Healthwatch Norfolk Trustee Board
17th April 2023
10.00 – 12:00

Healthwatch Office, Suite 6, Elm Farm, Norwich Common, Wymondham NR18 0SW 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 any conflicts of interest relating to this meeting (All)				**I**
4.	Minutes of the meeting held on 16th January 2023 and action log.	10:05	5	3	**A/I**
5.	Matters arising not covered by the agenda				**D**
6.	Chair report	10.10	10		**I/D**
7.	CEO Report	10:20	20	12	**A/I/D**
8.	Communications Report (JB), Engagement and Intelligence Reports including the Impact Tracker (ST & CW)	10.40	15	20 24	**I/D**
9.	QA Subgroup Minutes (DT & EW) Summary of project findings, recommendations, and impact: Community Mental Health Transformation Project in year 1 (Rachael Green)	10.55 11.00	5 10	39 37	**I/D**

10.	Finance, Risk Register, Quality Framework and Health and Safety update • Risk Register (JS) • QF Action Plan (JS) • H&S update (JS) • Confirmation of Review of Key Policies (JS) (Finance Sub–Group Minutes and Proposed budget for 2023-24 in Part 2 of the meeting)	11.10	10	44	**A/I/D**
11.	**Any Other Business –** Please provide the Chair with Items for AOB prior to the Meeting's commencement	11.20	5		I/D
	Dates of future Board meetings 24 July 2023 16 October 2023 15 January 2024 17 April 2024				

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

Distribution:

Trustees

Patrick Peal (Chair)
David Trevanion (Vice Chair)
Elaine Bailey
Linda Bainton
Vivienne Clifford-Jackson
Bridget Penhale
Andrew Hayward
Christopher Humphris
Willie Cruickshank
Mary Ledgard
Christine MacDonald

For Information

Tom McCabe
Ciceley Scarborough
Simon Scott
Peter Randall
Stephanie Butcher
Rachel Grant

Healthwatch Norfolk Board Meeting
14th January 2023
10.00 to 12.00

In attendance
Trustees
Patrick Peal (PP) Chair
David Trevanion (DT)
Andrew Hayward (AH)
Chris Humphris (CH)
Elaine Bailey (EB)
Linda Bainton (LB)
Mary Ledgard (ML)
Vivienne Clifford-Jackson (VCJ)
Willie Cruickshank (WC)
Christine MacDonald (CM) online from 10.30am

Officers
Alex Stewart (AS) – Chief Executive
Judith Sharpe (JS) – Deputy Chief Executive
Emily Woodhouse (EW) – Business Development Director
Caroline Williams (CW) – Head of Engagement
John Bultitude (JB) – Head of Communications and Marketing (+ minutes)

No.	Item.	Action
1.	**Questions from the general public**	
	There were no questions from the general public	
2.	**Welcome, introductions and apologies for absence**	
	Apologies from Bridget Penhale (trustee), and Norfolk County Council representatives Ciceley Scarborough, Simon Scott, Stephanie Butcher and Rachel Grant. Marie-Lyse Numuhoza has decided to resign as a trustee for personal reasons. The board thanked her for her contributions and wished her well.	

3.	**Declarations of Interest (new or pertaining to items on this agenda)**	
	ML has taken on the role of interim chair of Norfolk Older People's Strategic Partnership. VCJ is a member of the Humbleyard PPG.	
4.	**Minutes of the meeting held on 17th October 2022 and action log.**	
	Chair said it was a good record of the meeting and formally recorded thanks to Siobhan Thompson for providing exceptional meeting minutes over the years. JS gave update on Action Log. Chair asked about greater use of Friends lists to contact people. JS said this is an ambition but the complexity of systems around patient letters are making this challenging. Explore UEA Health and Care students volunteering with Healthwatch Norfolk - BP is taking that action forward. Discuss strategy with CS – that has been done, along with arranging monthly meetings. NSFT – AS met with Cath Byford. The ICS are conducting a survey looking at two former NSFT strategies to see if peoples' strategic priorities remain the same. AS considered that whilst there is a long way to go, there are definite signs of improvement.	
5.	**Matters arising not covered by the agenda**	
	VCJ raised the role of Governors who represent the public/users in health and social care and whether those roles work. AS said NSFT is trying to change its culture, but it is a lot of work and will take time. EB said governors at the NNUH are invited to a lot of meetings and 'corridor conversations' can be as helpful as formal meetings. DT said there is a positive relationship with Governors at QEH and a very active Patient Experience Committee.	
6.	**Chair's report**	
	Chair mentioned AS and he were due to meet the new chair of the QEH and this was postponed at late notice. The QEH Chair has since met with AS. The Chair also mentioned: He and AS attended an NCC meeting which was a strategy meeting for the ICS/HWB Care Partnership Board – he considered that it had been a fruitful session.	

	Patricia Hewitt is undertaking a review of ICS structures across the county on behalf of the Health Secretary and the Chancellor of the Exchequer. AS said that interim report has been written with the final report due in March 2023. PP said a stakeholder partner meeting is set for March 2 – it will be taking place at Park Farm Hotel.	
7.	CEO Report **(a) General Report** AS said the Integrated Care Strategy/Joint Health and Wellbeing Strategy had been endorsed by the ICS board. All partner organisations have been asked to endorse it. AH says it needs to be a living document which must be communicated to staff at all levels. LB said it was important to know who it was for (e.g. 'the worker') and what role Healthwatch Norfolk had in making it known. AS said we can show this ourselves from things like the Impact Tracker and we can test whether this is being done in a non-threatening way by people we engage with. LB said these priorities are things we are signed up to and have been working towards. AS said we benefit from having a global perspective of needs across Norfolk. ML said one of the benefits of Covid was people working together and this needs to be taken forward in implementing the strategy, and ICS engagement officers should be doing this. VCJ is concerned that local authorities aren't always aware of what is going on. AS reminded her that all LAs have seats at the table and it is the responsibility of those Members to keep their district/borough informed of what is being discussed. He also suggested that HWB Members have to divorce themselves from political agendas as to all intents and purposes, the Partnership is apolitical. WC said the hardest part is deciding what would be sacrificed in order to fund the key priorities within it and it is not an honest strategy if it does not spell out what won't be invested in.	

	CH wondered if the county council would be able to continue spending money on prevention work bearing in mind the pressures it is facing funding care, particularly for older people. AH also highlighted the methods being used to communicate with people. AS felt the ICB should be doing more forward planning so that all partner organisations could both feedback in a timely manner and also ensure providers are not "marking their own homework". EB asked if every ICS/HWBB in the country have to produce a strategy, and if so, how different strategies are evaluated. AS said there are benchmarking groups which align with similar ICSs based on their population, challenges and demographics. DT said any strategy should deliver integrated care and the public should see outcomes. He is concerned that working together worked well through Covid but now there appear to be blockages. The Chair said the public want to see action. **ACTION AS recommended sending a formal written response to the ICB summarising the points above.** **(b) Strategy Sign off/Plan on a page** VCJ asked if a glossary of terms could be added. EB asked if a mission statement is incorporated into the strategy. AS assured that the following was in the strategy - 'to influence those with the power to changes services so they better meet people's needs now and in the future' – however, he agreed that it should be more prominently set out. **ACTION AS**	AS AS
8.	Communications Report (JB) JB assumed that the reports had been read and the contents noted. Whilst there were no recommendations, he added two verbal updates. JB advised that plans are being made for future HWN "Live" Events - "Slimmed down" versions of the event held at The Forum in September 2022. The first of these is proposed to be on April 27th 2023 at the Pavilion Theatre Gorleston. This will focus on health and social	

	care services in the East of the county; we hope to have speakers/presentations from the JPUH and also community projects. JB advised that plans are in place for the AGM to be live streamed as a "business only" meeting from our office (as was done last July) and then a further HWN Live Event will be held at the Forum in early October. JB spoke about the work he is doing to compile a submission of evidence to a Parliamentary Select Committee about the problems with dentistry services in Norfolk. JB and Steph are calling 50 dentists (approx. 7 from each district council area) to gather evidence and are already picking up interesting information about different practices (in Gt Yarmouth, Hopton and Long Stratton) that have applied for increases to their contracts but have been waiting for lengthy periods for a response from NHSE. CH asked if the issues are about contracts being amended or blocked. JS thought it is both. CH also asked if we would use our submission of evidence in our own publicity/comms - which JB confirmed. EB suggested we ask a selection of private dentists why they had returned their NHS contracts. ACTION JB AH said that the Primary Care Commissioning Committee is to establish two new sub committees - one for Primary Care and one for Dentistry - as the ICB takes over the commissioning of dentistry from April 2023. AH has asked that HWN is included in the new dental committee. PP asked if there is anything else we could be doing about the issue of dentistry. AS suggested, we might ask the hospitals what percentage of A&E attendances are for dentistry issues. He also mentioned a case where a patient had been unable to have cardiac surgery at Papworth until he had seen a dentist. It was only through personal intervention using regional dental contacts that this issue had been resolved. **Engagement and Intelligence Reports including the Impact Tracker (ST and CW)**	JB

