



Healthwatch Norfolk Trustee Board

24th July 2023

10.30 – 12:30

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

OSW 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
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Part I – Public Board Meeting					
1.	Questions from the general public	10:30	10		D
2.	Welcome, introductions and apologies for absence (PP)				I
3.	Declarations of any conflicts of interest relating to this meeting (All)				I
4.	Confirmation of Trustees Appointments			3	A/I
5.	Project Focus - Long Covid (Josh Ball)	10:40	20		P
6.	Minutes of the meeting held on 16 th January 2023 and action log.	11:00	15	4	I/D
7.	Matters arising not covered by the agenda				D
8.	Chair report - HWBB Chair's Appraisal Report	11:15	15		I/D
9.	(A) CEO Report (B) Operations Plan Update	11:30	15	17 24	A/I/D
10.	Communications Report (JB), Engagement and Intelligence Reports including the Impact Tracker (ST & CW)	11.45	15	35 40	I/D

11.	Projects Report (EW) QA Subgroup Minutes (DT & EW)	12:00	10	55	I/D
12.	Finance, Risk Register, Quality Framework and Health and Safety update <ul style="list-style-type: none"> • Risk Register (JS) • QF Action Plan (JS) • H&S update (JS) (Finance Sub-Group Minutes and Revised budget for 2023-24 in Part 2 of the meeting)	12.10	15	60	A/I/D
13.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement	12.25	5		I/D
	Dates of future Board meetings 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

Item 4

Confirmation of Trustees Appointments

Trustee Appointment Dates

		Date Appointed	3 year expiry/re- election	6 yr expiry	further
Mr	Patrick Peal	01/08/2021	31/07/2024	31/07/2027	
Ms	Elaine Bailey	01/04/2019	31/03/2022	31/03/2025	
Mr	Willie Cruickshank	01/04/2019	31/03/2022	31/03/2025	
Mr	David Trevanion	01/04/2016	31/03/2019	31/03/2022	31.7.2024 reappointed vice chair wef 1.8.21 for 3 years
Dr	Andrew Paul Hayward	19/10/2020	18/10/2023	18/10/2026	
Mr	Christopher Humphris	01/04/2022	31/03/2025	31/03/2028	
Mrs	Christine MacDonald	01/04/2022	31/03/2025	31/03/2028	
Mrs	Linda Bainton	01/04/2022	31/03/2025	31/03/2028	
Ms	Bridget Penhale	01/04/2022	31/03/2025	31/03/2028	
Ms	Mary Ledgard	01/04/2022	31/03/2025	31/03/2028	
Ms	Vivienne Clifford-Jackson	07/07/2022	31/03/2025	31/03/2028	



Healthwatch Norfolk Board Meeting
17 April 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)
Christine MacDonald (CM)

Invited attendees:

Ciceley Scarborough (CS)
Acting Consultant in Public Health Norfolk County Council

Apologies:

Andrew Haywood
Willie Cruickshank

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
Kath Edwards (KE) – Finance & Admin Officer (minutes)
Rachel Green (RG) – Research & Project Manager (part meeting)

No.	Item.	Action
1.	Questions from the general public	

	There were no questions from the general public	
2.	Welcome, introductions and apologies for absence	
	PP welcomed everyone to the meeting. There were a few brief introductions. Apologies were received from Andrew Haywood and Willie Cruickshank.	
3.	Declarations of Interest (new or pertaining to items on this agenda)	
	There were no new Declaration of Interests.	
4.	Minutes of the meeting held on 16 January 2023 and action log.	
	<p>The minutes were accepted by the Board as a true record.</p> <p>BP asked about point four, minutes 17 October regarding the possibility of Health and Care students at UEA volunteering with Healthwatch Norfolk.</p> <p>Action – AS to meet with UEA to discuss</p> <p>AS gave an update on the Action Log and highlighted that all actions were complete with the following comments:</p> <p><i>Item 106 – AS formal written response to ICB</i> Added to the draft strategy</p> <p><i>Item 109 – Selected project report</i> RG will be presenting later in the meeting.</p> <p><i>Item 111 – Bereavement training</i> Placed on hold, to be reviewed at a later date.</p> <p><i>Item 112 – Private Dentists giving up NHS contracts</i> 5 Dentists contacted reported that NHS contracts are not viable with staff resources being an additional issue.</p> <p><i>Page 7 Minutes 14 January 2023 – Dentistry ICB Commissioning committee.</i> CH asked if the committee had been formed. AS confirmed that Healthwatch Norfolk will be attending as well as a volunteer which is a retired dentist.</p>	AS

5.	Matters arising not covered by the agenda	
	No Matters arising	
6.	Chair's report	
	<p>PP and AS attended a meeting with the CEO and Chair of Healthwatch Suffolk and discussed cross border working following recent correspondence relating to our commissioned work on Community Mental Health Transformation.</p> <p>Agreed, a memo of understanding will be drafted if such contracts arose in the future. JS has contacted HWE for relevant guidance/examples.</p> <p>AS will be in contact monthly with Suffolk CEO.</p> <p>CH asked if there was a mutual learning from other Healthwatch. AS stated, we were working more closely with Cambridge. AS attends regional HW meetings whilst PP attends the national meetings where a lot of information is exchanged. PP added that informal conversations are taking place with equivalents at neighbouring Healthwatch.</p> <p>VCJ asked how this would work re Norfolk patient referrals to West Suffolk Hospital when Norfolk doesn't have capacity. AS confirmed Norfolk residents are directed to Healthwatch Norfolk. There are c.150 local Healthwatch in England.</p> <p>PP attended the National Chairs meeting which was only attended by around twenty people, 5 from HWE.</p> <p>There was a briefing on the HWE strategy, pursuing various projects including Social and Primary Care, Dentists, Women's health.</p> <p>A discussion took place on Chair and Board appraisals; guidance to be issued in the next month.</p> <p>PP also talked about</p> <ul style="list-style-type: none"> • introducing technology in GP surgeries with a call back function to be introduced by 2025 latest. • CQC to link regionally with relevant HW. <p>JS stated we have a good long-standing relationship with 2 CQC Inspection Managers for Norfolk Care homes and that we</p>	

	<p>send quarterly feedback intelligence to both CQC Primary Care and Hospital Inspectors.</p> <ul style="list-style-type: none"> • Phone call with Chair NSFT relating to potential engagement work • A meeting has been scheduled 20 April with East Anglian Air Ambulance HR Director regarding pay policy, pay grades and appraisals. 	
<p>7.</p>	<p>CEO Report</p> <p>Taken as read.</p> <p>AS began by thanking everyone who attended the Partnership event on 2 March 2023. During the meeting. It was acknowledged by many attendees, the limited amount of statutory funding that Healthwatch Norfolk receives. The meeting was very well received and everyone very engaged.</p> <p>LB echoed AS comments above. There was lots of very positive feedback.</p> <p>CS added the meeting was well attended by senior management and there was a clear interest in Healthwatch Norfolk. It was interesting to be able to discuss the report on Health Checks, exemplifying and usefulness.</p> <p>PP was pleased that the response was positive and added that we need to continue to reiterate the lack of funding each year.</p> <p>EB congratulated the team on a very well-managed event. JS added particular thanks to Kath Edwards for her work and skills in organising the event.</p> <p>CH commented that participants had a chance to discuss big issues as well as how Healthwatch Norfolk can contribute.</p> <p>AS expressed, concern relating to the Norwich Walk in Centre consultation and opposed to the biased way the questionnaire was constructed. AS has requested an apology from the Director of Communications regarding misleading information.</p>	

	<p>CH asked what we want to happen.</p> <p>AS said that HOSC had withdrawn the topic from the last meeting agenda due to purdah. The ICB board meeting will take place before the next HOSC. Results of the survey will be presented at the ICB Board meeting.</p> <p>CH asked if we will be pushing at the Board meeting to restart the consultation with consideration of options and run a further consultation. AS confirmed that the consultation had already ended. AS said that we need to remain impartial.</p> <p>VCJ said that the PPG at the Humbleyard surgery is very concerned of the possible closure due to lack of their surgery capacity and asked what was happening in the GP community to pressurise the ICB.</p> <p>AS replied it was reported that various practices/PPGs had contacted ICB directly. AS is informed that Stephen Barclay (Sec of State for Heath & Social Care) is keeping a close interest on the situation.</p> <p>AS has written to the ICB and is awaiting a response to establish current situation in Norfolk and Waveney.</p> <p>AS provided an update on recent partner meetings at:</p> <ul style="list-style-type: none">• Queen Elizabeth Hospital - £62K for Governor Training & Engagement• Norfolk Community Health & Care £60K ongoing engagement work plus potential further £90K x 3 years• NSFT £93K proposal• James Bullion – Adult Social Care, NCC• Norwich Walk in Centre <p>AS has met with the Chairs of NNUH, JP and QEH regarding governor training with positive indications.</p> <p>AS has asked for bid responses to be received by 28 April.</p> <p>LB asked if other external competitors are included in the bids. EW confirmed there is one small bid which is competitive.</p>	
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	<p>LB enquired if any of the projects resulted from the table discussions at the Partner event. We should be looking for opportunities and being bold to take forward for discussion whilst keeping up the pressure.</p> <p>PP highlighted we benefit from having good links and suggesting future projects.</p> <p>The question was raised if we would have these bids without the partners meeting. AS responded that we would have opportunities, but the process would be slower. Being able to present the information face to face helped, demonstrating value for money.</p> <p>PP stated that Healthwatch Norfolk is seen as an exemplar of Healthwatch's across the counties.</p> <p>VCJ asked if there was an update on the Sight Loss report. AS has requested a response from ICB based on the paper. AS will update when received.</p>	
<p>8.</p>	<p>Communications Report (JB) Taken as read.</p> <p>Designtec has been selected as our new website provider (based in Poringland) with a view to commencing work straight away. The website, using UK servers, will officially launch at Forum event in October. In the meantime, Designtec will be repairing broken parts of the website within the next few months. The annual cost will be reduced by approx. £4k pa after initial set up costs. Our existing website provider, White Bear, will be retained for the feedback collection software. JB confirmed we will continue to be able to update content of the website.</p> <p>Subject to the QEH agreement, we will be filming the PSIRF (Patient Safety Incident Response Framework) video content between 7-9 June and there will also be a couple of hours filming at the West Suffolk Hospital which is a pilot for the</p>	

