

Healthwatch Norfolk Trustee Board

15 January 2024

9:30 – 12:00

Healthwatch Office, Suite 6, Elm Farm, Norwich Common, Wymondham NR18 0SW

THE MEETING MAY ALSO BE ATTENDED VIA MICROSOFT TEAMS

| No. | Item Items for Action (A), Information (I), Discussion (D), Presentation (P) | Time | Mins. | Page | A,I,D |
|-----|--|------|-------|------|-------|
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| Part I – Public Board Meeting | | | | | |
|-------------------------------|---|-------|----|-----------|-------|
| 1. | Questions from the general public | 9:30 | 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. | Presentation on Digital Progress in relation to Healthcare Provision – Anne Heath – Associate Director of Digital | 9:35 | 25 | | P |
| 5. | Minutes of the meeting held on 16 October 2023 and action log. | 10:00 | 10 | 3-8 | A/I |
| 6. | Matters arising not covered by the agenda | | | | D |
| 7. | Chair report | 10.10 | 10 | | I/D |
| 8. | CEO Report | 10:20 | 20 | 9-26 | A/I/D |
| 9. | My Views Matter – Project Presentation – John Spall | 10:40 | 25 | | P |
| 10. | Communications Report (JB), Engagement and Intelligence Reports including the Impact Tracker (ST & CW) | 11:05 | 15 | 27-43 | I/D |
| 11. | QA Subgroup Minutes (DT) Projects update (EW - verbal) | 11:20 | 10 | 44- 48 | I/D |

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|-----|---|-------|----|-------|-------|
| 12. | Finance, Risk Register, Quality Framework and Health and Safety update <ul style="list-style-type: none"> • Risk Register (JS) • QF Action Plan and Future of QF (JS) • H&S update (JS) verbal (Finance Sub-Group Minutes (PP) in part 2) | 11:30 | 10 | 49-51 | A/I/D |
| 13. | Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement | 11:40 | 5 | | I/D |
| 14. | Dates of future Board meetings <ul style="list-style-type: none"> • 15 April 2024 • 22 July 2024 • 14 October 2024 | | | | I |

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

Distribution:

Trustees

Patrick Peal (Chair)

Elaine Bailey

Vivienne Clifford-Jackson

Andrew Hayward

Mary Ledgard

Bridget Penhale

David Trevanion (Vice Chair)

Linda Bainton

Willie Cruickshank

Christopher Humphris

Christine MacDonald

For information:

Stuart Lines

Ciceley Scarborough

Stephanie Butcher

Mark Burgiss

Simon Scott

Peter Randall

Rachel Grant

Healthwatch Norfolk Board Meeting

16th October 2023

10.00 to 12.00

In attendance

Trustees

Patrick Peal (PP) Chair

David Trevanion (DT)

Chris Humphris (CH)

Elaine Bailey (EB)

Linda Bainton (LB)

Mary Ledgard (ML)

Vivienne Clifford-Jackson (VCJ)

Willie Cruickshank (WC)

Christine MacDonald (CM)

Bridget Penhale (BP)

Officers

Alex Stewart (AS) – Chief Executive

Judith Sharpe (JS) – Deputy Chief Executive (minutes)

Caroline Williams (CW) – Head of Engagement

Emily Woodhouse (EW) – Business Development Director

Ciceley Scarborough – Norfolk County Council

Also in attendance via MS Teams:

Stephanie Butcher – Norfolk County Council

| No. | Item. | Action |
|-----|---|--------|
| 1. | <p>Questions from the general public There were no questions from the general public</p> | |
| 2. | <p>Welcome, introductions and apologies for absence. Apologies had been received from Andrew Hayward, John Bultitude and Rachel Grant (NCC).</p> | |
| 3. | <p>Declarations of Interest (new or pertaining to items on this agenda) There were none.</p> | |
| 4. | <p>Minutes of the meeting held on 24th July 2023 and action log.</p> | |

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| | <p>The minutes of the meeting held on 24th July 2023 were agreed as an accurate record.</p> <p>Action log:</p> <p>Item 119 re. Trustee appointments JS reported as complete.</p> <p>Item 120 AS has received a response from the ICB re the Hearing Loss Report and will share with Trustees.</p> <p>Item 121 Enter & View (E&V) visit training for Trustees and Business Development Meetings – JS explained that there are no set Business Development Meetings but that matters are discussed weekly in the Managers Meeting. With regard to E&V training JS will arrange training for interested Trustees, however there is no planned programme of visits at the moment.</p> <p>BP said she will contact the School of Social Work at UEA in relation to the proposed initiative to offer volunteering opportunities to medical/nursing/social work students at HWN.</p> <p>Item 122 & 3 complete – explainer of HWN script provided to Trustees. Social media posts can be shared.</p> <p>Item 124 re. the Risk Register –complete. JS had amended this to reflect a stable rather than an increasing risk 1 re income and sustainability. CH offered to work with JS to ensure QF Action Group discussions and activities are incorporated in the Risk Register.</p> | <p>AS</p> <p>JS</p> <p>BP</p> <p>CH/JS</p> |
| <p>5.</p> | <p>Matters Arising not covered by the agenda.</p> <p>JS advised that Andrew Hayward will have served 3 years as a trustee on 18th October 2023 and has confirmed he is willing to stand for a further term of 3 years. This renewal term was proposed by VCJ and seconded by BH.</p> <p>PP noted his gratitude for AH’s insights and enthusiasm.</p> | |
| <p>6.</p> | <p>Chair’s report</p> <p>PP spoke about the recent HWE Conference that he had attended with AS and JS. PP said it had been good to be there with other local HW and there had been some good speakers on the topics of dentistry and primary care. PP said this included information about a dentistry initiative by the ICB in Suffolk to place 10 salaried dentists at a site in Ipswich. AS added that he had mentioned this to the Norfolk and Waveney ICB but had been told there are no funds available for similar in Norfolk.</p> <p>PP also spoke about the recent Health & Wellbeing Board meeting on 27/9/23, which included:</p> <ol style="list-style-type: none"> 1. A presentation about the “Voice of the Child”. PP said he was interested to hear how HWN are reaching/plan to increase our reach to young people. CW reported that she and JS had met recently with two Children’s Services Managers to begin | |

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| | <p>exploration of how HWN can increase our feedback from younger people.</p> <p>2. Discussions about the difficulties of data sharing within health and reluctance from some GP Practices. Also reported were some successes for ambulance crews in being able to access patient data at an incident.</p> <p>PP said that he had been in conversation with the Medical Director of the NHS, Sir Stephen Powis, asking if the selection process for CEOs of (Norfolk) health trusts is robust. AS had written to the CEO of the ICB recently noting that there had been 35 CEO appointments during his 10 years at HWN and that this has associated cost and destabilising impact. AS had commented that CEOs are not always given enough time to effect the considerable change needed. VCJ commented that the "no blame" culture cited at the NNUH AGM did not match the treatment of senior leaders.</p> | |
| 7. | <p>CEO Report and Feedback from Awayday</p> <p>AS spoke about the NSFT Mortality Review meetings he has attended. It is proposed that both HWN and HW Suffolk (HWS) are involved in work to ensure proper patient/carer/relatives voice is captured in this work. AS had not managed to obtain agreement from HWS at this stage to discuss a proposal. PP offered to assist by contacting the HWS Chair. AS asked PP to wait a few days as other conversations were in progress and this intervention may not be needed. AS agreed, to share the Terms of Reference and Action Plan from these meetings.</p> <p>VCJ asked about the timeline for the work and AS reported that HOSC have requested results by April 2024.</p> <p>AS spoke about some new CEO appointments within the NHS locally and his thoughts about integration of the acute hospitals and community health care providers.</p> <p>Quality Framework (QF) - AS wished to thank everyone who has been involved with the QF and that it was proving a very successful method of continually reviewing our services. EB agreed that the QF has been a very positive initiative and that new themes are likely to continue to emerge. AS proposed that the key themes summarised in bullet points in his report are the current focus moving forward.</p> <p>Away Day Feedback – it was agreed that this had been a very useful day and AS referred to the notes shared by PP afterwards. There is a strong direction for additional work to be done on the</p> | AS |

