



Healthwatch Norfolk Trustee Board

16 October 2023

10.00 – 12:00

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

OSW THE MEETING MAY ALSO BE ATTENDED VIA MICROSOFT TEAMS

No.	Item Items for Action (A), Information (I), Discussion (D), Presentation (P)	Time	Mins.	Page	A,I,D
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Part I – Public Board Meeting					
1.	Questions from the general public	10:00	5		D
2.	Welcome, introductions and apologies for absence (PP)				I
3.	Declarations of any conflicts of interest relating to this meeting (All)				I
4.	Minutes of the meeting held on 24 July 2023 and action log.	10:05	10	3-9	A/I
5.	Matters arising not covered by the agenda				D
6.	Chair report	10:15	10		I/D
7.	CEO Report and feedback from Awayday	10:20	40	10-41	A/I/D
8.	Communications Report (JB), Engagement and Intelligence Reports including the Impact Tracker (ST & CW)	11:00	20	42-58	I/D
9.	QA Subgroup & Projects update (DT & EW)	11:20	15	59- 63	I/D

10.	Finance, Risk Register, Quality Framework and Health and Safety update <ul style="list-style-type: none"> • Finance Sub-Group Minutes (PP) • Risk Register (JS) • QF Action Plan (JS) • H&S update (JS) 	11.35	15	64-68	A/I/D
11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement	11.40	5		I/D
	Dates of future Board meetings <ul style="list-style-type: none"> • 15 January 2024 • 15 April 2024 • 22 July 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
Willie Cruickshank
Andrew Hayward
Christopher Humphris
Mary Ledgard
Christine MacDonald
Bridget Penhale

For information:

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



Healthwatch Norfolk Board Meeting
24th July 2023
10.30 to 12.30

In attendance

Trustees

- Patrick Peal (PP) Chair
- David Trevanion (DT)
- Andrew Hayward (AH)
- Chris Humphris (CH)
- Elaine Bailey (EB)
- Linda Bainton (LB)
- Mary Ledgard (ML)
- Vivienne Clifford-Jackson (VCJ)
- Willie Cruickshank (WC)
- Christine MacDonald (CM)
- Bridget Penhale (BP)


Officers

- Alex Stewart (AS) – Chief Executive
- Judith Sharpe (JS) – Deputy Chief Executive (minutes)
- Caroline Williams (CW) – Head of Engagement
- John Bultitude (JB) – Head of Communications and Marketing

Also in attendance via MS Teams:

- Simon Scott, NCC (joined at item 6)
- Rachel Grant NCC

No.	Item.	Action
1.	Questions from the general public There were no questions from the general public	
2.	Welcome, introductions and apologies for absence. Apologies had been received from Ciceley Scarborough, NCC, and Emily Woodhouse.	
3.	Declarations of Interest (new or pertaining to items on this agenda) There were none.	

<p>4.</p>	<p>Confirmation of Trustee Appointments</p> <p>JS explained that following preparation of the annual accounts, Larking Gowen (accountants) had recommended that we record in the minutes formal approval of the register of Trustees and the dates of Trustee appointments. The register had been included in the meeting papers, a paper copy was circulated and each Trustee signed to confirm their appointment date.</p> <p>JS ACTION attach this signed register to these minutes.</p> <p>VCJ asked about the process of Trustee recruitment and re-election. AS explained that each Trustee is recruited for an initial term of 3 years and can offer themselves to serve a further term of 3 years – with 6 years being the maximum continuous period.</p>	<p>JS</p>
<p>5.</p>	<p>Project Focus – Experiences of Long Covid Support Josh Ball, (JBa) Project Officer</p> <p> Long Covid Support Summary Presentatio</p> <p>JBa presented a summary of his report which had shown a lack of general awareness of the condition and also the support that is available for people with Long Covid (including NHS website and the local NCH&C-provided service), fears from people that they will not be taken seriously, and a need for wider patient consultation to understand what support is required and what needs improving.</p> <p>EB congratulated JBa for the report and said it is especially important it is acted upon. JBa said that the recommendations have been sent to NCH&C and the Norfolk and Waveney ICB and will be followed up in 6 months' time to ask if they have been implemented.</p> <p>There was a discussion about similarities with ME/CFS (Chronic Fatigue Syndrome) and concern that provision of support for people with Long Covid should not result in any reduction of services for people with ME/CFS.</p> <p>VCJ asked about the severity of illness in respondents. JBa said the survey had not asked about this as it had focussed on how people had managed to access support services.</p> <p>PP thanked JBa for his presentation and work and that he looked forward to hearing further about how the recommendations were received/actioned.</p>	

6.	<p>Minutes of the meeting held on 17 April 2023 and action log.</p> <p>BH noted that her name had been omitted from the attendees. Otherwise, the minutes of the meeting held on 17th April 2023 were agreed as an accurate record.</p> <p>ACTION LOG – all items had been completed.</p>	
7.	<p>Matters Arising</p> <p>VCJ asked if there was any update on the receipt of a response from the ICB to the Hearing Loss report. AS had agreed to update when received. PP suggested this be added to the ACTION log</p>	AS
8.	<p>Chair’s Report</p> <p>PP reported that the recent Health and Wellbeing Board Meeting had been well attended with interesting presentations on the 5 Year Joint Forward Plan and the Norfolk Better Care Fund. Other presentations included Pharmacy Services, Ophthalmology, Dental Services, Prevention of CV Diseases and information about the new CQC inspection of Local Authorities/ICS. PP said there had been good networking opportunities and he had made useful connections and invitations with some leaders from the ICS.</p> <p>PP gave a short presentation following recent Trustee appraisals. PP had used the HWE template and Trustees had collectively given a rating of 4/5 for the Trustee role. Trustees had cited achievements and value gained from The Partners Event in March, involvement with the Quality Framework meetings, representing HWN at meetings and events and getting involved with the work and team.</p> <p>PP was keen to say that it is not an intention to make HWN a “commercial organisation” but that it does need to operate in a commercial fashion to achieve sustainability and growth. Future development opportunities suggested by (and for) Trustees included taking part in Enter and View visits and sitting in on weekly Business Development Meetings. ACTION JS ensure opportunities to do this are shared with Trustees Other suggestions arising from the appraisals were that delegated authorities should be reviewed annually, clear focus on outcomes and impact should be continuously sought and for meeting minutes to be more succinct.</p>	JS

<p>9.</p>	<p>CEO Report and Operations Plan Update</p> <p>AS spoke about the recent SMI Carers Conference Event (6th July 2023) hosted by HWN and NSFT and how well it had been attended and received. An action plan is being developed from table discussions and responses at the event.</p> <p>AS mentioned, the potential of some NICHE funding relating to evaluation of the Concept Ward at the JPUH.</p> <p>There was a discussion about the Hewitt Review. AS said that the CEO of HWE had cited the idea that a review of local HW structure could consider consolidation so that there is one LHW for each ICS.</p> <p>AS commented that the Operations Plan is an ongoing/in progress document as many of the activities are continuous in their nature or work that repeats annually. PP wished to note thanks for the enormous volume of work that this plan demonstrates HWN is undertaking.</p> <p>CH asked about the proposed Right Care, Right Person initiative that the Police are proposing to implement. AS advised, he had written statutory letters to the Police and Crime Commissioner (PCC) and the CEO of the ICB expressing concern for how the public would access mental health crisis services when this is rolled out. JS had attended (in AS absence) a meeting with the PCC and Assistant Chief Constable who had outlined the measures being taken. The initiative will not take effect here until December and the ICB have started a workstream/project to manage the transition which includes provision of some emergency vehicles staffed with MH practitioners.</p> <p>There was a discussion initiated by EB about who attends system (Health & Social Care) meetings including the PLACE Boards. AS said this is currently under review to ensure our attendance adds value for us and the system and is not purely "box-ticking." CM asked if we still use volunteer representatives at meetings. AS confirmed this does still occur in some cases when the volunteer has topic-related expertise/experience.</p>	
<p>10.</p>	<p>Communications Report (JB)</p> <p>PP expressed thanks to JB for the AGM presentation/video. JB spoke about a refresh of our "What we do/who we are" video to ensure it is kept up to date with the work we are doing. VCJ asked if it would be possible to provide a "Script" for Trustees to use at meetings explaining HWN. JB agreed this could be provided. ACTION JB</p>	<p>JB</p>