	CW said one of our post-boxes is now with NCH&C which has helped to increase feedback; another is currently at Priscilla Bacon Lodge. Work is under way to have one in the West of Norfolk too. CW said Attleborough Surgery is still an issue; some posters on social media are encouraging people to give feedback if it is negative. Healthwatch Norfolk offered to create video content to explain how things worked at a practice, but the practice manager is not responding. AS suggested following up with Dr Hilary Byrne, a senior partner at the practice. ACTION CW/AS CW said they have had a positive response to engagement at the Jenny Lind, but some improvements suggested. AH said bright lights and toys are not always good for neuro-divergent children. CW said there is a separate area, but parents are worried they will miss out on appointments. CW said engagement is currently focusing on health visitors, with interesting feedback. The main areas included postnatal feedback not being picked up, concerns about no face-to-face meetings and lack of consistency. 1 of 184 responses received was from a male. AS asked if this could be postcode analysed to report back to organisations like the CQC. CW said pharmacies will be the next piece of targeted engagement. AH said pharmacies are being suggested as the answer to help deal with many health issues, but this is not necessarily the case. He said some community pharmacists are also moving to work in surgeries. JS noted that some community pharmacies are going out of business as they are not commercially viable. CH said there are rules about what must happen if pharmacies close in terms of letting people know. It is also worth exploring the contractual requirements of different pharmacies if there is an issue. AS said Healthwatch Norfolk will be going into Norfolk's three main hospitals to do a full week of engagement in each this summer involving every member of staff, which is a first for Healthwatch Norfolk and will give some very informed feedback for the ICS. Trustees were invited to be part of the hospital visits.	CW/AS

	JS said this will be a great opportunity to talk to relatives and carers and in particular ask about their experiences of being able to communicate with hospital staff about their relative/loved one. VCJ said there is a concern that there is a shortage of people to manage volunteers in some hospitals. EB said she would pursue that and find out more at the NNUH through her role as a Governor.	
9	**QA Subgroup Minutes (DT and EW)**	
	DT said the staff have put in place some excellent quality work saying we help to define research for commissioners and know what is expected, with a higher level of sampling than 12 months ago. The ethos of operating independently and acting as a critical friend is working well. EW said it is a good opportunity for us to problem-solve and ensure quality. The Chair said it is important to ensure the quality of reports is high; EW said we are getting positive responses after year 1 following community mental health committee. The Chair asked if we are monitoring what happens with report recommendations? AS said, we are now using a more formal method to check this and have the power to write a Statutory Letter meaning they must respond within a fixed period. JS said the Impact Tracker has now been expanded with three areas, the signposting feedback, the more subtle influencing/help and a third one with project recommendations to make sure we have gone back and reported back. DT suggested a once or twice a year a recently completed report should come to the board as an agenda item so that people have an opportunity to hear the detail. ACTION EW for next board agenda. The Chair said the Quality Framework has been a wonderful piece of work bringing everyone together and the initial output has been terrific.	EW
10.	**Finance, Risk Register, Quality Framework and Health and Safety update** • Finance Sub-Group Minutes (PP) -The Chair said there is always a tension that proposed and budgeted work is secured in a timely manner. AS is working on bringing that in. Staff said the bonus payment got good staff feedback. VCJ asked if there is a hardship fund and JS confirmed there was. JS said the transfer of investment funds to Brewin Dolphin	

	leading to more ethical investments had been agreed and was just awaiting instructions on the process. • Risk Register (JS) – JS referred back to the point about the nervousness of getting more contracts. This will be aided by the partners meeting in March which will be attended by 22 people, a major rise on attendance last year. • QF Action Plan (JS) – JS said she is looking for more input and thanked EB for all her time and effort. She said a spreadsheet had distilled the key action points and now small teams of trustees, staff and volunteers could take forward some of the key points. PP asked about the required input level from trustees and JS said that would be flexible but Healthwatch Norfolk wanted to achieve as much as possible by March 2024. ALL to respond by 31st Jan 2023 if wanting to offer support and continued involvement. • H&S Update (JS – verbal) JS said the annual audit has been acted on. She said we needed to be aware of the impact on staff who may be hearing difficult experiences and consider options for more supervision training. VCJ asked about staff counselling and Judith said a basic level of hours was available for any staff that needed it which is then increased for individuals if needed. CW said it can be hard to know if staff have taken a difficult call if they are working at home as part of the hybrid way of working and it can also be hard to change things. EW said there are protocols from a previous project that could be adapted to help with this. The chair suggested that chaplaincy support could be explored.	ALL
11.	**Any Other Business**	
	i) The chair said trustee appraisals (ideally face-to-face) would happen in April/May. ii) VCJ raised the issue of supporting those who may be feeling suicidal and working with the bereaved saying it was a particular issue with those working in agriculture, young men, and those with autism. JB agreed to see if further information could be added to the Healthwatch Norfolk website; she	JB

	would contact Lucy Coote at Rosedale Funeral Home to see if here is any bereavement training available for staff.	
12.	**Dates of future Board meetings** 17th April 2023 24th July 2023 (and AGM) 16th October 2023	

Date	17 April 2023
Item	7
Report to	Healthwatch Norfolk Board
Report by (name and title)	Alex Stewart CEO
Subject	CEO report

Reason for Report

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: -

1. Staff Update
2. Feedback from Stakeholder briefing session
3. Walk In Centre
4. HWBB
5. Optometry
6. Update on Meetings with Health and Social Care Partners

Recommendations

1. The Board is asked to note the reports.
2. There are no recommendations that require Board approval.

Staff Update

Stephanie Emery has ceased working for Healthwatch. Fiona (Fi) Tyas has taken on the mantle of working with the Head of Comms 2 days per week – nominally a Monday and a Friday. Fi will continue to work as a CDO for the remaining three days of the week.

Feedback from the Partnership Event

The Partnership Event took place at Park Farm on Thursday 2nd March. There was wide system representation at a very senior level. Partners were provided with a presentation – see link: https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/03/Partners-meeting-report-1.pdf

The presentation was followed by two breakout sessions discussing what pressures the system is facing along with how Healthwatch could help overcome some of the issues, especially in relation to public engagement.

Issues are facing our Health and Social Care system?

Demand

- The demand for services has increased dramatically
- That demand means many people may not come forward for help
- Norfolk's population is getting older
- Economic issues are facing many in the
- health/social care system
- Not enough time

Who does what?

- Organisational boundaries mean it can be challenging to provide holistic care.
- Equally that does not matter to the public. They just want care, help and support.

Accountability

- We need to be accountable as organisations and financially viable

Equality

- There are serious issues around health inequality and these issues are not always seen.

Data

- There is so much data. How can it be used to best effect?

Recruitment/Retention

- It is a challenge to keep people in the system locally.

The way forward

- Trust is needed.
- The ICB should be seen as a way of improving things.
- A more strategic approach to commissioning and not just thinking about immediate outcomes.
- Challenge what we do productively.
- Small changes are still an improvement/share all good practice.
- Financial accountability is vital.

How can Healthwatch Norfolk help the system more with future planning and public engagement?

General

- Communications
- Comms and engagement are very different.
- Can we help to distinguish between them?
- Co-ordinate so people are not asked the same questions frequently.
- Help more in statutory role as 'critical friend'
- Build stronger relationships
- Be more pro-active and bold!

Engagement

- Outcomes are important and people want to know results
- Go back to review progress
- 'Looking up and looking out' - how do we learn from other people?
- Ensuring the patient voice is at the heart of transformational change
- Be more targeted and long-term?

Communications

- Comms and engagement are very different.
- Can we help to distinguish between them?
- Co-ordinate so people are not asked the same questions frequently.
- Help more in statutory role as 'critical friend'
- Build stronger relationships
- Be more pro-active and bolder!

The general points raised included:

- Ensure the right people front communications.
- Make the most of the geographical spread and share more stories in communities.
- Build in more of the community voice

Walk in Centre

Healthwatch has been actively involved in questioning the consultation currently being undertaken in relation to the future of the Norwich Walk in Centre. Copies of the correspondence and associated replies from the ICS are set out here: https://healthwatchnorfolk.co.uk/norwich-walk-in-centre-statutory-letter/

The consultation will have concluded by the time the Healthwatch Board meets. Norfolk HOSC will be discussing the outcomes and the next steps proposed by the ICS at its meeting on the 11th May. Healthwatch will be presenting its concerns at the meeting.

