healthwatch Norfolk are now already members of Integrated Care Partnership Board. 78 – CW shared that CDOs have visited two out of three of Beaches Medical Centre surgeries and have also carried out engagement at a library near to surgery. AS added that there were concerns about inconsistency in ways that people are expected to fill in online forms or ways to make appointments which he raised at QSG meeting and also has a meeting with ICS and CCG in next couple of weeks. 79 – CW noted that Norfolk and Norwich Hospital have been good at letting us outside for engagement. When they start allowing visitors on wards then they will let us in too. 80 – EB questioned why it is taking the hospitals so long to get messages on letters. AS responded that because letters are not centralised for appointments which is difficult to break through. PP suggested that this might be something to talk to the new Digital Director at ICS about. CH suggested that letters may be pre-printed, and the hospitals may be reluctant to just throw them away. Would be good to have a conversation with the hospitals to agree to the change happening in a time frame. 84 – AS has sent round latest constitution, PP asked if any new trustees have any comments on the constitution they can share them.	

	PP referred to page four of the minutes of the last meeting and asked if Healthwatch Norfolk could have more guidance on accessing social care on the website. ACTION JB to include more social care guidance on Healthwatch Norfolk website AS noted that as mentioned on Page 8, InTran is now in the acute service strategy.	
5.	**Matters arising not covered by the agenda**	
	No matters arising.	
6.	**CEO Report**	
	AS presented the CEO report: **Staffing update** • Rosie Bloomfield left the organisation and is now at Norfolk and Norwich Hospital. This means that we now have a friendly ally in the patient experience team there. • Fiona Tyas has replaced Rosie. Fi has come from Wymondham Medical Practice but also has a background in comms and journalism. • Sara Sabbar-Bailey was employed for Learning Disabilities and Autism Enter and View project but has resigned. There is an advert out with closing date 21st April. CM added that Sara made a good start with the project and had been making good links. • A Project Officer, Joshua Ball, has been appointed. **Operation plan** Trustees will receive a new operation plan and new strategy by next Board meeting. CH asked if there is space or time for trustees to contribute to the strategic direction of Healthwatch Norfolk outside of the Board meeting. AS responded that this could be set up. AS also noted that there is a meeting coming up with Public Health and AS and JS to discuss funding. Planning to meet with TB next week and look at a two year funding package. Also have	

	funding set up with NSFT and Queen Elizabeth Hospital and a meeting coming up with NCHC to look at a similar thing. PP shared that one of the things Louise Smith wants to do is to involve us more with the areas that Public Health looking at to help with our plans. Also noted that a strategy should not be put in drawer and forgotten about, it should be live document. Need to recognise there is strategy how to develop Healthwatch Norfolk as an organisation, there is also plans about work down the line because we are more successful at getting retained work. Trustees need to be involved in strategy, the plan will be influenced by work given to us by ICB and acutes etc.. Keep an eye on the strategy as trustees and the business plan is subset of this. AS noted that the operation plan focused on statutory responsibilities. DT asked what sort of thing TB would like us to do within the new ICS. AS responded that there are now people at the top who want a different approach with how public are engaged and see us as the fundamental organisation to do that. The third sector organisations should be involved too, and we should work collaboratively with them. CW shared that Healthwatch Norfolk are good at building relationships with organisations and charities, which means we can get to people easier. The CCG have heavily relied on digital whereas we go on the ground. AS asked if we could make greater use of university students for example for Enter and View visits in term time. BP responded that at the moment students are encouraged to take part in volunteering but it is not a requirement. Would be worth exploring whether it is possible to build something into the curriculum. ACTION AS and BP to have conversation about university student volunteering. **Feedback from stakeholder session** Trustees heard about this as part of their induction. There is work we can do to continue to improve which we will do so.	

	Quality assurance AS proposed reintroduction of a Quality Assurance Group to look at external projects. Trustees can also offer to be a buddy to a particular project if they are interested. PP congratulated JS on the work on project process policy. However, the quality assurance group will always be playing catch up, how can trustees be assured projects are starting off following process. EW responded that project team will ensure they are following processes. Will need a certain level of trust and that any issues will be flagged. CH suggested having a Trustee per project could have a 'project sponsor' role. The Trustee would be provided with information produced as part of the project and understanding progress and contributing to that. The quality assurance group would see results of that. AS noted that need to be aware of the pace of some of these things happening. Gantt charts are created which detail who is involved and working where; able to identify capacity and when we can start projects. For an additional cost we can also go to consultants we use. JS noted that in the Terms of Reference number seven, bullet point one should read 'policy' not 'plan'. A discussion was had around project proposals including the proposal evaluation document which makes sure Healthwatch Norfolk have the resources and skills for a project before commitment. PP noted about trustees being allocated to projects, it would be one project per trustee. CH asked what nature of involvement you would want from the Trustee. AS responded that would want expertise from Trustee. It is about us knowing what people's skill set are and what they might be interested in. Trustees agreed to adopt the Terms of Reference for Quality Assurance Group. PP suggested keeping the Terms of Reference out for first couple of meetings to check how it is going.	

	National survey AS noted that this survey will be sent out to Trustees. The survey is based on demographics of Healthwatch workforce and trustees; to demonstrate the organisation reflects England as a nation.	
6a.	**Annual review of HWN policies**	
	JB joined the meeting. PP shared that Healthwatch Norfolk have 50 or 60 policies covering all operations. A few of the top line policies need to be reviewed by trustees which will be sent round. Trustees need to read through make sure they are happy and understand the implications of them. ACTION Trustees to read policies and confirm acceptance.	
7.	**Communications Report, Intelligence & Projects Update, Update on the LD/Autism Project**	
	Communications Report JB presented the communications report and highlighted: • Are going to look at the website, will build on the section on engaging; what we are doing and where we are. • We have had feedback from an event where people do not know who we are and what we do. Looking to update media list and work with community magazines and parish councils. • Your care your way national campaign around accessibility will be a Healthwatch England priority. • Enter and view project is progressing, meeting tomorrow with About with Friends to make sure the imagery and content is okay. A video going live this afternoon to publicise the role. • Slight change to Healthwatch branding. This is nothing major, it is around colour and the way we speak. They want Healthwatch to be champions and more forthright in communications. There are workshops with comms teams nationally around the branding changes. PP praised how JB has increased the visibility of Healthwatch Norfolk.	

There was a discussion around how we can track the impact of this increased visibility. Discussion included:

- The use of Google analytics and Hotjar
- How promoting an event on a local Facebook community group resulted in 30 members of the public waiting for Healthwatch Norfolk at the library.

Intelligence & Projects Update

CW presented the intelligence and engagement update and highlighted:

- Themes have remained the same within GPs. Once someone has seen GP they are happy but frustrated with getting into surgery. There is still a bias that patients think they need to see a GP even when they do not. Patients sometimes do not articulate themselves well which can sometimes get receptionists angry as well. A lot of receptionists are on their own in the surgery which can be isolating when confronted by patients.
- Continue to hear about NHS dentistry, recently spoke to someone who pulled their own teeth out.
- Have received a few reviews about Health Visitors recently which should be picked up further by the upcoming maternity project.
- Engagement coming up includes Pride, three events in the Forum (Dying Matters, UEA event, Library). We are not only using these as our events but also to network with other organisations.

There was a discussion about where feedback goes, how it is followed up, and feedback from services about changes made including:

- Quarterly reports are shared with commissioners and CQC. CDOs can use these reports to look for themes or issues in their areas.
- Statutory letters have been sent to practices with consistently bad feedback. On one occasion this resulted in a negative response from the practice but then Healthwatch Norfolk offered to work with the practice and did engagement and produced a report where the practice were able to respond and share the changes they were making.

	EW presented the projects update and highlighted: • The report includes background information for all projects, to demonstrate breadth of projects that we are doing and the difference in length of projects. • Have had successful response rates for projects recently; 335 survey responses to Queen Elizabeth Hospital project. Seeing increase in project engagement because of links to projects being shared on GP Footfall websites. Are also sharing projects in person at engagement events. • Two of the projects in pending work have been declined: staff training in care homes and dentistry pilot in care homes. • Working on a proposal with a healthcare equipment provider which work with the council and NCH&C. EB asked whether patient discharge is still on our radar. CW responded that engagement priorities have not been set yet. ACTION Board to share any suggestions for engagement priorities **Update on the LD/Autism Project** JS gave an update on the LD and Autism project: • Sara who was employed as the project coordinator has left the organisation and we are recruiting recruit for a replacement. She made a good start with desktop research and making contacts. EW asked Trustees to share the advert if possible. • The intention was that pilot Enter and View visits would happen in May/June, but that will now be pushed back. • CM noted the importance of building relationships with homes and for them to feel comfortable and learning from how organisations already interact with residents.	
8.	**Finance Update and Risk Register**	
	Finance Sub–Group Minutes PP presented the minutes from the finance sub-group and noted we are forecasting an outcome for the year of £136 deficit.	

JS shared that this time of year is financially messy. When the money comes in versus when the work is going to be, or was, completed. JS said that she is anticipating income received for the financial year just ended will be pretty much as budgeted.

PP noted that the reserves policy is important for trustees to keep an eye on. At the moment it specifies three months reserves is needed. May need debate in the future whether 3 months is enough or if we need 6 months.

CH noted that the expense and income has improved in the last six weeks, does that show confidence. JS referred to the supplementary information in the Board papers about income anticipated for 2022-23. Shared that we are confident with 250k, with 30k in discussion. There has also been other work discussed in this meeting which would change the landscape again. The biggest concern is making sure that we can achieve it with resources we have got. Need to maintain good relationships and good work.

JS noted that next year other commissioned work is budgeted to be 46% of income, so nearly level with statutory funding.

PP noted that we do hold quite a lot of funds for other people, so the bank balance looks healthy. Discussions have been had for how we look after that money.