	<p>PP suggested that (when available) the updated materials could be shared by all Trustees on social media. ACTION all Trustees.</p> <p>JB spoke about a fall in the amount of feedback being received via GP websites as many of them are moving away from the "Footfall" website. JB said that we are investigating this trend with the ICB.</p> <p>Engagement and Intelligence Reports including the Impact Tracker (CW)</p> <p>CW spoke about the Pharmacy Engagement saying that public feedback was generally more positive "in person" than when received online. Other feedback received reported poor communication between GPs and Pharmacies with patients being passed "to and fro" between them. The full report is currently being written and will be available shortly. AS commented that Pharmacy Services are an ongoing focus of HOSC.</p> <p>CW said that the Three Hospitals engagement has resulted in over 500 items of feedback for each of the hospitals. This was currently being analysed and reports will be completed in about 6 weeks. This engagement had been well received on all sites with overall feedback being incredibly positive about the care provided. Main concerns reported were about food and car parking. This engagement project had, for the first time, included all HWN staff and had been a positive team activity with everyone working together.</p> <p>BH said that the engagement team had also attended several days of the British Society for Gerontology Conference at UEA and that this was much appreciated and helped to raise general awareness of Healthwatch.</p> <p>CW presented the Projects Report on behalf of EW, mentioning Patient Partner, Homestart Norfolk, Homelessness Project for the CQC, Mental Health Community Transformation Year 2, Adult Social Care Mapping, QEH Governor Training, Health Inequalities Training delivery, and 3-year project for NCH&C. DT commented that the quality of report writing had been excellent in recent months and especially praised Lisa Franks for her work on the Homestart Norfolk project.</p>	Trustees
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11.	<p>Finance, Risk Register, Quality Framework and Health and Safety update (Finance Sub-group Minutes and revised budget for 2023-24 covered in part 2 of the meeting)</p> <p>Risk Register JS reported that there had been no score changes or additions since last quarter. CH suggested that the description of risk relating to funding and sustainability might be rewritten to reflect the up-to-date situation. Agreed - ACTION JS VCJ asked if there is a disaster contingency plan. JS confirmed there is.</p> <p>Quality Framework Action Plan PP commented that the breadth and depth of discussions in the action group meetings is extremely healthy for the organisation. LB added that it is especially useful for everyone to be involved. It was agreed that there are areas of overlap between the different group meetings but effective communication between staff/participants is enabling this to be managed successfully.</p> <p>Health and Safety Update JS reported that there have been no H&S incidents to report. JS said that an issue being monitored is staff supervision following difficult phone calls/ engagement activity. This is managed by line managers at the moment to ensure staff are debriefed and get support. CW and JS are seeking further training on handling difficult situations with the public. PP commented that HWN is approaching a size that it may need to consider more regular HR support.</p>	JS
13.	<p>Any Other Business. There was no other business.</p>	
	<p>Dates of Future Board Meetings 16th October 2023 15th January 2024 17th April 2024</p>	

Meeting ended at 12.35 pm.

Board Action Log

119	24/07/2023	Signed Register of Trustee Appointment dates to be attached to signed Board Minutes when approved in October	16/10/2023	JS
120	24/07/2023	Board to be updated when response to Hearing Loss Report received from ICB	16/10/2023	AS
121	24/07/2023	Share opportunities with Trustees to join Enter and View Visits (must have had training) and Business Development Meetings	16/10/2023	JS
122	24/07/2023	Script/social media assets to be provided to trustees as an "explainer" of what HWN is and does, for use at meetings/networking	Completed JB Forwarded to JS 3/10/23	JB
123	24/07/2023	Once social media assets available, Trustees to share HSN explainer	16/10/2023	Trustees
124	24/07/2023	Risk register item 1 to be updated to reflect up-to-date position	16/10/2023	JS

Date	16 October 2023
Item	7
Report to	Healthwatch Norfolk Board
Report by (name and title)	Alex Stewart (CEO)
Subject	Chief Executive Report

Reason for Report

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

1. Staff Update
2. General overview – Quality Framework
3. NSFT Mortality Review
4. External Appointments

1.0 Staff Updates

Sophie Slater and Fiona Tyas are leaving the organisation to take up new positions. Sophie is going to work at the Norfolk and Norwich Hospital and Fiona has decide to return to primary care as she was missing face to face patient contact. Their respective contribution to the development of Healthwatch Norfolk has been significant and they have both forged numerous contacts promoting the work of Healthwatch in both the north and south of the county.

Advertisements are out for their respective replacements and we are hoping to be able to recruit enabling us to have a week’s handover as a minimum.

2.0 Quality Framework

Trustees will be aware that Healthwatch has adopted the Quality Framework as set out by Healthwatch England – we were one of the original pilots and have adapted it to suit and reflect the needs of the organisation.

The Quality Framework aims to provide a shared understanding of the key ingredients for running an effective Healthwatch. Its purpose is to enable us to: -

- Understand where our work is currently effective and where we can make improvements
- Informs local authorities on how to commission and monitor an effective Healthwatch
- Enables Healthwatch England to identify where further help is needed by individual Healthwatch and how it can improve the support and training it provides.

There are 5 Quality Framework domains: -

1. Leadership and Decision Making: This looks at the importance of having clear goals and a rationale for our work. It also looks at the strength of our leadership and governance, both of which are key to successfully navigating a complex environment whilst maintaining independence and accountability.
2. People: This recognises the importance of staff and volunteers. It can help us understand whether our board, staff and volunteers have the right knowledge, skills and support to deliver an effective, consistent service.
3. Sustainability and Resilience: This focuses on a business model that enables us to plan and operate effectively, as well as adapting to the changing needs of communities.
4. Collaboration: This recognises the value of working in partnership, and of learning from other Healthwatch.
5. Engagement, Involvement and Reach: This focuses on our main statutory activities. It looks at how we go about reaching out to all sections of our community, gathering people's views, providing advice and information, and involving people in your work.
6. Influence and Impact: This focuses on our purpose by looking at the difference we make by ensuring those in charge of health and care services hear and act on people's views.

Appendix One sets out the Terms of Reference and Appendix Two sets out the current state of play following a number of meetings that have been held since March this year.

There are a number of common themes emerging as we move forwards; they are: -

- Mapping of key organisations and key people within them for purpose of a) sharing with EW but also b) to spot gaps in funding
- Succession planning/ risk mitigation for loss of CEO
- Representation at system meetings how many and who? – including PLACE Boards
- Growth Strategy (to be covered at Away Day)
- Equality, Diversity and Inclusion issues including impact assessments
- Personal Development Plans for our people (work is in progress)
- Impact Tracker is in use to include soft/influencing outcomes
- Engagement with VSCE and hard to reach groups

Recommended that Trustees have a discussion as to whether or not they agree with the commonality and if so, officers concentrate on the key areas listed above and report back to a Board Meeting in Spring 2024.