	<p>project. The content will be in “lay persons” terms, talking to members of staff, volunteers etc.</p> <p>JB advised that in line with Healthwatch’s 10-year anniversary, we will be highlighting our Healthwatch Heroes Awards. Our first Hero will be volunteer Tony Edwards. Tony will be interviewed including a video to show his amazing dedication and help with the My Views Matter project. Any suggestions for other “Heroes” to be forwarded to JB as soon as possible.</p> <p>PP added the Norfolk Lieutenancy will be organising an event at the Royal Norfolk Show to celebrate community champions and are looking for nominations. PP to send details to JB to put forward nominations.</p> <p>PP talked about the falling interest in websites. JB said that Twitter is also a challenge, and it is becoming more controlled. Instagram/Facebook engagement does well for HWN in terms of engagement levels.</p> <p>JB said that Fi is doing a tremendous amount of work on comms and social media which everyone acknowledged. Information on the Government Practice alarm 23 April will appear on the website/social media as well as assistance for victims of domestic abuse.</p> <p>Engagement and Intelligence Reports including the Impact Tracker (ST and CW)</p> <p>Taken as read.</p> <p>CW gave an update on the current Pharmacy Engagement Work which currently stood at 701 responses for the survey. 36 reviews from professionals, the balance coming from surgeries and pharmacies. There are 2 weeks of engagement remaining. On the whole, people are understanding of operational pressures although frustrated on issues and closures (especially with Lloyds withdrawing from their High Street pharmacies).</p> <p>AS commented on the national shortages of medicines. Prescriptions are being directed back to GPs for alternatives. Communication is a major issue.</p>	<p>ALL</p> <p>PP</p>
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	<p>Feedback highlights that people consider staff are lovely but there is a lack of communication with doctors/surgeries. Pharmacies report they are not informed by hospitals if patients are discharged which causes delay on dosette boxes. Pharmacies often have long waits on the telephone to reach the doctors, with no direct line.</p> <p>The draft Health Visitor report has been sent to DT for final review. The next piece of work will be hospital engagement. A meeting was held on 13 April with the CEOs of all 3 Acute Hospitals. Healthwatch Norfolk was asked to approach each hospital in the same way and all are keen for this project to go ahead especially in emergency care. The hospitals also stated they are happy for our team to visit other specific areas, not working so well.</p> <p>EB suggested it might be useful to relate back to the staff survey.</p> <p>CH asked about the delay in death certification for end-of-life care since the GP contract ended. It would be worth looking through Primary Care committee whether issues raised are individual practices or systemic issues. Needs improvement. CW confirmed this came through signposting but will monitor.</p> <p>DT asked if the engagement team complete the Impact Tracker. CW confirmed that anything signposted or when out in community is added.</p> <p>JS explained the Impact Tracker spreadsheet and how it works.</p> <p>Action – Impact Tracker to be circulated to all Trustees.</p> <p>VCJ commented that the CQC use information from the NHS “Friends and Family” tests, but these can be misleading. The difference in seeing people face to face and them being able to comment anonymously was hugely important for people.</p>	JS
9	QA Subgroup Minutes (DT and EW)	
	Taken as Read	

	<p>DT and EB commented that good progress has been made with the quality of projects/engagement. It is reassuring that we can evidence processes and are striving for consistency. Staff are working really well with support from consultants.</p> <p>PP added that the quality and volume of work is impressive.</p> <p>AS recently had a very productive meeting with CS with Health Checks reports.</p> <p>CS felt it was beneficial to have Andy Jones present. CS said that Community engagement is something that is difficult to achieve in some parts of Norfolk. Healthwatch Norfolk reports are more qualitative and are a trusted voice with lots to offer. CS said that NCC are keen to continue working with HWN and that the reports are useful when commissioning services.</p> <p>CM queried the use of statutory letters in terms of responses to project recommendations. AS said that repeat offenders are sent statutory letters with specific deadlines.</p> <p>Action - PP to receive copies of statutory letters when sent and these are to be reported at future Board meetings.</p>	AS
	<p>Summary of project findings, recommendations and impact: Community Mental Health Transformation Project in year 1 (Rachael Green)</p> <p>RG joined the meeting at 11:06 and gave brief overview of the project (copy of the presentation to be circulated with the minutes). The results are available on the website.</p> <p>RG read out ICB response below:</p> <p><i>ICB response to Healthwatch Norfolk Year 1 report. Norfolk and Waveney ICB would like to start by thanking Healthwatch Norfolk for carrying out the independent evaluation of the Community Mental Health Transformation Programme. Our aim for the Community Mental Health Transformation Programme is to make large-scale change to mental health provision over a three-year period. The year one report is thorough and balanced and has provided a set of valuable recommendations. The ICB have used these recommendations to form an improvement plan to ensure that the programme continues to meet the needs of people in Norfolk and Waveney. As we move into the next phase of the programme: • Programme leads will self-assess each workstream against the</i></p>	

	<p><i>expert by experience statements to benchmark where we are meeting people's needs and where there are gaps. This piece of work will inform where we need to make improvements to our transformation plans. • We make a commitment to further value the roles of families and carers of adults severely affected by mental illness. We will ensure that they are involved in the care of their loved one and offered the support that they need themselves while being able care for their loved one. We are working with the NHS Talking Therapies service 'Wellbeing' to fast-track support to carers when their loved one has experienced a crisis. We will continue to work with experts by experience and stakeholders to co-produce plans and are committed to involving partners and experts by experience early in planning to ensure services are shaped based on the voice of the service user. • We are striving to integrate and build closer relationships with the Voluntary, Community & Social Enterprise (VCSE) sector. This will enable better patient access to a variety of support services that can meet their individual needs. • We will continue to build the new mental health offer in Primary Care Networks. We will do this by recruiting more Mental Health Practitioners, Enhanced Recovery Workers, and Peer Support Workers for Complex Emotional Needs. These roles will work together as a team to provide the best care and support and will integrate into the wider system to join up pathways. We would like to offer thanks to all partners across the system who have worked in collaboration during the first year of the programme and very much look forward to continuing to work together to improve Mental Health support and make it more accessible for the population of Norfolk and Waveney.</i></p> <p>The Board congratulated RG on her tremendous work.</p> <p>ML asked if Healthwatch Norfolk has anything to do with co-production training being provided by the ICB. AS stated, that Healthwatch Suffolk are delivering the training.</p> <p>PP thanked RG, reiterating the Board found the report very useful and look forward to next project to be presented. RG and VCJ left the meeting 11:31</p>	
<p>10.</p>	<p>Finance, Risk Register, Quality Framework and Health and Safety update</p> <p>JS gave an update:</p> <p>Risk Register:</p>	

	<p>Item 1 – The risk score has been increased, to be discussed further in Part 2. Significant work currently under way.</p> <p>Item 3 – Project processes and policies. More rigour is being applied to all stages of projects. More time has been allocated to management meetings to fully discuss how we move from initial discussion to the commissioning of new projects.</p> <p>QF Action Plan: JS advised that KE will be setting meeting dates bimonthly for all sub-groups. Terms of reference have been drafted. Some actions have already been completed.</p> <p>LB asked about our submission to HWE. JS explained that the draft action plan is the same document that was submitted to HWE and that JS also underwent a 2-hour interview to explain our activities and plans. JS confirmed that we have been “signed-off” by HWE as having completed the QF process although we now need to follow through with our own self-determined plans.</p> <p>Health & Safety: All actions completed. No incidents to report.</p> <p>JS thanked Trustees for their recent confirmation of receipt and acceptance of the following policies:</p> <ul style="list-style-type: none"> • Decision Making • Health and Safety • Safeguarding Vulnerable Adults • Safeguarding Young People • Data Protection GDPR • GDPR Statement for Employees and Volunteers • Code of Conduct • Conflict of Interest • Equality & Diversity • Reserves <p>and also, their suggested amendments which she is in the process of working through.</p>	
11.	Any Other Business	
	AS reported that the ICB are putting together a forward strategy for consultation and that Trustees are welcome to	

	<p>attend. The date of the meeting 19 May, with a provisional time of 9:30-12:00. ICB attendees will be Andrew Palmer - Deputy CEO, Karen Barker and Mark Burgiss.</p> <p>Action - AS to send a note round to Trustee to respond to if they wish to join the meeting.</p> <p>CH – queried the 8 priorities mentioned within the CEO report from the HWBB/ICB Meeting. JS had attended the meeting and confirmed that there are 17 legal requirements nationally for the NHS and that the 8 mentioned have been chosen by N&W ICB as their priorities.</p> <p>AS asked CS to chase NCC for outstanding payment.</p>	<p>AS</p> <p>CS</p>
	PP thanked everyone for attending.	
12.	<p>Dates of future Board meetings</p> <ul style="list-style-type: none"> • 24 July 2023 • 16 October 2023 • 15 January 2024 	

The meeting ended at 11:41

Board Action Log

113	17/04/2023	Contact UEA re possibility of Health and Care students volunteering with Healthwatch Norfolk		Alex Stewart	Complete	meeting held 6 June and further discussions to be held
114	17/04/2023	Nominations for 10 Year HW Heroes	ASAP	All	Complete	
115	17/04/2023	Impact Tracker Spreadsheet to be circulated to Board/Ciceley		JS	Complete	
116	17/04/2023	PP to receive copies of statutory letters when sent and reported back to future Board meetings		AS	Complete	None sent any since the last Board Meeting
117	17/04/2023	19 May Forward Plan meeting with ICB - Board members to be sent relevant documents prior to the meeting.		AS	Complete	
118	17/04/2023	CS to chase NCC for outstanding payment		CS	Complete	payment received

Date	24 July 2023
Item	9
Report to	Healthwatch Norfolk Board
Report by (name and title)	Alex Stewart (CEO)
Subject	Chief Executive Report

Reason for Report

1.0 Introduction

The purpose of this report is to provide Board Members with a range of information on matters which are pertinent to Healthwatch Norfolk. There are no recommendations associated with this report.

Part A of this report provides updates on the following: -

- Staffing Update – **For Information**
- Mental Health SMI Event
- NICHE Funding
- Partnerships for East Coast Communities
- The Hewitt Review
- James Paget Hospital CQC Maternity Services Review

Part B of this report provides Trustees with an update of the Operational Plan.

Recommendations

Not applicable

Part A: CEO Report

2.0 Staffing Update

Dr Lisa Franks left the organisation on Wednesday 12th July to take up a new position as a Research Associate Lecturer at UEA. Dr John Spall has been appointed as a Project Manager and will be leading on a number of research commissioned led projects moving forwards. John Has successfully completed the My Views Matter report which has been a focus of national interest.

3.0 Mental Health SMI Event.

The Mental health Trust, Carers of people with Serious Mental Illness and Healthwatch Norfolk have been working together to provide a safe space to have a focused discussion looking at how we can all best address Serious Mental Illness (SMI) in the community. NSFT provide a range of specialist services which “mend people” and put them back on the right track to either live independently or in supported living.

We have all been aware of some incredible work going on in the community, but it is very much a post code lottery, and this is not satisfactory. It needs to be recognised that this is not just a “health problem” in isolation; there is the potential for a myriad of organisations to help provide solutions to the problems with users, carers and their families.

Despite everyone’s best efforts, we are still failing patients, carers and their families as well as those trying to provide services in the community.

There are a number of concerns and issues that require addressing when folk with SMI are living in the community, in no particular order, some of these are:-

- Vulnerability of people which exposes to risks such as drug dealers
- Physical health including dental, screening, basic healthcare
- Housing arrangements and people being ‘allowed’ to live in squalor
- Role of the supported living organisations in addressing personal care and hygiene, and the room/flat where people are living
- Responsibility on the family carers including the lack of support for them.
 - Lack of recognition of the impact that has on their own health, wellbeing and relationships etc
- Feeling like the person living with SMI ‘doesn’t matter’.
- Fear of what happens if the carers become ill or die
 - what will happen to their loved one and who will look out for them?
- Sometimes a lack of social care from NCC

- Where do family and carers 'go' if they need help
- Personal Finances

We have been fortunate to have three people who kindly agreed to share their stories, some of which may have made people smile, most of which left attendees with an understanding of the trials and tribulations that carers are facing daily along with the worry and frustration that they have with navigating the system.

For both colleagues from NSFT and Healthwatch Norfolk, it has been a privilege to work alongside these dedicated and tireless carers, their collective expertise and understanding knows no bounds.