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| | <p>business plan and a suggestion of additional HR support needed. AS and PP agreed to discuss these issues further.</p> | PP/AS |
| 8. | <p>Communications Report (JB) JB was not present, but PP wished to record his thanks to JB for his report and his work and the impressive growth in communication/publicity which has had the major benefit of more people knowing about HWN. EB expressed congratulations to the team for the HWN Live Event on 5.10.23 but especially JB who had been the “unsung hero” of the event. There was a discussion about succession planning/capacity within the comms. team with the loss of one member of staff. CW confirmed that the vacancies recently advertised do include comms work. JS also mentioned that a freelance comms. consultant was being investigated to see if this might be a suitable route for ad hoc/extra work.</p> <p>Engagement and Intelligence Reports including the Impact Tracker (CW) CW spoke about the 3 Hospitals 3 Weeks report. It had been noted by ST that our data collection about ethnicity does not enable us to delve further when “Other white” or “other ethnic group” are ticked. CS agreed that this is an issue, and it would be desirable to gain greater understanding of exactly which communities we are reaching. ACTION EW to consider how we can achieve better capture of ethnic data. CW talked about recent engagement in Cromer regarding the closure of Benjamin Court and how there had been a real desire for people there to feel listened to - even after the closure had already happened. CW wished to express thanks to the Library Service for their support and hosting of engagement events. CS was asked to convey thanks from HWN. AS wished to commend DN for his persistence in gaining access to the Beaches Medical Centre in Gorleston which had taken some time. There was a general discussion about</p> <ul style="list-style-type: none"> • problems of digital access/exclusion to health services • geographic mobility problems for people in later life with health conditions • how patients know where they are on a waiting list/and if they have an appointment | <p>EW</p> <p>CS</p> |

| | | |
|-----|--|--|
| | <ul style="list-style-type: none"> problem of deterioration of patients whilst waiting for surgery/treatment and what can be done to support them and mitigate their decline. <p>AS agreed, to consider who could be invited from the ICS to talk to the Trustees at the next (January) meeting about the impact of digital transformation and subsequent exclusion for some people.</p> | AS |
| 9. | <p>QA Subgroup and Projects Update</p> <p>DT commented that it had been agreed that the My Views Matter Report would be presented to the Trustees, and this needed to be included in the January meeting agenda.</p> <p>DT reported that LB and CM had joined the QA subgroup and was grateful for their input and help with final project reviews.</p> | JS |
| 10. | <p>Risk Register</p> <p>JS said there had been only one amendment to the Risk Register as described in item 4 of the agenda.</p> <p>VCJ asked if the Risk Register could be sent to her as an Excel spreadsheet. JS to action.</p> <p>Quality Framework Action Plan</p> <p>This had been covered in the CEO's report – item 7.</p> <p>Health and Safety Update</p> <p>JS said that there have been no H&S incidents to report. JS said that First Aid in the Workplace training had been arranged for early December and 8 of the team would be attending. VCJ asked if Trustees could attend. JS will investigate if there are any places available and let Trustees know.</p> | JS JS |
| 11. | <p>Any Other Business</p> <p>AS advised, he has contacted the ICB about PLACE Board priorities and that it had been confirmed that Trustees may attend these meetings. AS will update Trustees when information is received. AS is also in discussion with the ICB about future HWN work and funding.</p> <p>PP proposed that Board meetings are extended to allow time for full reporting and discussion. There was a discussion about different options; it was agreed that from January the meeting will be 9.30 am - 12.30 pm with the intention that the last 30 minutes will be informal discussion over lunch.</p> | AS JS note. |

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| | PP asked if Trustees would like an annual away day to be booked for October next year. The consensus was for an annual away day. | KE |
| | Dates of Future Board Meetings 15 th January 2024 17 th April 2024 22 nd July 2024 | |

Meeting ended at 11.45 pm.

| | |
|----------------------------|---------------------------|
| Date | 15 January 2024 |
| Item | 8 |
| Report to | Healthwatch Norfolk Board |
| Report by (name and title) | Alex Stewart (CEO) |
| Subject | Chief Executive 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. Recent Report in relation to Online Consultation Systems
2. NSFT Mortality Review
3. Quality Accounts Review
4. NCH&C
5. Nuffield Report re NHS Dentistry
6. Patients and Communities Committee of ICB
7. Stakeholder Event – 14th March 2024

1. Online Consultation Systems

In a recent study undertaken by the British Journal of General Practice, results suggest that most patients say online consultation systems have improved general practice. They consider that online consultation systems are faster, more flexible and more efficient than traditional consultation methods, according to the largest-ever study on the issue. The author of the article – Mark Bostock – made the following observations.

Male patients in particular reported that online systems made them more likely to contact their GP practice – and many older patients said the systems were easier than expected to use and that they preferred them as a method of contacting their practice.

Patients who struggle to communicate in traditional face-to-face consultations, such as those with autism, hearing loss or anxiety also reported preferring online contact with their GP, the University of Manchester study found. The vast majority of GP practices now offer access in part via online consultation systems, which were rolled out rapidly at the start of the COVID-19 pandemic. However, the profession has faced intense criticism over face-to-face access following the introduction of online tools.

Despite the overall positive findings about online consultation systems, some patients said they preferred a traditional approach based around telephone and in-person visits – and others expressed frustration over poor communication around the online tools.

The study, published in the *British Journal of General Practice* obtained written feedback from 11,851 patients at 240 GP practices that use an online consultation system called PATCHS.

Patients access the system via their practice website and can use it to request help from their GP in writing, submitting clinical or administrative requests. Requests are submitted via a chatbot that asks various questions and staff then aim to respond within a set timeframe either by written message, video/telephone call, or booking an in-person visit. Lead study author Dr Susan Moschogianis said: 'Most of the patients in our sample said they preferred online consultations because they are more convenient, flexible, and efficient than in-person appointments for dealing with simple health problems such as rashes or colds.

GP access

'The primary benefit reported by most patients was the ability to receive a quick response to their query and male patients in particular reported they were more

likely to contact their GP using them. 'Perhaps surprisingly, many older participants found the system easier to navigate than expected and often preferred using it to contact their GP practice than traditional methods. 'But not everyone was as positive. Some still wanted a return to traditional ways of accessing their GP practice using more traditional methods such as telephone and in-person visits.

'And poor communication about the online consultation systems often left patients disappointed and frustrated.'

System design

Factors such as the 'characteristics of the patient', the topic they consult about and how online systems are designed and used all influence patients' experience, the study showed. Senior author Dr Ben Brown said: 'We found that patients' experiences of using these systems could be influenced by a range of factors such as the different demographics of patients and different conditions they are seeking help with. 'But also how GP practices conduct online consultations and aspects of the technological design were found to be key drivers of positive patient experiences.

'Some patients who struggle to communicate in in-person appointments, such as patients with autism, hearing loss and anxiety, prefer using online consultations. And some patients, especially men, preferred discussing sensitive topics online.' The researchers produced a series of recommendations based on their findings. Clear communications are key - including rapid acknowledgement of messages and clear feedback on actions taken, clarity around when the online systems are available, and clear alternatives such as telephone access for patients who find online systems difficult to use.

The advice also suggests offering patients the chance to write free text requests, ask follow-up questions and being clear about how the practice uses its online system to avoid creating unreasonable expectations.

2. NSFT Mortality Review

NSFT has established a new Learning from Deaths Action Plan Management Group which will replace the current internal executive led Grant Thornton Action Plan Programme Management Board and the Collaborative Working Group. The group will have a significantly increased membership which will include NSFT Executives, service users, carers, including bereaved relatives, who will be recruited through the existing NSFT networks. SNEE and N&W ICB Quality/Safety Representatives, both Healthwatch organisations and Public Health leads from the respective Local Authorities. The full membership is set out in the groups terms of reference. The scope of the Group has also been

expanded beyond the Grant Thornton action plan. The Terms of Reference are set out below:

Trust Learning from Deaths Action plan Management Group

TERMS OF REFERENCE(v2)

CONSTITUTION

1.1 The Trust Learning from Deaths Action plan Management Group will be accountable for executive oversight and seeking assurance on the progress of actions resulting from:

- The Grant Thornton report Action plan
- Any outstanding actions from the Verita report action plan
- Recommendations from the Mortality review Collaborative Working Group
- Any outstanding actions from regulation 28 reports to prevent future deaths.
- Any outstanding actions from historical thematic reviews

1.2 The Group will provide the governance framework for the reporting of progress to the CEO/Trust Management Group, The Trusts Quality Committee and Integrated Care Boards (ICB'S) Quality Committees.