Feedback from the Health and Wellbeing Board/Integrated Care Partnership Board

The meeting was attended by Judith Sharpe on behalf of Healthwatch Norfolk. Discussion centred on the following issues:

Better Care Fund

- Discharge fund forms part of better care fund. £9.6 M split between ICB and NCC. Spend has to be jointly agreed. Funds have to be specifically spent on discharge but also to look at ongoing support. Waiting to hear rules for spend for 2023/4/5. Would like to see more emphasis on escalation/admittance avoidance but this was not approved within current funding rules.

ICB Annual Report

- Must be completed by June - 3 months to amend. Last year huge amount of structural and governance work. Consensus that integration is happening albeit that the pace needs to speed.

Public Health Annual Report

- Focussing on inequalities and Place. Looking at vulnerable groups - small numbers. Look at people with protected rights e.g., age, gender ethnicity so they are not disadvantaged. Always talk about poverty. Looking at the impact of place – multiple drivers of determinants of health.
- Most deprived areas in report. 42 ward areas in category of 20% most affected equates to approximately 140K people. Considered that we should target interventions in those areas as this is where impact will be of greatest value.

Key messages for Norfolk:

- Outcomes are average but significantly below average on mental health outcomes. Also, disability - also cancer and CVD. Also, difficulty of access to services in rural county. HWB Place partnerships need to use these reports.

- Whilst not usual to make recommendations in the annual report, the Director of Public Health considered that we should be:
- Looking at top level strategy and ask how we are prioritising those 42 wards.
- What % of spend is going there?
- Have been investing in health checks - have put in different services. Starting with areas with lowest uptake.
- Addressing inequalities.

5-year Joint Forward Plan (JFP)

- 17 legal requirements nationally.
- Expected to revise again over next 5 years so have opportunity to revise.
- 8 priorities chosen for N&W:
    - MH Transformation
    - UEC transformation
    - Elective recovery & improvement
    - Primary Car5e resilience and transformation
    - Improving productivity & efficiency
    - Population Health Management, reducing inequalities & supporting prevention
    - Babies, children, Young People and maternity
    - Older People

Part 2 ICP

- Sarah Tough spoke about **Ofsted Inspection November and Children Services** has been judged "Good" in all areas - this is first time in over a decade. Partnership working was especially recognised.
  Also, CQC/Ofsted follow up inspection re SEN - no longer have serious weaknesses - have made significant progress but still much work to be done.

- Allocation of CDEL (specific) capital funding £42M across NHS Trusts agreed.

- ICS strategic Workforce priorities agreed - much discussion about pay differential between health and care workers. PH said we should be setting ambition for a minimum standard of pay. LS commented that there is more in the strategy about recruitment and less about retention.

NHS Backlogs in relation to Sight Loss

There has been a recent national FOI request submitted following concerns from patients around the country in relation to problems people are experiencing post COVID. The concerning response has revealed that current backlogs are leading to life changing sight loss for many people. Clinicians have reported more than 200 cases of people losing their vision due to treatment delays since 2019, with hundreds more unreported cases suspected.

Some experts have suggested that the pressure that is piling on hospitals could be averted by providing more care with a change to the way in which services are commissioned from high street providers.

The request revealed the following: -

- NHS clinicians have filed 551 reports in relation to patients' sight loss due to delayed appointments since 2019 - with 219 resulting in "moderate or severe harm"
- Latest figures reveal 628,502 people are waiting for ophthalmology appointments – the second largest NHS backlog, equating to one in every 11 patients on an NHS waiting list
- In a survey of UK optometrists, 72% said they have seen a patient in the last six months who had experienced a delay to treatment of 12 months or more
- Four in 10 patients with macular eye conditions who have experienced NHS delays in the past two years fear losing their sight, with 21% struggling with day-to-day tasks
- The Association of Optometrists is calling on the Government to urgently commit to a national eye health strategy to provide care to more patients in the community and halve appointments in some hospital departments
- Pam Perceval-Maxwell, 75, who has wet age-related macular degeneration said: *"I'm terrified I will lose my sight entirely. When your consultant stresses how important it is to have the injections on time but you can't get an appointment it's such a worry. I regularly call to see if there is a cancellation but I ask myself how much longer can I cope with it."*

Describing the situation as a health emergency, the Association of Optometrists (AOP) is calling on the Government to commit to a national eye health strategy that enables more patients to access the care they need quickly and locally.

Currently 628,502 people are awaiting ophthalmology appointments in England alone – the second largest NHS backlog, equating to one in every 11 patients on an NHS waiting list. Furthermore, 27,260 of those have been waiting a year or more.*[i]*

In response to a Freedom of Information request by *Optometry Today*, NHS England has revealed that there have been 551 reports to the National Reporting and Incident system in relation to sight loss due to delayed appointments since 2019.

Of those reports, 99 incidents involved "severe harm" and 120 incidents caused "moderate harm".

One incident report described a patient with wet age-related macular degeneration (AMD) who lost vision in their left eye after their injection treatment was delayed.

The patient was meant to have monthly injections but presented at clinic after three months had passed without an appointment.

Another patient reported their four-month follow-up appointment had been cancelled several times. When they presented one year and four months later, a total retinal detachment was diagnosed.

The findings reinforce fears expressed by UK optometrists*[ii]*, with nearly half (43%) raising serious concerns over the number of patients they are seeing who could lose sight unnecessarily as a result long NHS waiting lists and cancelled appointments.

An additional poll of 498 members of the public with macular eye conditions*[iii]* who have required medical treatment in the past two years reveals:

- Nearly six in 10 (57%) have experienced a delay whilst waiting for an NHS appointment and/or treatment
- Nearly half (47%) have experienced a loss or decline in vision during this time
- At the time of the survey one in 10 patients had waited more than a year to be seen or were still waiting
- 41% of patients report being frightened of losing their vision entirely
- 30% feel abandoned by the NHS or authorities

As a result of this FOI Request, Healthwatch has written to the ICS to gain an understanding of the situation that is currently being faced by Norfolk residents.

The response with be circulated to all Trustees once received with a copy being posted on the website along with an article in the Healthwatch Newsletter.

Update on Meetings with Health and Social Care Partners

A verbal update in relation to the meetings that have been held with our partners will be provided to the Board.

Date	17 April 2023
Item	8
Report to	Healthwatch Norfolk Board
Report by (name and title)	John Bultitude
Subject	Communications and Marketing

Reason for Report

The report will set out the main work done over the past two months including the media interest in the Norwich Walk-In Centre consultation and our dentistry submission, an update on social media, and a draft timescale around a website changeover. There will also be a verbal update on that changeover to update on progress since this report was written.

Recommendations

Not applicable

Communications and Marketing report

Jan-Feb 2023

The report will set out the main work done over the past two months including the media interest in the Norwich Walk-In Centre consultation and our dentistry submission, an update on social media, and a draft timescale around a website changeover.

Traditional media

Concerns about the structure, style and nature of the consultation around the re-commissioning of the Norwich Walk-In Centre has been a big media priority. Alex did interviews with a number of media around our initial concerns, and also our second letter to health bosses reiterating some concerns which we felt were not addressed. It generated some healthy media discussions and one edition of the BBC Radio Norfolk Breakfast Show featured extensive coverage of our views backed up with a phone-in gauging patient reaction.

Our submission of evidence to the Government's Health Select Committee about the dentistry situation also created a lot of interest. As well as coverage in the local, national and specialist media, it also saw an increase in feedback. Some content has also been filmed with Alex for a future BBC East programme focusing on the region's dentistry issues focusing on what we found in our data and what patients are telling us.

The CQC's concerns about maternity services at the James Paget University Hospital also resulted in requests for interview, and we were also asked to give our feedback to the extension of virtual wards.

Inevitably, winter pressures also remain a key theme of media inquiries and we also talked to the EDP and Greatest Hits Radio to reflect the issues patients were telling us they were experiencing.

Social media

The social media statistics are outlined in the tables below. For this board report, they only show figures for two months rather than three.

The reasons for this are two-fold. They are:

As mentioned at the last board meeting, Google Analytics which is used for monitoring our website use needs to be updated and the plan is to do this at the end of March which means figures will be calculated in a different way.

We may also be transferring our website across to new management which will also mean some changes in its structure linked in with the change.