We are aware that some of the suggestions that have come out of the day will require change from the centre – our thoughts are that we managed to act rapidly during the pandemic and the results are demonstrable. SMI is facing its own pandemic and failure to act because of the subject matter being too difficult to deal with cannot be used as an excuse.

Healthwatch Norfolk will be working with carers and NSFT over the next three years and will be reporting back on a regular basis to both Trustees and the NSFT Executive Team.

4.0 The Norfolk Initiative for Coastal and rural Health Equalities (NICHE)

UEA has been funded by Health Education England (East of England) to support Norfolk and Waveney Integrated Care System to co-create projects that will help to recruit, develop and retain the health and social care workforce and improve services to meet the needs of the local communities it serves.

This funding helps the University to act as an Anchor Institute for the system, which aims to:

- Improve health inequalities across rural and coastal communities
- Sustain health and wellbeing for those who live and work in our region.
- Share learning and best practice, scale-up evidence for sustainable improvements, across our workforce and integrated care system.

Healthwatch Norfolk have been invited to apply for funding to look at how the new Concept Ward is working at the James Paget Hospital – if successful, the project findings will be used towards the future development of the two new hospitals in Norfolk.

5.0 Partnerships for East Coast Communities

UEA'S Business School is leading a consortium that has recently been awarded funding to establish a partnership across East Anglia's coastline with the three County Councils and universities in each of those counties. The consortium is called Partnerships for East Coast Communities. The funding is to establish a larger partnership and programme for a second phase of funding over three years. The partnership will aim to deliver improvements in coastal communities by:

- 1) Improving work inclusively;
- 2) Developing a sustainable green economy along the East's coastline;
- 3) Protecting and renewing the coast's cultural and natural assets;
- 4) Improving health outcomes through better jobs, a better coastal economy and strong coastal communities.

Healthwatch have been invited to be an integral member of the project both serving on the Board as well as delivering some of the work programmes, for which funding will be allocated, in relation to health and social care.

Although final details are still to be worked out, it is anticipated that the Council will:

- a) Comprise of around 20-25 representatives from business, voluntary sector, FE and local government groups;
- b) Meet once or twice a year, but face-to-face no more than once a year;
- c) Help us decide on priorities for the programme and, especially, any emerging issues that require us to commit funding held in reserve for unforeseen circumstances.

The first meeting will be held virtually in late July/early August to determine which work packages/localities to prioritise for resourcing and implementation for a proposal for the next phase of the funding. We have already participated in a scoping exercise for the research: The purpose of the scoping exercise is to help map out what initiatives are currently underway and what priorities are currently not being addressed. In so doing, the consortium can ensure that any work commissioned doesn't replicate what is already happening but does address real community needs.

6.0 The Hewitt Review

Integrated Care Systems (ICSs) were given statutory status in July 2022 as part of the new Health and Care Act (2022). ICSs are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other

local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system is organised – away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health. There are a total of 42 ICSs in England.

All ICSs work to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Support broader social and economic development.

Following the formal establishment of ICSs, the Rt Hon Patricia Hewitt, who is also Chair of Norfolk and Waveney's Integrated Care Board (N&WICB) was commissioned to write an independent review into the oversight, governance and accountability of ICSs. The review was published on 4 April 2023. The government is currently considering the recommendations made by the review.

According to the review, financial investment is not the only measure needed to tackle the current issues affecting our healthcare services. It warns that unless there is a changed in the way health and care is delivered 'we will not achieve the health and wellbeing we want for all our communities - or have the right care and treatment available when we need it'.

With integrated care systems (ICSs) representing 'the best opportunity in a generation for a transformation in our health and care system', the review has identified six key principles that will enable ICSs to thrive and deliver.

These are:

- collaboration within and between systems and national bodies
- a limited number of shared priorities
- allowing local leaders the space and time to lead
- the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data

The role of health overview and scrutiny

In relation to the last point above, specifically balancing freedom with accountability, the review notes that 'with greater freedom comes robust accountability'. This includes local accountability which, according to the review, is already 'hard-wired' into ICSs

through HOSCs, together with local government, Integrated Care Partnerships, Healthwatch, foundation trust governors and many other forms of patient and public involvement.

In emphasising the importance of effective and proportionate scrutiny by HOSCs to the success of ICSs, the review recommends that 'HOSCs (and, where agreed, Joint HOSCs) have an explicit role as System Overview and Scrutiny Committees'.

Alongside its current functions, the Health and Care Act (2022) also includes a new role for the Care Quality Commission (CQC) as the independent reviewer of ICSs as a system. The review further recommends that 'in assessing the maturity of ICSs, CQC should consider the effectiveness of system oversight provided by HOSCs or Joint HOSCs, or both'.

Government's response to the Hewitt Review

The government published its response to the Hewitt Review's recommendations on 14 June 2023 as part of its formal response to the recommendations made by the Health and Social Care Committee in its Seventh report - Integrated care systems: autonomy and accountability.

In relation to HOSCs, the report stated that the Department of Health and Social Care (DHSC) will refresh the guidance it published in July 2022 at the statutory inception of ICSs. The new guidance will reflect the statutory changes made by the Health and Care Act 2022 and emphasise the role of HOSCs and joint HOSCs (JHOSCs) in scrutinising systems. DHSC will also work

7.0 James Paget Hospital – CQC Maternity Services Review

The Care Quality Commission has published a report following an inspection of James Paget University Hospitals NHS Foundation Trust's maternity services in January 2023. The CQC inspects services provided by healthcare providers against five domains - safe, effective, caring, responsive and well-led.

Having conducted its inspection, the CQC rates services as either outstanding, good, requires improvement or inadequate.

The Paget's Maternity Service was inspected against two of the five domains - safe and well-led - and was rated as 'inadequate' in both. Because of this, the overall rating for the James Paget's Maternity Service has fallen from 'good' to 'inadequate.'

The Trust has anticipated this outcome, having received a Regulation Section 29A warning notice from the CQC regarding immediate concerns about maternity services in February.

The full report outlines concerns regarding the staffing and training levels within the Trust's maternity services, the relationship between midwifery and obstetric staff, and reporting and governance arrangements within the service.

The Trust informed Healthwatch immediately and has kept us regularly informed as to how the action plan that they have agreed with system leaders is progressing. The plan includes investing in and recruiting additional medical and midwifery staff to support the care received by those giving birth, and their families, as well as staff to improve effective safety reporting and monitoring arrangements.

To deliver changes and rapid improvement to its services, the James Paget has developed a comprehensive Maternity Improvement Plan. This incorporates required actions with the CQC report, as well as the work to implement the recommendations of the Independent Maternity Review (known as the Ockenden review) from 2022.

The James Paget continues to work closely with the CQC, NHS England and its partners within Norfolk and Waveney's Integrated Care System including Healthwatch to improve the delivery and quality of maternity services.

Part B: Operations Plan

Outcome	Obj	Item No	Activity	Timescale	Performance measurement	Lead	Status	Comments
1. Representing local people by becoming the leading source of feedback on health and social care, for both local people and professionals	1	A	Enable local commissioners & providers to access the HWN Feedback Centre and demonstrate their response to feedback	Ongoing	Reports generated for providers, CQC, NHSEI when required	Head of Engagement	Ongoing	Feedback centre now works to allow provider responses on feedback. Quarterly Intelligence reports shared with commissioners and providers
	1	B	Ongoing input as critical friend/facilitator/scrutineer through staff and volunteer representation on commissioner/provider patient representative groups	Ongoing	Healthwatch is representing patients and carers in appropriate fora	Dep CEO	Ongoing	Volunteers/trustees complete meeting reports and indicate where there is concern or suggested action.

	1	C	Provide Board/Volunteers to participate in ICB PLACE, Board & HWB Partnership meetings	Ongoing	Actions recorded on impact tracker as a result of attendance	Dep CEO	In progress	Ensure voice of patient represented. We have reps at all HWB Ptship meetings but need to check re. ICB Place Boards.
	1	D	Engage with the media (proactive and reactive) - press releases, radio, TV, press to ensure the patient voice is heard	Ongoing	Number of media interviews/ press entries	Head of Comms & Marketing	Ongoing	Our media presence has increased significantly and this has increased awareness of the Healthwatch brand and our local organisation.
	1	E						
	1	G						
	1	H						
	1	I						
	1	J						
	1	K						
	1	L						
	1	M						

2. Meaningful engagement by working efficiently and effectively to reach diverse communities across the county	2	A	Review of HWN website to improve functionality, content and SEO.	Oct-23	Increased traffic to website and "organic" feedback. Improved SEO ratings.	Head of Comms & Marketing	In progress	Moving to new website & provider summer 2023
	2	B	Production of an engagement calendar /list of events for 2023-24 that is published on the HWN website	Ongoing	Increased public attendance and awareness of brand	Head of Engagement	Ongoing	Improvements will happen when new website in place. Previous calendar has software issues.
	2	C	Actively work with stakeholders to offer advice and expertise on how to engage effectively	Ongoing	Increased commissions and providers approaching Healthwatch for "honest broker" advice and support	CEO	In progress	AS meets with ICB/ Acute? NCC Senior Officers on regular basis
	2	D	Investigate the use of IT solutions for gathering feedback and discontinue use of paper whenever possible	Autumn 2023	Paperless office	Head of Engagement	In progress	Use of iPads at events tends to slow interviews down and information can be lost due to participants not wishing to "hang around"

	2	E	Continue to Increase use of social media -using Facebook, Twitter and LinkedIn to gather feedback and increase reach		Increased engagement and amount of feedback from the public through our social media activity	Head of Comms & Marketing	In progress	Regular reporting to Trustees in Board papers and weekly comms meeting for staff
	2	G	Investigate use of texting for public to send feedback to HWN	Autumn 2023		Information Analyst	outstanding	
	2	H	Geographically focussed engagement	Ongoing	Providers and service users aware of local contact; increased connectivity and attendance at local events	Head of Engagement	Ongoing	Engagement team in place and area responsibilities defined and to be progressed to include volunteers as appropriate.
	2	I	Engage with PPGs/PPG Fora in Local Delivery Group Areas	Ongoing	PPGs acting as conduit to channel information	Head of Engagement	Ongoing	PPGs only just reforming following cessation of operation during COVID

	2	J	Include Enter and View visits in locality-based engagement e.g. GP Practices, Pharmacies	Autumn 2023	No. of visits, No. of recommendations acted upon and detailed in Impact Tracker	Head of Engagement	In progress	All GP Practices have been visited within the last 12 months as well as a number of pharmacies
	2	K						
	2	L						
	2	M						
3. Real improvements through an intelligence driven approach to making recommendations for local services	3	A	Publish quarterly intelligence reports and annual report analysing data from local people who are using health and social care services	Quarterly and annually	Increased traffic, better recorded patient/carer outcomes	Senior Management Team	Ongoing	Reports to Trustees at 1/4ly meetings. Reports shared with NCC, ICB, CQC and other providers as appropriate.
	3	B	Use Insight and Intelligence reports and Signposting log to identify specific issues, and alert providers and commissioners	Quarterly	Attendance at ICB Communities and People Board Sub Committee providing intelligence and reports when appropriate	CEO + Board	Ongoing	Various presentations have been made at HWBB, ICB, associated sub committees and HOSC