PURPOSE

- **2.1** Providing a governance framework for executive oversight on progress of the respective action plans
- To drive improvement (engine room) through receiving updates on the progress of each actions against trajectory from the Executive Lead or deputy each meeting which details progress to date, emerging risks and issues requiring support from the Group to achieve the required actions within the stated timeframe.

MEMBERSHIP

3.1 Governance and safety Advisor (Chair)
Chief Medical Officer (Deputy Chair)

Chief Nurse

Chief Operating Officer

Norfolk Healthwatch

Suffolk Health Watch

Lived Experience Representatives including bereaved relatives

Head of carers participation and experience

SNEE and N&W ICB Quality/Safety Representatives

Chief Digital Officer

Head of Legal Services

Nominated members of the Mortality and Patient Safety Teams.

Communications Lead.

Administration Support.

The above will be the core the membership with the flexibility to co-opt others to attend the meeting where appropriate.

3.2 The Group will be considered quorate when the Chair or nominated deputy, two Executive directors, one lived experience representative and representatives from the Mortality and Safety teams are present.

ATTENDANCE AT MEETINGS

- All members are expected to attend – absenteeism is an exception.
- Meetings will start and end on time.
- Papers to be presented should be concise, with cover sheet and required outcomes, a long document may be circulated for more detailed information where appropriate.

Authority to cancel meeting: Chair or Deputy Chair

4.1

5.0 FREQUENCY OF MEETINGS

5.1 Meetings will be held monthly and for a duration of two hours

6.0 AUTHORITY

6.1 To act on behalf of the Trust Management Group making decisions, where appropriate in relation to scrutiny and sign off of action plans within the Groups terms of reference.

7.0 DUTIES AND RESPONSIBILITIES

- **7.1** Ensuring collective and individual responsibility and accountability for the successful delivery of the agreed actions and any emerging safety risks.
- Clear decisions made and then properly communicated.
- Clear recommendations to the Trust Management Group meeting on key risks, issues and decisions.
- Provide rigorous scrutiny of the evidence underpinning actions being progressed
- Following the above responsibility, agree actions have been achieved and if sign off can be approved
- Decisions which are unresolved within the meeting will be escalated to the Trust Management Group for resolution
- To identify and share with the Trusts Learning from deaths group any learning and ensure sharing of good practice.

8.0 ACCOUNTABILITY AND REPORTING

8.1 The Group is accountable to, and reports to the Trust Management Group. The group also reports into the trust Quality Committee and the two ICB Quality Committees (via the ICB Learning from Deaths forum)

9.0. COMMITTEE SECRETARY

9.1 The Medical Directorate Business manager will support the meeting administration and update of relevant documents.

- Request for updates, risks and completion trajectory will be requested from each of the Executive Leads and Delivery Leads 7 working days prior to the meeting
- Notes of the meeting will be taken detailing required actions
- An action log will be completed and presented at each Group meeting
- An updated action plan and meeting papers will be circulated 5 working days before the Group for consideration.

All papers relating to the meeting and evidence of completion of actions will be held in a central document repository.

10.0. Review

10.1 End of March 2024

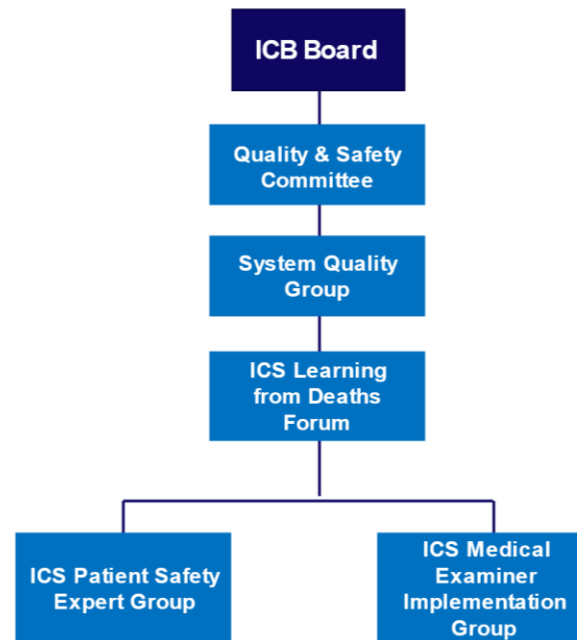
Date Approved: 02/01/2024

Review: Initial review end of March 2024

DRAFT ICB QUALITY STRUCTURE



Learning from Deaths Reporting Structure



Clinical Governance

Trust Board

Quality Committee

Clinical Governance Group

Learning from Deaths & Incidents Group

Mortality Scrutiny Group

SJR Sign-Off Panel

Mortality Team Huddle

3. Quality Accounts Review

Trustees will be aware that we have a statutory duty to review the Quality Accounts of all NHS Trusts providing services for residents across Norfolk. Historically, we have been undertaking this annual review since 2013. However, as an organisation, we have never reviewed from one year to the next as to whether or not any recommendations/comments made have been actioned within the year.

A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by June 30 each year.

The recommendations made are in the interests of the general public and it is proposed that some of the Trustees work with the Team to undertake a desk top exercise to look back over the last three year's submissions and write to each Trust with our findings prior to the publication of the next edition of the annual quality accounts.

Recommended that a small task and finish group be established to review the last three years Quality Accounts of all providers across Norfolk and Waveney and use the statutory powers to request feedback from each of the providers following our review.

4. NCH&C Contract and Associated Payment

The CEOs of both Healthwatch Norfolk and NCH & C are meeting on Monday 8th January. A verbal update will be provided to the Board with any associated recommendations.

5. The Nuffield Report Re NHS Dentistry

The Nuffield Foundation published a report on the 19th December in relation to the state of NHS Dentistry. It considered that decades of policy neglect have

left the future of NHS dental care hanging in the balance, with the result that universal NHS dentistry has most likely “gone for good”. The Nuffield Trust concludes that the service is at its most perilous point in its 75-year history and radical action will be needed to prevent its further decline: either through further means testing, extensive reforms to dental contracts combined with a huge boost in staffing, or a large injection of funds.

In a comprehensive analysis of routine and publicly available data on funding, activity, access and staffing, the report finds that the pandemic, austerity and the cost of living crisis have hit NHS dentistry hard. It presents data showing that nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year, funding in 2021/22 was over £500m lower in real terms than in 2014/15, and there are widespread problems in accessing a dentist, which are particularly marked for people from Black and Asian ethnic groups. Children's oral health is a particular concern, with tooth decay the most common reason for a hospital admission for children aged 6-10.

The authors highlighted that the pandemic has exacerbated a “drift” to the private sector, with dentists reducing their NHS commitments and carrying out fewer NHS funded treatments. They argue that while there has been no explicit statement about this drift, successive Governments have not yet actively sought to prevent it. Despite this, the NHS Long-Term Workforce Plan relies on tempting over 7,000 dentists into NHS work.

The report sets out a series of short- and long-term actions that any future Government must consider.

In the short-term, the authors argue that action must be taken to shore up the service as it currently exists, through measures like increasing the intervals between routine check-ups to a year; tempting dental therapists into the NHS from the private sector; providing incentives for local commissioners to provide mobile clinics and targeted work in schools and care homes; and investing in preventative care in children and young people.

In the longer-term, two ways forward are set out:

1. Improving the current model through a move to a fee-for-service payment model for low-volume, high-cost and complex procedures, combined with a shift to a needs-based approach like general practice through making use of patient lists following initial assessments; keeping more dentists in post through a student loans forgiveness scheme; and investment in public health including checks in schools.