Risk Register

JS presented the risk register:

- Number one could maybe be downgraded since the relationship is embedding. Will know more at next board meeting.
- COVID dropped to bottom, rules and regulations have been dropped. There is the risk if staff all get it at once will struggle to operate.
- Number four, we have had a GDPR specialist review policies and has offered to do half day training. Feeling more comfortable. We have had issues with IT working remotely. Have an agency looking to see what we can do.
- There was a discussion around whether staff were ever employed as fixed term or temporary.

	JS noted that the accountants will be asked whether we need a separate trading arm. When we registered for VAT 18 months ago they suggested we stay as we are, but will be looking at it again.	
9.	**Any Other Business**	
	AS reminded the Board that we are in Purdah which will cease at May 4th 10 pm. DT asked for clarification on policies the Board need to read by 22nd April. JS replied that they had all been reviewed in detail in 2021 with help from EB and as such very few amendments had been needed this year. JS asked if Trustees read and spot anything of concern to let us know. PP noted that it is a governance review rather than policy review.	
	Dates of future Board meetings 18 July 2022 (19 July 2022 AGM) 17 Oct 2022 Meeting ended 11:54	

Item No. 4

Board Action log

ID	Date Created	Action	Due Date	Lead	Status	Outcome
75	11/10/2021	Share information about ICS changes with public	28/02/2022	John Bultitude	In progress	Social media campaign underway to explain the changes and what they mean for the public. Initial posts shared with the ICB launch 1/7/22, work ongoing.
76	11/10/2021	Ensure HWN representation at ICS public Board Meetings	31/01/2022	Alex Stewart	Complete	Aware of all dates and have received invitations to attend.
78 (I&I)	27/02/2020	Plan engagement "revisit" to Beaches Surgery in 6-9 months time to ask patients if the are seeing improvements in availability of appointments	31/03/2022	Daniel Norgrove	In progress	Engagement visit scheduled for Wednesday 17th August
79 (I&I)	27/02/2020	Plan engagement visit to NNUH Children's Department in next few months to follow up reports of CQC re. sleep, play etc.	30/06/2022	Fiona Tyas	In progress	Waiting for NNUH to provide dates for engagement events
80 (I&I)	18/11/2020	Explore if messages could be added to hospital appointment letters to give feedback via HWN.	30/04/2022	John Bultitude	In progress	HWN does have a presence on all hospital websites to raise awareness, info on appointment letters postponed until autumn due to complexity.
82	17/01/2022	Seek guidance as part of year end accounts process relating to having a separate trading company.	30/06/2022	Judith Sharpe	Outstanding	This process will start at the end April/early May.
85	11/04/2022	More social care guidance to be added to the website	18/07/2022	Judith Sharpe	Complete	New social care section has been added to the website

86	11/04/2022	Trustees to be invited to contribute to strategic direction document outside of a Board Meeting		Alex Stewart	Outstanding	
87	11/04/2022	Discussion to take place with Bridget Penhale about university student volunteering	18/07/2022	Alex Stewart	Outstanding	Alex will arrange to meet with Bridget
88	11/04/2022	Trustee to review policies and send confirmation of acceptance	18/07/2022	Trustees and Judith Sharpe	complete	
89	11/04/2022	Trustee to share suggestions for engagement priorities	18/07/2022	Trustees	In progress	Q1 GPs (and patient's understanding of services), Q2 Maternity & Health Visitor Services
90	11/04/2022	Risk register - re-evaluation of number 1 re. ICS/ICB relationship	18/07/2022	Judith Sharpe	complete	

Report: CEO Report

Author: Alex Stewart

Item No. 6

Date: 18th July 2022

1.0 Introduction

The purpose of this report is to provide Board Members with a range of information on matters which are pertinent to Healthwatch Norfolk. This report is providing updates on the following: -

- Staffing Update – ***Information***
- Draft Strategy 2022-2025 – ***Information, Action, Decision***
- Memorandum of Understanding with HW Suffolk – ***Information, Action, Decision***
- Brief Overview of the Integrated Care Partnership - ***Information***
- Update on Healthwatch Brand Awareness - ***Information***

2.0 Staffing Update

Dr John Spall has taken up the post formally undertaken by Sara Sabar. The post is looking at changes that have resulted across Norfolk as a result of the Winterbourne View Enquiry. John will be working across a range of stakeholders and co-ordinating a number of enter and view visits to talk with service users and their carers.

Dr Lisa Franks will be starting with us on the 25th July to work on projects relating to specific areas of interest and concern as identified by our system partners in conjunction with Healthwatch who are wishing to gauge an understanding of the issues that patients and carers as well as staff are experiencing.

3.0 Draft Strategy 2022-2025

A draft strategy is attached as Appendix One. The strategy has been completely refreshed and reflects the fact that we are entering into a new era with the advent of Integrated Care Partnerships. Needless-to-say, the detail will come out of the refreshed Operations Plan which would be presented at the next Board Meeting once the strategy has been ratified. The strategy takes into account our statutory responsibilities as set out in the Health and Social Care Act and links to the Service Level Agreement that we have with Norfolk County Council.

It is recommended that Trustees adopt the Draft Strategy as set out in Appendix One.

4.0 Draft memorandum of Understanding with HW Suffolk

The legislation governing Healthwatch's sphere of influence is fairly concise – Healthwatch Norfolk operates within the County boundary of Norfolk.

The Integrated Care Service/Board (ICB) have taken over the responsibilities of the former Norfolk and Waveney Clinical Commissioning Group (CCG). The ICB will be responsible for delivering services that are required at locality level. In order for Healthwatch to help accommodate this, whilst maintain its independence, there is an obvious need for any information gathered to be consistent in approach, thereby delivering a balanced patient/carer opinion as to what may or may not be required in certain areas.

Healthwatch Suffolk recognise that Healthwatch Norfolk needs to be the lead organisation for the ICB but also wish to ensure that they are aware as to how they can input into the broad agenda with specific reference to the residents of Waveney.

One option would be to have a Memorandum of Understanding (MoU) to ensure that the same information is being used in order to be able to provide the system with information relating to residents' needs are being collated in the same way – this is the way in which other Healthwatch around the country are operating when covering more than one geographical location. Appendix Two provides a skeleton MoU which could be adapted in order to rectify the current situation and ensure that we ae compliant with legislation.

It is recommended that HWN enter into a MoU with Healthwatch Suffolk.

5.0 Brief Overview of the Integrated Care System

The Health and Care Act was passed in April 2022. The legislation puts Integrated Care Systems (ICS) – which have existed in shadow form for a number of years – on a statutory footing from 1st July 2022, meaning they are now responsible for planning and funding health and care services in the area they cover.

They are a core part of the NHS Long Term Plan from 2019 and build on how services have been working together already at local levels to orientate health and care much more around the people they serve rather than their organisational boundaries. Their establishment represents the first large-scale structural change to the NHS since 2012.

Integrated Care Systems (ICSs) are partnerships that bring together the health and care organisations in a particular local area, serving anywhere between 600,000 and million people, to work together more closely and provide joined-up care.

The 42 integrated care systems replace the now dissolved 106 NHS Clinical Commissioning Groups (CCGs) that came before them and lead on funding and planning healthcare services in their local areas. Each ICS is made up of an integrated care board (ICB) and an integrated care partnership (ICP):

• The ICB is responsible for planning NHS services, including ambulances, primary care, mental healthcare, hospital (acute), community and specialist care. They have both a chief executive and chair, and they are accountable to NHS England for NHS spending and performance within their boundaries.
• The ICP has a broader focus, covering public health, social care and wider issues impacting the health and wellbeing of their local populations. It operates as a statutory committee between the ICB and each of the local authorities in the ICS geography, as well as voluntary,

community and social enterprise (VCSE) organisations, care providers and other key partners. Exact membership is determined locally.

There are 42 ICSs across England. All 42 ICSs have been established with four strategic purposes:

1. Improving population health and healthcare
2. Tackling unequal outcomes and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development

These strategic purposes have been agreed because our health is affected by many things – housing, unemployment, financial stress, domestic abuse and poverty. This is something that we need to look at through a partnership between the NHS, local government and the voluntary sector. ICSs will help deliver more joined-up and better care for the public by bringing councils, voluntary and community services and the health service together in a particular area.

ICSs will focus on delivering care at a 'place level'. This means bringing together all the health and care organisations to form place-based partnerships including council run health and wellbeing boards and all health and care organisations sitting within a place-based area of around 250,000-500,000 people. The knowledge these organisations have of local people's needs means they can work together to make sure services meet the needs of the people who like within that place.

Below the place level, services will be delivered at neighbourhood levels of 30- 50,000 people, usually corresponding to an electoral ward or district of a borough council. They are served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated care, including through primary care networks (PCNs).

There is a degree to which the Health and Care Act is formalising in law the ways of working that are already happening and the legislation has been drafted in a way to allow them to develop in their own way. ICSs are intentionally varied as different local populations have different health and care needs. For many of your constituents, the changes will not be obvious straight away – they will continue to access care from the usual providers.

Over time, the care delivered to patients is expected to become more joined-up, with fewer barriers to care and a greater emphasis will be put on prevention and improving population health. In the medium to long term, this will improve health outcomes in local populations, reduce health inequalities and reduce pressure on hospitals.

Many areas of the country are already working in integrated ways, but their progress has been stymied without statutory powers and duties. Over the course of the pandemic, many health and care organisations worked together well to deliver care in the face of a public crisis and it's critical we harness this now. ICSs becoming formalised on 1st July was an important next step in a longer-term process.

The NHS is facing unprecedented challenges with the elective backlog, increased pressure on mental health, primary care and community services, the ongoing threat of coronavirus and a

growing cost of living crisis, against a backdrop of 105,000 staff vacancies and years of underinvestment in capital. ICSs will be a key part of helping the NHS understand and respond to these challenges at local levels, supporting people to get more personalised care and ensuring that public expenditure in the NHS is put to best use.

6.0 Healthwatch Brand Awareness

Healthwatch England have undertaken research into the "brand awareness" and have reported that brand awareness of 'Healthwatch' is now at 40% - up 13% points and our highest level yet. Additionally, awareness levels have grown across every region in England, which is a testament to the hard work of all our staff and volunteers who champion people's voices.