I have filled in the figures as normal and the normal percentage comparisons which do, apart from followers, show a drop. Depending on the situation with the website, the figures should then stabilise and return to quarterly updates from the next board report.

In terms of trends and items of interest digitally, the website has remained busy with huge interest in the walk-in centre consultation. In January alone, well over 10,000 people accessed it. We know at least 10 per cent of those found the site via social media links publicising the consultation, which does not take into account those who may have used other means to access it. The engagement team's work around GP feedback also generated 400 visits via social media and again, we believe additional visits through other means.

Facebook continued to see a rise in reach. The combination of our pharmacy engagement work and interest in the walk-in centre saw a reach of over 20,000 in January alone on the page.

Twitter still remains steady. We actually saw a rise in reach over the two month period and around 300 people engaging with our content each month.

Instagram also continues its gradual rise. Interestingly, the focus on that seems to be around our engagement work with lots of interaction around the publication of feedback coupled with advice and information rather than our project work.

LinkedIn also saw a big rise in January which is down to the interest in both the walk-in centre and engagement, and with around 400 people engaging with our content each month.

Website use in January and February	Average use in percentage terms January-February compared to October-December
Total number of sessions – 19,172	26 per cent down
Average time on site – 1 min 29 secs	1 min 34 secs
Referrals to website from social media 1768	24 per cent up

Facebook	Average use in percentage terms January-February compared to October-December
Page likes - 2391	17 per cent down
Engaged users - 815	9 per cent down

Twitter	Average use in percentage terms January-February compared to October-December
Profile visits 1492 visits	26 per cent down
Followers 3141	1 per cent up
Total engagement 636 actions	12 per cent down

Instagram	Average use in percentage terms October-December compared to July-September
Followers 582	3 per cent up
Accounts reached 1507	43 per cent down

LinkedIn	Average use in percentage terms October-December compared to July-September
Page views 261	39 per cent down
Unique impressions 11,405	25 per cent down
Update highlights (clicks, reactions, comments, and shares) 1267	41 per cent down

Social media

At the time of writing (March 10), the timescale of our new website is a little unclear, and I can give a verbal update at the meeting.

We have taken the decision to move away from the White Bear website we currently use in order to take a fresh look at the site, ensure we have something simpler for the public to use and for us to update, and to help boost interaction with it.

Our ideal scenario is to do that but still use the Feedback Centre operated by White Bear in order to catalogue and collect feedback.

The timescale of this change over is not yet clear. The ideal scenario is to transfer the current site across to a new supplier as soon as possible and do some immediate work around areas that are quick to improve. Further design work and improvements would then be carried out on a gradual basis across the Spring/Summer with a view to a formal relaunch at our October Forum event.

Linked in with this will be a changeover in the Google Analytics software which tracks website use. It would make sense to tie this change into the changeover of the site and will also enable a deeper look at how people use the site.

Date	17th April 2023
Item	8
Report by (name and title)	Caroline Williams (Head Of Engagement) Emily Woodhouse (Business Development Director) Siobhan Thompson (Information Analyst)
Subject	Intelligence and Engagement Report

Reason for Report

The purpose of this report is to provide Board Members with information on Healthwatch Norfolk recent engagement and engagement plans and intelligence received recently. This report is providing information on the following:

- Feedback we have received from patients and service users from December 2022 to February 2023.
- Update on ongoing work alongside Healthwatch England Priorities
- Engagement update

Recommendations

1. The Board is asked to note the report.
2. There are no further recommendations that require Board approval.

Intelligence and Engagement report

Introduction

Between 1st December 2022 and 28th February 2023, we published 377 individual reviews, relating to 98 different services delivered in Norfolk. The average rating of these reviews was 3.1 (out of five). Most reviews we received came through our website (71%, 269), we also received 24% of our reviews (89) through engagement. In addition to this, 5% (19) of our reviews were received through the post.

We received some demographic data from 27% (101) of our reviews in this period; age, gender, and ethnicity are displayed in table 1 below.

Table 1

Age, Gender, and Ethnicity of Reviewers

		Percentage of reviews	Number of reviews
Age (99 reviews)	Under 16	3%	3
	16 to 25	2%	2
	26 to 35	11%	11
	36 to 45	13%	13
	46 to 55	11%	11
	56 to 65	14%	14
	66 to 75	29%	29
	76 to 85	16%	16
Gender (101 reviews)	Female	59%	60
	Male	41%	41
Ethnicity (97 reviews)	Arab	1%	1
	Asian/Asian British - Indian	1%	1
	Black/Black British - African	1%	1
	Other White background	2%	2
	White - English/Welsh/ Scottish/Northern Irish/British	93%	90
	White - Irish	2%	2

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 on our website for 29 different services for a total of 229 reviews in this period.

The services people are talking to us about

Table 2 shows the top service types about which people have shared their experiences with us between December 2022 and February 2023. The average rating for each service type reflects the overall experience of care the reviewer felt was received.

Table 2

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

	Service Type	Reviews	Rating (change)
1	GPs	228	2.7 (-0.7)
2	Hospitals	51	4.2 (+0.5)
3	Pharmacies	39	3.7 (+1.4)
4	Carer Support	17	5.0 (=)
5	Community	16	4.4 (-0.2)
6	Dentists	13	2.5 (-0.4)
7	Other	9	2.0 (+1.0)
8	Urgent Care	3	2.3 (-2.7)
9	Mental Health	1	1.0 (n/a)

Table 3 shows the top services about which people have shared their experiences with us between December 2022 and February 2023. The average rating for each service type reflects the overall experience of care the reviewer felt was received.

Table 3

The top services for which we have received reviews.

	Service	Reviews	Rating	
1	Norfolk and Norwich Hospital	36		4.2
2	Orchard Surgery	21		4.0
3	Carers Matter Norfolk	17		5.0
4	Boots (Wymondham)	16		4.2
5	Norfolk Community Health and Care	15		4.6
=	Millwood Surgery	15		1.7
7	The Beaches Medical Centre	13		4.0
8	Watton Medical Practice	12		1.9
9	Attleborough Surgeries	11		2.5
=	The Queen Elizabeth Hospital	11		4.4

GP feedback

In this period we received 228 reviews for doctors' surgeries with an average rating of 2.7 out of five. Reports from our recent visits to services can be found here: https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/. Themes in reviews for doctors' surgeries remain similar to previous reports as displayed in Figure 1 below, difficulties booking appointments continues to be the most common theme (37%, 85).

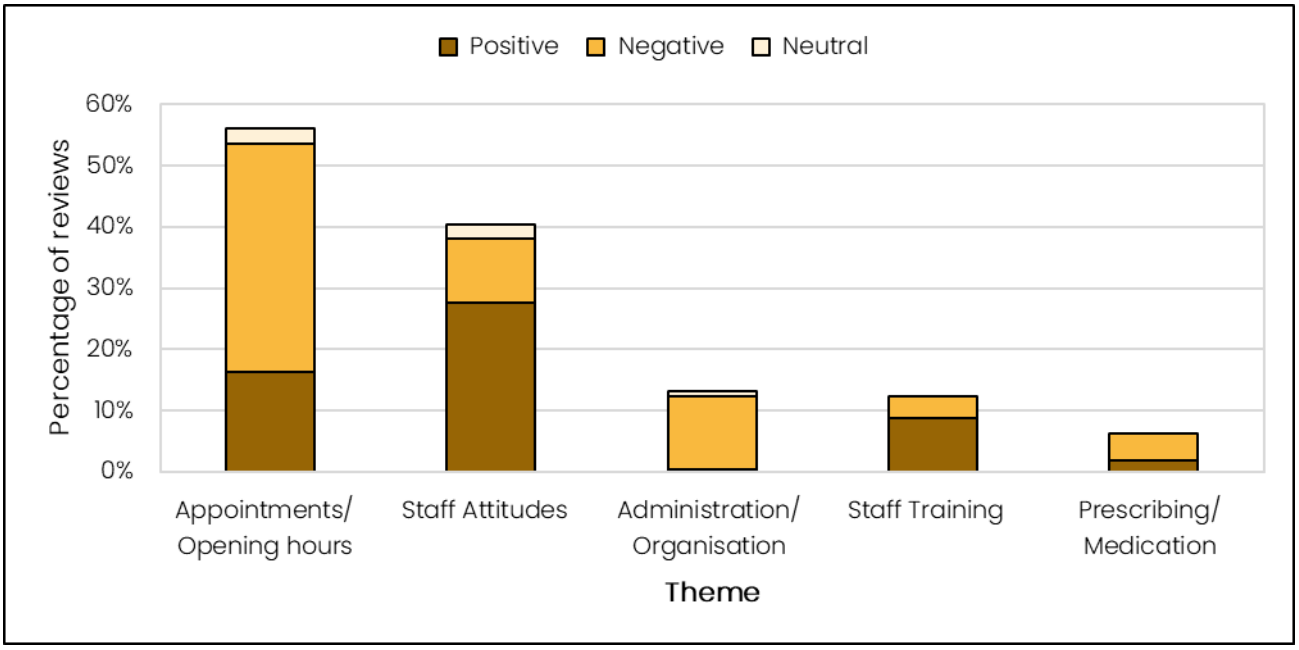

Figure 1. The most common themes and their sentiment in 228 reviews for doctors' surgeries from 1st December 2022 to 28th February 2023.