2. Adjusting the NHS offer either by expanding it with a huge injection of funding, which the authors note is unrealistic; or scaling back NHS dentistry to a minimum offer for patients. This offer may include universal access to emergency care, pain relief and check-ups with preventative work. Access to more extensive NHS dental services would be protected for older people and children. Coverage would be limited and means tested to ensure the service only targets those with the greatest difficulties accessing care.

The report states that “even with extensive contract reform and the full use of new groups of staff, restoring universal access would cost billions each year”, much of which would pay for care that people are currently getting privately. It calls for an urgent imperative to provide enough access for a basic core service for children, older people and those who cannot afford private care. This would mean “removing some of the rights to NHS services which people currently enjoy in theory – but usually go without in reality”, the authors add.

Nuffield Trust Chief Executive Thea Stein said:

“We need to see immediate action taken to slow the decay of NHS dentistry, but it is increasingly clear that we can no longer muddle through with an endless series of tweaks to the contract.

“Difficult and frankly unpalatable policy choices will need to be made, including how far the NHS aspires to offer a comprehensive and universal service, given that it does not do so at present. If, as seems, that the original model of NHS dentistry is gone for good, then surely the imperative is to provide enough access for a basic core service for those most in need.

“Whichever way we go, I’m afraid that NHS dentistry cannot continue without some kind of evaluation of the offer even if there are some major improvements to the way services are contracted and commissioned.”

Lead author Wilf Williams said:

“This report illustrates that continued neglect of dental policy is not a viable strategy. The result is a widening gulf between the Government’s stated aim that everyone who needs one should be able to access an NHS dentist and the dire reality of elusive and increasingly unaffordable care.

“For the wider health system, the lessons are troubling: without political honesty and a clear strategy, the same long-term slide from aspiration to reality could happen in other areas of primary care too.”

From a local perspective, Healthwatch Norfolk have been requested to submit a proposal to the ICB to engage with the Norfolk public around the priorities in long-term dentistry commissioning. If successful, Healthwatch will:

- 1) Code and thematically analyse the survey data and use this as the basis for an end-of-project report.
- 2) Disseminate the report findings to the commissioner and wider public.
- 3) Engage in the local communities, promoting the project and assisting people to complete the survey online or by paper.
- 4) If required, design and test a survey to be available both online and in print with a mixture of short and longer answer questions to gain both quantitative and qualitative data.
- 5) If required, promote the project through HW channels and networks to ensure responses collected are representative of the population. HW to work with the commissioner to review the data as its collected to identify gaps in demographics.

A verbal update will be provided at the Board Meeting.

6. Patients and Communities Committee

Healthwatch has a seat on the Patients and Communities Committee – a subgroup of the ICB Board. The Action Log is attached for information to provide Trustees with a flavour of work that is undertaken by the Committee. The meeting is a meeting held in public rather than a public meeting but the public, if present, are frequently asked to contribute. Full Terms of Reference can be found on the ICB website.

Code

RED Overdue

AMBER Update due for next

Committee

GREEN Update given

BLUE Action Closed

PURPLE Action has a longer
timescale

Norfolk & Waveney ICB Patients and Communities Committee

Action Log

| No | Meeting date added | Description | Owner | Action Required | Action Undertaken / Progress | Due date | Status | Date Closed |
|----|--------------------|---------------------------------|-------|---|--|---|--------|-------------|
| 4 | 30.1.23 | Lived experience representative | PH | Committee members to provide feedback to PH. Reflect at March meeting as to where we are and what adaptations have been made to the current plan to take this forward | The pack has been finalised and shared widely for comment with partner organisations, stakeholders and forums. Comments will then be factored into the final pack. Roles expected to be advertised late March 2023. 22.5.23: Working through some HMRC issues relating to payment method and policy, but hopeful that a policy already in use in some London trusts and HMRC approved, can be used in Norfolk and Waveney. 24.7.23: Ongoing. Continuing to work with HMRC and ICB Finance colleagues to ensure | 25.9.23 22.5.23 23.3.23 | | |

| | | | | | | | | |
|----|---------|---------------------------------|---------|---|--|---------------------------------------|--|--|
| | | | | | suitable policy is in place prior to recruitment commencing 25.9.23: Draft recruitment packs have been circulated to the committee. Still awaiting confirmation from HMRC regarding a suitable policy | | | |
| 6 | 30.1.23 | ICB and ICS organogram | PH | Organogram to be produced to show what the ICB and ICS does to aid public understanding, and to share on ICB and ICS websites | This is a work in progress and will be shared once finalised. This is a big task to do this across the ICS. The ICB structure was shared with HWN previously 22.5.23: Ongoing. 24.7.23: Action to remain open 25.9.23: Action clarified and updated | 27.11.23 24.7.23 May | | |
| 10 | 24.7.23 | Lived experience representative | MB / PH | MB and PH to ensure lived experience representation for the PH&I Board is linked into the Patients and Communities Committee lived experience | Linked to action 4 - 25.9.23: Draft recruitment packs have been circulated to the committee. Still awaiting confirmation from HMRC regarding a suitable policy | 25.9.23 | | |

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|----|---------|--|------------|--|---|----------|--|
| | | | | representation work currently underway | | | |
| 11 | 24.7.23 | Children & Young People update to come to a future meeting | R Hulme | Update to include service user / patient feedback and examples of progress made, impact and outcomes and the difference the improvements are making to residents | | tbc | |
| 12 | 25.9.23 | HWS Asthma Survey | A Yacoub | HWS to update at November's meeting on the outcome of the asthma survey | | 27.11.23 | |
| 13 | 25.9.23 | Increase in over 75's by 2040 | s Meredith | S Meredith to share modelling slides with R Parker for circulation with meeting minutes | Update 1.11.23: Slides shared. Action closed | 27.11.23 | |
| 14 | 25.9.23 | Complaints report - breakdown of queries relating to GP | J Punt | J Punt to provide a breakdown of queries relating to GP Access and CHC to include explanation of what is meant by GP Access and how it is broken | | 27.11.23 | |

| | | | | | | | | |
|----|---------|---|----------|---|--|----------|--|--|
| | | Access and CHC | | down into different areas. Report to also include how the complaints team influences and informs the system development work | | | | |
| 15 | 25.9.23 | Links between commissioning and quality teams | M Burgis | Update requested to help the committee understand how the commissioning teams link, specifically around the services being commissioned and how they are performing in terms of quality | | 27.11.23 | | |
| 16 | 25.9.23 | Integration with VSCE | M Burgis | M Burgis to pass on AD thoughts from the meeting to D Williams around clarifying issues and improving engagement with the VCSE sector | | 27.11.23 | | |

7. **Stakeholder Event – 14th March 2024**

A verbal update will be provided at the Board Meeting.

| | |
|----------------------------|--|
| Date | 15 January 2024 |
| Item | 10 |
| Report to | Healthwatch Norfolk Board |
| Report by (name and title) | John Bultitude, Head of Communications and Marketing |
| Subject | Comms and Marketing update |

Reason for Report

An update on media and social media coverage, trends within our social media channels and an update on our website/feedback centre.

Communications and Marketing report October–December 2023

The report will set out the main work done over the past three months including

Traditional media

The acute hospitals have been the focus of a lot of our comms activity over the last quarter. The publication of the Three Hospitals Three Weeks report created a lot of media interest including coverage on ITV Anglia, BBC Radio Norfolk, the Eastern Daily Press, Greatest Hits Radio and Heart Radio. As well as highlighting the key findings, there was great interest in what happens next with the findings, particularly in the TV coverage.

Our work on the proposed Major Trauma Centre was also the focus of some coverage in the press and radio as well as creating a lot of interest on social media.

We were also asked to respond to a number of breaking stories, most notably the future of the Norwich Walk-In Centre as OneNorwich Practices opted to wind up in the run up to Christmas. While we could not comment directly on the business situation, we pushed for clarity around what would happen to the services provided by OneNorwich while also sharing messages from the ICB for patients and users about the service.

Healthwatch Norfolk also played its part in sharing the key messages around staying safe over the festive season which included some audio clips being featured as part of Heart Radio's coverage.