	3	D	Scrutinise national, regional and local data/research reports	Ongoing	Use of regional/national data in all reports	Business Development Director	ongoing	This is becoming increasingly useful when undertaking specific pieces of commissioned research.
	3	E	Continue follow up work on HWN previous projects and recommendations	Ongoing	6 monthly follow up on all recommendations - recorded on impact tracker	Business Development Director	Ongoing	System now in place to remind officers to contact organisations 6 months post publication
	3	F						
	3	G						
4. Providing a sustainable service by maintaining the funding and expertise required to provide an independent and effective local Healthwatch	4	A	Posting of news/events on website to inform local people and professionals	ongoing	Updated weekly	Head of Comms & Marketing	Ongoing	Increased traffic on website
	4	B	To facilitate an annual showcase event	Oct-23	Event planned for October 2023	Head of Comms & Marketing	Completed	5th October 2023 - Forum Event
	4	C	Record signposting activities accurately, identify themes and trends.	ongoing	Quarterly report to Board and Assurance Sub Committee	Dep CEO	Ongoing	Impact tracker now includes signposting log
	4	D	Review and update signposting directory regularly		Directory as up to date as is humanly possible	Head of Comms & Marketing	Ongoing	

	4	E	Follow agreed procedures for appropriate acceptance of external commissions of work	Ongoing	Forms completed and filed in correct place - audit trail if required	Business Development Director	Ongoing	Project Process Policy & Decision making policies to be followed
	4	F	Submit appropriate bids for charitable funding where a gap in services or an evaluation need is identified	Ongoing	No. of successful bids	Business Development Manager	Ongoing	
	4	H	Evaluation of business development activity	end of Dec 2023	Sustainable organisation; increased reserves; credibility of organisation with those who commission services	Business Development Director	Outstanding	
	4	I	Provide finance sub group with quarterly financial reports	quarterly	Board acceptance of reports	CEO + Ops Manager	Ongoing	

	4	J	Complete all reporting to comply with governance e.g. Charity Commission, Companies House, Health & Safety Audit, Annual Return to DoH & HWE	ongoing	Reports submitted on time	CEO + Ops Manager	Ongoing	
	4	K	Continued monitoring of VAT registration position	Ongoing	vat Registration in order; timely returns to HMRC	Dep CEO	Ongoing	Now VAT registered
	4	L	Ensure all staff appraisals are undertaken including discussions on personal development plans/training	April-May	Appraisals completed and PDPs drawn up	Senior Management Team	In progress	Appraisals have been completed - PDPs will be completed by September 23

	4	M	Hold at least one away day to enhance team working and staff development	Oct-23	Retention of motivated staff	Senior Management Team	Ongoing	Due to increase in work for 2023/24, it is proposed that we shall hold two events this year - one has already taken place, the second one will take place in October/November 2023
	4	N	Undertake 360 degree appraisal	Dec-21	Stakeholders confirm added value of HWN	CEO	Complete	usually done every 3 years so next due Dec 2024
	4	O	Ongoing recruitment (targeted when appropriate) induction, management & training including volunteers	Ongoing	Retention of motivated staff and appropriate volunteers	Dep CEO	Ongoing	
5. Influencing locally and nationally by working with other organisations	5	A	Share intelligence data reports with CQC	quarterly	Reports written and circulated in advance of any meetings with CQC	Information Analyst	ongoing	The CQC are increasingly coming to us for discrete pieces of work and intelligence

to ensure services are safe, effective, compassionate and high-quality	5	B	Assist providers with PLACE inspections	Spring	Provision of volunteers to undertake PLACE inspections	Head of Engagement	Outstanding	No requests have been made by providers
	5	C	Commentary on provider Quality Accounts	April-June 23	All requests for commentary completed in time	CEO + Ops Manager	Complete	All organisations requesting commentary have been provided with it - 100% compliance
	5	D	Undertake complaints process audits as requested by service providers	Ongoing	Work with Complaints Managers; investigate specific complaints if requested by providers	CEO + Dep CEO	Ongoing	Complaints Managers' Forum established. One serious complaint investigated on behalf of provider.
	5	E	Provide regular reports/escalation as appropriate to HSOC/HWBB	Ongoing	Reports provided and presentations made	CEO	Ongoing	Attendance at all HOSC and HWBB meetings
	5	F	Input to provider Quality Lead meetings such as QSG	Ongoing	Attendance at Norfolk and Waveney QSG and Regional QSG	CEO	Ongoing	Bi-monthly report to QSG
	5	G	Maintain working relationships with neighbouring local HW	Ongoing	Quarterly Meetings	Senior Management Team	Ongoing	Chair and CEO recently met with Suffolk counterparts

	5	H	Work with NHSE as independent patient voice on procurement panels, ICB Assurance etc.	Ongoing	Ensure patient voice is included	CEO	Ongoing	As and when required
	5	I	Escalate to HW England unresolved local issues	as and when necessary	Any issues raised	CEO	Ongoing	Dentistry has been the main bone of contention
	5	J	Submit HWN published reports to HWE	as and when reports completed	All reports submitted to HWE Library	Business Development Director	Ongoing	100% compliance
	5	K	Submit E&V reports to HWE	as and when reports completed	All reports submitted to HWE Library	Dep CEO	Ongoing	Would suggest that it would be more useful to share with provider and ICB/Social Care as inevitably very local in focus
	5	L	Report all safeguarding incidents to NCC/CQC plus quarterly report to HWE	Ongoing	No. Of incidents reported; outcomes/action taken as a result of reporting	Dep CEO	Ongoing	This will be included in the Impact Tracker moving forwards
	5	N						

Date	24 July 2023
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 communications and marketing activity including coverage around the publication of recent reports and the Three Hospitals Three Weeks project, and progress on creating a new Healthwatch Norfolk website.

Communications and Marketing report

April-June 2023

The report will set out the main work done over the past three months including coverage of the Three Weeks Three Hospitals campaign, media interest in some of our studies, and reaction we gave to various major health and social care news stories.

Traditional media

Local and regional media picked up on a Healthwatch England survey that found people were more likely to review a restaurant or hotel than their health and social care. We followed this up with a local media release and this was covered by a number of media including the EDP, BBC Radio Norfolk and Greatest Hits Radio.

We also continued our awareness work around the NHS Health Checks with additional media coverage and have filmed more content for use on social media during the autumn.

More of our engagement and project work has received media coverage. The research into the help available to people with Long Covid received a lot of interest and the findings formed the centrepiece of a special BBC Radio Norfolk breakfast programme on the condition.

The engagement work around the health visitor study also received considerable coverage including the front page of the EDP, and there was ongoing media interest in our Three Weeks Three Hospitals project which included regular updates on BBC Radio Norfolk and live coverage updating our progress.

Healthwatch Norfolk was also asked for its views on a number of subjects including the new Queen Elizabeth Hospital in King's Lynn (which saw Alex give interviews to most of the local and regional news outlets), the decision to keep the Norwich Walk-In Centre open, and the review around the future of the SOS Bus, also in Norwich.

Social media/digital

At the time of writing, the structure of our new website is being constructed. This is being carried out by the Poringland-based company Designtec. The team showed an understanding of what we needed, and we hope this will provide a much more responsive service than the current website providers.

At the current time, we have removed and archived a large amount of content including reports which are older than two years, and news stories older than a year to help with this process.

The feedback will still be collected/collated in the same way it always has been, but this will operate as a separate 'website within the new website' but the public

should notice little difference. They will be able to click a button and find their way to the feedback centre.

If all goes well, we are hoping to start the process of building the pages for the new site during August/September, have the site ready for testing in September, and can officially launch it at Healthwatch Norfolk Live in October.

Monitoring of the site and its success is possible until the end of June, but the current website developers have still not installed the necessary software to enable us to continue doing that from July 1 despite repeated requests. We can resume detailed monitoring of which sections of the site work well and which may need more work once the new site is launched.

The current site itself is still getting a lot of us. In the last quarter, the most-read sections were around dentistry and the Three Hospitals Three Weeks project.

Our Twitter account is still getting around 10,000 impressions a month and again, Three Hospitals Three Weeks was the hottest topic. The figure around its use remains a seesaw and the changes to Twitter itself mean tweets are no longer accessible from our current webpage. It may be worth looking at Threads which the media are calling the new Twitter. At the time of writing, it is only available on Apple devices, but this is likely to change, and we will set up a Healthwatch Norfolk account on the platform once it is accessible to both iPhone and Android users.

Our Facebook account continues to reach thousands of people every month. Our care home survey report coverage reached 1085 people, several hundred accessed Healthwatch Norfolk Live In The East coverage, and over 450 people engaged with our coverage on it when the Norwich Walk-In Centre was saved.

Instagram is working particularly well when signposting people to health and social care information. Nearly 200 accounts were reached when we highlighted the Carers Identity Passport, and around 150 for a video released by the NNUH about care for those who are paralysed.

And LinkedIn use is also buoyant with an average of 3500 to 4000 impressions a month, with lots of sharing and engagement among a dedicated 10 per cent of subscribers.

The latest figures are in the appendix below. The figures do not compare like-with-like in terms of the time period as three months are compared with two in some cases which particularly explains the Facebook jump which is also partly explained by large amounts of engagement around the Norwich Walk In Centre being saved and the Three Hospitals Three Weeks campaign.

Website use in April to June	Average use in percentage terms April-June compared to January-February
Total number of sessions – 19,172	20 per cent up
Average time on site – 1 min 34 secs	1 min 29 secs
Referrals to website from social media 730	58 per cent down

Facebook	Average use in percentage terms April-June compared to January-February
Page likes – 12,113	406 per cent up
Engaged users - 1229	51 per cent up

Twitter	Average use in percentage terms April-June compared to January-February
Profile visits 589 visits	61 per cent down
Followers 3158	1 per cent up
Total engagement 636 actions	94 per cent up

Instagram	Average use in percentage terms April-June compared to January-February
Followers 612	5 per cent up
Accounts reached 1507	23 per cent down

LinkedIn	Average use in percentage terms April-June compared to January-February
Page views 284	9 per cent up
Unique impressions 12,048	6 per cent up
Update highlights (clicks, reactions, comments, and shares) 1267	12 per cent down

Date	24 July 2023
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 March to May 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 March and 31st May 2023, we published 842 individual reviews, relating to 131 different services delivered in Norfolk. The average rating of these reviews was 4.0 (out of five). Most reviews we received were collected by our engagement team (68%, 557) as a result of our recent targeted engagement looking at pharmacy experiences. Thirty-one percent came through our website (262) and 3% (23) of our reviews were received through the post.