The awareness polling covers the period between December 2021 – January 2022.

Whilst emerging key themes are based on a national poll, it is considered that they very much reflect Norfolk (and Waveney).

- Investment in media, paid social/search, campaigns, policy wins, as well as the brand refresh appear to have contributed to increased awareness. Our role during the pandemic is also likely to have played a part, with high demand for timely public advice.
- Awareness across the whole of England is also up, with a particular boost in the East of England.
- Although awareness is up, only 5% of people have been involved with us (similar levels to previous years). 68% had seen our name or logo, but didn't know what we do, so an important goal for us is to continue to deepen understanding of our offer.
- Of the people who knew us, only a third would recommend us. Half said they didn't know, which indicates we need to do more to change the minds of this group. This means building trust in the brand and providing a good customer experience – something we already have planned for this year.
- 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 of Healthwatch has grown most for people aged 65-74 (+25%). However, we are starting to see growth in younger age groups, compared to previous years.
- Awareness amongst ethnic minority groups is up 5%. While we have done more targeted projects to understand the experiences of people from diverse backgrounds, more needs to be done to build trust with these groups.

There is obviously much work to be done but it is pleasing to see that the awareness trajectory is going in the right direction. HWN's reach is covered under a separate report.

Appendix One

Strategy 2022 - 2025

Healthwatch Norfolk is your local consumer champion for health and social care.

How to contact us

Call us on 0808 168 9669

Email us at enquiries@healthwatchnorfolk.co.uk

Look at our website http://www.healthwatchnorfolk.co.uk/

Write to us at Healthwatch Norfolk, Suite 6, Elm Farm, Norwich Common, Norfolk NR18 0SW

Follow us on Twitter @HWNorfolk

Please contact Healthwatch Norfolk if you require an **Easy read**; **large print** or a **translated** copy of this report.

IN TRAN communication for all

Your voice can make a difference...

healthwatch Norfolk

Healthwatch Norfolk works with health and social care services in Norfolk to make sure that your views and experiences make a difference to the services we all use.

Call us on 0808 168 9669

Website: www.healthwatchnorfolk.co.uk Email: enquiries@healthwatchnorfolk.co.uk

Follow us on Twitter: @HwNorfolk Like us on Facebook: facebook.com/healthwatchnorfolk

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Introduction

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We exist on a national and local level, working towards the same goal of enabling people to have a voice about their health and social care systems. Healthwatch Norfolk is an independent charity and a company limited by guarantee, with a Board of Trustees who are also the Company Directors.

Our Charitable Objects are set out in the Articles of Association which governs how Healthwatch Norfolk operates. The objects of the charity are the advancement of health and the relief of those in need by reason of youth, age, ill-health, disability or financial hardship for the benefit of the entire population of the county of Norfolk by:

- Providing information and advice to the general public about local health and social care services;
- Making the views and experiences of members of the general public known to health and social care providers;
- Enabling local people to have a voice in the development, delivery and equality of access to local health and social care services and facilities;
- The promotion of high standards by health and social care providers; and
- Providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and social care services and facilities

There are a myriad of issues facing the Norfolk and Waveney Health and Social Care System, such as:

- Social Care Reform
- Restoration to "normality" following COVID
- Intergrated Care Board (live as of 1st July 2022) – implications for service provision
- Embedding a comprehensive prevention agenda across systems
- Impact of CQC Inspections in primary and secondary care settings
- Workforce

Our vision and Our Mission

In order to help address these issues, we will work to shape a community where people's health and social care needs are heard, understood and met by:

Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them

Influencing those who have the power to change services so that they better meet people's needs now and into the future

Informing local people and helping them to get the most from their health and social care services

Whilst we are a statutory body, we work for the residents of Norfolk and we are inclusive, influential, independent, credible and collaborative.

How we decide what to focus on

Our strategy is based on the statutory activities we are required to undertake, which remain the guiding reason for doing what we do.

These are:[1]

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard provision of local care services and whether and how local care services could and ought to be improved.
- Getting the views of local people regarding their needs for, and experience of local care services and importantly to make these views known.
- Making reports and recommendations about how local care services could or ought to be improved to the people responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services.
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC), to conduct special reviews or investigations, or making such recommendations direct to the Care Quality Commission (CQC).
- Making recommendations to Healthwatch England to publish reports about particular issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

However, the potential scope of our work is vast – we have a responsibility for health and social care services for all adults, children and young people in Norfolk with particular reference to those who are most vulnerable or may be excluded. This means we have to prioritise the issues we focus on and be smart about the way that we work.

In order to prioritise our work, our Board of Trustees looked carefully at these activities and considered where Healthwatch Norfolk could add most value. By thinking about the external factors that affect local Healthwatch and about our own strengths and weaknesses as an organisation, the Board identified five key priorities. These priorities were selected in order to show how we will fulfil our statutory role and ensure that all of our work is clear, targeted and focused.

[1] Health and Social Care Act 2012. *Local Healthwatch organisations; Activities relating to local care services; (Section 182)*.

Retrieved from http://www.legislation.gov.uk/ukpga/2012/7/section/182?view=interweave

After identifying five key strategic priorities, we tested each one through the following steps:

1. We ensure that our priorities fit with our role and responsibilities. This ensures that we are delivering to our statutory remit.
2. Then we consider how much the issue matters to local people. It must be something they care about as we are here to be the voice of people in health and social care.
3. Alongside that we look at policy debates and developments at both a national and local level to assess how much change we can bring about. This enables us to make sure we are choosing areas where we can have the greatest impact. This is important to deliver the greatest return for our budget.
4. We then ask whether the change needs to come from us so we aren't focusing on things that others can do more easily and effectively.
5. Finally, we consider all the priorities together. It is important that our plans are balanced and will have the greatest impact for people using health and social care services.

Our strategic priorities at a glance

As the local consumer champion for health and social care, we believe it is vital that our plans for the next three years help us to achieve our mission:

The table below sets out each how each priority contributes to achieving our mission:

	Listening	Influencing	Informing
Representing local people …by becoming the leading source of feedback on health and social care, for both local people and professionals in Norfolk.		✓	✓
Meaningful engagement …by working efficiently and effectively to reach diverse communities across the county.	✓		✓
Real improvements …through an intelligence driven approach to making recommendations for local services	✓	✓	
Providing a sustainable service …by maintaining the funding and expertise required to provide an independent and effective local Healthwatch	✓	✓	✓
Influencing locally and nationally …by working with other organisations to ensure services are safe, effective, compassionate and high-quality		✓	

1. Representing local people

…by becoming the leading source of feedback on health and social care, for both local people and professionals in Norfolk.

What we know:

- Constraints on funding pose a real risk to the quality of local health and social care services
- Measuring people's experience of care supports continuous improvements to the way services are delivered
- User feedback helps people make informed decisions
- Commissioners and providers of health and social care services value quality feedback and analysis

What we will do:

1. We will do more to make the views and experiences of local people known to the commissioners and regulators of local health and social care services.
2. We will use our website to make feedback from local people more accessible and encourage more people to share their experience publically.
3. We will make it easier for local organisations providing health and care services to access up to date feedback and we will ask them to evidence how they use this information to make improvements to their services.

How we know when it's done:

- We are able to formulate views on the standard of health and social care provision by collecting the views and experiences of the members of the public who use them.
- Local people have their views and experiences represented as part of the commissioning, delivery, design and scrutiny of health and social care services.

2. Meaningful engagement - by working efficiently and effectively to reach diverse communities across the county.

What we know:

- We have an established track record of engaging local people effectively.
- We want to make sure we're reaching all sections of the community.
- We will advance equality of opportunity for local people to influence decisions affecting their local health and social care services
- It is critical that we are able to explain our role clearly, to different age groups and all communities effectively, in order that their voice is heard.
- The health and care system are complicated and can be difficult to navigate.

What we will do:

1. We will go out to people in their communities to ask about their experience of using local health and care services.

2. We will provide advice and expertise on community engagement and consultation techniques to commissioners and providers of local health and social care services.
3. We will help people to navigate the complex health and social care systems by signposting people to specialist information and advice agencies or to the appropriate point of access for their local services.

How we know when it's done:

- Local people who share their experiences with Healthwatch Norfolk are from all areas of the county and all sections of the community.
- Local commissioners and providers are involving local people effectively.
- Awareness of local information, advice and advocacy services is increased through our engagement with local people.

3. Real improvements

…through an intelligence driven approach to making recommendations for local services.

What we know:

- Our remit is vast – we have a responsibility for health and social care services for all adults, children and young people in Norfolk.
- It is important for us to demonstrate impact and value for money.
- There are key challenges in Norfolk for some conditions, services and communities.
- We must be responsive to a rapidly changing health and social care landscape

What we will do:

1. We will review our operating model to ensure that the processes for identifying and undertaking Healthwatch activities is fit for purpose
2. *We will gather the experiences of local people from multiple sources and triangulate this data to identify priorities on an ongoing basis.*

How we know when it's done:

- Healthwatch Norfolk activities increase the extent to which the voices of the public influence strategies and commissioning.
- Our reports formulate views on the standard of health and social care provision and identify where services could be improved by collecting the views and experiences of the members of the public who use them.
  Overall, our programme of activities significantly increases the extent to which the voices of underrepresented groups are heard and influence social care and services.
- Any recommendations we make improve the quality of local services.

4. Providing a sustainable service

…by maintaining the funding and expertise required to provide an independent and effective local Healthwatch.

What we know:

- The majority of our funding comes from Norfolk County Council
- Norfolk County Council must deliver a further £115m of savings by 2019-20
- We have a reputation for delivering high quality projects and reports
- Undertaking regular research, analysis and engagement helps to maintain high quality standards

- What we will do:

1. We will provide a 'best value' service delivering the greatest possible return for our budget.
2. We will use our expertise and reputation to provide research, analysis and engagement expertise to other organisations working in health and social care.
3. When our services are commissioned by other organisations working in health and social care, we will ensure that the work we undertake does not conflict with our statutory role or reduce the overall effectiveness of the local Healthwatch service.