Social media/digital

Our new website will finally go live imminently and is complete. It will have a much cleaner design and will make it much clearer and easier for people to share their feedback as well as find their way to information and advice and access our data/reports. In the short term, the new one will link to our current website (which we will pay a bit less for than we do now) so people can still leave feedback in the current way and we can analyse it. We are assessing options for the next financial year to see what would work best in terms of the feedback function, with John and Siobhan examining different options.

Once the new site is up, we can resume updates of how well the site is working but social media data is looking generally good.

Facebook saw a rise in use partly because of two paid campaigns (one promoting the digital tools engagement and another promoting the part-time comms officer offer) as well as engaging posts around the success of the Carers Identity Passport which reached 2000 people.

While Twitter/X's algorithms remain a bit of a mystery, we did see an average rise in reach of over a thousand over the quarter. Traditionally, when we advertise new roles, that does make a difference but there was also a lot of interest in both health and social care-related posts including the launch of the Caring Together

initiative (2900 reach) and promoting a survey on end-of-life support by UEA end-of-life expert and Healthwatch Norfolk Live speaker Guy Peryer (2200 reach).

Our Instagram reach also continued to rise with interest in a number of different posts including a recap of Healthwatch Norfolk Live, the publication of the Three Hospitals Three Weeks report, and the success of the Carers Identity Passport scheme.

Our LinkedIn engagement dropped a bit, which is traditional around Christmas. Individual posts around projects and initiatives still do well but we may rein back on the advice posts going forward as they don't always get the best engagement.

Once the new website is up and running, the analytics we include within this report and report to you will be refreshed in the first quarter of 2024. This is partly through necessity as X/Twitter has changed what we can/can't measure and we have not been able to access our website statistics for some time, but we can also focus a bit more on what people are engaging with us on.

This will be one of the first projects to be worked on by our new part-time communications officer Oliver George, who will continue to build on the great work started by Fi. He has a strong communications background working in radio, social media, digital communications and event management, as well as having a keen interest in the NHS for both personal and professional reasons and joined us in early January.

| Website use in October-December | Average use in percentage terms Oct-Dec compared to July-Sept |
|--|---|
| Total number of sessions – Figures not available | |
| Average time on site – Figures not available | |
| Referrals to website from social media Figures not available | |

| Facebook | Average use in percentage terms Oct-Dec compared to July-Sept |
|---------------------|---|
| Reach – 12,517 | 101 per cent up (two paid campaigns have contributed to increase) |
| Engaged users – 705 | 31 per cent up |
| | |

| X (formerly Twitter) | Average use in percentage terms Oct-Dec compared to July-Sept |
|------------------------------|---|
| Followers 3191 | 1 per cent up |
| Total engagement 407 actions | 51 per cent up |
| | |

| Instagram | Average use in percentage terms Oct-Dec compared to July-Sept |
|----------------------|---|
| Followers 647 | 3 per cent up |
| Accounts reached 768 | 56 per cent up |
| | |

| LinkedIn | Average use in percentage terms Oct-Dec compared to July-Sept |
|--|---|
| Page views 283 | 11 per cent down |
| Unique impressions 9306 | 57 per cent down |
| Update highlights (clicks, reactions, comments, and shares) 1036 | 36 per cent down |

| | |
|----------------------------|---|
| Date | 15 January 2024 |
| Item | 10 |
| Report to | Healthwatch Norfolk Board |
| 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 September to November 2023
- 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 September and 30th November 2023, we published 727 individual reviews, relating to 100 different services delivered in Norfolk. The average rating of these reviews was 4.0 (out of five). Over half of the reviews we received were through our feedback centre (53% 385). As well as this 44% were collected by our engagement team (321), 2% (18) of our reviews were received through the post, and less than 1% (3) reviews came through our helpdesk.

We received some demographic data from 40% (288) 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 (271 reviews) | 16 to 25 | 1% | 3 |
| | 26 to 35 | 4% | 10 |
| | 36 to 45 | 3% | 8 |
| | 46 to 55 | 5% | 13 |
| | 56 to 65 | 20% | 55 |
| | 66 to 75 | 37% | 101 |
| | 76 to 85 | 25% | 68 |
| | 86 or over | 5% | 13 |
| Gender (280 reviews) | Female | 64% | 180 |
| | Male | 35% | 99 |
| | Other | <1% | 1 |
| Ethnicity (283 reviews) | Asian/Asian British: Bangladeshi | <1% | 1 |
| | Other Asian/Asian British Background | <1% | 1 |
| | White: English/Welsh/ Scottish/Northern Irish/British | 96% | 4 |
| | White: Irish | 1% | 273 |
| | Other White background | 1% | 3 |
| | Other ethnic group | <1% | 1 |

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 34 different services for a total of 364 reviews in this period.

The services people are talking to us about

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

Table 2.

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






















| | | Service Type | Reviews | Rating (change) | |
|---|---|------------------|---------|---|--|
| 1 |  | GPs | 612 |  4.0 (+0.1) | |
| 2 |  | Hospitals | 62 |  4.8 (+1.2) | |
| 3 |  | Pharmacies | 20 |  2.8 (=) | |
| 4 |  | Carer Support | 14 |  4.4 (+0.3) | |
| 5 |  | Mental Health | 6 |  2.2 (+0.2) | |
| = |  | Social Care | 6 |  3.5 (n/a) | |
| 6 |  | Residential Care | 3 |  2.3 (-0.7) | |
| 7 |  | Dentists | 2 |  3.0 (+0.9) | |
| 8 |  | Opticians | 1 |  1.0 (-4.0) | |
| 9 |  | Other | 1 |  5.0 (n/a) | |

Table 3 shows the top services about which people have shared their experiences with us between September and November 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 |  Castle Partnership | 174 |  | 4.8 |
| 2 |  East Norwich Medical Partnership | 42 |  | 3.2 |
| 3 |  Norfolk and Norwich Hospital | 37 |  | 4.6 |
| = |  East Harling Surgery | 37 |  | 2.3 |
| 5 |  Heacham Medical Practice | 30 |  | 4.5 |
| 6 |  Heathgate Medical Practice | 25 |  | 4.9 |
| 7 |  Swan Lane Surgery | 21 |  | 4.8 |
| = |  Hunstanton Medical Practice | 21 |  | 4.2 |
| 9 |  Manor Farm Medical Centre | 20 |  | 4.4 |
| = |  Grimston Medical Centre | 20 |  | 4.8 |

GP feedback

From September and November 2023, we received 612 reviews for doctors' surgeries with an average rating of 4.0 out of five. Reports from our recent visits to services can be found here: <https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/>.

Castle Partnership

In this period, we received 174 reviews for Castle Partnership with an average rating of 4.8 out of five. Castle Partnership told us that they had been actively asking their patients to leave a review following all appointments, including vaccine clinics, along with the friends and family texts.

Most of the reviews we received were experiences of the recent vaccine clinics at the surgery. Patients shared that they found the clinics well organised and efficient, staff were helpful, and they had short waiting times.

East Norwich Medical Partnership

In October 2023 we spoke with patients at a flu clinic at East Norwich Medical Partnership to hear about their experiences with local health and social care services. From this visit we collected 39 reviews for the practice with an average star rating of 3.3 out of five.

Healthwatch Norfolk Officers who visited the practice noted:

They were very welcoming and friendly to us. The flu day was running very smoothly with lots of patients coming through. The car park is large, and the facilities were clean and welcoming.

We heard that patients were impressed with the flu clinic, they often told us how they were in and out quickly and that the clinic ran smoothly. They also told us that staff were mostly kind and helpful and that once they were able to get an appointment the service they received was good.

We also heard that it was sometimes difficult for patients to get appointments, particularly face to face, at the practice. They also told us about long waits on the phone particularly first thing in the morning. Finally, some patients closer to Thorpe Health

Centre told us how they found it frustrating when the branch was often closed or had a lack of staff.

A full response to this report from East Norwich Medical Partnership can be found in the report on our website.

East Harling Surgery

We were invited by the Clerk & Finance Officer of Harling Parish Council to visit East Harling Welcome Hub to speak with local residents about their experiences with local health and social care services. We visited the Welcome Hub in November and also visited East Harling Surgery.