We received some demographic data from 56% (469) 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 (402 reviews)	16 to 25	2%	8
	26 to 35	7%	30
	36 to 45	6%	25
	46 to 55	8%	31
	56 to 65	20%	81
	66 to 75	29%	117
	76 to 85	20%	81
	86 or over	7%	29
Gender (465 reviews)	Female	63%	292
	Male	37%	171
	Non-binary	<1%	1
	Prefer not to say	<1%	1
Ethnicity (461 reviews)	Arab	<1%	1
	Asian/Asian British - Chinese	<1%	1
	Asian/Asian British - Indian	1%	3
	Other Asian/Asian British background	<1%	1
	Other Black/Black British background	<1%	2
	Mixed/Multiple ethnic groups -White and Asian	<1%	1
	Other Mixed/Multiple ethnic background	<1%	1
	White - English/Welsh/ Scottish/Northern Irish/British	96%	443
	Other White background	1%	6
	Other ethnic group	<1%	1
	Prefer not to say	<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 22 different services for a total of 132 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 March to May 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	394	 3.8 (+1.1)	
2		Pharmacies	328	 4.2 (+0.5)	
3		Hospitals	79	 4.2 (=)	
4		Carer Support	20	 4.6 (-0.4)	
5		Dentists	15	 1.6 (-0.9)	
6		Mental Health	3	 1.0 (=)	
7		Social Care	2	 3.0 (n/a)	
8		Opticians	1	 5.0 (n/a)	

Table 3 shows the top services about which people have shared their experiences with us between March and May 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	 Orchard Surgery	67	 4.6
2	 The Queen Elizabeth Hospital	33	 4.4
3	 East Harling Surgery	27	 2.4
4	 Norfolk and Norwich University Hospital	25	 4.0
5	 Wymondham Medical Partnership	24	 4.6
6	 Boots (Sheringham)	21	 3.5
7	 Woodcock Road Surgery	21	 4.3
8	 Carers Matter Norfolk	20	 4.6
9	 Gayton Road Health Centre	20	 4.3

GP feedback

In this period we received 394 reviews for doctors' surgeries with an average rating of 3.8 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, the most common theme was positive staff attitudes (35%, 130).

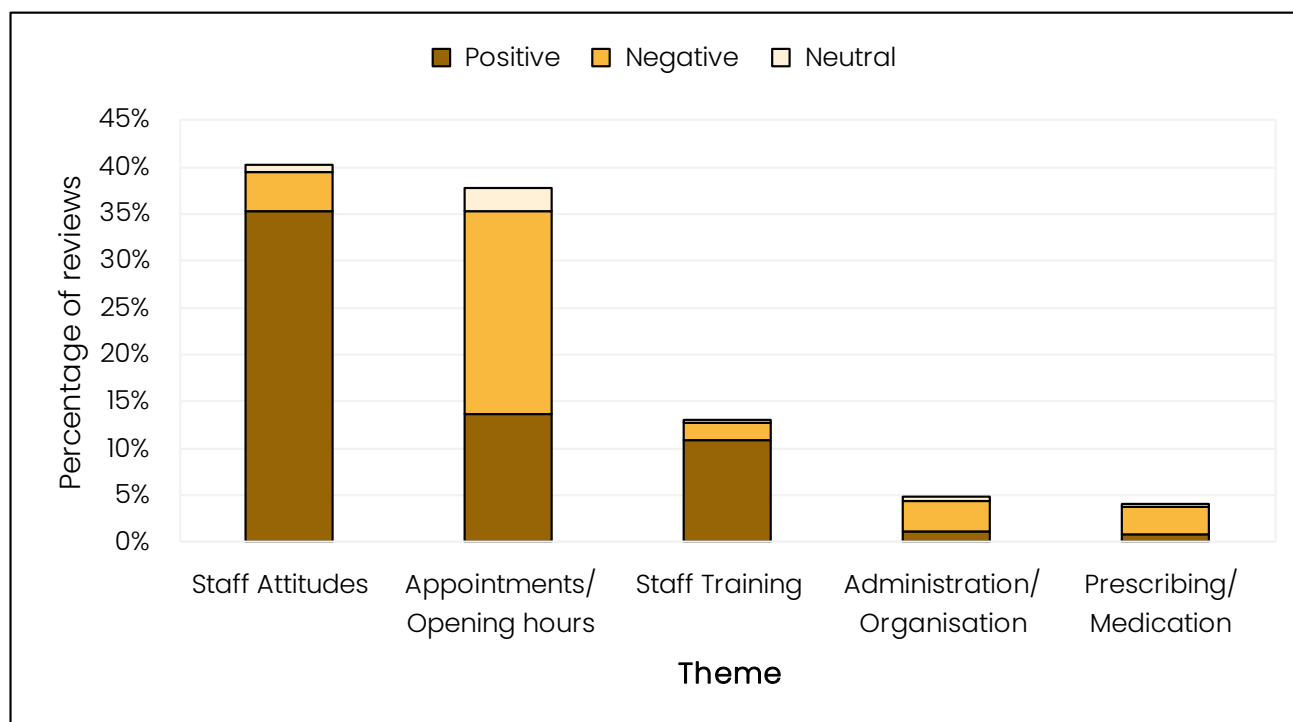


Figure 1. The most common themes and their sentiment in 394 reviews for doctors' surgeries from 1st March to 31st May 2023.

Pharmacy Feedback

Between March and May 2023 we received 328 reviews for pharmacies with an average rating of 4.2. This was mostly a result of our targeted engagement programme looking at what is working well and what could be improved at pharmacies in Norfolk. A full report will be published shortly, below is a summary of this work:

- We spoke to or received survey responses from 1,093 pharmacy users in Norfolk. We also heard from 46 professionals working in surgeries or pharmacies.
- From this work we found out that most people were generally happy with their experiences at their pharmacy rating it as either four or five stars out of five. In general, if service users were happy with their experience they had fewer comments to make because everything was working as well as they expected.
- The most common theme in service user responses was around how they were treated by staff, often they were treated well and found them kind, helpful, and

able to answer their questions. If they found staff attitudes poorer this seemed to cause frustrations and unhappiness with the pharmacy.

- Other themes for service users included:
 - Pressures on the system such as staff shortages, medication shortages, and unexpected closing of pharmacies.
 - Waiting time, including waiting time after arriving at the pharmacy and the number of days they had to wait prescriptions to be prepared.
 - Processes and communication, both between the pharmacy and service user and with doctors' surgeries.
 - Convenience of the pharmacy and the services offered.
 - Appearance and facilities.
- From professionals we heard that most of them felt the relationship between surgeries and pharmacies in the last five years had got worse. The main themes in responses were centred on system pressures and communication between the two.

Hospital Feedback

From March to May 2023 we received 79 reviews for hospitals with an average rating of 4.2. In this period we visited the pharmacy at all three hospitals as part of our pharmacy targeted engagement.

We received 33 reviews for The Queen Elizabeth Hospital with an average rating of 4.4, 25 reviews for Norfolk and Norwich Hospital with an average rating of 4.0, and 17 reviews for James Paget Hospital with an average rating of 4.4.

The Queen Elizabeth Hospital: Stroke Unit

In May we also visited the stroke unit at The Queen Elizabeth Hospital to speak with patients about their experience with health and social care services. From this visit we received 11 reviews for the unit. The reviews have an average star rating of 4.5 out of five.

Healthwatch Norfolk Officers who visited the hospital noted:

- On arrival we were met and welcomed onto the ward.
- All staff were friendly and helpful and made us feel very welcome. We were given helpful information about the ward and the patients at the beginning of the visit which assisted us with our time on the ward and with the gathering of feedback from patients and staff.
- The ward appeared calm, relaxed and settled despite a number of different staff carrying out a variety of different tasks.
- Overall, the ward felt welcoming and well run.

- The day room was a nice bright room with a selection of different games and space for activities. There was a good choice of seating options, but it did appear rather cluttered with access to two leaflet stands blocked by lifting equipment. There is also a TV in the room although we were told that this was currently not working.
- We observed two patients involved in activities in the day room with staff and relatives. Both patients told us they enjoyed the activities.

Overall, patients and their loved ones that we spoke to were mostly happy with their experiences on the ward. The reviews mainly discuss their positive experiences with staff and mixed experiences with sleeping on the ward and the hospital food.

The report from this visit can be found here:

<https://healthwatchnorfolk.co.uk/report/queen-elizabeth-hospital-stroke-unit-feedback-report-may-2023/>.

Three Hospitals Three Weeks: The Queen Elizabeth Hospital

During the week 22nd to 26th May 2023 we visited The Queen Elizabeth Hospital every day to find out about patient experience. We wanted to find out what was working well and what could be better.

We visited outpatient clinics, patients on wards, and Accident and Emergency to speak with patients, their carers, and their visitors. While we were there we made observations and spoke to staff about their experiences too. The surveys will also be available online until the end of our visits for people who are not at the hospital the week we visit.

Most people we heard from were happy with their experience at the hospital. We heard that they were often able to find their way around the hospital and information about their care was explained to them in a way they understand.

Staff were praised for being kind, helpful, and friendly and some patients told us about experiences where they went above and beyond for them. The main suggestion for improvement we heard about was around parking, this included not having enough spaces including disabled spaces, having to pay when they arrive especially when they did not always know how long they would be at the hospital, and the bays not being wide enough. We are aware that work has begun at the hospital to build a new multi-story car park.

In Accident and Emergency patients told us about frustrations with the waiting time and the comfort of the waiting room including it being warm and stuffy, chairs being uncomfortable, and a broken drinks machine.

On inpatient wards we heard that most people felt well communicated with and that they could easily contact someone if they had any questions. However, we heard that some food choices were limited for people with specialist dietary requirements. We also heard some specific suggestions for improving comfort on the ward such as having a television or phone on wards, longer gowns for more dignity, and having enough toilets available for patients.

Letters received for outpatients' clinics were often easy and clear to understand and included all the information that patients needed. Many patients felt that their care was explained to them well and they felt involved in decisions. There were mixed experiences with waiting times for clinics, one of the biggest frustrations was when they had to wait a long while or clinics were running behind.

This visit forms part of a larger piece of work where we are visiting all acute hospitals across Norfolk and we will write a report with recommendations at the end of all these visits.

Signposting

In this period we provided information and advice to 99 people who contacted us by telephone (52, 53%), email (40, 40%), through our feedback centre (5, 5%), at an engagement event (2, 2%). Below in table 4 is a summary of the type of information we are sharing; most commonly this is dentistry (57, 57%) followed by information and advice on raising concerns or making complaints (18, 18%).

Table 4.