How we know when it's done:

- The quality and quantity of our outputs is not diminished by reductions in funding.
- Healthwatch Norfolk has trusting, collaborative relationships with key local decision makers where its role as a critical friend[2] is understood.
-

5. Influencing locally and nationally

…by working with other organisations to ensure services are safe, effective, compassionate and high-quality

What we know:

- Health and social care services are under strain
- Regulators find it difficult to assure quality across the sector and their budgets are being cut
- We underuse our statutory powers to Enter and View local services

What we will do:

1. We will work in partnership with the Care Quality Commission (CQC) and other stakeholders to complement local, regional and national inspection programmes and quality assurance strategies.
2. We will design and implement a sustainable, coordinated and effective Healthwatch Norfolk Enter and View service, supporting our volunteers to scrutinize, review and monitor local health and care services and facilities.
3. We will work with Healthwatch England and the network of local Healthwatch organisations to promote best practice and affect change at a national level.

How we know when it's done:

- Healthwatch England receives the intelligence and insight it needs to enable it to perform effectively.
- Quality assurance and monitoring of local health and social care services is improved.
- Enter & View reports provide advice about local health and social care services to the public.
- Enter and View visits enable local people to have their views, ideas and concerns represented as part of the scrutiny of health and social care services.

Achieving our ambition

We have set out a strategy for a more responsive, targeted and sustainable Healthwatch service that ensures we continue to fulfil our purpose. We cannot do this alone and we will work closely with others to deliver our shared goal – a community where people's health and social care needs are heard, understood and met.

Our operational plans will detail what we need to do to achieve our ambitions over the next three years of the strategy. The Healthwatch Norfolk Board of Trustee will use several sources of information to manage our performance and we will keep these measures under review.

Priority	Measure
Representing local people	1. The Healthwatch Norfolk Board can demonstrate that they understand the experiences of people who use services in Norfolk, including carers and the wider community. 2. Professionals have access to the views and experiences we gather and can evidence how they use it.
Meaningful engagement	1. Who we have engaged with, where they live and their characteristics 2. How we have contributed to better local involvement and public participation 3. The number of signposting referrals we make
Real improvements	1. Who has participated in our activities, where they live and their characteristics 2. Outcomes achieved following Healthwatch Norfolk recommendations; 'You said, we did.'
Providing a sustainable service	1. Local partners, including commissioners and providers of health and social care services, feel that Healthwatch projects bring added value through the incorporation of strong public voice – particularly from seldom heard people and communities.
Influencing **Locally/ nationally**	1. How many bespoke reports we produce and who we send them to 2. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch feedback and reports are constructive, independent and clear about the rationale for the evidence used.

Appendix Two

MOU Agreement

This Agreement is made on the date of last signature set out below between:

(1) Healthwatch x Registered in England and Wales, company number whose registered address is; and

(2) Healthwatch x, Registered in England and Wales, company number 07548686 whose registered address is

PURPOSE

The purpose of this Memorandum of Understanding (MoU) is to establish the terms and conditions under which Healthwatch Norfolk and Healthwatch Suffolk will develop system capacity for Public Engagement across Waveney to ensure a consistent approach for the Norfolk and Waveney Integrated Care Partnership.

BACKGROUND

The Norfolk and Waveney Integrated Care System (ICS) has consistently stated that it wants to put the people that it serves at the heart of everything that it does.

The ICS leadership goes on to state:

“All partners in the Integrated Care System are accountable to the people and communities they serve and are therefore subject to public scrutiny. Our ICS enables people who use services or may do so in the future, including carers, families and the wider public, to be engaged and where appropriate formally consulted about plans, proposals and decisions about services.

Engagement and consultation activity will involve Statutory Health Oversight and Scrutiny Committees (including a specific joint HoSC for Norfolk and Suffolk), local Healthwatch organisations, diverse communities, the voluntary and community sector and other stakeholders.

Early involvement will give warning of issues likely to raise concerns in local communities and gives commissioners time to work on the best solutions to meet those needs. Involvement should not be a standalone exercise, and will be part of an ongoing dialogue taking place in stages as proposals are developed. The approaches we take will differ, depending on the type of change proposed, and the needs of different groups of people, but we want to hear a range of views.

We recognise that staff have a valuable understanding of the local population’s health and care needs, and local people can often identify innovative, effective and efficient ways of designing, delivering and joining up services.

RESPONSIBILITIES OF HEALTHWATCH Norfolk

To be determined

RESPONSIBILITIES OF HEALTHWATCH SUFFOLK

To be determined

RESPONSIBILITES OF HEALTHWATCH Norfolk AND HEALTHWATCH Suffolk

- Work collaboratively between the cross-border work and help develop and support each other's work and professional development where appropriate.
- Agree to have a consistent approach when working with stakeholders that cross borders.
- Agree the methods of data and information collection prior to commencing any project, and only amending these once a project has commenced on the condition both parties have reached an agreement regarding such alterations.

TERM OF THE MOU

This Memorandum of Understanding is effective upon the day and date last signed and shall remain in effect until – to be determined. The MoU may be terminated, without cause, by either party upon 4 weeks written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

The parties have signed this Agreement on the day(s) and year set out below:

Signed:

Print name: _____

for and on behalf of Healthwatch Norfolk

Dated:

Signed:

Print name: _____

for and on behalf of Healthwatch Suffolk

Dated:

healthwatch Norfolk

Comms report
June 2022

Introduction

April-June 2022

The report will set out the main work done over the past three months including responding to several media inquiries around issues including the CQC inspection at NSFT and dentistry, and our social media engagement remained broadly strong and heading in the right direction.

It also contains an initial briefing document around the way we analyse our social media both to improve the way we monitor progress, and to take account of the way we need to adjust this monitoring when Google changes its system from June 2023

Traditional media

One of the areas we received most requests for interview over the past three months followed the CQC report highlighting failings with the Norfolk and Suffolk Foundation Trust. Requests for either an interview or the Healthwatch Norfolk statement were received from national, regional, and local media, and we also published it on our website for clarity. We wanted to make it clear we were aware of the public's concerns and wanted to work with the trust in a systematic way to help improve the outcomes for patients and this had to be a long-term project as there was no quick fix to tackling the issues highlighted.

Dentistry also remained a major topic with media requests around the lack of access to NHS dental care. We reiterated our concerns as well as reacted to reports that increasing numbers of dentists were opting to move to treating private patients exclusively while also pressing for updates on previously announced new NHS practices in the county. There was some positive coverage too as we praised the work of John Plummer Associates

and its Happy Smiles Club which goes into schools teaching children about oral health.

Our report recommending the Norwich-based Vulnerable Adult Service is rolled out across Norfolk received coverage in the Eastern Daily Press and on Heart Radio. It was accompanied by a video for social media which set out how the service worked, and the success stories it has had.

The issue around props holding up the roof at the Queen Elizabeth Hospital in King's Lynn and the case for a new hospital for the area remains a key issue. Alex has been interviewed on BBC Look East, Greatest Hits Radio and in the Eastern Daily Press as we continue to support calls for a rebuilding project to be on the Government's priority list.

We were asked to respond to an Eastern Daily Press investigation into the costs of the 'care hotel' in a hotel on Norwich's Ipswich Road. We reiterated our concerns about CCG oversight of the project but felt it was difficult to comment in detail without a more detailed breakdown of spending.

Social media

The website has remained busy with the amount of time people spending on it growing and the number of sessions staying steady at around the 8000 mark. The most read section during this quarter was information to help Ukrainian refugees access support, which got over 1500 unique views accounting for around 12 per cent of all page views. This is one of the main drivers to increased use of the site along with the various vacancies which also increase website use.

Facebook engagement remained steady with engaged users around the 500 mark per month. Despite access to dentistry being talked about a lot, May figures dropped slightly but reach picked up again through June with huge interest in the PPG project.

Twitter did see a drop in impressions and engagement over the quarter. Although there was a strong focus on signposting across to the website, we will adjust the tone of the posts and use them as more of a signpost to news stories and key trends rather than purely focusing on Healthwatch Norfolk activities.

Instagram continues to be a good way of spreading the word about us. Users have particularly engaged with images of the team out engaging and with visual highlights of reports/projects, so we will continue to create content in line with that.

LinkedIn is also looking good. Thanks to the efforts of the team and the many organisations who have engaged with us, the reach of the platform continues to be strong.

Tables with more detailed figures are below.

• Website	Average use in percentage terms April-June compared to Jan to March
Number of sessions – 23,262	4 per cent up
Average time on site 1 min 48 sec	1 min 9 sec
Referrals to website from social media 964	23 per cent up

• Facebook	Average use in percentage terms April-June compared to Jan to March
Page likes 2749	4 per cent up
Engaged users	83 per cent up

• Twitter	Average use in percentage terms April-June compared to Jan to March
Profile visits 4893 visits	66 per cent down
Followers 3050	2 per cent up
Total engagement	18 per cent down

• Instagram	Average use in percentage terms April-June compared to Jan to March
Followers 497	2 per cent up
Accounts reached	13 per cent up

• LinkedIn	Average use in percentage terms April-June compared to Jan to March
Page views 230	13 per cent drop
Unique impressions 4933	39 per cent rise
Update highlights (clicks, reactions, comments, and shares) 716	51 per cent rise

Monitoring and metrics

Background

The current method and system of monitoring has been in place at Healthwatch Norfolk since mid-2019 and has only been used internally. At the last board meeting, it was requested that media monitoring metrics can be shared with board members hence the figures above. It is also timely to take a fresh look at what we monitor with Google Analytics (the program which monitors how the website is used) dramatically changing next summer, and to see whether social media could be more effectively scrutinised and monitored.

Google Analytics

The Google Analytics system looks at the 'customer journey' of a website tracking visitor numbers, popular pages, how people are going through the site.