From these visits we received 26 reviews for East Harling Surgery, we also received a further five reviews through our website since the start of October 2023 and three reviews through the post which were included in this report. The reviews have an average star rating of 2.2 out of five.

Overall, people we heard from told us that staff at the surgery are kind and considerate, however we heard concerns about many staff leaving the surgery and the impact this was having on patient care. We heard about difficulties accessing services including booking appointments and issues and delays with prescriptions. Some patients told us that this put them off seeking help when they needed it or that they were considering leaving the village.

In response to our report East Harling Surgery said:

The Practice would like to thank each patient who took the time to provide feedback for the latest Healthwatch Feedback Report. The Practice reviews each piece of feedback as part of our ongoing commitment to continuous improvement of the care we provide for our patients.

Norfolk and Norwich Hospital Feedback

From September to November 2023, we received 37 reviews for Norfolk and Norwich Hospital with an average rating of 4.6.

Norfolk and Norwich Kidney Centre

In September 2023 we visited the Norfolk and Norwich Kidney centre to speak with patients about their experience, what was good and what could be improved. This was arranged to complement our work at the hospital for Three Hospitals Three Weeks. From this visit we received 17 reviews for the centre. The reviews have an average star rating of 4.9 out of five.

Healthwatch Norfolk Observations

The Norfolk and Norwich Kidney Centre is in Bowthorpe, but you would not know it was there if you didn't need to and that is part of what makes it so special.

The purpose-built centre offers dialysis treatment to patients and is one of the biggest centres in the country. The set-up has bays of four beds/seats with a nurse stationed at each bay.

There are spaces for 30 people to be seen per session (which can last three or four hours depending on the person's treatment) and three sessions a day Monday to Saturday, which means there are over 500 dialysis sessions per week at this Centre.

The patients have access to free Wi-Fi and each bed has its own TV screen. The building is light, airy and cool with patients enjoying a hot drink and biscuit when we arrived to speak to them.

We had a very warm welcome from reception when we arrived and waited in the clean, large and comfortable waiting area to go through and speak with the Senior Sister and then the patients.

The walls in reception were decorated in a bright sunny yellow with large photo prints to brighten the area even more. Information boards were available with support services and upcoming events. The newsletter "The Kidney Bean" is available to all patients and is a wealth of information about their treatment/care and includes recipes and advice. This edition had a really insightful piece from one of the patients about his journey booking and having a holiday in America, which can really help other people who want to holiday when on dialysis.

The plentiful free parking was also welcomed by most people we spoke to, taking away the worry and stress before treatment – and to not have that worry three times a week, every week is important to everyone – both patients and family/carers.

The staff were all very friendly and welcoming, busy but always smiling and laughing with the patients and fully explaining what they were doing (for example adding medicine to the dialysis machine – they didn't just walk up and do it they explained what it was, where it was going and what it did).

The facility was very clean and tidy.

There was a clear appreciation for this centre by all we spoke to, the ease of getting here, rather than a hospital and the focussed care – knowing every patient was going through the same thing as each other gave the impression that everyone knew they were not alone.

Patient feedback

Overall, the patients we spoke to were very happy with their experiences at the Kidney Centre. They told us how *“everyone is very friendly, looks out for each other, you become like a family”*, this included staff and other patients in the centre.

The patients really appreciated the facilities, the easy parking, the cleanliness, and the *“china cups and good biscuits!”*. However, a couple of patients did note that they sometimes found that the air-con *“can be cold first thing in the morning so we have to bring our own blankets”*.

Another suggestion for improvement was for the doctor to come and visit the centre more often, patients noted that they will visit the centre on the days they were not there for dialysis which meant they missed out on speaking with the doctor in person:

“The only minor bugbear I have is the Doctor only comes on a Wednesday and that never varies and that is my day off and the thought of having to come in on my day off – it would be nice if sometimes they could swap and we could go and see them after treatment sometimes but I understand that might be difficult and you can choose a telephone consultation if you want to but I think we all like face to face.”

In response to our report the Norfolk and Norwich Kidney Centre told us:

Although it is a medical facility it is so important for the patients to feel like they aren't coming into a hospital environment. We are so lucky to have these wonderful facilities to care for these patients in, as well as a team who are dedicated and hard working. I feel very privileged in my work- the Kidney Centre is a special place.

Norfolk and Norwich Radiology

In November 2023 we visited the Radiology department at the Norfolk and Norwich Hospital to speak with patients about their experience with local health and social care services. From this visit we received 18 reviews for the hospital, this also included other departments such as Accident and Emergency and Cardiology. The reviews have an average star rating of 4.8 out of five.

Healthwatch Norfolk officers who visited the hospital noted:

The staff calling patients in for their appointments are very caring – one helped an older gentleman who was very unsteady on his feet. Another came to speak to us to ask who we were and what we were doing and told us she loves her job and working in Radiology. She introduced herself to every patient she collected.

The waiting room was tidy and clean. It is well signposted and clear to patients to understand where they are going. There are informative posters on the walls. The hand sanitiser on the wall was empty but there was a pump on the table.

Patients are called through very quickly after checking in.

People told us how professional and friendly the staff at the hospital were. We heard how staff put them at ease and made them feel comfortable. Frustrations for patients included difficulties with car parking and not enough toilets in Radiology.

Norwich Community Hospital

In October 2023, a Healthwatch Norfolk post-box was available for patients to share their feedback on services at Norwich Community Hospital. The post-box was available in the main hospital reception and the Children's Centre.

From this post-box we received 28 pieces of feedback for Norfolk Community Health and Care services. The most common department we received feedback for was Physiotherapy with 10 pieces of feedback. Only 15 pieces of feedback included a written explanation.

The overall average star rating for services was 4.9 out of five. It is worth noting that no patients who left feedback left an overall rating as less than four out of five.

The comments we received were very positive, praised staff, and none of them suggested any improvements to services.

Figure 1 below shows the average star rating for additional performance indicators. As the graph shows, patients we received feedback from were very satisfied with all indicators. Waiting time was rated an average of 4.7 out of five and all indicators were rated as an average of 4.8 out of five or above.

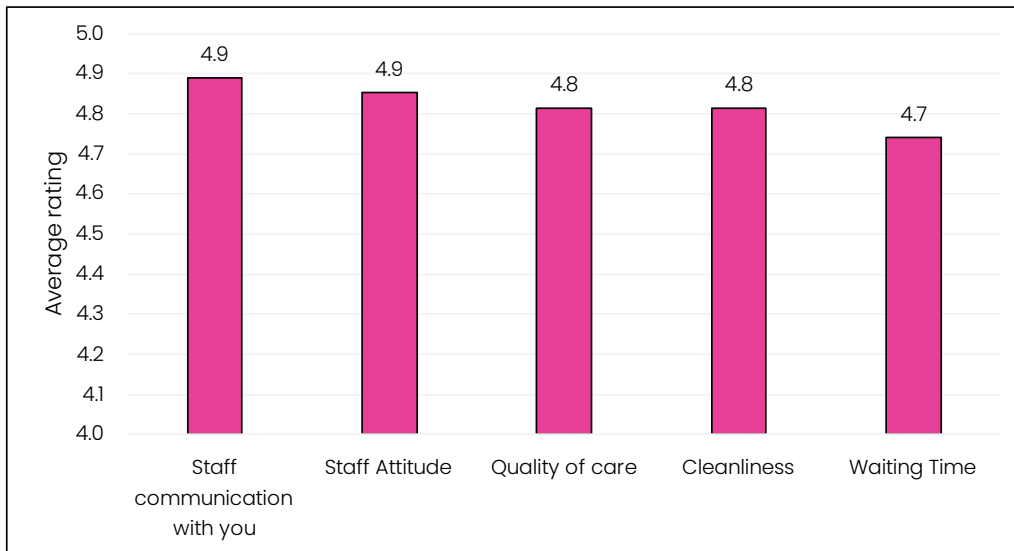


Figure 1. Average star rating (out of five) for performance indicators. Please note that these ratings were not compulsory. Numbers are rounded to one decimal place.