Summary of Healthwatch Norfolk Signposting from 1st March to 31st May 2023

57 Information on accessing a dentist	18 Information and advice on raising concerns	4 Support accessing doctors' surgery
4 Information on the safeguarding process	4 Information on mental health support	3 Information and advice on rights or guidelines
2 Advice while on waiting list for hospital treatment	2 Contact details for another organisation	2 Information on local support
1 Caller wanted reassurance	1 Information on medical records	2 Other information and advice

Dentistry

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

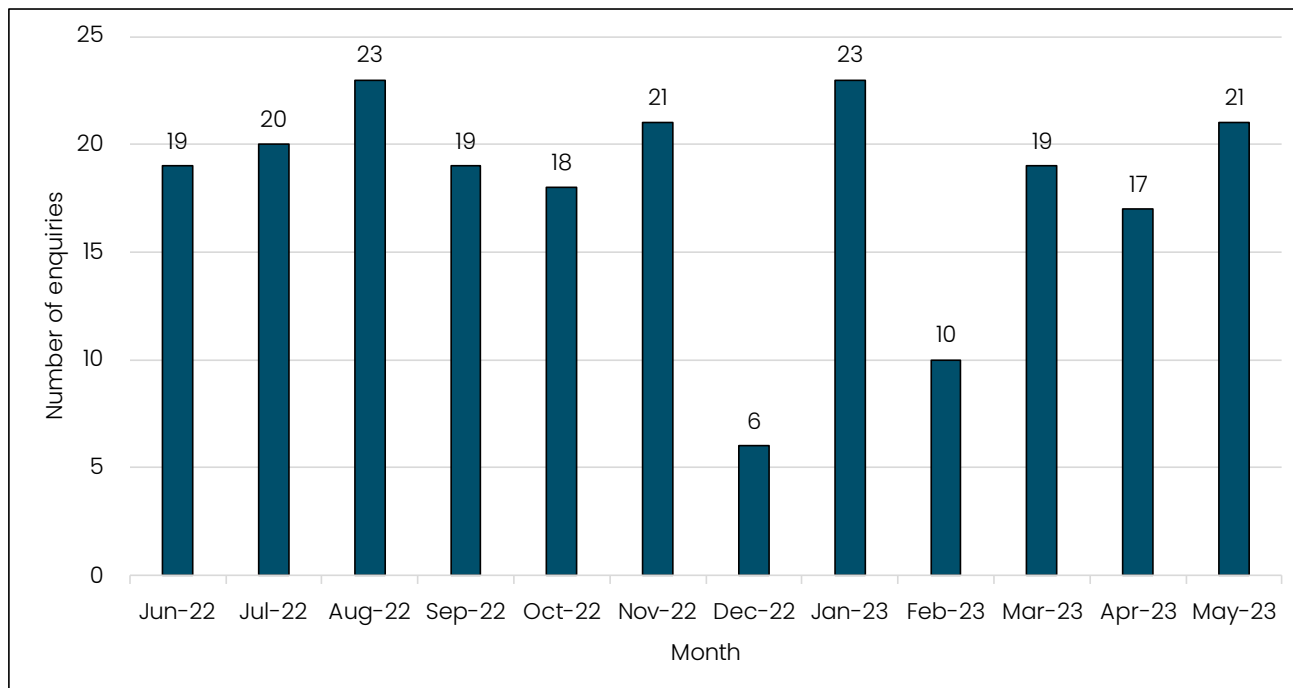


Figure 2. Dental enquiries received by Healthwatch Norfolk in the past 12 months.

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 RAG	Issue	Description	HWE Action	HWN Action	HWN RAG
Red	NHS pressures	Are NHS plans to boost capacity, support staff and provide better care working? Are workforce issues and industrial action having an impact?	Monitor to see if emerging issues.	Monitor to see if emerging issues.	Green
Red	Financial hardship	Is the rising cost of living impacting on wellbeing and access to health and care support?	Reported January and May 2023. Continue to monitor for emerging issues.	Dedicated cost of living/financial hardship page on HWN website.	Yellow
Yellow	Maternal mental health	Has maternal mental health support improved since our last review?	Feedback gathered. Reported March and May 2023. Third update due June 2023.	Monitoring within year 2 of the mental health community transformation fund.	Red
Yellow	Inpatient mental health	People's experiencing of accessing, being treated by and discharged from services.	Start monitoring to gather feedback.	May be indirectly picked up with 3-year engagement with carers of people with SMI.	Red
Yellow	NHS 111 Ambulance 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.	Green
Yellow	Access to GP services	People's experience of trying to access GP services.	Reported April 2023. Continue to monitor.	Report published on GP access in December 22. Continuous engagement via CDOs.	Yellow
Yellow	Dentistry	Experiences of people accessing dental services. Impact of extra funding and commissioning changes.	Reported May 2022. Monitor implementation.	Continue to monitor via general enquiries and feedback centre.	Yellow

	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	Commencing new three-year project into adult social care. Discharge will be one of three key issues investigated.	
	Social care assessments	Are people getting social care assessments, and are their needs being met?	Reported in September 2022. New research being analysed. Continue to monitor.	Monitor to see if emerging issues.	
	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.	Reported July with HWE. Continue to monitor via general enquiries and feedback centre.	
	Referrals to care	People experiencing delays or problems when being referred for care.	Reported February 2023. Continue to monitor	Monitor to see if emerging issues.	

Engagement update

Three Hospitals Three Weeks

At the time of writing this report we have visited two out of the three acute hospitals in Norfolk and at the time of the board meeting we will have visited all three.

This was a whole of Healthwatch Norfolk team effort with the project and comms teams joining forces with the engagement team to spend a week at the hospitals from 9.30am to 8pm to make sure we heard the view from a wide range of patients and visitors to the hospitals.

The first hospital we visited was the Queen Elizabeth in Kings Lynn, where we were made to feel very welcome by the staff there. The thing we heard the most about was the lack of car parking and how you have to pay in advance for you parking which is hard to do when you do not know how long your appointment is going to be. We also learnt that the majority of people felt the staff were friendly and people were happy with the letters they received for appointments. We heard from 512 members of the public and had 12 responses about staff experience of working there. The report for the Queen Elizabeth hospital is under internal review at time of writing.

The next hospital we visited was the James Paget hospital in Gorleston, we were again made to feel extremely welcome and found the staff to be very friendly and helpful. Work on the James Paget report has started with over 450 responses to analyse.

As well as getting lots of feedback from the public the hospital visits, so far have strengthened our relationships with the trusts and increased awareness of Healthwatch Norfolk with the patients and staff.

Future Engagement

July and August we will be having stands at both Norwich and Kings Lynn Pride's where footfall will be high.

The team have also been continuing with general engagement at doctor's surgeries with the practices being more active in contacting us to go to them rather than us always making the first contact which is a shift in attitude to our visits which in the past, some of the practices feared us visiting.

Looking forward the engagement team will be supporting the project team in the engagement needed to support them to deliver the commissioned pieces of work as well as looking at how we can engage with people using the community trust's services such as NSFT, NCH&C and ECCH.

We are also going to be start the very early stages of looking at how we can reach a younger demographic of the public by working with schools. This will take some long-time planning so the actual engagement of this is not likely to start till at least September 24.

Impact Tracker
April to June 2023

Date	Staff	Situation Meeting, event, signposting	Summary Who were you trying to influence? Which person, organisation or group needed to do something differently for you to have achieved your objective?	Outcome What were you wanting to achieve? What changed as a result of your action?	Further follow-up planned to achieve longer-term outcomes or all anticipated outcomes achieved
17/05/2023	SS	Health Inequalities Training at Holt Medical Practice	SS, AG & JH delivered a training about Health Inequalities to primary care staff at Holt Medical Practice. The training was requested by the Ludham practice manager and was funded by the ICB	To get primary care staff to understand the perspectives of their patients who face health inequalities. During the training participants came up with changes they could make at a personal and practice level to improve patients experiences.	Will follow up with all participants in 6 months time to see what changes have been implemented.
18/05/2023	FT	social media after healthchecks at the office	Kirsty at Reed Wellbeing let Sophie know after our social media posts yesterday - 2 businesses contacted her to set up employers healthchecks	getting awareness out via our social media channels	
08/06/2023	SS	Health Inequalities Training at Acle Medical Centre	SS, AG & JH delivered a training about Health Inequalities to primary care staff at Acle Medical Centre. The training was requested by the Ludham practice manager and was funded by the ICB	To get primary care staff to understand the perspectives of their patients who face health inequalities. During the training participants came up with changes they could make at a personal and practice level to improve patients experiences.	Will follow up with all participants in 6 months time to see what changes have been implemented.
23/06/2023	FT	Newsletter for Watton medical practice	I went to meet the new manager at Watton after the previous PM left. Amongst other things I suggested a simple newsletter giving information to patients. The more they are informed the better, even if it is not all good news for them	newsletter published this month	

Quality Assurance Subgroup

Minutes of meeting held on 4 May 2023

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

Chair: David Trevanion

Present:

David Trevanion (DT) Alex Stewart (AS), Andrew Hayward (AH), Emily Woodhouse (EW), Caroline Williams (CW) Kath Edwards (KE) minute taker

Apologies:

Elaine Bailey
Judith Sharpe
Patrick Peal

No	Item	Action
1	Welcome and Apologies	
	DT welcomed everyone to the meeting and suggested a more relaxed meeting, spending more time discussing the current projects. Apologies were received from Patrick Peal, Elaine Bailey and Judith Sharpe	
	There were no other matters arising other than the Action Log.	
2	Minutes from the last meeting (1 February 2023) and action log	
	The previous minutes were accepted as a true record.	
2a	Action Log	
	Most actions are complete. Regarding the Terms of Reference, which dates back a year ago. It was agreed the committee would read a copy (to be circulated with the minutes) and discuss at the next meeting. It was also suggested increasing the meeting quorate, AS proposed Christine MacDonald and Linda Bainton; both to be sent an invitation.	EW AS/EW
	JS supplied a written update on neighbouring HW meetings, discussing and sharing recent work and best practice. A meeting was held with Andy Yacoub. There was no suggestion of regular meetings; this will be reviewed. JS is working on a memorandum of agreement. It was noted that Suffolk's approach is different to Norfolk, which can sometimes cause difficulties. Discussions need to be set to discuss cross border working; ICB need to be more proactive. A brief discussion took place, agreeing this is a work in progress.	
	Quality Framework	
	The subgroup meetings have been scheduled and circulated, starting this week until March 2024.	

	Group to review Quality Framework and action plan	ALL
3	Discussion of current projects	
	<p>Report taken as read.</p> <p>DT recently reviewed the NCHC Transitions report and noted that it was a difficult piece. The focus being too broad as well as the target audience being difficult to approach.</p> <p>The chosen areas were challenging, thinking about the outcomes. A discussion took place on the feedback areas needed to capture, particularly younger people.</p> <p>Regarding Data Protection, it was queried whether they are free to provide us with patient info. This is possible with a data sharing agreement, but patients can be contacted directly on our behalf via a questionnaire (branded by us).</p> <p>The issue of people responding online was raised. For the Long Covid report, out of 286 responses, every response was online. It was stated that some may not want to respond in that way though.</p> <p>Work is currently being undertaken on feedback mechanisms in social care e.g., how people can feedback to care homes with the flipside asking people who work in care homes what they do with the information. The challenge being engagement from care homes. HWN staff are going to send out postal questionnaires but they will need more time for responses.</p> <p>The engagement team are more face to face and collate most information from their visits. The majority of responses are received from handing out surveys.</p> <p>The Pharmacy project is reaching the middle stage with data collection complete, currently standing at 1048 responses. The split is 63% via GP websites, the rest on the ground.</p> <p>DT has noticed that recent reports have come out of intelligence, balanced with commissioned projects. The Long Covid project was an exceptionally good piece of research, with clear findings. When asked if the report should be circulated to GP's directly, it was suggested to send via the ICB to GPs with a one-page briefing including practical suggestions.</p> <p>It was questioned whether there was a consensus on collating the opinions of a 1000 people online, rather than 10 people in an hour-long guided discussion. EW explained the methodology of designing project work.</p>	