3.0 NSFT Mortality Review

Healthwatch Norfolk and Suffolk have joined with the Norfolk and Waveney and SNEE ICBs in conjunction with carer representatives from the Trust to produce an Action Plan as to the suggested approach that will be taken back to the Health Overview Scrutiny Committee in October/November for ratification. Once agreed, both the Terms of Reference for the Task and Finish Group and the action plan will be circulated to Trustees.

4.0 External CEO Appointments/Departures

Healthwatch have been involved in the stakeholder interview panels for both the Director of Public Health and the CEO for the Norfolk and Norwich Hospital Foundation Trust.

At time of writing, Stuart Limes has been appointed to become the Director of Public Health – Stuart had held the post of Interim Director since the departure of Dr Louise Smith.

It is hoped that the CEO of the Norfolk and Norwich will be announced prior to the Board Meeting.

Stuart Richardson has left his post as CEO of Norfolk and Suffolk Mental Health Foundation Trust. It was announced on the 4th October that an Interim CEO has been appointed – her name is Caroline Donavan.

Caroline is the former chief executive of Lancashire and South Cumbria NHS Foundation Trust a mental health and learning disability provider. She has also been chief executive at North Staffordshire Combined Healthcare NHS Trust, a provider of mental health, social care, learning disability and substance misuse services where the Trust was rated 'Outstanding' by the CQC under her leadership.

A nurse by background, Caroline is passionate about improvement and transformation and is committed to working with staff and patients to design and deliver high quality services.

During her tenure at Lancashire and South Cumbria NHS Foundation Trust she oversaw the acquisition of South Cumbria Mental Health and Learning Disability Services, the development of four mental health urgent assessment centres, the development of locality immediate response services, and a capital programme to increase the number of inpatient beds including the opening of a new rehabilitation hospital. Caroline spearheaded an inclusive and patient-centred approach and oversaw improvements in quality across the Trust.

She also led the successful restructure of the organisation to align with system partners, established a clinically led culture and improvements in staff engagement, and facilitated further integration of physical and mental health.

Caroline's experience of public health has supported her wider understanding of partnership working across and beyond health and social care and she strongly believes in the importance of accountability to service users, carers and communities. She has spent many years developing leaders and organisations, is CIPD (The Chartered Institute of Personnel and Development) qualified and considers positive values and behaviours essential to providing excellent patient-centred leadership.

There is a planned meeting between Healthwatch and the Trust on 31st October with the Chairs and CEOs of the respective organisations.

Quality Framework Terms of Reference

Healthwatch Norfolk Quality Framework Action Groups

Role/Purpose

The overall purpose of the Quality Framework is to maintain continuous improvement in all areas of our operation.

The role of the Quality Framework (QF) Action Groups is to discuss and agree how actions in the QF Action Plan can be achieved, with clarity of how/who will undertake the necessary tasks.

This Terms of Reference is effective from April 2023 and continues until the end of March 2024 when it is anticipated actions will have been completed.

- **Membership**

Each of the QF Action groups will comprise self-selected staff, trustees and volunteers from Healthwatch Norfolk.

- **Roles and Responsibilities**

Each member will endeavour to attend at least 4 meetings in the year.

- **Meetings**

Meetings will be held in person at the Healthwatch Norfolk office in the Board Room (whenever possible). At each meeting, the group will agree who will be the Chair each time. The Chair will guide discussions and ensure all members have the opportunity to speak.

A meeting quorum will be three members of the group. Decisions are to be made by consensus (i.e., members are satisfied with the decision even though it may not be their first choice). If not possible, the group chair makes a final decision. Meetings do not need to be minuted. The meeting papers are the QF action plan, and one staff member will agree to update the action plan after each meeting.

<P:\Operations\HWE Quality Framework\Draft Action Plans HWN Sept 2022\ACTION PLAN SUMMARY April 2023.docx>

This staff member will advise the Deputy Chief Executive each time the action plan document has been updated.

Meetings will be held at least bi-monthly (every two months) for 90 minutes.

- **Reporting**

The Deputy Chief Executive will provide a brief progress report on the QF Action Plan to the Trustee Board at their quarterly Board meetings and also to the Quality Assurance Sub Committee.

- **Amendment, Modification or Variation**

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by Group members.

1. LEADERSHIP & DECISION MAKING

Appendix Two

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
1a	Development of Mission statement, vision and strategy	AS		GREEN	Latest strategy P:\Operations\Strategy & Operation Plans\2022-23\HWN Strategy and Plan on a Page Jan 2023.pdf developed
1b	Use staff, Trustees and volunteers attending other meetings to inform on the strategy	AS	9/10/23	AMBER	after discussions with Trustees. Draft to Trustees at Away Day 9 Oct 23.
1c	Development of a robust business/work plan and subsequent budgetary alignment Do we need a Growth Strategy?	AS/JS	9/10/23	AMBER	Draft to Trustees at Away Day 9 Oct 23.
1d	Norfolk JSNA - ensure we refer to this when planning work and bids for funding	AS/EW	Ongoing	GREEN	
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 (e.g. 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	PP/AS	9 Oct 23	AMBER	Agreed to discuss at Board Away Day 9 Oct 23
1i	EDI is not as yet a standing item on Board meetings			RED	

1j	Are Equality Impact assessments undertaken when scoping projects? Should we introduce an EDI strategy?			RED	Sometimes undertaken. Requires further discussion after Board Away Day
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	20/11	AMBER	JS/CW have drafted a template for consideration by the "People" Action Group. (PowerBI -PP- offered link to EAAA)
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	Agreed no changes needed to policy. VCJ has re-read previous board minutes to confirm compliance.

2. PEOPLE

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
2a	Consider how to reduce the difference in understanding levels between staff and volunteers.				Only use and keep volunteers that are engaged.
2b	Suggestion to have mentor system for new trustees from existing trustees if wanted	PP	On going	Amber	Make sure induction process for Trustees includes ongoing support
2c	Provide all staff/trustees with a script/presentation to use when talking about HWN	JB	On going	Amber	John in process of editing film and presentation
2d	Buddying system for new staff re. H&SC system	Manager	When new staff member	Amber	Include in part of the induction process.
2e	Consider how to ensure our recruitment adverts reference our values	CW		Amber	Values to be published
2f	Consider how our values can be better referenced in Staff/volunteer/stakeholder feedback/surveys	CW		Amber	Values to be published
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	CW to advise KE		GREEN	One trustee already going out with engagement team. Need to offer to all trustees. Monthly email to trustees of where the team are if anyone wants to join us. PP to inform trustee
2j	Staff leaving for career progression seen as positive but could we look for opportunities for internal staff progression/development?	CW/JB		Amber	Currently in discussion Project team already had managers added, look at scope in other departments
2k	Updated Staff handbook need final completion				Add in values
2l	Look at ways to develop staff further - inc. more delegation				See 2J
2m	Need more systematic approach to regular review of staff reading essential policies			Green	IHASCO Training system introduced will include this as a feature
2n	Ensure we analyse equality monitoring forms				This is being done on feedback, needs to be done on recruitment
2o	Reach out to different communities when recruiting				Making sure adverts are accessible to the most diverse talents and backgrounds. PP to discuss at trustee away day how to look at a more diverse board
2p	Investigate "Disability Confident Employer" status	RG		Amber	Look into to what's involved Racheal has information and will send to JB
2r	Consider other support/supervision for staff for distressing calls/encounters	JB		Amber	Make sure that the amount of support is listed in staff handbook. Buddy system. JB looking at a group training session

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.	CW			Talk to CDO to make sure that this is happening
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.				Would have to be for the right project anything less then 9 months would not be cost effect and would be better to pay a voluntary organisation and use their volunteers
2y	Explore displaying our values in our comms material, in reports and as part of email	CW			Package together

	signature) and prominently on recruitment adverts.				
2z	Extend our training opportunities (external organisations) and IHASCO training to Trustees and volunteers (if possible).	CW			Talk to Judith to see how the IHASCO training suite works and if we can add trustees at no extra cost.