Hospital Feedback

From December 2022 to February 2023 we received 36 reviews for Norfolk and Norwich Hospital with an average rating of 4.2.

In this period we visited the Jenny Lind Children's Hospital at Norfolk and Norwich Hospital, a summary of this visit was presented in the previous Intelligence and Engagement report in January and can be found here: https://healthwatchnorfolk.co.uk/report/jenny-lind-childrens-hospital-feedback-report-december-2022/.

We also received 11 reviews for The Queen Elizabeth Hospital with an average rating of 4.4 out of five, including our visit to West Dereham Ward. Finally, we received three reviews for James Paget Hospital with an average rating of 3.7.

Signposting

In this period we provided information and advice to 79 people who contacted us by email (38, 48%), telephone (34, 43%), at an engagement event (5, 6%), through social media (1, 1%), or through our feedback centre (1, 1%). Below in table 4 is a summary of the type of information we are sharing; most commonly this is dentistry (41, 52%) followed by information and advice on raising concerns or making complaints (16, 20%).

Table 4

Summary of Healthwatch Norfolk Signposting from 1st December 2022 to 28th February 2023

3 Advice while on waiting list for hospital treatment	**2** Caller wanted reassurance	**2** Help registering with GP surgery
4 Information and advice on rights or guidelines	**41** Information on accessing a dentist	**3** Information on health or social care charges
1 Support accessing help from doctors' surgery	**4** Information on local support	**16** Information and advice on raising concerns
	3 Other information and advice	

Dentistry

We continue to receive enquiries about difficulties accessing NHS dentistry in Norfolk as displayed in Figure 2 below. However, as the graph shows, in comparison with the previous year (2021/22) it appears that the number of enquiries we are receiving are reducing. It is likely that this is a consequence of more general awareness of the lack of NHS dentistry in Norfolk at the moment rather than an improvement in the situation.

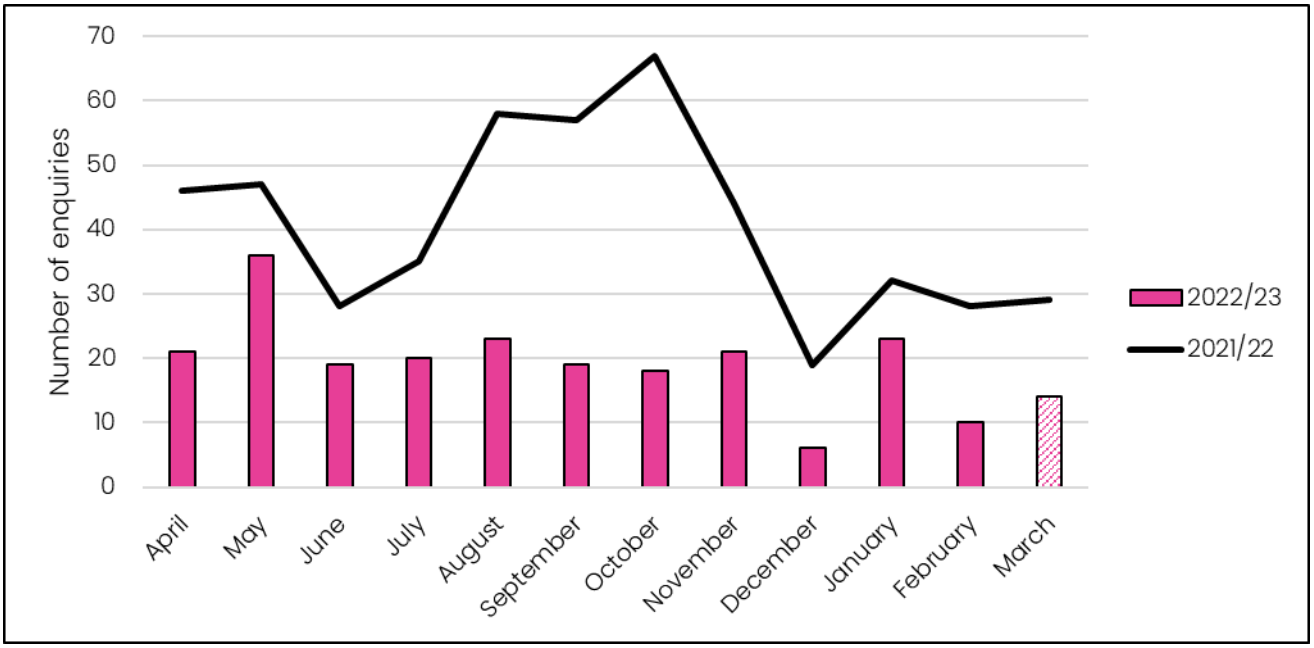

Figure 2. Dental enquiries received in 2022/23 in comparison with the previous year (2021/22). Please note that March 2023 data is as of 24th March 2023, and the office closes over the Christmas period in December.

End of life care

One theme in signposting and feedback which we have noticed are some negative experiences around end-of-life care. While the number of concerns we have heard may not be high, the experiences we hear about appear to really impact families at an already difficult time. Below are some recent experiences shared with us.

- We were copied into a complaint about end-of-life experiences with a hospital and a doctors' surgery. They struggled to access pain relief for their mother and had difficulties communicating with health professionals during this time. They explained how as a non-medical person they were unprepared for how to care for

someone towards the end of their life and what to expect. They shared how they were reliant on the healthcare professionals around them and felt let down by them.

- We received an email from a family member of a recently deceased patient at a doctors' surgery. Towards the end of life their GP was contacted by multiple agencies for urgent decisions about her ongoing care needs (contacted by Continuing Healthcare, care home staff, the family member, and mental health) and received no response. After her death the family member called the surgery 19 times in order to get the death paperwork needed to register the death.

- Review for a doctors' surgery: *"As the next of kin to a patient of this practice (and a retired health professional) I have only on three occasions had to ask for the services of the doctor who is allocated to overseeing the medical needs at his care home. The first time I asked the doctor for some help for my relative (who had dementia) He was less than helpful and was obviously annoyed at me for disturbing him. He also told those looking after my relative not to let me call him again. On the second occasion I asked for my relative to be reviewed as he had leg swelling and redness. The GP sent an alternative health professional who mis-diagnosed and missed cellulitis and my relative ended up in hospital for three weeks The third time I needed his help was today when needing the death certificate completing. I explained on THREE separate phone calls that I am only in the country until Friday and would appreciate this doing today. Guess what? Not done and he is day off tomorrow. Totally unacceptable"*

- Review for doctors' surgery: *"My husbands Nan died on the 3rd of October it took me 2 days of constant ringing to try and speak with someone regarding the medical certificate when I eventually got through I was told yes it's being signed and will be sent straight through the registrar That was a WEEK AGO! Our appointment for the registrar to register the death was today at 12pm which we cannot now attend as this surgery STILL hasn't released the paperwork. I attended the surgery today to request the paperwork to take to the registrar so I could still attend the appointment and was told it still hasn't been done although they told the registrar that it was being sent an hour earlier !!! I'm sorry from the reception staff just doesn't cut it the funeral home now can't prepare the body the will writers cannot release the will to the executor and we can't register the death. I've now got to contact the registrar have another day off work to try and get this resolved because your surgery are incompetent and can't do one simple job sign a form and send it to the registrar! The stress your surgery has caused our family is horrendous and I'm disgusted. The surgery now called us at 12pm to tell us she is now going to sign it!! Too little too late."*

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.

HWE Key issues				HWN response	
Priority	**Issue**	**Description**	**Healthwatch England action**	**Healthwatch Norfolk action**	**Priority**
	NHS winter pressures	Are NHS plans to boost capacity, support staff and provide better care this winter working?	Monitor to see if emerging issues.	Monitor to see if emerging issues.	
	NHS industrial action	Are workforce issues and industrial action having an impact?	Monitor to see if emerging issues.	Monitor to see if emerging issues.	
	Financial hardship	Is the rising cost of living impacting on wellbeing and access to health and care support?	Reported January 2023. Continue to monitor for emerging issues.	Dedicated cost of living/financial hardship page on HWN website.	
	Maternal mental health	Has maternal mental health support improved since our last review?	Feedback gathered. Due to report March 2023.	Monitoring within year 2 of the mental health community transformation fund	
	Inpatient mental health	People's experiencing of accessing, being treated by and discharged from services.	Start monitoring to gather feedback	Monitor to see if emerging issues.	