	<p>It was highlighted the long quote at end of report amplifies the issues for those struggling with Long Covid.</p>	
	<p>CQC Continuous engagement</p> <p>EW explained the background to this project.</p> <p>The CQC put an ad on workspace listing priority groups to speak to, one group was homelessness. This group was recognised as people that do not feedback on their website, but they would like to hear from them. The online form was turned into a paper-based questionnaire.</p> <p>This project is a short piece of work, completing at the end of this month. Jess Hickin is leading on the project, speaking to people face to face and has received good responses from providers. There was a financial incentive via vouchers for supermarkets.</p> <p>It was highlighted that an "in person" discussion for this group is vital and could be applied to other groups. A piece of work had already been performed on a similar project and gave a steer on best approach.</p> <p>It is hoped to continue the relationship with CQC. The newly appointed director of social care (in post 1 June) has booked in monthly meetings with AS.</p> <p>Another group needed to nurture is Travellers. It is felt they are surveyed a lot without change. Trust is lost because they do not see any benefits from engagement.</p>	
	<p>Social Care</p> <p>An unpaid piece of work to map data held by adult social care providers, how the information is shared to improve service. It has been challenging getting hold of contacts. Our public survey has received 25 responses, 5 responses from providers only.</p> <p>It was highlighted that due to the Manager's workload, the best way for response is to speak to them directly.</p> <p>The current care home population is 10k.</p>	
	<p>My Views Matter</p> <p>John Spall is managing the project and currently drafting an overarching report, with support from the project team.</p> <p>AS highlighted that Tony Edwards assists with this project, using his personal experience with learning difficulties. He has been chosen as our first Healthwatch Hero.</p> <p>This is a valuable piece of work with lots of positive PR.</p>	
	<p>Patient Participation Group</p>	

	<p>The toolkit has been handed to the ICB. There has been continued interest from PPGs with an overwhelming request for a forum to share best practice.</p> <p>HWN has agreed to supply the venue and support for a year, meeting quarterly, the first meeting will be held in July. One PPG chair from each area will be in the group.</p> <p>ICB are to contact HW Suffolk to see if they want to be involved.</p> <p>The research has been affected by Covid, making it difficult to get a clear view as most PPGs moved online or stopped functioning altogether.</p>	
	<p>New projects</p> <p>NNUH Trauma centre – agreed, needs contracting.</p> <p>3-year project - Adult social care – 3 key areas dementia, discharge and older people</p> <p>NSFT 3-year project –Serious mental illness needs contracting.</p> <p>QE – 12 months’ project - Governor training – developing young persons’ campaign to develop a young persons’ counsel. To contact East Coast College/Schools. It is hoped that this is a model that can be applied to other trusts.</p> <p>Antonia Hardcastle is the new chair of governors.</p> <p>Norfolk LGBT project - Bid pending around training with primary care staff focussing on LGBT areas e.g., Trans, transforming futures.</p> <p>Collaboration with Age UK Norfolk – 2-year project (funding from Norfolk Community Foundation) to take place in Great Yarmouth tackling two main areas - loneliness and scheme to improve volunteering. Need to fit remit for both organisations. Deadline end of May.</p> <p>NCHC 3-year approach results tomorrow – New cottage hospital on Colman site- engagement what people would like to see. Work around services for older people – links with NCC work. Virtual wards and technology.</p> <p>Walk in Centre – Need to cost recommendations.</p> <p>Vaccination rates- EW will be discussing vaccination rates and proposal at a Breckland Council meeting tomorrow.</p>	
4	Impact Tracking	
	<p>The question was raised if there was more impact than being recorded?</p> <p>The recommendations from reports are added to the Tracker, with reminders in the diary to follow up. EW explained the working process briefly, including following up on recommendations and the need for early responses. It is felt worth adding second stage impacts to the tracker especially with 3-year projects.</p>	

	<p>DT Mental Health care project – as 3-year project work recording impacts as the project progresses. Would be same for older, longer projects. EW briefed the group on the process.</p> <p>It was asked if there was any difference in commissioned projects and projects owned by us and a need to stop projects being shelved.</p> <p>The Hearing Loss project was highlighted as a good example. This was presented at the Healthwatch England conference and meetings with other HW branches.</p> <p>It is important to be able to evidence impacts and changes in the annual report.</p> <p>PPG Toolkit – could be applicable more widely if picked up by right people. All reports are held centrally by Healthwatch England, for anyone starting up similar projects.</p> <p>AS has been invited as a speaker at the Healthwatch England conference on 16 Sept to talk about our success in getting commissioned works and contracts. Our work has been included at Select Committees; we are becoming more and more successful. MPs are also updated on projects with engagement via our Comms team.</p>	
5	Project to be presented at the next Board Meeting 24 July 2023	
	<p>It was agreed that the Long Covid project will be presented at the next Board Meeting on 17 July by Josh Ball. The report to be circulated with the Board papers. It was thought more beneficial for the Board to read the report prior to the next meeting and raise direct questions.</p>	EW
6	Any other business	
	There was no other business.	
	The date of the next meeting is 2 August 2023	

The meeting ended at 11:22

Action Point:	Responsible
A copy of the ToR to be circulated with the minutes	EW
Review Quality Framework and action plan	ALL
Josh Ball to present the Long Covid report at the Board meeting 24 July	EW
Christine MacDonald and Linda Bainton to be invited as QA subgroup members.	AS/EW

Date	24 th July 2023
Report to	HWN Board of Trustees
Item	12
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.

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 * 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 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 	CEO	3 x 4 = 12	→
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, demotivated staff and reduced future income	<ul style="list-style-type: none"> *Critical appraisal of all new business opportunities in accordance with the policy is needed *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 sub group. 	CEO and Bus Dev Director	3 x 4 = 12	→

	from commissions of work. In particular, poor adherence to the policy at the early stages of a potential new project.				
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 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.	<ul style="list-style-type: none"> * Need to have clear and concise contract specifications and defined outcomes/impact * Separate work programmes and reporting arrangements * 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 2.3.2023, 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.	<ul style="list-style-type: none"> * 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-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 	All Line Managers	3 x 3 = 9	→

			* 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: 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

Quality Framework Action Plan

1. LEADERSHIP & DECISION MAKING

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
1a	Development of Mission statement, vision and strategy Use staff, Trustees and volunteers attending other meetings to inform on the strategy	AS		GREEN	Latest strategy P:\Operations\Strategy & Operation Plans\2022-23\HWN Strategy and Plan on a Page Jan 2023.pdf developed after discussions with Trustees.
1b	Development of a robust business/work plan and subsequent budgetary alignment	AS	18/9	AMBER	To be actioned by AS. Draft to next meeting 18/9.
1c	Do we need a Growth Strategy?	AS/JS	23/8 & 18/9	AMBER	To be actioned by AS/JS. Draft to finance subgroup 23/8 and next meeting of this group 18/9
1d	Norfolk JSNA (? Action not clear here?)			RED	
1e	Development of processes for appraising the Board's effectiveness			GREEN	PP has completed Trustee appraisals 2023 using HWE template. Report for Board written. Will be annual.
1f	Should we bring our Code of Conduct Policy more frequently (eg annually) to the Board			GREEN	Code of Conduct Policy circulated 9.6.23 to Trustees
1g	How often are staff reminded to review the Code of Conduct? Is it included within their annual appraisal?			GREEN	Code of Conduct policy circulated to all staff 9.6.23, Volunteers 14.5.23 and included in appraisal document going forward.
1h	We do not as yet have a Board EDI champion EDI is not as yet a standing item on Board meetings	PP/AS	Aug/Sept	AMBER	Agreed to discuss at Board Away Day Aug/Sept
1i	Are Equality Impact assessments undertaken when scoping projects?			RED	Sometimes undertaken. Requires further discussion after Board Away Day
1j	Should we introduce an EDI strategy?			RED	
1k	Encourage staff to build networks at their own level, managers to identify and suggest places/individuals			GREEN	Discussed at staff appraisals and active actions in progress.
1l	More active training development of staff, managers to identify/suggest training/development. Personal development plans to become part of annual appraisal	JS	5/8	AMBER	JS to prepare proposal (with CW) for next People Action Group on 5/8.
1m	PP to contact LA (HWE CEO)			GREEN	Completed by PP and reported back to AS/JS
1n	Review our Decision-making policy and ensure we are following it or amending it is necessary			GREEN	Lengthy discussion. Agreed no changes needed to current policy. VCJ to re-read previous board minutes to confirm. Will also be discussed at Board Away Day.

2. PEOPLE

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
2a	Consider how to reduce the difference in understanding levels between staff and volunteers.				
2b	Suggestion to have mentor system for new trustees from existing trustees if wanted				
2c	Provide all staff/trustees with a script/presentation to use when talking about HWN				
2d	Buddying system for new staff re. H&SC system				
2e	Consider how to ensure our recruitment adverts reference our values				
2f	Consider how our values can be better referenced in Staff/volunteer/stakeholder feedback/surveys				
2g	Need to introduce mandatory ED&I training			GREEN	IHASCO Training service now introduced and ED&I was 1 st to be done
2h	Regular refresher for people about culture, values and behaviour			GREEN	Ties in with 1 st Domain Leadership & decision-making Code of conduct policy circulated 9.6.23
2i	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.
2j	Staff leaving for career progression seen as positive but could we look for opportunities for internal staff progression/development?				
2k	Updated Staff handbook need final completion				
2l	Look at ways to develop staff further - inc. more delegation				
2m	Need more systematic approach to regular review of staff reading essential policies				IHASCO Training system introduced will include this as a feature
2n	Ensure we analyse equality monitoring forms				
2o	Reach out to different communities when recruiting				

2p	Investigate "Disability Confident Employer" status				
2q	Consider how we can better support Trustees and volunteers				
2r	Consider other support/supervision for staff for distressing calls/encounters				
2s	Further agreement needed on size of volunteer group that is desired and activities for volunteers				
2t	Set up volunteer profiles (with photos) and case-studies on the Healthwatch Norfolk website / in the annual report / newsletter.				
2u	Create smaller volunteer tasks that means they can check-in with Healthwatch Norfolk on a regular basis (for example: reading Draft Reports to check for accessibility and language)				
2v	As there is no designated Volunteer Coordinator, each volunteer needs regular 1:1s or check ins with the Community Development Officer in their area.				
2w	Ensure that all active volunteers fill in (or have completed) the volunteer application form and that non-active volunteers return ID badges and do not continue attending meetings on Healthwatch Norfolk's behalf.				
2x	Consider recruiting fixed, short-term volunteers for certain projects and that this is specified in the recruitment advert.				
2y	Explore displaying our values in our comms material, in reports and as part of email signature) and prominently on recruitment adverts.				
2z	Extend our training opportunities (external organisations) and IHASCO training to Trustees and volunteers (if possible).				