3. SUSTAINABILITY & RESILIENCE

	ACTION	WHO	WHEN	RAG	COMMENTS/UPDATE
	<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 	<p>JS EB JS PP JS JS</p>		<p>GREEN GREEN GREEN RED 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. To be discussed at Board Away Day 9/10 EW has contacted CSP to enquire further Completed (NCC also reviewing) Agreed to leave whilst relationship is good. There are indications that there are internal pressures on the commissioning of HWN.</p>
	<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 	<p>JS JS CR JS</p>		<p>GREEN RED GREEN AMBER</p>	<p>Completed (NCC also reviewing) Agreed to leave whilst relationship is good. There are indications that there are internal pressures on the commissioning of HWN.</p>
	<ul style="list-style-type: none"> • JS discuss with PP/AS how any contentious issues from QF will be handled 	<p>JS/AS/ PP</p>		<p>GREEN</p>	<p>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			AMBER	Being discussed at Trustee Away Day 9/10
3b	Ensure that the BD Director has sufficient time allocation to continue to be involved in the development of business relations			AMBER	Suggested to map priorities of 7 HWBPs Suggested to list/map all key organisations and key leaders.
3c	Develop more sophisticated monitoring of communication activity i.e., put mechanisms in place to ensure that more of the less formal/organic developments (soft issues) and any positive outcomes that have emerged as a follow on, are formally recorded to further support our evidence of overall effectiveness			GREEN	DBM Job description has been updated July 2023
3d	Implementation of an impact tracker?			GREEN	Using Impact Tracker to capture "soft" outcomes and also project recommendations Impact Tracker now in use. Regular reminder at Thursday team meeting to ensure used for all opportunities
3e	Helpful to agree a more formalised/less vague SLA with the LA? The current one does not enable us to determine/measure specific key deliverables Consider quarterly formal update to Director of Public Health (designate lead manager for our LA commission)? Reports might include contractual requirements on top of the statutory minimum e.g., quarterly financial updates, ongoing dialogue about progress			GREEN	NCC receive all our Board Papers. March 2 nd 2023 Partners Event at Park Farm held. Regular 1/4ly meetings held now with CS at NCC. SS is reviewing SLA. Agreed no action required whilst relationship is good.
3f	Need to be proportionate and for the future, maybe negotiated upfront?			AMBER	Indications that commissioning of HWN within NCC is under

3h	Annualise meetings with key commissioners aka meeting earlier this year Feedback from our commissioners on our outcomes would be useful to receive. Develop mechanism for such? Implementation of newsletter to Trustees to ensure they are updated on relevant activities and developments relating to our statutory requirements, LA contract and external commissions			RED	pressure. ASK CS if info. we supply is adequate?
3g	Ensure that the Finance committee TOR are reviewed on an annual basis and that annual audits are undertaken to ensure full compliance			GREEN	ToR are reviewed annually
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?			RED	
3i	Consider possibility to increase number of finance subcommittee meetings in the future - especially across current turbulent times/unknown market changes			GREEN	Agreed to allow Finance sub committee to determine if they need additional meetings
3j	Possible introduction of a separate outline growth strategy alongside corporate document?			AMBER	Business Plan/Growth strategy has been drafted to be shared at Trustee Away Day Oct 23
3k	Ensure strict adherence to the Project Policy by regular conformance audit			AMBER	JS spoke to CC (consultant) Sept 2023 re. compliance checks mid-term in multi-year projects Further work needed
3l		EW		AMBER	
3m					

3n	Include potential for cost recovery within project specification and costings				
3o	Ensure Trustees are approached where areas of specific expertise are required for project development Ensure that Decision Making Policy is followed for all potential income streams Use our income generation plan to inform how income generation activity will support us to deliver our overall strategy				
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	JS		AMBER	Training being arranged 5/12/23
3u	Ensure all staff have undertaken mandatory health and safety training	JS		AMBER	iHASCO online training in place - need to confirm all completed
3w	Board to review HWN's delivery against the objectives contained within the equality, diversity and inclusion plan to ensure our ongoing compliance. Suggest annual standing agenda item?				
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 held.
4b	Annualise a key stakeholder group meeting				Event planned Feb 2024 needs thought Nov/Dec 23
4c	Community Leads to continue strengthening their relationships at Neighbourhood				
4d	levels Chair, CEO and BDD to continue high level input/profile at ICB/ICS/Health and Wellbeing Board levels etc.				Suggested to undertake mapping exercise of key stakeholders DECISION NEEDED about our attendance at the 5 PLACE Board meetings
4e	Potential for links with UEA to strengthen via Trustee involvement?				AS in discussion re NICHE funding and medical school re volunteers
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				Suggestion to review Quality accounts to see if previous plans/targets have materialised
4g	We have evidence of holding commissioners and providers to account and challenging the quality of EIA or other methods used				

	<p>ALEX TO RESPOND HERE if actions needed</p> <p>Anything re EIA?</p> <p>Is evidence re 8C included within our annual report?</p>				
4h	<p>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> <p>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

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	<p>start of any new project or Engagement look for the community groups that would be useful to link in with</p> <p>Using the intelligence and engagement report to look for trends.</p>
5e	Ensure that Our communications strategy/plan includes specific references and methods to reach local communities	JB	On going	Green	<p>Newsletter to every parish Clark and MP office. Using local press in print, radio and TV. Developing a podcast. Subject to budget using reciteme on new website to help translate</p> <p>Some heath and social care organisations share our comms such at QE,NCC,NSFT</p>

					<p>Try and make sure everything is accessible using newspapers, radio as well as social media.</p> <p>N&N has just agreed to share our comms. Working on JPH to encourage them to share.</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 experts 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	<p>we have some training and managers are always alert to support staff when difficult encounters have happened. Need to reiterate/formalise supervision? More use of HWE training on difficult calls.</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.</p> <p>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>
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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	AS has views about the right time/place for coproduction, My Views Matter project is using experts by experience for visit and in project title decision. Extent of coproduction needs to be proportional to size and importance of topic/group Need to clearly define our policy on this. Have a coproduction mission statement. Ask commissioners what specific groups they would want us to engage with and for what desired outcome.
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 conduct satisfaction surveys?	All	On going	GREEN	360-degree stakeholder review conducted Dec 21 but public not part of

		EW/CW/ST	Autum	Amber	<p>this. End of project 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	JB/ST	On going	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</p>

					<p>system to record personal details.</p> <p>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	<p>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,</p>	JB	On going	AMBER	<p>Younger people are being worked on in the next few months.</p> <p>We have completed a project for CQC with people who are homeless</p> <p>Worked with people who do not have English as their first language for HWE accessible information standard, Need a bank of</p>