By June 2023, the current system will no longer be able to do this although previous data will be accessible until October 2023

It is being replaced by Google Analytics 4. The advantages are that it is has much higher standards of privacy, it can work across multiple platforms including websites and apps, it is more precise, and it does not keep people's IP addresses, so it is much more private.

It is a completely new system so it will need setting up from scratch. The good thing is that once this is set up, reports can run automatically on key metrics rather than having to be manually created each month for

reporting as they are currently. It will also have a better way of assessing funnelling which is how people use the site and are directed to key pages

Some teaching materials have been downloaded ready for us to start learning the new system and courses are being investigated. The draft priorities for measuring under the new system would be

- Users of site,
- How many are leaving feedback directly through the site
- People using the information and advice page
- Time spent on the site.

Facebook

A new measuring system has been put in place by Facebook in June 2022 which gives more reporting options, and it is also easier to measure the success of posts as it tracks unique visitors to a post rather than the number of times it has been viewed so repeat views by the same person are not counted.

Recommendation is not to change the current measuring metrics although the most popular posts figures may initially be difficult to measure like-for-like in case of multiple views, there should not be a huge difference in figures. Suggestions for measuring metrics are:

- Followers
- Total reach
- Most popular post(s)
- Engaged users

Twitter

Twitter analytics have not changed at all and there are no immediate plans for the platform to change. Suggestions for measuring metrics are:

- Profile visits
- Mentions
- Followers

- Engagements

Instagram

Instagram is now linked in directly with Facebook as you may know. It has his own measuring system and a separate one accessible via the Healthwatch Norfolk Facebook page too. Suggestions for measuring metrics would be:

- Followers
- Accounts reached
- Interactions

LinkedIn

The current metrics for LinkedIn seem a good mix. These are:

Total page views

Unique visitors

Update highlights (clicks, reactions, comments, and shares)

Demographic data

All the systems above also give demographic data by age, gender, and location. In future reporting, in addition to the information above, a demographic breakdown could be provided. To prevent data overload, the recommendation would be an average of the most engaged (top two age ranges) and least engaged (top two age ranges) across all platforms together with any data quirks to find out who we are engaging with well on social media as well as those where more work is needed. This data can be affected by the nature of projects we do, and we do also get a lot of engagement around employment roles which can skew the data but equally, if an average is taken over the three months as is done with the other data above, it should give a reasonable indication.

Intelligence Report for Healthwatch Norfolk Board

July 2022

Introduction

Between 1st March 2022 and 31st May 2022, we published 637 individual reviews, relating to 130 different services delivered in Norfolk. The average rating of these reviews was 3.3 (out of five).

Most reviews we received came from our engagement (343). We also received 285 reviews through our website, eight were received through our signposting service, and one received through the post.

We have continued to share anonymised feedback with other organisations and groups including the CQC, commissioners, service providers, and with Healthwatch England.

We are continuing to receive engagement from service providers with our feedback centre. We received provider responses to reviews on our website for 30 different services in this period.

The services people are talking to us about

Table 1 shows the top 10 service types about which people have shared their experiences with us between March and May 2022. The average rating for each service type reflects the overall experience of care the reviewer felt was received. **Please note that 'other' services are mainly NHS England dentistry concerns.**

Table 1
The top 10 service types for which we have received reviews and the rating change from last report

	Service Type	Reviews	Rating (change)
1	GPs	435	3.2 (=)
2	Hospitals	63	4.1 (+0.7)
3	Carer Support	32	5.0 (=)
4	Dentists	29	2.4 (+0.2)
5	Other	26	1.5 (+0.2)
6	Community	17	4.2 (-0.1)
7	Pharmacies	10	3.3 (+1.2)
=	Mental Health	10	2.5 (+0.5)
8	Social Care	5	3.0 (n/a)
10	Opticians	4	1.0 (n/a)

Table 2 shows the top 10 services about which people have shared their experiences with us between March and May 2022. The average rating for each service type reflects the overall experience of care the reviewer felt was received.

Table 2

The top 10 services for which we have received reviews.

	Service	Reviews	Rating	
1	Campingland Surgery*	40		4.6
2	Wymondham Medical Partnership*	39		3.5
3	Norfolk and Norwich University Hospital*	38		4.0
4	Carers Matter Norfolk	32		5.0
5	Southgates Medical Centre*	27		3.2
6	The Beaches Medical Centre	25		1.8
7	NHS England (Mainly dentistry)	23		1.3
8	Watton Medical Practice*	21		3.4
9	Hingham Surgery*	20		5.0
10	Gayton Road Health Centre*	19		3.3

* Note: we visited this service to collect feedback in this time period

GP feedback

Themes of concern within GP feedback has remained similar to previous reports with the biggest complaint continuing to be difficulties accessing appointments. Including long waits on the phone, reduced opening hours for submitting website forms, and being unable to see a clinician face to face.

Reports from our recent visits to services (including Wymondham Medical Partnership Windmill Surgery, Carole Browne, Gayton Road Surgery, Southgates Medical Centre, and Hingham Surgery) can be found here: https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/.

Good practice at GP surgeries

In May 2022 we visited Hingham Surgery to speak with patients about their experience with local health and social care services. From this visit we received 15 reviews for Hingham Surgery. In addition to this, we received two further reviews for the surgery from promoting our visit on local community groups on Facebook. All patients we received feedback from rated their overall experience with the surgery as five stars out of five.

Overall, the patients we heard from were extremely happy with the service and care they received from the surgery. They reported being able to get appointments when they needed them and they felt that staff "*genuinely care*", they always have "*time to listen*" and will "*go above and beyond*" to help patients.

> You can instantly get hold of someone, I have never had a problem with availability. The Drs here are fantastic and hugely supportive, I can't speak highly enough of them. The nursing and reception team cannot be improved on at all - they are perfection. They all genuinely do care.

Dentistry

We continue to receive enquiries and feedback about difficulties accessing NHS dentistry in Norfolk as displayed in Figure 1. To see feedback about accessing

dentistry you can visit our website here: https://healthwatchnorfolk.co.uk/services/nhs-england.

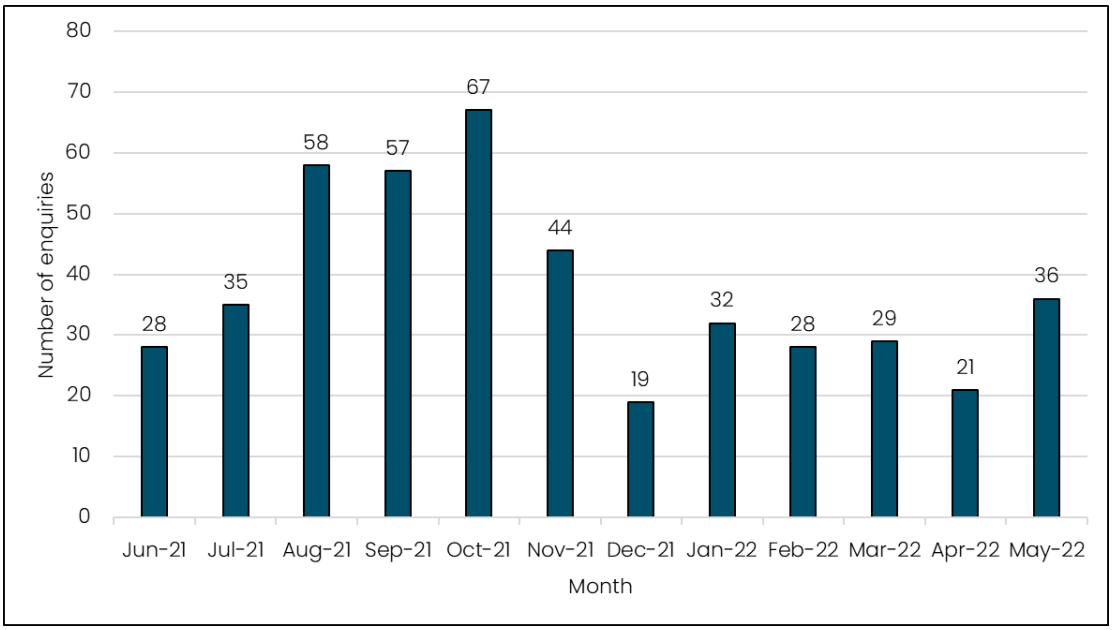

Figure 1. Dental enquiries received in the last year.

Carers Matter

In this period we received 32 reviews for Carers Matter, all of these reviews were rated as the full five stars.

> It's a bit of a minefield when you first start caring for somebody and I had no idea what help is available but after a very helpful and informative phone call I feel much more prepared and supported in the journey ahead. I couldn't have asked for more and I'm so thankful for the help.

> Carers matter have been invaluable in providing the reassurance that I have everything in place to care for my mother and that I am not alone in my experience as an unpaid carer. Thank you.

Update on ongoing work

The table below describes the current work and priorities for Healthwatch Norfolk alongside the key issues identified and being monitored by Healthwatch England. Red indicates a high priority which is being actively researched, orange a medium priority and green a low priority which is being monitored.

Healthwatch England Issue					Healthwatch Norfolk Response	
Priority	Issue	Description	Equalities focus	Healthwatch England Action	Healthwatch Norfolk Action	Priority
	Accessible information	People's experiences of getting health and care information in a format they can understand or being provided with support to understand information.	All	Analysing new information gathered from the public	HWN participated in HWE project. Local report published in June.	

	Social care assessments	Are people getting social care assessments, and are their needs being met?	All	Analysing new information gathered from the public	Monitor and identify issues via enquiries and feedback centre.	
	Referrals to care	People experiencing delays or problems when being referred for care	All	Gathering experiences from August to September 2022	HWN are collecting feedback via the targeted surgery engagement survey including questions on waiting times for treatment.	
	Access to GP services	People's experience of trying to access GP services	Digital exclusion	Continue to monitor and report to stakeholders	HWN are collecting feedback via the targeted surgery engagement survey including questions on booking appointments.	
	Dentistry	Experiences of people accessing dental services and whether extra NHS funding improves people's experiences.	Low income	Reported in May and continuing to monitor	Monitor and identify issues via enquiries and feedback centre.	