	NHS 111 ambulances and A&E	Are ambulance, NHS 111 and A&E waiting times getting better or worse?	Reported in September 2022. Continue to monitor.	Monitor to see if emerging issues.	
	Social care assessments	Are people getting social care assessments, and are their needs being met?	Reported in September 2022. New research in field. Continue to monitor.	Monitor to see if emerging issues.	
	Access to GP services	People's experience of trying to access GP services.	Continue to monitor and report to stakeholders.	Report published on GP access in December 22.	
	Dentistry	Experiences of people accessing dental services. Impact of extra funding and commissioning changes.	Reported May 2022. Monitor implementation.	Continuous monitoring and feedback of intelligence to regular regional meetings.	
	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.	Reported June 2022. Continue to monitor implementation.	Monitor to see if emerging issues.	
	Hospital discharge	New guidance produced and extra investment allocated to support more people leaving hospital.	Monitor to see impact	Comencing project with QEH on utilising volunteers to support the discharge process.	

	Accessible Information Standard	People's experiences of getting care information in a format they can understand or being provided with support. Waiting on news of standard being updated.	Reported July Continue to monitor to see if policy changes implemented.	Monitor to see if emerging issues.	
	Referrals to care	People experiencing delays or problems when being referred for care.	Reported February 2023. Due to report again April 2023.	Monitor to see if emerging issues.	

High	Topics or emerging issue we are actively researching
Medium	Topics we have reported on and/or are continuing to monitor
Low	Topics we are monitoring to identify any new issues

Engagement update

Health Visitor Engagement

The health visitor work has now come to an end and the report is nearly ready to be shared, we had just under 300 repones to the survey with nearly 64% of those responses due to members of the engagement team being out on the ground talking to people at local libraries during their bounce and rhyme session and other parent groups in the community. We heard from a range of people between the ages of 18 and 58 with the majority being between 31 and 35. The most common age of the children we heard about was 1 years old. We heard that 97% of babies under six months had had their new birth appointment, that most people felt the new-born and 6-8 check was the most important, and 93% of people would want visit in their home in the future.

Pharmacy Engagement

In March engagement started on our targeted work on Pharmacies. This piece of work came out of experiences the teams saw and heard about while out doing the access to GP's work last summer, the work is public engagement at pharmacies with the team braving the cold and asking the public to rate the pharmacy out of 5 and then asking what is good and what can be improved. The survey is also available online. We are also doing some survey work for both the pharmacies and primary care to see if the communication between the two is working and how they could better work together. At time of writing this report we have had 222 pieces of feedback from the public and 34 from professionals. The engagement will run throughout April closing on the 30th.

Other Engagement

April is a busy time for events we are attending the visible event at the forum for two days, have 3 world health days across the county, a day at Banham Zoo and a dying matters event at the forum in early May. We also have Healthwatch Live in the East at Gorleston Pavilion Theatre. Dan has been working hard to secure guest speakers which include The James Paget Hospital taking about the plans for a new hospital and its Concept Ward and Guy Peryer from the UEA giving an insight into compassionate communities. He has also been approaching organisations to have a stall at the event.

During May, June and July the team will be busy with various events and also the weeklong engagements that are in planning for the 3 acute hospitals. We have

also welcomed Jess into the team one day a week to cover for Fi while she is supporting John after Steph's departure.

Date	17th April 2023
Item	8
Report to	Healthwatch Norfolk Trustees
Report by (name and title)	Community Based Mental Health Services in Norfolk and Waveney. Rachael Green
Subject	Healthwatch Norfolk Evaluation of the Community Transformation Steering Group in Year One

Reason for Report

Providing Healthwatch Norfolk Trustees with and update and feedback about Year One of the Healthwatch Norfolk Evaluation of the Community Transformation Steering Group.

Recommendations

Outcome 1

The Community Mental Health Service Transformation Steering Group should use the I Statement outcomes* as the benchmark for the transformation process.

*I Statements are the outcomes people severely affected by mental illness wanted to achieve and are used as the basis for the evaluation plan.

Outcome 2

Any changes to community-based mental health services brought in by the Steering Group should ensure that carers of adults severely affected by mental illness are involved in the care of their loved one, offered support and that the value of their role is recognised.

The involvement of carers should be a core focus for each care pathway and priority cohort for the community mental health transformation.

Outcome 3

The Community Transformation Steering Group must ensure that the plans are truly co-produced and that engagement by Experts by Experience ad wider stakeholders is not just focussed on getting feedback on plans already made.

LINK TO RACHAEL'S PRESENTATION

https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/03/CMHT-Year-One-Project-Summary-Presentation-1.pdf

Quality Assurance Subgroup

Minutes of meeting held on 1st February 2023

10:00 – 12:00 Healthwatch Office Board Room, Wymondham

Chair: David Trevanion

1. **Welcome and Apologies**
   Present: David Trevanion, Elaine Bailey, Andrew Hayward, Emily Woodhouse, Caroline Williams, Judith Sharpe, Kath Edwards, and Joshua Ball
   Apologies: Alex Stewart

   JB Minuting today's meeting & recording.
   KE Attending to observe for future minuting.

   DT Chairing today's meeting.
   Welcomed all.

2. **Minutes from the last meeting (24/11/22) and action log**
   DT confirmed all were happy with the accuracy of the minutes from the last meeting. Suggested that we clarify the relationship between the Quality Framework (QF) and the QA subgroup, when discussing the issue at item 4 below.

   No other matters arising other than what is on Action Log.

   Action log item 1 – To add a definition of quality.
   DT put forward the definition of quality he has been working on.
   DT – to be clear this definition is for our ToR.
   All agreed that the definition is for the ToR for this group.
   EB & JS proposed that this can go in as part of an introduction/1st point in the ToR.
   DT suggested that an amended statement to include reference to the QF will be actioned to be added to ToR.
   DT suggested ToR to be reviewed annually.
   EW will incorporate this as ToR due for review in April.

Action log item 2 – Set out what meeting information will be provided to the board.

DT confirmed all ok that minutes to be included in board meeting paper.
EW unsure whether at last board meeting if just minutes would be discussed, or a project update would be needed.
DT confirmed a project update should go to the board.
JS raised that it was previously discussed that, from time to time, individual projects would be presented and discussed at board meetings.
JS asked at what stage of a project would a presentation to the board take place?
EB – outcomes are far more relevant for the board so could look to present at a 6 month after project end point?
EW and JS agree this would be a good point to present.
AH questioned, for particularly good work, is there a process to highlight to HWE or neighbouring HW?
JS suggested setting up informal meetings with neighbouring HW to discuss recent work and share best practice and will action to look into this.

Action log item 3 – Add wording to contract & PID regarding statutory letters.

EW and JS raised the question 'do we always want to send statutory letters for commissioned work' as this may come across poorly with commissioners with risk to HW reputation.
EB suggested that a 'softer' option could be applied, written into the contract that the expectation is commissioners will provide feedback to allow us to show outcomes for the work.
JS suggested building in a final meeting to the contracts for discussion of recommendations.
EW will action looking to amend contract templates to include the discussed 'softer' options.

Action log item 4 – Group to review QF and action plan.

DT raised the action log lists this as complete but queried that it is yet to be done.

EW – Action is about how QF can feed into this group. AS asked for this to be marked as complete as a plan is in place for QF to be brought back to this meeting every 6 months as a check-in.
EB suggested that between now and next QA meeting, action for EB & JS to drill down into where do we go with next steps for QF.

3. **Discussion of current projects**

EW provided overview of the project report for live projects and ones that have been completed since last QA meeting.

DT requested further information on the OneNorwich walk in centre (WIC) report given the current situation with the WIC.
EW clarified that the report is not linked to the current situation despite being published at the same time.
AH raised concern that HW could have been influenced to have report out around this time. JS agreed the timing of it is a concern.
EW believes that this would have been known to commissioners at the time of commissioning HWN. However, data was collected in an independent manner, and we have presented our findings.
AH asked if it was known when taking the work that there were hints of closure. EW confirmed it was not known to us.
DT asked if we have had a response from OneNorwich.
EW – we have yet to have a formal written response to our publication, but OneNorwich were keen to get the report published. But we still need to follow up to get a response to recommendations.
AH asked who owns the report and has the power to decide when it is published.
EW – we own it, and typically ask for a response from commissioner ahead of publication. But it is clear in PID that final product will be publicly available.
JS suggested that we action to add in contracts more specific time frames for when reports will be published whether a response has been received or not.