50	Do we understand each of our CDO areas well enough?	CDO's	On going	GREEN	resources 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.
	Could we involve public more at various stages of a project?	All	On going	GREEN	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 into their communities. The data training will help with their understanding.
	More training on different engagement methodologies	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> <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. Look at other visual displays, counters to take out and about at events to encourage</p>
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					<p>conversations with people. Keep an eye on workplace 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-				Subject for discussion at a future mtg

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
<p>to-reach groups that we're not yet reaching? Is there potential to co-produce?</p> <p>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)</p> <p>c) Should Community Leads go out to hard-to-reach groups and find out where they are currently getting their information from?</p>				
<p>6. a) Should we be targeting younger groups via High Schools/Further Education establishments/Scouts/Guides</p> <p>b) Should we utilise TikTok, Snapchat, Instagram?</p>	Linda	By next mtg		<p>To check current position and feedback</p> <p>Discuss next mtg with John B and Fi</p>
B. Stakeholder relationships				
<p>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</p>				<p>Subject for discussion at a future mtg</p> <p>Need to identify current key players.</p>
<p>8. We need to review/stocktake all meetings where there is currently HWN representation</p>				<p>Exercise currently underway across HWN staff to identify who attends which meetings. Await the outcome</p>

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
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
<p>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)</p> <p>b) Continue building of relationships at Neighbourhood level via community leads</p> <p>c) Ensure staff continue to build up trust within their local communities and are embedded in their local areas</p> <p>d) We can continue to improve as there are always more platforms, more VCSE organisations and more individuals that we can link in with</p>	a) Judith /Mary	See Comments		<p>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.</p> <p>Note: Currently being followed up by the Leadership & Decision-Making Group plus Mary is doing research which may be useful here</p> <p>Need to identify our existing contacts at Neighbourhood level – is it via HWBs or Community Connectors?</p>
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				

6. INFLUENCE & IMPACT	WHO	WHEN	RAG	COMMENTS/UPDATE
12. Continue to ensure that outcome indicators are aligned to and included within every project to ensure we can measure the difference we have made	John S	By next mtg		To check current position and feedback
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

Date	16 October 2023
Item	8
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 activity including coverage of reports and engagement work, the topics we have been asked to comment on, and progress with the Healthwatch Norfolk website.

Recommendations

For information.

Communications and Marketing report

July-September 2023

The report will set out the main work done over the past three months including the publication of My Views Matter, coverage around project work, and an update on the new Healthwatch Norfolk website.

Traditional media

The My Views Matter report publication got a lot of media interest. There was significant coverage within the Eastern Daily Press, BBC Radio Norfolk, and all the main commercial radio stations. BBC Look East also featured the report on their programme and interviewed John Spall about the project. Linked in with it, we announced volunteer Tony Edwards as the first of our Healthwatch Heroes award-winners which also helped the project get some extra traction.

The media profile also continued to be strong for the Three Hospitals Three Weeks campaign. Our visit to the Norfolk and Norwich University Hospital coincided with industrial action which did mean a high media profile. While we did not comment on the action, the requests did give us the opportunity to highlight the work we did.

While at the Norfolk and Norwich University Hospital, we also launched the Major Trauma Centre project within both traditional and social media. We got some coverage in the Eastern Daily Press and Greatest Hits Radio, and Radio West Norfolk also covered it linked into our visit to King's Lynn and West Norfolk Pride and the engagement we were doing on it.

The evaluation work we did around the Patient Partner scheme at Reepham and Aylsham Surgery also created a lot of media interest. We did have media inquiries asking about the report. There was a delay in publishing it due to needing a formal response from the practice, but we issued a media release and the work received coverage in the EDP and Reepham Life.

Healthwatch Norfolk was also asked to comment on several breaking news stories in the quarter including concerns about bed-blocking at the Norfolk and Norwich Hospital, the restructuring of the POD service, the closure of the Benjamin Court rehabilitation facility in Cromer, and concerns from the coroner about ambulance delays.

The proposed closure of Blakeney Surgery was also a major news story. We helped to facilitate media coverage around the public meeting as well as publicising the survey and dealing with a number of inquiries from stakeholders

Social media/digital

The website project remains a priority. Designtec have now designed the website structure. This will go live as fast as we can. There was a delay around the suppliers of the feedback centre needing more than the 3 weeks' time they had quoted us to create that part of the site due to pressure of work. We have been told that will be complete in late October. Each page does also need to be

designed into a template in-house. The bulk of that has been done and we are the last lap of designing individual pages for each of the 200 reports that need to be uploaded which is time-consuming rather than tricky. We are starting from the most recent first and will aim to get as many of those online as we can by the time the website goes live. Some of the older ones may not be up on launch day but there will be a clear list so people can email/phone to request one to be sent to them digitally if they wish.

We cannot give data around the use of the website this quarter as the current website is not compatible with the new version of Google Analytics. We have been asking for this work to be done for a year but felt it was better to take a hit on this in order for the same company to work on our Feedback Centre for the new site rather than put a further delay in the way. We can set this up as soon as the new site is up and resume reporting on this.

Turning to social media, Facebook saw a big rise in engagement. This was due to the PSIRF social media campaign highlighting the new NHS system of investigating incidents. Several posts including graphics, clips and two short documentary films got a consistent reach into four figures with each post. This was backed up with continually strong Facebook interest in our Three Hospitals Three Weeks project.

Twitter/X has changed its analytics now so we cannot get quite as much data but monthly, Tweets/X's are getting seen about 10,000 times and we are getting around 200 monthly engagements.

The PSIRF content also got a strong reach on Instagram. Each piece of content was reaching hundreds of accounts and it really captured people's imagination. Other campaigns that got a lot of interest was our visit to King's Lynn and West Norfolk Pride where we created a lot of content live at the event and the Three Hospitals Three Weeks work.

Instagram is PSIRF was big. Big boost. Getting into three figures reach. King's Lynn Pride saw an increase in reach and the end of Three Hospitals Three Weeks.

The only disappointing news was a bit of a drop in views in LinkedIn over the quarter. This may be partly linked to the summer, but we will keep an eye on that. Despite the drop, there was some strong engagement around posts linked to PSIRF, Three Hospitals Three Weeks and Blakeney Surgery.

Website use in July-September	Average use in percentage terms July-Sept compared to April-June
Total number of sessions – Figures not available	
Average time on site – Figures not available	
Referrals to website from social media Figures not available	

Facebook	Average use in percentage terms July-Sept compared to April-June
Reach – 12,517	3 per cent up
Engaged users - 705	42 per cent up

X (formerly Twitter)	Average use in percentage terms July-Sept compared to April-June
Followers 3170	1 per cent up
Total engagement 842 actions	33 per cent up

Instagram	Average use in percentage terms July-Sept compared to April-June
Followers 625	2 per cent up
Accounts reached 1752	16 per cent up

LinkedIn	Average use in percentage terms July-Sept compared to April-June
Page views 283	No change
Unique impressions 5925	51 per cent down
Update highlights (clicks, reactions, comments, and shares) 1036	18 per cent down

Date	16 October 2023
Item	8
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:

1. Feedback we have received from patients and service users from June to August 2023.
2. Engagement update

Recommendations

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

Intelligence and Engagement report

Introduction

Between 1st June and 31st August 2023, we published 492 individual reviews, relating to 104 different services delivered in Norfolk. The average rating of these reviews was 3.8 (out of five). Most reviews we received were collected by our engagement team (54%, 265) as a result of our recent targeted engagement looking at pharmacy experiences. Forty-four percent came through our website (216), 2% (9) of our reviews were received through the post, and less than 1% (2) reviews came through our helpdesk.