	Waiting times	People reporting delays in treatment and care, their experience of support while waiting and whether the Elective Care Recovery Plan is having an impact.	Low income/ transport	Reported June continue to monitor	HWN are collecting feedback via the targeted surgery engagement survey including questions on waiting times for treatment.	
	Hospital discharge	New guidance produced for people leaving hospital.	Age	Monitor new guidance implementation	Contributed towards HWE project, will continue to monitor and identify issues via enquiries and feedback centre.	
	Waiting times for NHS 111 ambulances and A&E	Are ambulance, NHS 111 and A&E waiting times getting better or worse?	Ethnicity/age	Monitor to see if the situation is changing	Monitor and identify issues via enquiries and feedback centre.	
	Rising COVID-19 levels and autumn booster campaign	People experiencing issues accessing care or booster vaccines, as well as related issues like Long Covid and vaccine hesitancy.	Gender/ ethnicity/age/ conditions	Monitor to see if emerging issues	HWN to conduct Long Covid project interviewing public and professionals.	

	Health support for recent arrivals	Are recent arrivals to the UK having issues accessing health and care support?	Ethnicity	Monitor to see if emerging issues	Monitor and identify issues via enquiries and feedback centre.	
	NHS pharmacy and prescriptions	People's experiences of accessing pharmacy services and prescriptions, as well as specific issues (e.g. withdrawal of pill boxes).	Gender/ ethnicity/age	Monitor to see if emerging issues	HWN promoted Pharmaceutical Needs Assessment survey and consultation.	
	Financial hardship	Is the rising cost of living impacting on wellbeing and access to health and care support?	Low income	Monitor to see if emerging issues	Monitor and identify issues via enquiries and feedback centre.	

Engagement update

The focus of our engagement at the moment has been access to surgery appointments. Over the last few months, the majority of negative feedback we have received about doctor's surgeries has been frustration over accessing services. There has been a lot of comments about receptionists being gate keepers and it's hard to get past them. But once people have seen someone overall, they are happy.

We wanted to find out if people were trying anything else before asking for a doctor's appointment, if people believed that it is a receptionist making clinical decisions about if they got an appointment or not and who they saw and if they were aware of other services that their surgeries offer such as a physio or a mental health nurse. To do this we have attended surgeries across the county with a short survey as well as doing our general feedback with the public. We have also used the opportunity to ask about hospital waiting lists.

The team have worked very hard to get to as many surgeries as possible and at time of writing we have had 132 pieces of feedback and a very busy July and early August booked with engagement visits. It has enabled us to reach surgeries that have traditionally been more resistant to having us visit.

In June we had a stand at a carer's information day at the Forum in Norwich and also at the NNUH foundation day where we were joined by our elephant mascot Nelson.

Coming up this month we have Norwich Pride and The Clifftop festival in Gorleston as well as attending a volunteering event in Kings Lynn.

The team have worked very hard and well together on supporting each other and talking to as many people as possible.

HWN Engagement Focus

2022-2023 Conversations are ongoing with Norfolk County Council to align HWN work with Public Health priorities.
Q1: GP appointments targeted engagement
Q2: (TBC) *Specify area of focus, including justification and planned work*
Q3: (TBC) *Specify area of focus, including justification and planned work*
Q4: (TBC) *Specify area of focus, including justification and planned work*

Upcoming Engagement Events

July:	19th–HWN Annual General Meeting, Norwich Forum 30th–Norwich Pride, Norwich Forum 31st–Gorleston Clifftop Festival, Gorleston
August:	20th– Kings Lynn Pride
October:	21st/22nd–Visible Festival, Norwich Forum
TBC:	Older Peoples' Forum, St Andrews Hall,

My Views Matter

Internally commissioned 12-month project to gather the views of people with learning disabilities and autism in residential care about the care they receive, now running from May 2022-May 2023. The project will also review changes in care over the past ten years and identify areas for improvement and examples of best practice. Data will be gathered through Enter and View visits, supplemented by focus groups, interviews and surveys with family members and carers.

The project is proceeding according to the new project timeline. The desk review is under way and networking contacts being established with relevant people in public and voluntary sectors. Family member interviews have begun and pilot visits to homes are planned for late August/early September.

Project Report for HWN QA Sub Group

May 2022

1. Introduction

The purpose of this report is to share information relating to the status of Healthwatch Norfolk projects, i.e. commissioned pieces of work as well as set out opportunities or plans for future projects.

2. Current Projects

A. Improving care access for patients with hearing loss (RG,CC)

Project commissioned by Norfolk and Waveney Clinical Commissioning Group, exploring the views of people who are deaf or have experienced hearing loss, particularly in relation to primary care and the technology that could be utilised to improve their care.

Programme of work included public survey (complete, n=181), creating a deaf and hearing loss charter for GP practices and using the results to pilot technology in a subset of practices and evaluating their effectiveness. Final project report, including a summary and easy read version has been reviewed and published (Improving the GP surgery experience for patients with hearing issues - Healthwatch Norfolk). The post publication checklist is being competed.

B. Queen Elizabeth Hospital Engagement Strategy (EW, AG, DN)

Project commissioned by QEH to gather feedback from public and patients within the QEH catchment area (including parts of Cambridgeshire and Lincolnshire) regarding how they would like the QEH to communicate with them about general hospital news as well as their care.

Online and in print survey closed (n=335), focus groups also completed with voluntary organisation suuport. The final project report has been reviewed and is pending publication with the QEH comms team. The post publication checklist requires completion, internal project close out meeting scheduled 06/06/22.

C. An insight into prevention activity in Norfolk and Waveney (EW, CA, LJ)

Project commissioned by the Health and Wellbeing Board running from October 2021-May 2022. Project explored local and national preventative initiatives to date and engaging with the public on what prevention means to them, what has made a difference to their health and wellbeing or what could have made a difference. Feedback was collected from professionals and the public via a survey and a series of focus groups.

The project was run by consultants Clare Abbs and Laura Jones. Three focus groups were undertaken and the public survey closed (n=262). The final project report has been finalised and is pending a presentation to the H&WB (08/06/22) prior to publication. Internal project close out meeting (26/05/22) and externally (31/05/22).

D. NCH&C Focus Groups (JB,EW)

Project commissioned by NCH&C for a rolling programme of engagement with patients via focus group methodology. The first focus group was meant to be with patients and carers of people experincing pressure ulcers or lower leg wounds however we knew this methodology wasn't going to work particulalry well with the targeted patient group so we also offered one to one discussions.

So far we have engaged with 8 people and are contiuing to promote participation. The first report is due for completion the end of June 2022.

E. Long Covid (JB, RG, ST)

Small project to include desk based research and public and professional interviews regarding long Covid. Project will be a joint effort between the project team. The desk based research is underway. AS to make introductions to long covid clinic at QEH. To be completed September 2022.

F. Maternity services (EW, CC)

Project commissioned by NHS England and NHS Innovation initally was running from April to September 2022 but has been delayed June to November by the comissioner, awaiting business case signoff. The project will collect patient feedback on local maternity services and will involve collaborating with Maternity Voice Partnerships to identify focus areas prior to engaging with the public.

The project is being supported by external consultant Cindee Crehan.

G. Patient Participation Group Evaluation (JB, EW)

Project comissioned by Norfolk and Waveney CCG to improve support available for PPGs. Feedback will be sought via a public survey and one to one discussions with practice staff and PPG members.

Healthwatch Suffolk have refused involvement in this project and therefore HWN will engage with entire Norfolk and Waveney patch. Survey to go live 01/06/22. One to one discussions commencing w/b 06/06/22.

H. Waiting Well orthopaedic pilot evaluation (JB, EW)

Project commissioned by Broadland and South Norfolk District Council to evaluate a pilot scheme supporting NNUH patients living in Broadland or South Norfolk, on the waiting well list for orthopaedic surgery. Patients will be offered a range of support including home adaptations, wellbeing support, befriending service etc.

Council staff are currently collecting baseline data from patient cohort, and is being shared with Healthwatch Norfolk on a weekly basis. As part of this project a data sharing agreement is required between us and the commissioners as they are sharing identifiable patient data.

I. Mental Health Community Transformation (RG, EW, CC)

36 month project completing March 2024 collecting feedback on a rolling basis through a mixed methodology approach (surveys, focus groups, inyerviews). Feedback will be sought from people with Severe Mental Illness (SMI), focussing in year 1 on people with Personality Disorders, Eating Disorders and Rehabilitation. HWN will

report into Mental Health Community Transformation Steering Group to evaluate the change process over 3 years with HWN acting as a critical friend to the group.

RG has reported to AS a catelogue of problems with the transformation work including cancellation of meetings at short notice, acronym heavy meetings, late involvement of people with lived experience and the VCSE sector and having to chase responses to requests. More importantly the fundig secured for the transformation and the evaluation is hung on 'I' statements to measure improvements and these seem to have been lost.

Public (n=223) and parent/carer survey (n=59) closed 31/05/22. Data analysis scheduled w/b 06/06/22. Interviews with both members of the public and MH workforce are underway. End of year report is being drafted.

J. Digital Tools (RG)

36 month project, completing March 2024 commissioned by Norfolk and Waveney CCG to evaluate various digital platforms in primary care; Footfall, GP surgery websites, SystmOne and the NHS App.

End of year report has been reviewed and finalised awaiting publication. The project plan for year 2 has been developed and approved by the project commissioner.

K. My views matter (JS)

Internally commissioned 12-month project to gather the views of people with learning disabilities and autism in residential care about the care they receive, now running from May 2022-May 2023. The project will also review changes in care over the past ten years and identify areas for improvement and examples of best practice. Data will be gathered through Enter and View visits, supplemented by focus groups, interviews and surveys with family members and carers.