EW also highlights project with Home Start Norfolk. Since project was agreed, their CEO has stood down. The project is still going ahead. However, raised the potential risk that original agreement was with CEO.

AH raised the point that NHS health checks concentrate on cardiovascular issues.

4. **Feedback from Quality Framework**

   JS – where we are is that the organisation has been given opportunity to say what elements of action plan, they want to be involved in. JS to formalise groups and meeting points over the next 12 months for action plan. JS will look to review current actions as some may be able to be consolidated and some are already complete.
   EB – happy to give a 6-month report to come through the QA subgroup.
   DT confirmed that JS has been, and is, a full member of the QA subgroup.

5. **Any Other Business**

   JS commented that project overview is a good document but aware it doesn't talk about any findings and felt that talking about findings can be very helpful.
   EW asked if including the Project recommendations tab of the impact tracker would be good to include to QA meetings.
   DT, JS, & EB agreed that this would be helpful.
   Action for JB & EW to look to include this with papers in the future.

   JS & EW raised that there can be a tendency for the assumption that we will receive funding for commissioned work before full confirmation in writing.
   EB suggested that this should be addressed in the risk register under project scoping/evaluation, and for JS to action adding this.

   DT suggested that EW review and decide on which project will be presented at the next board meeting.

6. **Actions**

   - EW to add definition of quality to the Terms of Reference.
   - Terms of Reference to be reviewed annually.
   - JS to investigate setting up informal meetings with neighbouring Healthwatch (Suffolk, Cambridge, etc.) to discuss and share recent work and best practice.

- EW to amend contracts to include 'softer' options for ensuring commissioner responses to recommendations, in the form of expectation of feedback and 'final' meetings to assess outcomes.
- EB & JS to 'drill down' into where we go with next steps of the QF action plan.
- EB to provide 6-month report on QF at QA subgroup meeting.
- EW to add to contract templates time frame to be included for when report will be published.
- JS to add a RAG rating to the QF action plan.
- EW/JB to include Project Recommendations from Impact Tracker with QA papers.
- JS to add project scoping/evaluation to risk register.
- EW to select a project to take forward to next board meeting for presentation.

7. Date of next meeting

4 May 2023

Date	17th April 2023
Report to	HWN Board of Trustees
Item	10
Report by (name and title)	Judith Sharpe - Deputy CEO
Subject	Risk Register

Reason for Report

To inform the board of the risks facing HWN and the controls and monitoring in place to mitigate against the risks.

Comments of note:

- Item 1 (previously item 8) has increased in risk score from 8 to 12 as a consequence of expected commissions of work not materialising in the financial year 2022-23. Significant work is currently underway by Senior Staff to follow up potential leads from the 2nd March Partners Event.

- Item 3 relating to Project Processes and Policy. Progress has been made in the quality of report writing and rigour of research. There is still further progress needed in adherence to the policy in the initial evaluation and scoping of potential new projects.

Healthwatch Norfolk Board Meeting April 2023
Report on: **Risk Register** Author: Judith Sharpe

	QUALITY FRAMEWORK INDICATOR	RISK & CONSEQUENCE	CONTROL/MONITORING	RISK OWNER	SCORE	IS RISK INCREASING, DECREASING OR STATIC?
1	Sustainability and Resilience	Insufficient income due to decreased LA funding, change in national government policy or failure to secure commissions, to ensure long term sustainability without considerable usage of reserves.	*Maintain positive political relationships * Reserves policy reviewed regularly -currently 3 months operating costs cover * Quarterly reviews of expenditure and forecasts against budget by Finance Subgroup. *Continual review of income anticipated from bids and commissions * Ongoing review to ensure that income projected is matched to staff resources. * Increased usage of external consultants for short-notice projects at higher rates.	Deputy CEO and CEO	3 x 4 = 12	↑
2	Collaboration, Influence and Impact	Healthwatch Norfolk is not sufficiently involved within key local Committees/Boards	*Maintain awareness of national and local strategy and context. *Maintain meetings with key organisations and stakeholders.	CEO	3 x 4 = 12	→

		which results in poor 2-way flow of information. This would mean HWN is unaware and unable to respond to implications of local transformation plans.	*Ensure there is a HWN Representative at all ICS Board (Public) meetings. * Current relationships have strengthened with beginning of new ICS and ICB			
3	Leadership and Decision Making	Failure to follow the Project Process Policy and subsequent poor delivery of project work resulting in potential damage to HWN reputation and demotivated staff and reduced future income from commissions of work. In particular, poor adherence to the policy at the early stages of a potential new project.	*Critical appraisal of all new business opportunities in accordance with the policy *Definition/agreement of key deliverables at project outset. *Ensure robust research project leadership & ownership at all project stages * Externally commissioned projects being reviewed by new Quality Assurance subgroup.	CEO and Bus Dev Director	3 x 4 = 12	→
4	People	Insufficient staff understanding of GDPR, or inadequate 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 completed a review of our policies and documents, Feb 2022. * Dec 2021 have implemented new email filtering system and MFA.	CEO and Deputy CEO	3 x 4 = 12	→

			* Update GDPR training completed for all staff in June 2022 and cyber security training undertaken Nov 22. New IHASCO training Jan 2023 includes GDPR annual refresher training			
5	Leadership and Decision Making, Influence and Impact	Lack of clarity/differentiation between Healthwatch statutory/core business, other contracted work and grant funded projects. Inability to demonstrate clear impacts.	*Clear and concise contract specifications and KPIs *Separate work programmes and reporting arrangements *Evidence outcomes and impact - use of the Impact Tracker to follow up recommendations * Annual Partners event held 2.3.2023, local system leaders informed about our work and funding	CEO and Bus Dev Director	3 x 4 = 12	→
6	Collaboration, Influence and Impact	Changing/emerging leadership roles and responsibilities within the ICS – and redeployment could result in fewer contacts and influencing routes.	*Identify new/redeployed staff and associated responsibilities. *Share Healthwatch purpose and develop strong working relationships * Annual Partners event held 2.3.2023, local system leaders informed about our work and funding * Impact Tracker reviewed and in use to include signposting, meeting impacts and report recommendations	CEO and Bus Dev Director	3 x 3 = 9	↑
7	People	Greater demands/pressure on staff as a consequence of increased work and organisational growth leads to stress/ "burn-	* Proactive line management, to stay close to staff to pick up early signs of stress/overloading * Foster a culture of shared ownership and openness to encourage staff to ask for help if struggling. Question added to self-appraisal about mental health.	All Line Managers	3 x 3 = 9	→

		out" or increased sickness levels.	* Seek to balance demand and resources and recruit when possible * Thriving Workplaces Action Plan in place to focus on wellbeing, activity and healthy eating			
8	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	→

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

QF ACTION PLAN – 1. LEADERSHIP & DECISION MAKING

ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
Development of Mission statement, vision and strategy Use staff, Trustees and volunteers attending other meetings to inform on the strategy Development of a robust business/work plan and subsequent budgetary alignment Do we need a Growth Strategy?				Latest strategy P:\Operations\Strategy & Operation Plans\2022-23\HWN Strategy and Plan on a Page Jan 2023.pdf developed after discussions with Trustees.
Norfolk JSNA				
Development of processes for appraising the Board's effectiveness Should we bring our Code of Conduct Policy more frequently (e.g. annually) to the Board How often are staff reminded to review the Code of Conduct? Is it included within their annual appraisal?				PP introducing Trustee appraisals 2023 Code of Conduct Policy to go to Trustees April 2023 meeting Code of Conduct policy to be circulated to all staff prior to appraisals in April/May 2023 and noted as read and understood in appraisals.
We do not as yet have a Board EDI champion EDI is not as yet a standing item on Board meetings Are Equality Impact assessments undertaken when scoping projects? Should we introduce an EDI strategy?				