We received some demographic data from 45% (220) 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 (202 reviews)	16 to 25	2%	4
	26 to 35	4%	8
	36 to 45	5%	11
	46 to 55	9%	19
	56 to 65	19%	38
	66 to 75	33%	67
	76 to 85	23%	47
	86 or over	3%	7
Gender (218 reviews)	Female	64%	139
	Male	36%	79
Ethnicity (211 reviews)	Asian/Asian British: Indian	<0%	1
	Black/Black British: African	<0%	1
	White - English/Welsh/ Scottish/Northern Irish/British	97%	204
	Other White background	1%	3
	Other ethnic group	1%	2

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

We are continuing to receive engagement from service providers with our feedback centre. We received provider responses on our website for 32 different services for a total of 169 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 June to August 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	405		3.9 (-0.1)
2		Hospitals	35		3.6 (-0.6)
3		Carer Support	19		4.1 (-0.5)
4		Pharmacies	16		2.8 (-1.4)
5		Dentists	7		2.1 (+0.5)
6		Mental Health	4		2.0 (+1.0)
7		Urgent Care	3		2.3 (n/a)
8		Residential Care	2		3.0 (n/a)
9		Opticians	1		5.0 (=)

Table 3 shows the top services about which people have shared their experiences with us between June and August 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		Blofield Surgery	29		4.7
2		The Park Surgery	25		5.0
3		Chet Valley Medical Practice	21		4.4
=		Swan Lane Surgery	21		4.5
5		Elmham Surgery	20		4.2
6		Carers Matter Norfolk	19		4.1
7		The Beaches Medical Centre	17		4.4
8		Norfolk and Norwich University Hospital	16		3.1
=		Magdalen Medical Practice	16		4.6
=		Church Hill Surgery	16		4.6

GP feedback

From June to August 2023, we received 405 reviews for doctors' surgeries with an average rating of 3.9 out of five. Reports from our recent visits to services can be found here: <https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/>.






Comparison of areas

This section is a presentation of differences in doctors' surgery feedback by area in the past year (September 2022 to August 2023). In this period, we received 1,567 reviews for doctors' surgeries in Norfolk.

The average rating for each area can be seen in Table 4 below. As the table shows ratings across Norfolk are similar (3.5 or 3.6) apart from in Great Yarmouth and Waveney where the average rating is 3.0 out of five.

Table 4.

Number of reviews and average rating of reviews

Area	Reviews	Rating
Great Yarmouth and Waveney	138	 3.0
North Norfolk	239	 3.6
Norwich	282	 3.5
South Norfolk	763	 3.6
West Norfolk	145	 3.6

All reviews are assigned up to three different themes; the most common themes for doctors' surgeries were booking appointments and opening times, staff attitudes, administration and organisation, staff training, and prescribing or medication. Table 5 presents a comparison of areas for each of these themes and their sentiment, the table

shows the percentage of reviews from the area which had been assigned each theme and sentiment. The highest percentage for each row has been highlighted in bold and with an asterisk. Please note, to simplify this table neutral or mixed sentiment has been removed.

Table 5.

The most common review themes and their sentiment by area of Norfolk

		Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk
Appointments/ Opening hours	Positive	18%	*31%	19%	16%	26%
	Negative	*35%	28%	28%	31%	29%
Staff Attitudes	Positive	25%	38%	*49%	42%	36%
	Negative	*9%	8%	5%	4%	6%
Administration/ Organisation	Positive	1%	3%	3%	3%	1%
	Negative	6%	7%	7%	7%	*10%
Staff Training	Positive	6%	5%	7%	*8%	7%
	Negative	2%	1%	2%	2%	1%
Prescribing/ Medication	Positive	2%	2%	0%	1%	*3%
	Negative	4%	4%	4%	*6%	5%

One of the main points of note from the table is that 31% (74) of reviews from North Norfolk surgeries mention positive experiences of booking appointments or surgery opening times while the other areas range from 16 to 26% of reviews. On the other hand, 35% (48) of reviews from surgeries in Great Yarmouth and Waveney mention negative experiences of booking appointments or surgery opening times in comparison to 28 to 31% for the other areas of Norfolk.

For staff attitudes, nearly half of reviews mentioned positive experiences in Norwich (49%, 137), while this was only 25% (35) in Great Yarmouth and Waveney.

Finally, for administration and organisation in West Norfolk 10% (15) of reviews mentioned negative experiences in comparison with the other areas where only 6 or 7% mentioned negative experiences.

Hospital Feedback

From June to August 2023, we received 31 reviews for hospitals with an average rating of 3.5. We received 16 reviews for Norfolk and Norwich Hospital with an average rating of 3.1 and 11 reviews for Cromer Hospital with an average rating of 5.0. We also received three reviews for James Paget Hospital and one for The Queen Elizabeth Hospital.

Cromer Hospital

In June 2023 we visited the Macmillan Centre at Cromer Hospital to speak with patients and their family or carers about their experience with local health and social care services. From this visit we received 11 reviews for the centre. All of the people we spoke to rate their experience at the centre as five stars out of five.

Healthwatch Norfolk Officers who visited the hospital noted:

The Macmillan Centre at Cromer Hospital is a fantastic resource for patients in North Norfolk. Upon entry we were greeted by friendly and welcoming staff. The waiting room is very spacious, and we were impressed with how comfortable the chairs were.

The people we spoke to were complimentary of the staff at the hospital for how they treat both patients and their family or carers. They also told us they liked the convenience of the hospital which meant they did not have to travel as far for treatment. Two concerns were raised by people we spoke to, these mentioned a long waiting time and there not being enough information in phone messages left.

Three Hospitals Three Weeks

During the summer of 2023 we spent a week at James Paget University Hospital, Norfolk and Norwich University Hospital, and The Queen Elizabeth Hospital. We also spent a day at Cromer Hospital. We wanted to find out about the patient journey, we wanted to know what was working well and what could be improved.

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. There were four different surveys, and the surveys were available online until the end of our visits across all the hospitals for people who were not at the hospital the week we visited. We also handed out surveys for people to send back to us in the post.

The final report summarises the findings across all of the hospitals, we wrote more detailed individual reports for each of the hospitals. We received 1,416 responses to our surveys, we made 56 observations, and took 37 staff experiences.

The hospitals we received responses from, and the area of the hospital are displayed below in Table 6. Please note that throughout the report, Norfolk and Norwich University Hospital (NNUH) responses includes the 21 responses we received about Cromer Hospital.

Table 6.

A Table Displaying Number of Survey Responses

	James Paget University Hospital	Norfolk and Norwich University Hospital	The Queen Elizabeth Hospital
Accident and Emergency	91	78	116
Inpatient Care	100	102	104
Outpatient	277	196	243
Other/not sure	27	28	54
Total	495	404	517

Average ratings at all hospitals were high, with most patients rating their overall experiences as five out of five (69%, 878). The average rating at each hospital was very similar with James Paget University Hospital (JPUH) having an average rating of 4.6, while NNUH and QEH had an average rating of 4.5. As displayed in Figure 1, patients across all hospitals on average rated their experiences in outpatients (4.6) as higher than Accident and Emergency (4.4) and inpatient care (4.4).