3. SUSTAINABILITY & RESILIENCE

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
	<p>Meeting 4.5.23</p> <ul style="list-style-type: none"> • Add reference to ToR re. continuous improvement • EB share QF full action spreadsheet with CR • Add succession planning to actions required • PP to talk to AS re. reliance on AS • Number Action Plan • JS investigate attendance/gaps at ICB Place Meetings <ul style="list-style-type: none"> • JS explore attendance at Childrens Safeguarding Board • JS discuss HWN live event with JB/AS (praise funders/commissioners?) • CR introduce Zaeem Haq to Alex • JS share NCC SLA to discuss next time • JS discuss with PP/AS how any contentious issues from QF will be handled 	<p>JS EB JS PP JS JS JS</p> <p>JS CR JS CR JS</p>		<p>GREEN GREEN GREEN RED GREEN AMBER RED</p> <p>AMBER AMBER GREEN AMBER</p>	<p>Completed 9.6.23 Completed Completed Completed 9.6.23 We are attending all HWBP meetings but none of the PLACE Board Meetings. JS/AS investigating with ICB contacts. EW has contacted CSP to enquire further Completed (NCC also reviewing) Suggested QF becomes standing item in part 2 of Board Meetings</p>
3a	Ensure that credible HWN representation is provided by multiple people (staff/volunteers) at all significant meetings				
3b	Ensure that the BD Director has sufficient time allocation to continue to be involved in the development of business relations				
3c	Develop more sophisticated monitoring of communication activity ie 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				
3d	Implementation of an impact tracker?			GREEN	

					Impact Tracker now in use. Regular reminder needed to ensure used for all opportunities
3e	<p>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</p> <p>Consider quarterly formal update to Director of Public Health (designate lead manager for our LA commission)?</p> <p>Reports might include contractual requirements on top of the statutory minimum e.g. quarterly financial updates, ongoing dialogue about progress</p>				<p>NCC do receive all our Board Papers. March 2nd 2023 Partners Event at Park Farm being held.</p> <p>Regular 1/4ly meetings held now with Cs at NCC</p>
3f	Need to be proportionate and for the future, maybe negotiated upfront?				
3g	Annualise meetings with key commissioners aka meeting earlier this year				
3h	<p>Feedback from our commissioners on our outcomes would be useful to receive. Develop mechanism for such?</p> <p>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</p>				
3g	Ensure that the Finance committee TOR are reviewed on an annual basis and that annual audits are undertaken to ensure full compliance				
3h	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?				
3i	Consider possibility to increase number of finance subcommittee meetings in the future - especially across current turbulent times/unknown market changes				
3j	Possible introduction of a separate outline growth strategy alongside corporate document?				
3k	Ensure strict adherence to the Project Policy by regular conformance audit				
3l	Include potential for cost recovery within project specification and costings				
3m	Ensure Trustees are approached where areas of specific expertise are required for project development				
3n	Ensure that Decision Making Policy is followed for all potential income streams				

3o	Use our income generation plan to inform how income generation activity will support us to deliver our overall strategy				
3p	Review of our risk strategy and risk management processes should be undertaken, particularly as we move from a small to medium enterprise				
3q	Business Continuity Plan may need to be reviewed on a more frequent basis?				
3r	Review of impact assessment use?				
3s	Await publication of health and wellbeing action plan. Implement changes as required then undertake further questionnaire to evaluate changes in 6 months time?				
3t	Additional first aid training to be sought for those requesting to support such				
3u	Ensure all staff have undertaken mandatory health and safety training				
3w	Board to review HWN's delivery against the objectives contained within the equality, diversity and inclusion plan plan to ensure our ongoing compliance. Suggest annual standing agenda item?				
3x	Review issues of succession planning				

4. COLLABORATION

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
4a	All levels of staff and volunteers to maintain relationships with key stakeholders via meetings and representation at key meetings				March 2 nd 2023 Partners Event being held.
4b	Annualise a key stakeholder group meeting				
4c	Community Leads to continue strengthening their relationships at Neighbourhood levels				
4d	Chair, CEO and BDD to continue high level input/profile at ICB/ICS/Health and Wellbeing Board levels etc				
4e	Potential for links with UEA to strengthen via Trustee involvement?				
4f	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				
4g	We have evidence of holding commissioners and providers to account and challenging the quality of EIA or other methods used <p style="color: red;">ALEX TO RESPOND HERE if actions needed Anything re EIA? Is evidence re 8C included within our annual report?</p>				
4h	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? <p style="color: red;">Alex/Judith to respond if actions needed</p>				

5. ENGAGEMENT					
ACTION		WHO	WHEN	RAG	COMMENTS/UPDATE
5a	Do We know from our demographic data which communities engage with us and who we have yet to reach.	ST	Autum	Amber	We have only recently started collecting basic demographic data on engagement although do collect this on surveys engagement form has recently been redesigned. We have started collected this data and after we have done the 3 rd hospital we will review to see where the gaps are
5b	Do We understand the demographic profile, levels of deprivation and health inequality data of our local	All	On going	GREEN	Health inequality training held thro' NCC in Spring 2023 Now been delivered
5c	Ensure that through our relationships with communities we understand where we can make the most significant impact in tackling inequality	Engagement team	On going	Amber	Networking at events is helpful to make links. At start of any new project or Engagement look for the community groups that would be useful to link in with
5d	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	CW/ST	On going	Amber	Using the intelligence and engagement report to look for trends.
5e	Ensure that Our communications strategy/plan includes specific references and methods to reach local communities	JB	On going	Green	Newsletter to every parish Clark and MP office. Using local

					<p>press in print, radio and TV. Developing a podcast. Subject to budget using recitome on new website to help translate</p> <p>Some health and social care organisations share our comms such at QE,NCC,NSFT Try and make sure everything is accessible using newspapers, radio as well as social media. N&N has just agreed to share out comms</p>
5f	Ensure that we test our engagement methodology with people who are from the communities we hope to hear from.	Project managers in liaison with comms	On going	Amber	Using expects by experience such as about with friends enter and view.
5g	We need to have a data sharing agreement with Healthwatch England			GREEN	Yes - signed February 2023
5h	Do we have a Data sharing agreement with the ICS and other local Healthwatch within the Integrated Care System?	JS/AS		Amber	No formal agreement with other HWs but all feedback received for them, is sent to them or put on their website. We share info with the ICB on a quarterly bassies. Anything with personal data would need to be GDPR compliant
5i	Do We have adequate training and support structures in place to debrief and support both staff and volunteers involved in collecting views.	CW/JB/ST/FT	On going	Amber	we have some training and managers are always alert to support staff when difficult encounters have happened. Need to reiterate/formalise supervision?

					<p>More use of HWE training on difficult calls.</p> <p>The engagements team goes out in pairs.</p> <p>Training before large hospital engagement</p> <p>Do we need to look at a frequent callers list. Ending call sentences, agreement in being able to end calls.</p> <p>Review phone message</p> <p>Refresh of comms as to who we are and send to groups such as CAB and Help for heroes so they know our scope.</p>
5j	Do We provide support and advice on co-design, co-production ensuring people with lived experience are involved in decision making?	Project team	On going	Amber	<p>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</p> <p>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.</p>
5k	signpost log - need to ensure any signposting done on engagement is also captured	CW	May 23	Green	Team to be made aware to do this
5l	Do We systematically carry out satisfaction surveys	All	On going	GREEN	<p>360 degree stakeholder review carried out Dec 21 but public not part of this. End of project</p>

					<p>procedure will help us keep a track of impact. Survey after Healthwatch Live, Stakeholder events, training we deliver.</p> <p>need to improve our tracking back of outcomes/impact achieved. New tabs on impact tracker will help this.</p> <p>Look at sending a very quick survey about how it was working with us.</p>
5m	Do We have case studies which document outcomes of signposting/information & Advice	EW/CW/ST	Autum	Amber	<p>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. We have media opt in tick box on our website feedback forms. ST/JB to look at people who agree to this to get some case studies in the bank to use for different situations. As they are given anonymously we could voice them ourselves.</p>
5n	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,	JB	On going	AMBER	<p>Younger people is being worked on in the next few months Doing project for CQC with people who are homeless Worked with people who do not have English as there first language for HWE accessible information standard ,Need a bank of resources</p>

50	<p>Do we understand each of our CDO areas well enough?</p> <p>Could we involve public more at different stages of a project?</p> <p>More training on different engagement methodologies</p>	CDO's	On going	GREEN	<p>that we can take and delivery to different age groups at schools, after school groups, young farmers and other community groups such men's shed.</p> <p>The team have a good knowledge of their areas but with the ever changing landscape they are constantly keeping themselves up to date as the community evolve. This is a natural part of them embedding themselves in to their communities. The data training will help with their understanding.</p>
		All	On going	GREEN	<p>Targeted engagement is developed from what the public have told us. Projects to use experts by experience while appropriate</p>
		All	On going	GREEN	<p>The engagement team constantly look to update and change the engagement form so we get the most of the conversations. Engagement ideas is a standing agenda item on our monthly engagement meeting. One word post it note board tried at flu clinic.</p>

						<p>Look at other visual displays, counters to take out and about at events to encourage conversations with people.</p> <p>Keep an eye on work place and other engagement reports to see how other HW's gather feedback.</p>
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6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
A. Strategy and Processes				
1. Include the managing of relationships locally, regionally, and nationally within our strategy	Linda	By next mtg		To check current position & feedback
2. 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	Mary	By next mtg		To check current position & feedback Subject for discussion at a future mtg
3. 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 ?	John S	By next mtg		To check current position & feedback
4. Develop comms strategy and infrastructure to ensure information re HWN is available across all demographics and geographies, including seldom heard/hard to reach groups Possibility of starting up a patient/user/carer panel where thoughts can be shared and HW's public exposure can increase incrementally?				To discuss next mtg with John B and Fi
5. a) What is the best way for us to engage with other groups (including the VCSE sector) who are engaging with the hard to reach groups that we're not yet reaching? Is there potential to co-produce? b) Should we request support/guidance from HWE re engagement Standard Operating Procedures (SOPs)/protocols? (Seems visibility is a common problem experienced by multiple local HWs) c) Should Community Leads to go out to hard to reach groups and find out where they are currently getting their information from?				Subject for discussion at a future mtg
6. a) Should we be targeting younger groups via High Schools/Further Education establishments/Scouts/Guides b) Should we utilise TikTok, Snapchat, Instagram?	Linda	By next mtg		To check current position and feedback Discuss next mtg with John B and Fi

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
B. Stakeholder relationships				
7. Continue to build/strengthen relationships within new Integrated Care Board (ICB) and Integrated Care System (ICS) . There are many new faces emerging so many introductions need to be made				Subject for discussion at a future mtg Need to identify current key players.
8. We need to review/ stocktake all meetings where there is currently HWN representation				Exercise currently underway across HWN staff to identify who attends which meetings. Await the outcome
9. Need to ensure annual stakeholder/commissioner Keep in Touch (KIT) days take place				Annual stakeholder event held in 2023. Not sure about Commissioner KIT days
10. a) Focus on developing relationships at Place level , in particular NNUH as the Committees in Common develops. (With Committees in Common now developing, real need to develop strong relationships with NNUH) b) Continue building of relationships at Neighbourhood level via community leads c) Ensure staff continue to build up trust within their local communities and are embedded in their local areas d) We can continue to improve as there are always more platforms, more VCSE organisations and more individuals that we can link in with	a) Judith /Mary	See Comments		The 5 x Place Boards are all in early stages of development and are all different. Need to identify a single contact on each Board. Note: Currently being followed up by the Leadership & Decision Making Group plus Mary is doing research which may be useful here Need to identify our existing contacts at Neighbourhood level – is it via HWBs or Community Connectors?
11. Undertake stakeholder mapping exercise? (Local, Regional and National)				Subject for discussion at a future mtg. Outcome of the stocktake at 8 above will be a useful for us to build on. Will need to agree a definition of 'Stakeholder' for this exercise
C) Measuring and demonstrating impact				
12. Continue to ensure that outcome indicators are aligned to and included within every project to ensure we can measure the difference we've made	John S	By next mtg		To check current position and feedback

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
13. Use outcomes review to reflect on the learning from the project and support future improvements	John S	By next mtg		To check current position and feedback
14. 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/minuted. This has been happening as part of our project wrap-up meetings which have started recently).				We have the impact tracker tool which could capture this. Discuss next mtg with John B and Fi
15. Theory of Change training December 2022				Completed 1.12.22

Themes:

- A. Strategy and Processes
- B. Stakeholder relationships
- C. Measuring and demonstrating impact