The project is proceeding according to the new project timeline. The desk review is under way and networking contacts being established with relevant people in public and voluntary sectors. The project name has been finalized through a focus group of people with learning disabilities from About With Friends, and the draft Enter and View pack will be presented to them for feedback on 8th June.

Quality Assurance Subgroup

Minutes of meeting held on 9th June 2022

13:00 – 15:00 Healthwatch Office Board Room, Wymondham

Chair: David Trevanion

1. **Welcome and Apologies**

   Present: David Trevanion, Patrick Peal, Alex Stewart, Elaine Bailey, Andrew Hayward, Emily Woodhouse, Caroline Williams, Rachael Green, and Joshua Ball

   Introductions
   JB Minuting today's meeting & recording.
   No objections to recording.

   DT welcomed everyone.
   No apologies.

   DT offered some opening remarks.
   "So the first word that springs to mind in relation to quality assurance is reputation and this organisation, in my opinion as a long standing trustee, has a very good reputation.

   And I think what this meeting, what I hope to steer this meeting, to be is – in the in the 1st place; a high level of participation from everybody here, and particularly as it's the first meeting.

   In the second place – Establishing what we want from the work that is done and how that relates to quality and how at the end of the day, because of what people ask us to do, followed by what we do, followed by what we give back to people we end up with that tiptop reputation and that will see us a very long way, I think. Of course, it has to be based on substance. I think that's the other side of the coin that we're going to look at."

2. **Review and agree Terms of Reference (ToR)**

   Agreed by all that there are no concerns in the current ToRs.

DT suggests that every person present briefly state what they would like to see from the QA group.

EW would like for additional project oversight, particularly for projects that can be perceived as higher risk and would value support from people in the group.

RG would like that the group ensures projects are conducted consistently, to high quality, and in accordance with project protocols and processes.

CW would like to ensure that there is understanding of where the Engagement team fits in, and that we do not lose sight of the organisations core engagement in order to facilitate project work. Making sure that there is good balance between the two.

EB raised two points as a priority. Firstly due process, ensuring projects are undertaken in accordance with processes, and agreed in accordance with indicators when identified, also ensuring whilst projects are undertaken we are supporting statutory obligations. Secondly ensuring effectiveness of projects, being able to prove that we are actually making a difference.

AS noted that there are blockages for projects, that can be caused by those commissioning the work, agrees that it is about reputation and would like any reputational risk to be dealt with at the outset of projects.

PP would like for a definition of quality to be included in the ToRs. Proposed the following definition: "*definition of quality is meeting customer needs.*" *"Being a critical friend, being independent, being expert and not being afraid to guide the client, the , to give them what we think they need or to talk with them about what they actually need rather than just saying we've given you what you asked for."*

AH would like to determine how we decide what the priorities are relating to projects, keeping everything centred on the public, and outcomes. Assess the quality of projects by looking at what we have changed by what we have just done.

RG opened discussion about championing work and asked where we capture impact. EW & AS mention that an Impact Tracker is in place since 1st April.
EB raised a question about sharing with other Healthwatch organisations and if we learn from others work. EW notes we research the work other Healthwatch organisations have done in relation to projects and at the end reports are uploaded to Healthwatch England and onto a National Reports database. RG notes we also use Workplace to reach out to other Healthwatch organisations. PP mentions that published reports can also go on Workplace. EW – there is a special subgroup for research.
AS – Depending on the commissioner we will go on their websites too.
EW mentions the Post Project Publication plan document that is used as a checklist in closeout meetings for projects, to ensure that we have followed correct procedures and shared the work with stakeholders.

DT would like there to be consideration of what is pertinent to inform the board about. What should be passed on, in essence, from meeting customer needs, actual processes, and outcomes. Suggested outcomes which have been especially positive could be summarised at each board meeting.
AS suggest maybe at beginning or end of board meetings a 10-minute presentation followed by 10-minutes of questions/ discussion with focus on one project regardless of stage.

EB notes, from a trustee perspective, it would be very powerful to have a spreadsheet to detail projects and status, concerns, etc. EW mentions we have the Ops Calendar which gives details of all projects.
PP suggests executive summary for projects to aid in assigning potential Trustee Project Champions.

3. **Discussion of current projects**

RG gave an overview of the current progress of the Digital Tools project. Quite a well-received project. 3 year project. First part of the work completed and report almost ready to publish. As a result of work done,

going into year 2, going to be looking at awareness of digital tools, looking at digital health hub, specific local examples, working with Norfolk & Waveney CCG comms team, and looking at involving PPGs.
EW – we were given a fairly loose brief for this project. Report has been received really well by the Commissioner and opened up the opportunity for more digital work.
DT asked how long-term projects like this are split up.
EW & RG – discussions with the commissioners to define parameters and set out a plan for the first year which the results of will inform subsequent years.
AH asked if there is a methodology in place for how public are found/ approached for participation in projects and get around problems such as those who are digitally excluded?
EW & RG – We use a range of digital and traditional means, work with the comms team to get material out.
EB asked if a sample size is defined when a project is defined?
EW – it's based on project and type of work, for example we wouldn't for surveys but for focus groups we would define at the beginning.
PP – regarding quality assurance, how accurate and how representative does the client need the same size to be? Because the bigger the size the more costly. Keen that we have some objective measure of the weighting we can give to sample size compared to total audience/ sample.
EB asked how, for longer projects, we go back time and again and ensure that we have the capacity to deliver, and still perform against the budget that was agreed in the first instance?
EW – in terms of budget we track using expenditure and resource spreadsheet. Additionally, when costing a project, we split into price to client and cost to us. In terms of staff resources, weekly reviews of staff needs occur at managers meetings. Each project also has an individual Gantt chart for tracking progress.

DT suggested moving on to discussing the Mental Health project.
EW – when project was bid for a 'Pre-PID' document was used, outlining cost on basis of member of staff and oversight. Funding was secured from this document. External consultant was brought in to help with the project. Outcomes of the project were set out at the very beginning.

RG gave overview of the current progress of the Mental Health Project. Detailed the outcomes, received a good response to surveys, spoken to organisations representative of key cohort for year 1, looking to identify key cohort for year 2. Highlighted issues with commissioners, poor communication, cancellation of meetings, etc. Need to define where role as critical friend starts and finishes. Has documented issues with i-statements. DT queried if it would be possible to contact someone high-up to discuss the issues.
AS confirmed that a meeting had been scheduled in.
DT – QA group express concern for RG, and ensure that if we are to be involved over a long period that there is coordination from the top.

DT suggests spending a max of 10 minutes further on current projects.
AH – interested about discussing long Covid project.
EW gave update for this. Currently at the stage where desk research has begun/ national & local literature review. Has been postponed for a year due to lack of available material. Currently in the research phase and will then look to recruit staff and public for interview. Funded via 'left-over' funding from NHS England.
AH expressed interest in being involved with the project.

DT interested in the QE project. Heard positive things regarding the project.
EW – Focus of the QE engagement around how it communicates with patients, about care, changes to QE, how patients can become involved. There were difficulties in communicating with the QE in certain places. But there have been some good connections that have come out of it. Lots of positive things that have come from the project. Recommendations around how the trust can make simple changes, e.g. making sure communications are available in multiple formats. It has been a nice piece of work and the staff have enjoyed their roles in the project. Reports has just been published.

4. **Quality issues arising**

EB echoes previous statements around ensuring projects, from beginning to end, are what we anticipate, that they conform, we do all that is required, and they are the best we can possibly do. Underpinning due process. Due

to organic nature of the projects discussion, details around quality are intrinsic. Does not think we need a separate line item about quality. Make sure that we hear about the changes we make, and the bottom line is that the patient has a better service because of our projects. We always need to be cognizant of the audience. We need to make sure what we are doing is relevant and appropriate.
EW feels that, as we have more staff working on the projects now, we now have standardised documents that we each have to work on for each project which provide really helpful checkpoints.
DT agreed that discussion of projects and quality issues can be one item.

EB asked who is there to review the basic syntax of reports?
EW – EW will review, it will then go to AS, DT. If EW worked on it then it will go to AS. It's very helpful/ valuable to have a fresh set of eyes check reports.

5. **Consideration and follow up of project recommendations**

- To determine a definition of quality to be included in the ToRs.
- To determine what to inform the board about from these meetings.

6. **Any Other Business**

No other business.

7. **Date of next meeting**

15 September 2022 @ 10:00 – 12:00

HWN Board – Finance Subgroup

Minutes of the meeting held on 26th May 2022

9.30 am -11 am Healthwatch Office Board Room, Wymondham.

Chair: Patrick Peal

8. **Welcome, introduction and Apologies.**
   Present: Patrick Peal, David Trevanion, Willie Cruickshank, Alex Stewart and Judith Sharpe
   There were no apologies.
   PP welcomed everyone and introduced Toby Sellers, Divisional Director, Brewin Dolphin and thanked him for coming along to the meeting.

9. **Toby Sellers – Brewin Dolphin**
   Toby Sellers (TS) provided some background information about Brewin Dolphin (BD)
   Brewin Dolphin plc is one of the largest British wealth management firms with 34 offices throughout the UK, Jersey and Ireland, and c. 2,000 employees. It provides investment management and financial planning services to individuals, companies and charities.

   TS explained that Brewin Dolphin have recently agreed a take over by the Royal Bank of Canada which should be finalised by September and will mean the company is the 5th/6th biggest charitable funder in the UK.

   TS spoke about the cash savings account platforms that JS has previously investigated being likely to become a little more attractive as interest rates are expected to rise this year but then TS spoke about the inability of cash savings accounts to protect against the impact of higher inflation.

   TS had provided an illustration of what could be done with a stock-market linked portfolio fund investment of £150K and this demonstrated a 6/7% return.

   Fundamentally TS said that Trustees need to be clear about their attitude to this type of investment and understand it is a long-term decision primarily about capital growth. TS said that the market is currently already positioned to reflect recent "bad news" relating to Ukraine/Russia and oil prices etc. but that there is still uncertainty. So, a current entry point to such investments would be better now than 6 months ago.