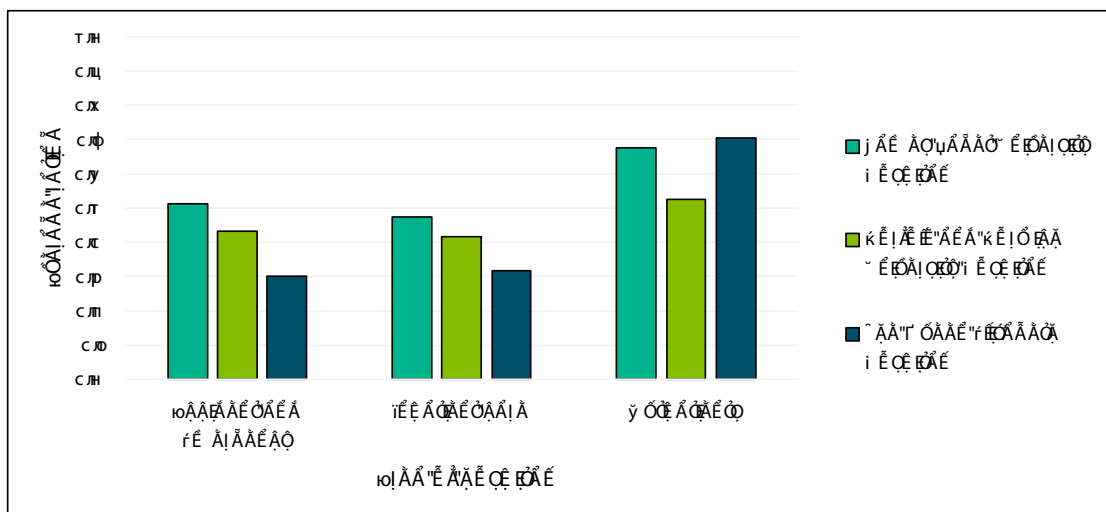


Figure 1. Average ratings across the hospitals split by area of hospital.

Most people we heard from told us that they were happy with the care they were receiving. This was the same at all the hospitals. People complimented the help and support they received from staff at the hospitals. They told us how they were kind,

friendly, and understanding. Several people we spoke to were aware of pressures on the health system and staff and were pleased with how they were treated despite these pressures.

Another part of care which was important to people was receiving patient centred care. This included being treated as individuals and feeling involved in decisions about their care. There were differences in how involved patients felt, inpatients and people that have long term conditions or were disabled told us they felt less involved.

Patients often told us how it was important to them that they were well communicated with by professionals at the hospital and in letters and that their care was explained to them clearly. Some people felt that communication between hospital departments or across services needed to improve and found themselves having to repeat their story. We also heard about difficulties with discharge and delays because of setting up care in the community, sometimes patients were told mixed information about their discharge. Waiting times was a common theme in Accident and Emergency and outpatient clinics, this included not always being told how long they might have to wait to be seen which caused worries. A few people also told us about long waiting lists to get care at the hospital.

At all hospitals we heard about difficulties with parking, in particular it being hard to park close to the hospital for disabled patients or others with limited mobility. They also wanted to be comfortable in wards and in waiting areas, this included having enough chairs to sit in, having comfortable beds, the temperature, and entertainment available to them. Finally, some inpatients told us that it could be difficult getting food for their dietary needs.

We made the following recommendations for the hospitals; the full detailed recommendations can be found in the report:

1. Ensure staff continue to work to the values of 'kindness, dignity, and respect.'
2. Ensure communication with patients and carers is clear and up to date.
3. Review food menus and ensure patients receive appropriate meals.
4. Improve understanding of patient journey which may lead to anxiety or frustration and impact patient mood.
5. Improve discharge process and manage expectations.
6. Explore experiences of those on waiting lists.

Signposting

In this period, we provided information and advice to 71 people who contacted us by telephone (35, 49%), enquiries email (31, 44%), through an own email (3, 4%), at an engagement event (1, 1%), and at a meeting (1, 1%). Below in Table 7 is a summary of the type of information we are sharing; most commonly this is dentistry (28, 39%) followed by information and advice on raising concerns or making complaints (22, 31%).

Table 7.

Summary of Healthwatch Norfolk Signposting from 1st June to 31st August 2023

28 Information on accessing a dentist	22 Information and advice on raising concerns	6 Information on local support
5 Support accessing a health service	2 Advice while on waiting list for hospital treatment	2 Information on the work of Healthwatch Norfolk
2 Other information and advice	1 Contact details for another organisation	1 Information on medical records
1 Information on mental health support	1 Information on the safeguarding process	1 Other

Dentistry

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

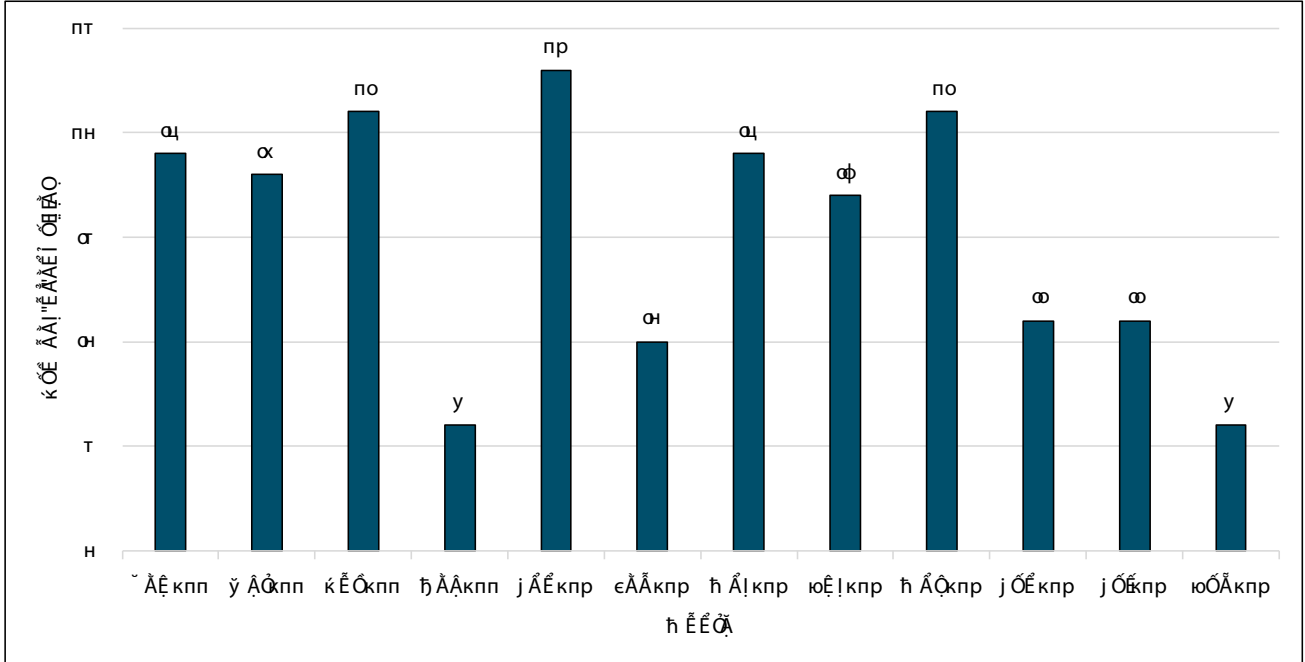


Figure 2. Dental enquiries received by Healthwatch Norfolk in the past 12 months.

Engagement update

Since the last board report, we have completed the three hospitals three weeks engagement, visiting the Queen Elizabeth, James Paget, the Norfolk and Norwich and Cromer hospitals. Each of the three trusts has their own individual report and there is a combined report as an overview which has some recommendations.

We have attended two remarkably busy Prides, one in Norwich and one in King's Lynn as well as some local SEND events, GP surgeries, Cuppa Care events, and a 'Know Your Neighbourhood' afternoon. We have also hosted Healthwatch Live in The Forum in Norwich.