Signposting

In this period, we provided information and advice to 74 people who contacted us by enquiries email (33, 43%), telephone (30, 41%), through an own email (1, 1%), at an engagement event (9, 12%), and other (1, 1%). Below in Table 3 is a summary of the type of information we are sharing; most commonly this is information and advice on raising concerns or making complaints (23, 31%) followed by information on accessing dentistry (18, 24%).

Table 4

Summary of Healthwatch Norfolk Signposting from 1st September to 30th November 2023

| | | |
|--|---------------------------------------|---|
| 23 | 18 | 9 |
| Information and advice on raising concerns | Information on accessing dentistry | Information on local support and services |
| 9 | 3 | 3 |
| Support accessing a health service (not dentistry) | Advice while on a waiting list | Other information and advice |
| 2 | 2 | 2 |
| Information on transport/blue badges | Information on medication | Information on Mental Health support |
| 1 | 1 | 1 |
| Information on fees/charges | Information on accessing legal advice | Information on the health system in Norfolk |

Dentistry

We continue to receive enquiries about difficulties accessing NHS dentistry in Norfolk as displayed in Figure 2 below.

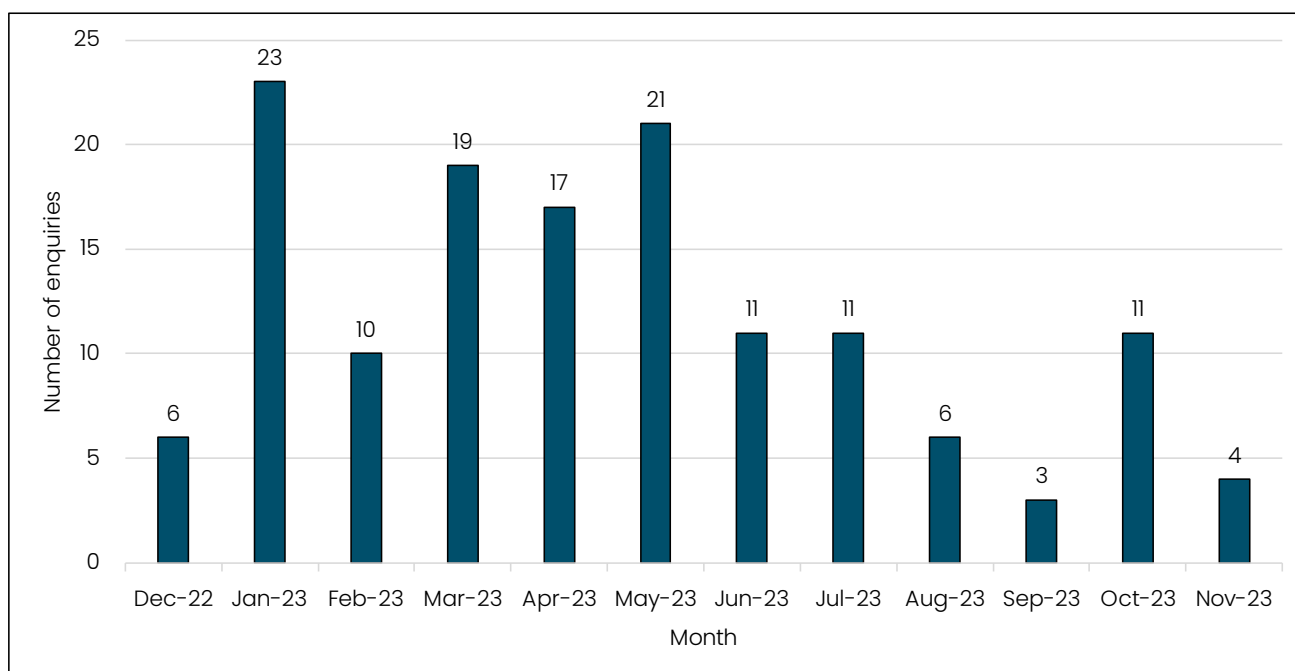


Figure 2. Dental enquiries received by Healthwatch Norfolk in the past 12 months.

From September to November, we received 18 enquiries about accessing dentistry in Norfolk. Examples of these enquiries include:

- Five of these were people in pain or had a broken tooth
 - One of these callers has contacted 111 several times but they keep giving him the numbers of dental practices which are not taking on patients. They have also been to A&E and have received antibiotics but they are not having an impact.
- Three were from families with children under 16.
 - One of these has a 22-month-old with a milk allergy and their parents are worried about the impact of this on their calcium intake and teeth.
 - One care home in North Norfolk who had been told by Castle and Costa that they have no more capacity for domiciliary dentistry.
- One person with a child with autism & sensory issues who has wisdom tooth issues; they needed to see a dentist to be referred to the hospital for this.

Engagement update

Staff update

We enter the new year with two new members of the engagement team, Faye in the South and Dan in the North, as we welcome them to Healthwatch Norfolk it is an exciting time to see what new ideas they will bring to the team.

Wells-next-the-sea SEND event

In November 2023 we attended an event for people with Special Educational Needs and Disabilities (SEND), their families and carers in Wells-next-the-sea to hear their experiences of health and care.

People shared a range of experiences. Many related to the time taken to access a diagnosis and/or care, and the difficulties and frustrations it causes. One person also raised concerns about the lack of availability of British Sign Language (BSL) interpretation at a doctors' surgery appointment.

Feedback from this event can be found here:

<https://healthwatchnorfolk.co.uk/report/wells-next-the-sea-send-event-feedback-report-november-2023/>

Plans for engagement

The way the CQC operate is changing, with a focus on continuing engagement with patient and residents, this is an idea opportunity for us to offer our service to visit and gather feedback in facilities that may have been in the past resistant or apprehensive about us attending and speaking to people.

We will continue to visit Foodbanks as we have been doing in the last few months and each member will set up a once-a-month location in their patch so we have somewhere in the community that we will always be on a set day of the month. We have been doing Wymondham Library on the last Friday of the month and will be doing the Alive Church in Norwich at the foodbank and community café.

Healthwatch England are launching a joint campaign with the CQC called "share for better care" which will be about reaching underrepresented communities which we will be keen to get involved in.

Quality Assurance Subgroup

Minutes of meeting held on 1 November 2023

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

Chair: David Trevanion

Present:

David Trevanion (DT), Elaine Bailey (EB), Linda Bainton (LB), Chris MacDonald (CM), Judith Sharpe (JS), Emily Woodhouse (EW), Caroline Williams (CW)

Kath Edwards (KE) minute taker

Copies:

Patrick Peal

| No | Item | Action |
|----|--|--------|
| 1 | Welcome and Apologies | |
| | DT welcomed everyone to the meeting. Apologies were received from Andrew Hayward and Alex Stewart | |
| 2 | Minutes from the last meeting (2 August 2023) and action log | |
| | The previous minutes were accepted as a true record. JS suggested a change to the ToR whereby ' <i>A summary of the Group's activities will be included in the papers for the Board meetings held in public</i> ' be replaced with ' <i>the group's minutes will be included in the papers for the Board meetings</i> '. (Point 3.3 last minutes) | |
| 2a | Action Log | |
| | Most action points are complete. The outstanding action points were discussed as below: Item 13 Review Quality Framework and action plan will be picked up in agenda item 5. Item 16 – Risks and Resources discussed at Finance Committee completed. DT commented that we are heading in the right direction. Item 18 wording on impact for inclusion – completed | |