There was a discussion about the reserves policy (currently to hold a minimum of 3 months operating costs) but also the need for HWN to establish/agree an investment policy before any decision could be made about investments/savings. AS stated that there is a statutory requirement for HWN to hold a minimum of 3 months reserves. PP requested more information about this. ACTION AS

WC spoke about the need for HWN to be an "exemplar" regarding Environmental, Social Responsibility and Corporate Governance and the investment policy. (ESG)

TS said that all BD funds are "badged" and screened as "ESG" funds but there is the ability to be more specific.
Agreed Actions going forward:

- TS will put together an investment proposal outlining its rationale based on the mandate suggested at this stage by Trustees at "Risk level 5" with a capital growth objective and ESG being a strong driver.
- JS will research and draft an investment policy, asking NCC about theirs and seeking guidance from our accountants Larking Gowen. TS said that BD can also supply draft template policies.
- JS to compile an estimated "cost/benefit analysis" of administering the various bank accounts.

10. Minutes of last meeting 24/2/22 and action log

PP asked all present if they were satisfied with the accuracy of the minutes of the last meeting and all agreed to approve them.

Action Log:
No 59: JS work to seek other insurance quotes re. tax investigation cover is still ongoing.

11. Matters Arising

There were no other matters arising not already on the agenda.

12. **Management Accounts and Summary of Quarter 4 2021-22**

JS reported that Financial Activities for Q4 show total income of £175,719, total expenditures of £144,417, interest earned of £674 and a resulting overall net surplus for the quarter of £31,975.
Combining all four quarters of the financial year the figures show total income of £551,453 total expenditures of £553,166, interest earned of £2267 and a resulting overall net surplus for the year of £554.

The balance sheet as of 31st March 2022 shows net assets (Charity Funds) of £405,028.

PP commented that this was a good result when the budget for 2021-22 was set to expect a deficit of £7210.

13. **Budget v Actual to date, forecast for 2022-23, Bank Balances and Reserves position.**

JS presented a budget v actual position to 30th April 2022 and an early indication forecast for 2022-23 which showed a forecast end of year position of a net surplus of £125,319 (budget is surplus of £14,970).

This is based on expected "other income" for the year totalling £453,967 compared to initial budget for other income of £330K due to recent requests for HWN to undertake commissioned projects. In particular there are two projects proposed each for £100K for NSFT and the ICB. The forecast does account for another project officer being recruited to enable the extra work to be resourced.

Other income was listed (second tab of the spreadsheet) of

- £46,667 already received in April but work yet to be delivered (and £15K of this to be delivered in 2023-24 for the QEH)
- £457,300 other income is listed of which £407,300 has been agreed in commissions of work and £50K is still under negotiation.

PP queried how income will be reflected in the accounts to ensure that income tallies with the costs associated when the work is actually done. JS will discuss further with accountants Larking Gowen to ensure this continues to happen.

Bank Balances and Reserves position:
The spreadsheet presented:

- A summary of bank balances held as at 30.4.22 totalling £601,088 which includes £205,625 being held for other agencies (net position £395,463)
- A summary of the lease position and calculations for the reserves needed to maintain funds for 6 months (£443,019) and 3 months (£271,737) reserves.

The level of reserves required has increased since last quarter's report as we have passed the potential break clause notification in the lease and so are now liable for rent on the premises until August 2024. Also, we are employing more staff and have a new lease agreement commitment for a new printer/copier.

The figures demonstrate that HWN is operating well within the current 3 months reserves policy position.

14. Bids and Commissions update (AS)

AS gave an overview of projects, bids and commissions referring to an updated "other income" sheet which details agreed or potential projects for 2022-23 totalling £503,967.

AS also talked about continuing plans for DT and other Trustees to help with the Project Quality Assurance process and that the first meeting of the new sub-group will take place in two weeks' time.

15. Discussion/decision re. recruitment of a Project Officer and regarding staff/freelance consultant's costs.

AS explained that an advert had been placed to recruit a Project Officer to undertake the work for the ICB Project over the next 12 months. The salary cost had been included in forecasts reported. PP stated he was happy for this to be an Executive decision. PP commented that if we are not successful in our recruitment, we may need to rely on external consultants to undertake work accepting a potential lower return.

Also discussed was the increasing need for admin/financial support for both JS and AS particularly as the existing Admin. Officer is doing increasing (and valued) work on Comms - supporting the Comms Lead with social media activity and creation of materials. It was agreed JS/AS to define/ scope the new admin. position and make an executive decision on this. ACTION JS/AS

16. Banking and Savings Arrangements

JS advised that whilst awaiting the outcome of ongoing investigations relating to savings and investments the bank accounts had not all been updated regarding recent changes of Trustees. PP suggested JS ensure all accounts can be operational and make any necessary amendments on that basis pending further investment decisions.

ACTION JS to ensure all bank accounts have up to date authorised signatory details in preparation for potential future decisions.

17. Any Other Business

JS advised that the Financial Standing Orders policy had been amended to reflect the decision that AS can make financial decisions on expenditure up to £10K.

However it was suggested this needed amending to clarify that AS can also authorise monthly salary payments which total more than £10K. This was agreed by the meeting.
ACTION JS to amend the policy accordingly.

Date of future meetings:

25 August 2022
24 November 2022

Healthwatch Norfolk Board Meeting July 2022
Report on: Risk Register Author: Judith Sharpe

	QUALITY FRAMEWORK INDICATOR	RISK & CONSEQUENCE	CONTROL/MONITORING	RISK OWNER	SCORE	IS RISK INCREASING, DECREASING OR STATIC?
1	Collaboration	Healthwatch Norfolk is excluded from key local Committees/Boards which results in poor bi-directional flow of key information meaning HWN is unaware and unable to respond to implications of local transformation plans.	*Maintain awareness of national and local strategy and context. *Maintain meetings with key organisations and stakeholders. *Ensure there is a HWN Representative at all ICS Board (Public) meetings. * Current relationships are strengthening with beginning of new ICS and ICB (Jul 22)	CEO	3 x 4 =12	↓
2	Collaboration, Influence and Impact	Changing/emerging leadership roles and responsibilities within the ICS – and redeployment resulting in fewer contacts and influencing routes	*Identify new/redeployed staff and associated responsibilities. *Share Healthwatch purpose and develop strong working relationships	CEO	3 x 3 =9	→
3	Leadership and Decision Making	Failure in delivery of project work resulting in potential damage to HWN reputation and demotivated staff and reduced future income from commissions of work.	*Critical appraisal of new business opportunities *Definition of key deliverables at project outset *Ensure robust research project leadership & ownership at all project stages * Project Process Policy now in operation * Externally commissioned projects being reviewed by new Quality Assurance sub group.	CEO and Bus Dev Director	3 x 4 = 12	↑
4	Leadership and	Lack of clarity/differentiation between Healthwatch	*Clear and concise contract specifications and KPIs *Separate work programmes and reporting arrangements	CEO and Bus Dev Director	3x4=12	→

	Decision Making	statutory/core business, other contracted work and grant funded projects. Inability to demonstrate clear impacts.	*Evidence outcomes and impact			
5	Collaboration, Influence and Impact	Reputational risk because of poorly defined and poor delivery of HWN role in consultation with the Norfolk and Waveney Health and Care Partnership/ICS	*Ongoing dialogue with N&WHCP stakeholders *Trustees and volunteers have some places on workstream/programme Boards. * CEO participates in Acute Services Transformation Plan Meetings	CEO	3 x 4 = 12	↓
6	People	Insufficient staff understanding of GDPR, or in adequate IT security systems, resulting in breaches in data security, potential prosecution and damage to reputation.	* Following guidance and using template forms from HW England * All staff/volunteers receive training on arrival and refresher training *External DPO has completed a review of our policies and documents, Feb 2022. * Dec 2021 have implemented new email filtering system and MFA. * Update GDPR training completed for all staff in June 2022.	CEO and Deputy CEO	3 x 4 = 12	→
7	Influence and Impact	Failure in timely delivery of quality outcomes by Partnership organisations working on projects with/for HWN resulting in potential damage to HWN reputation.	*Ongoing robust monitoring of project delivery by HWN Project Lead, escalating matters to the Deputy Chief Executive/CEO when there is concern. *When applicable – the Letter of Agreement now includes clause relating to financial penalty should the project be delayed.	Bus Dev Director and CEO	2 x 4 = 8	→
8	Influence and Impact	Failure to respond promptly and appropriately to media requests following publication of Care Quality Commission (CQC) Reports that are not shared in advance with HWN.	*Discussions continue at local and regional level with CQC representatives – joint lobbying with other stakeholders.	CEO	4 x 2 = 8	→
9		Insufficient income due to decreased LA funding or	*Maintain positive political relationships * Reserves policy reviewed regularly -currently 3 months operating costs cover	Deputy CEO and CEO	2 x 3 = 6	→

	Sustainability and Resilience	change in national government policy, to ensure long term sustainability without considerable usage of reserves.	* Quarterly reviews of expenditure and forecasts against budget by Finance Subgroup. *Continual review of alternative income anticipated from bids and commissions and associated risks.			
10	People	Staff absence/sickness due to Covid-19 results in inadequate staff resource to meet operational requirements.	*Maintain good dialogue with Norfolk County Council, HWE and other key stakeholders *review volunteer/trustee resource/skills to provide temporary cover. *Vaccination roll out in 2021 has reduced this risk.	Deputy CEO and CEO	2 x 3 = 6	↓
11	People	Failure to take appropriate actions to safeguard people in the workplace against the risk of transmission of Covid-19 results in legal actions and/or high rates of staff absence.	*Coronavirus policy and risk assessments no longer legally required. *Practical actions such as office ventilation and good hand hygiene still encouraged. * HWN continues to follow Government guidance * Vaccination has reduced this risk	CEO and Deputy CEO	2 x 3 =6	↓

RISK MATRIX:	**Likelihood**				
Consequence	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25