2. PEOPLE

ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
Consider how to reduce the difference in understanding levels between staff and volunteers.				
Suggestion to have mentor system for new trustees from existing trustees if wanted				
Provide all staff/trustees with a script/presentation to use when talking about HWN				
Buddying system for new staff re. H&SC system				
Consider how to ensure our recruitment adverts reference our values				
Consider how our values can be better referenced in Staff/volunteer/stakeholder feedback/surveys				
Need to introduce mandatory ED&I training				IHASCO Training service now introduced, and ED&I was 1st to be done
Regular refresher for people about culture, values and behaviour				Ties in with 1st Domain Leadership & decision-making
need to communicate more with Trustees/vols about training opportunities, Trustees could accompany CDOs on engagement				One trustee already going out with engagement team. Need to offer to all trustees.
Staff leaving for career progression seen as positive, but could we look for				

opportunities for internal staff progression/development?				
Updated Staff handbook need final completion				
Look at ways to develop staff further - inc. more delegation				
Need more systematic approach to regular review of staff reading essential policies				IHASCO Training system introduced will include this as a feature
ensure we analyse equality monitoring forms				
Reach out to different communities when recruiting				
Investigate "Disability Confident Employer" status				
Consider how we can better support Trustees and volunteers				
Consider other support/supervision for staff for distressing calls/encounters				
Further agreement needed on size of volunteer group that is desired and activities for volunteers				

3. SUSTAINABILITY & RESILIENCE

ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
Ensure that credible HWN representation is provided by multiple people (staff/volunteers) at all significant meetings Ensure that the BD Director has sufficient time allocation to continue to be involved in the development of business relations Develop more sophisticated monitoring of communication activity i.e. put mechanisms in place to ensure that more of the less formal/organic developments (soft issues)and any positive outcomes that have emerged as a follow on, are formally recorded to further support our evidence of overall effectiveness Implementation of an impact tracker?				Impact Tracker now in use. Regular reminder needed to ensure used for all opportunities
Helpful to agree a more formalised/less vague SLA with the LA? The current one does not enable us to determine/measure specific key deliverables Consider quarterly formal update to Director of Public Health (designate lead manager for our LA commission)? Reports might include contractual requirements on top of the statutory minimum e.g. quarterly financial updates, ongoing dialogue about progress, Need to be proportionate and for the future, maybe negotiated upfront?				NCC do receive all our Board Papers. March 2nd 2023 Partners Event at Park Farm being held.

Annualise meetings with key commissioners aka meeting earlier this year Feedback from our commissioners on our outcomes would be useful to receive. Develop mechanism for such? Implementation of newsletter to Trustees to ensure they are updated on relevant activities and developments relating to our statutory requirements, LA contract and external commissions				
Ensure that the Finance committee TOR are reviewed on an annual basis and that annal audits are undertaken to ensure full compliance Should more time and focus be given to horizon scanning be undertaken to include government change, policy changes, legislative changes to limit financial risk exposure? Consider possibility to increase number of finance subcommittee meetings in the future - especially across current turbulent times/unknown market changes				
Possible introduction of a separate outline growth strategy alongside corporate document? Ensure strict adherence to the Project Policy by regular conformance audit Include potential for cost recovery within project specification and costings Ensure Trustees are approached where areas of specific expertise are required for project development				

Ensure that Decision Making Policy is followed for all potential income streams Use our income generation plan to inform how income generation activity will support us to deliver our overall strategy				
Review of our risk strategy and risk management processes should be undertaken, particularly as we move from a small to medium enterprise Business Continuity Plan may need to be reviewed on a more frequent basis? Review of impact assessment use?				
Await publication of health and wellbeing action plan. Implement changes as required then undertake further questionnaire to evaluate changes in 6 months' time? Additional first aid training to be sought for those requesting, to support such Ensure all staff have undertaken mandatory health and safety training				
Board to review HWN's delivery against the objectives contained within the equality, diversity and inclusion plan to ensure our ongoing compliance. Suggest annual standing agenda item?				

4. COLLABORATION

ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
All levels of staff and volunteers to maintain relationships with key stakeholders via meetings and representation at key meetings Annualise a key stakeholder group meeting Community Leads to continue strengthening their relationships at Neighbourhood levels Chair, CEO and BDD to continue high level input/profile at ICB/ICS/Health and Wellbeing Board levels etc Potential for links with UEA to strengthen via Trustee involvement?				March 2nd 2023 Partners Event being held.
Please tell us how your work with statutory partners includes holding to account locally on the Public Sector Equality Duty? Please include any relevant links which evidence your work in this area We have evidence of holding commissioners and providers to account and challenging the quality of EIA or other methods used ALEX TO RESPOND HERE if actions needed Anything re EIA? Is evidence re 8C included within our annual report?				
To what extent are you effective in your approach to collaboration and have the right partnerships with Voluntary and Community Sector partners to reach your goals? Alex/Judith to respond if actions needed				

5. ENGAGEMENT				
ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
Do We know from our demographic data which communities engage with us and who we have yet to reach.				We have only recently started collecting basic demographic data on engagement although do collect this on surveys engagement form has recently been redesigned
Do We understand the demographic profile, levels of deprivation and health inequality data of our local area. Ensure that through our relationships with communities we understand where we can make the most significant impact in tackling inequality Ensure that we use demographic data to explore differences in the experiences of different groups and where relevant use this to seek out appropriate outcomes				Further training to be arranged through' NCC in 2023 Dr Tim Winters
Ensure that Our communications strategy/plan includes specific references and methods to reach local communities				
Ensure that we test our engagement methodology with people who are from the communities we hope to hear from.				

We need to have a data sharing agreement with Healthwatch England				Yes - signed February 2023
Do we have a Data sharing agreement with the ICS and other local Healthwatch within the Integrated Care System?				
Do We have adequate training and support structures in place to debrief and support both staff and volunteers involved in collecting views.				we have some training and managers are always alert to support staff when difficult encounters have happened. Need to reiterate/formalise supervision? More use of HWE training on difficult calls.
Do we provide support and advice on co-design, co-production ensuring people with lived experience are involved in decision making?				AS has views about the right time/place for coproduction, My Views Matter project is using experts by experience for visit and in project title decision. Extent of coproduction needs to be proportional to size and importance of topic/group Need to clearly define our policy on this. Have a coproduction mission statement. Ask commissioners what specific groups they would want us to engage with and for what desired outcome.
signpost log - need to ensure any signposting done on engagement is also captured				
Do We systematically carry out satisfaction surveys				360 degree stakeholder review carried out Dec 21 but public not part of this.

				need to improve our tracking back of outcomes/impact achieved. New tabs on impact tracker will help this
Do We have case studies which document outcomes of signposting/information & Advice				signposting log contains anonymous info - maybe we should ask people if willing to work with us for a case study but need to ensure we devise GDPR compliant system to record personal details
Areas we feel we need to increase our engagement activity: GRT community, younger people, smaller ethnic communities, use GYROS or similar for migrants, more feedback from men, Do we understand each of our CDO areas well enough? Could we involve public more at different stages of a project? More training on different engagement methodologies				

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
Include the managing of relationships locally, regionally and nationally within our strategy Include within our operational plan, mechanisms for listening to and gathering views from local people, including allocating sufficient resource for such activity with people with protected characteristics and seldom-heard groups Are processes to involve local people in the design and delivery of our work (including those people within protected characteristics and from other seldom-heard groups) defined within our project delivery policy? Develop comms strategy and infrastructure to ensure information re HWN is available across all demographics and geographies, including seldom-heard/hard to reach groups Can we work more closely with the voluntary sector to identify hard to reach? Potential to co-produce? Request support/guidance from HWE re engagement SOPs/protocols (seems visibility is a common problem experienced by multiple local HWs) Should we be targeting younger groups via High Schools/Further Education establishments/Scouts/Guides Utilise TikTok, snapchat, Instagram? Community Leads to go out to hard to reach groups and find out where they are currently getting their information from				

Possibility to start up a patient/user/carer panel where thoughts can be shared and HW's public exposure can increase incrementally With Committees in Common now developing, real need to develop strong relationships with NNUH				
Continue to build/strengthen relationships within new ICB and ICS. There are many new faces emerging so many introductions need to be made. We need to review/stocktake all meetings where there is currently HWN representation Need to ensure annual stakeholder/commissioner KIT days take place. Focus on developing relationships at Place level, in particular NNUH as the Committees in Common develops Continue building of relationships at neighbourhood level via community leads				
Undertake stakeholder mapping exercise?				
Continue to ensure that outcome indicators are aligned to and included within every project. This will ensure we can measure the difference we've made. Use outcomes review to reflect on the learning from the project and support future improvements Do we need to log somewhere if we have had particularly strong media coverage which has had an impact in terms of reach? It is recorded in the media log and in board papers but this just needs to be recorded and noted/minutes. This has been happening as part of our project wrap-up meetings which have started recently.				

Theory of Change training December 2022				Completed 1.12.22
Ensure our staff continue to build up trust within their local communities and are embedded in their local areas. We can continue to improve as there are always more platforms, more VCSE organisations and more individuals that we can link in with.				