| | | |
|---|---|--|
| | <p><i>'To support the ongoing evaluation of the project investment success; reviewing the HWN impact tracker to measure the effectiveness and impact of projects against their defined key performance indicators.'</i></p> <p>Items 22/23 Projects and process for project review – completed</p> <p>A discussion ensued; LB and CM stated they would like to be more involved with reviewing reports but expressed concern they did not want to complicate the process for staff. It is useful to have different perspectives and agreed that there would be one key person (DT) responding.</p> <p>DT to send reports to LB/CM for comment.</p> <p>EW will share the discussion outcome with the project team.</p> <p>Agreed, the timescale for reviewing reports will be 7 calendar days, leaving a week for any amendments.</p> | |
| 3 | <p>Review and discussion of current projects (see paper)</p> | |
| | <p>Paper taken as read.</p> | |
| | <p>A few projects were highlighted as follows:</p> <p>MH Community Transformation</p> <p>Timelines have slipped gradually due to the enormity of the project. Year 3 needs rescoping as the project is scheduled to be completed by next summer (not full calendar year).</p> <p>Activities need to be considered. Phase 2 is due for reporting.</p> <p>A discussion took place on how the projects are resourced and evaluated from a financial perspective.</p> <p>JS explained the internal financial processes and issues.</p> <p>Multiyear projects need to be re-evaluated at the start of each project year.</p> <p>A question arose regarding the number of long-term projects and whether these were commissioned previously. Looking at financial stability, staff have more flexibility with longer term projects and can plan better. The funding for each project year is paid upfront.</p> | |

| | |
|---|---------------------|
| <p>Aylsham & Reepham Telephone system A discussion took place on the difficulties of this project. JS explained the outcome of the meeting held with the practice manager and clinical colleague. It highlighted some areas of improvement that can be made, including advising commissioners of any press releases in future. Midpoint project meetings were suggested to improve relationships.</p> <p>Social Care feedback This was a self-funded piece of work on how public provide feedback about social care services; what is done with feedback. A draft report was sent in August with no response to date. Any future involvement needs resource.</p> <p>Major Trauma Centre It was questioned whether the above report has gone to press. The report is with the commissioner for review (NHS England). When the report is published a copy needs to be sent to NNUH.</p> <p>3 Hospitals This report went to press at the end of last week. All three hospitals were pleased with the individual reports with no surprises. There is also a joint report.</p> <p>Dementia Carers report Query as to where we had received a response from this piece of work. EW to follow up with Josh Ball. A new report template will be created for future projects including a blank page stating if no response was received from the commissioner.</p> <p>Digital tools Norfolk and Waveney ICB commissioned. A question was raised if the survey is for both Norfolk and Waveney residents. EW confirmed yes.</p> | <p>EW</p> <p>EW</p> |
|---|---------------------|

| | | |
|---|--|-----------------|
| 4 | Project to be presented at next Board meeting | |
| | The project to be presented at the next Board meeting on 15 January 2024 will be My Views Matter. | |
| 5 | Review of Quality Framework Action Plan | |
| | <p>JS briefed on Key common themes:</p> <ul style="list-style-type: none"> • Mapping key organisations and people in them • Succession planning • Equality Diversity & Inclusion – no progress • Personal Development Plans – gone out to People subgroup for discussion • Impact Tracker • Engagement – hard to reach groups • Project work – using Voluntary sector <p>It was highlighted that the Board are thrilled with unpinning everything going on and the regular meetings. It was questioned what happens after March when the schedule of meetings is completed and the way forward.</p> <p>Timely, common themes are drawn and very useful. Lots of quick wins on some groups. Some ongoing exploration.</p> <p>It was felt a discussion is needed at Board level, maybe a half day workshop.</p> <p>There is a need to maintain headings and a governance framework.</p> | Trustees |
| 6 | Impact Tracking – Review of Recommendations and Outcomes | |
| | <p>A discussion took place on the issues with the enormity of the current spreadsheet and the way forward.</p> <p>It was agreed it needs to be redesigned via a word document and summarised by bullet points and informed impact with KPI's. Detailed information could be available online through a link.</p> <p>One side A4 for each project was suggested.</p> <p>EW to meet with Rachael and John to discuss and share for comments. Trustees are happy to assist.</p> | EW |

| | | |
|----------|--|------------------|
| | <p>JS explained the use of statutory letters. A discussion followed. It was suggested to share a draft of the final report and possibly meet with commissioners to discuss their comments, rather than presenting the report as a final document. It was felt that the statutory letter should be a last resort action.</p> <p>EW to share for comment and discussion at the next meeting.</p> | EW |
| 7 | Any other Business | |
| | <p>A short discussion followed an update on the project scoping/policy process and whether there is anything the Trustees could assist with.</p> <p>JS to write a policy on selection and working with consultants. DT – to raise at Senior Managers meeting at end of month</p> | <p>JS DT</p> |
| | The date of the next meeting is 1 February 2024 | |

The meeting ended at 11:54

Healthwatch Norfolk Board Meeting January 2024

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 AND People | 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 or the need to reduce staffing. | <ul style="list-style-type: none"> *Maintain positive stakeholder 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. ICB working to garner funding from agencies not currently supporting HWN. * Ongoing review to ensure that income projected is matched to staff resources and costs. * Keep informed of national discussions involving HWE and future government policy for LHW including funding arrangements * 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 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. | <ul style="list-style-type: none"> *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 have strengthened with "new" ICS and ICB * Representation at all HWBPs. A trial of PLACE Board attendance by Trustees about to commence. | CEO | 3 x 4 = 12 | → |
| 3 | Failure to follow the Project Process Policy and subsequent | <ul style="list-style-type: none"> *Critical appraisal of all new business opportunities in accordance with the policy is mandatory *Definition/agreement of key deliverables at project outset. | CEO and Bus Dev Director | 3 x 4 = 12 | → |

| | | | | | | |
|---|--------------------------------|--|---|--------------------------|------------|---|
| | Leadership and Decision Making | poor delivery of project work resulting in potential damage to HWN reputation, 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. | <ul style="list-style-type: none"> *Ensure robust research project leadership & ownership at all project stages * Externally commissioned projects being reviewed by new Quality Assurance sub group. * New policy being drafted to detail the process for appointing an external consultant. | | | |
| 4 | People | Insufficient staff understanding of GDPR, or inadequate IT security systems, resulting in breaches in data security, potential prosecution and damage to reputation. | <ul style="list-style-type: none"> * 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. * 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 | CEO and Deputy CEO | 3 x 4 = 12 | → |
| 5 | Influence and Impact | Inability to demonstrate clear impacts. | <ul style="list-style-type: none"> *Evidence outcomes and impact - use of the Impact Tracker to follow up recommendations * Quarterly meetings with NCC commissioners now taking place and Impact Tracker shared * Annual Partners event held 2.3.23 and booked for 14.3.24, local system leaders informed about our work and funding *Need to have clear and concise contract specifications and defined outcomes/impact | CEO and Bus Dev Director | 3 x 4 = 12 | → |
| 6 | Leadership and Decision Making | Lack of clarity/differentiation between Healthwatch statutory/core business, other contracted work and grant funded projects. | <ul style="list-style-type: none"> * Advice being sought from accountants on different ways to structure our accounts to enable greater ability to monitor and track funding and associated costs * Annual Partners event held 2.3.23 and booked for 14.3.24, local system leaders informed about our work and funding | CEO and Deputy CEO | 3 x 4 = 12 | → |
| 6 | | Changing/emerging leadership roles and responsibilities within | <ul style="list-style-type: none"> *Identify new/redeployed staff and associated responsibilities. *Share Healthwatch purpose and develop strong working relationships | CEO and Bus Dev Director | 3 x 3 = 9 | ↑ |

| | | | | | |
|-------------------------------------|---|--|--------------------------|-----------|---|
| Collaboration, Influence and Impact | the N&W Integrated Care System – and redeployment could result in fewer contacts and influencing routes. | <ul style="list-style-type: none"> * Annual Partners event held 2.3.23 and booked for 14.3.24, local system leaders informed about our work and funding * Impact Tracker reviewed and in use to include signposting, meeting impacts and report recommendations | | | |
| 7 People | Greater demands/pressure on staff as a consequence of increased work and organisational growth leads to stress/ "burn-out" or increased sickness levels. | <ul style="list-style-type: none"> * 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. * Seek to balance demand and resources and recruit when necessary * Thriving Workplaces Action Plan completed with focus on wellbeing, activity and healthy eating * New policy being drafted to detail the process for appointing an external consultant | All Line Managers | 3 x 3 = 9 | → |
| 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. | <ul style="list-style-type: none"> *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: Consequence | Likelihood | | | | |
|-----------------------------|------------|--------------|--------------|------------|--------------------|
| | 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 |