Issues facing young people

Judith and Caroline will be meeting with Norfolk County Council about what issues they feel face younger people and to seek their guidance about the best way to reach them. We are hoping that the education department will be able to assist us in reaching out to this demographic that we typically struggle to hear from. We are hoping that the actual engagement will be able to begin in September 2024.

General engagement

We have decided that over the next few months we will be doing some general engagement and not have a targeted subject. This is due to us doing so much targeted engagement recently that we do not have enough data to confidently chose a new focus. Going out and doing general engagement will hopefully give us some more insight into what challenges people face within health and social care.

The plan is to attend foodbanks, social supermarkets, health related community groups, warm spaces, and libraries, as well as keeping up the good relationships with our GP surgeries.

Changes to the team

Sadly, we will be losing Sophie and Fi from the engagement team, Sophie will be joining the Norfolk and Norwich Hospital as their Patient Experience Facilitator for Equality, Diversity & Inclusion and Fi will be going back to a healthcare assistant role at The Humbleyard Practice. We are sorry to see them both go, and they will be missed from the engagement team, but wish them every success in their new roles. We will be interviewing on the 2nd November for two new members for the team.

Quality Assurance Subgroup

Minutes of meeting held on 2 August 2023

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

Chair: David Trevanion

Present:

David Trevanion (DT) Andrew Hayward (AH), Elaine Bailey (EB), Linda Bainton (LB), Chris MacDonald (CM), Judith Sharpe (JS), Emily Woodhouse (EW), Kath Edwards (KE) minute taker

Apologies:

Patrick Peal
Alex Stewart
Caroline Williams

No	Item	Action
1	Welcome and Apologies	
	<p>DT welcomed everyone to the meeting, in particular, Chris MacDonald and Linda Bainton as new members to the group.</p> <p>Apologies were received from Patrick Peal, Alex Stewart and Caroline Williams.</p>	
	<p>DT began by asking EW to give a short brief on the process of potential commissions/costings.</p> <p>Regarding touchpoints with commissioners, a reporting schedule is set out in contracts with a specific deadline for reviewing reports and responding before publishing. Any tensions are normally resolved. Compromises can be made sometimes whereby reports can be edited as long as it does not include direct quotes by members of the public.</p> <p>When queried if there was a built-in process for a project to be taken over should a sole officer be absent for an extended</p>	

<p>period, it was confirmed that each project has a full written plan with outcomes. A folder is stored on P drive with contacts, tracking etc.</p> <p>John Spall has recently been appointed Project Manager and gives another layer of cover. Lisa Franks has recently left.</p> <p>Initial planning costs and shared outcomes via the impact tracker were also explained. Are there trends across the projects?</p> <p>The quality of work is outstanding; however, concern was raised regarding the initial conversations and decision-making process whether a project should go ahead. This is regarded as the biggest risk and need checks and evaluations at the first stage.</p> <p>Concern was also raised with the capacity to cope, with more projects being discussed and a risk of overstretching resources. It was highlighted that the 3 Acutes engagement was completed by the whole team last week which has meant that staff have been away from their main roles and projects.</p> <p>AS HWN we want to be able to respond; timing needs to be built in.</p> <p>A discussion ensued regarding the process and risks.</p> <p>Consideration is needed, collaborating with potential commissioners around recommissioning timeframes. Inclusion in commissioners planning cycles at the right moment to avoid issues but continue positive partnerships.</p> <p>A period of consolidation was suggested to complete current projects. There are various avenues to discuss and resolve any issues.</p>	<p>DT</p>
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	Action DT happy to raise the above risks and resources at the next Finance Committee meeting.	
2	Minutes from the last meeting (4 May 2023) and action log	
	<p>The previous minutes were accepted as a true record with an amendment to Page 1 (2A Action Log) for the wording “quorate” to be changed to “membership”.</p> <p>Data Protection – Page 2, Item 3 second paragraph It was confirmed that Due process is in place.</p> <p>Regarding Third Party references, HWN uses smart survey which holds identifiable data under GDPR rules. In the feedback centre, the stance is taken that the user signs to give consent of information supplied. Sensitive information is not published.</p>	EW
2a	Action Log	
	Most actions are complete.	
	<p>Item 6 – Internal meetings with neighbouring Healthwatch</p> <p>It was questioned whether regular meetings with neighbouring HW would be productive, (linked to the ongoing discussion with Suffolk).</p> <p>Quarterly regional meetings are attended, which is useful to some degree. HWE has not advised on a Memorandum of understanding.</p> <p>Following a brief debate, it was felt that maintaining good working relationships is more useful with access to a top-level contact.</p> <p>The suggestion was made for staff to network with associate levels from other Healthwatch.</p>	
	It was agreed that EB is not required to report on the Quality Framework (item 8) as a report is submitted by JS to the Board. Any issues could be brought to this group.	
3	Review of the Terms of Reference	
	<p>Paper taken as read.</p> <p>Following a discussion, the following changes were recommended:</p>	

	<p>1 Membership</p> <ul style="list-style-type: none"> Change the wording to a minimum of 3 Trustees. <p>2 Appointment of the Group</p> <ul style="list-style-type: none"> Delete whole section <p>3 Trustee Project Champions</p> <ul style="list-style-type: none"> All Trustees will be made aware of projects that are due to take place over the course of a financial year. Should any Trustee be able to provide expertise or have a specific area of interest, they may put themselves forward to act as a Project Champion who will support the Project Lead officers during the course of the project <p>4 – Frequency of meetings and Quorum</p> <p>Delete word <i>appropriate</i> – to read a member of the HWN Senior Management Team</p> <p>7 Functions of the Group</p> <p>EB to forward a sentence on impact for inclusion</p> <p>Definition – Quality</p> <p>Waveney - to be removed</p> <p>The ToR to be reviewed August 2024</p>	<p>EB</p> <p>JS</p> <p>NOTE</p>
	<p>Amendment to the standing agenda</p> <p>Item 4 to read - Review and discussion of current projects. Any issues will be discussed at the QA meeting.</p>	<p>JS</p>
<p>4</p>	<p>Discussion of current projects</p>	
	<p>Paper taken as read.</p>	
	<p>A discussion ensued on reports, including responses to recommendations from commissioners via a statutory letter. The main projects discussed were My Views Matter, Major Trauma Centre and NCHC project</p>	
	<p>Action: To note on projects report whether commissioned or self-funded</p>	<p>EW</p>
	<p>Considering the number of projects currently in line for reading and deadline, DT asked if other members might like to review reports. All present expressed they were happy to help, "particularly Chris McDonald and Linda Bainton."</p>	

	<p>Actions:</p> <p>DT to be advised in advance of projects due for review-deadline DT to share process of reviews/examples to other group members</p> <p>The most challenging section of reports is “What this means” – what we found out and recommendations</p>	<p>EW/CW DT</p>
5	Impact Tracking – lapsed recommendations	
	<p>EW gave a brief explanation on tracking and reviewing actions.</p> <p>It is agreed that the outcomes column is the most important and what we will be judged by what difference it has made; the public are as important as the impact. The wording needs to be explicit. The Trustees confirmed they are happy to support the team in this area.</p>	
6	Project to be presented at next Board meeting	
	<p>Following a discussion, it was agreed that the project to be presented at the Board meeting on 16 October will be “My Views Matter”.</p>	
7	Any other Business	
	<p>There was no other business.</p>	
	<p>The date of the next meeting is 1 November 2023</p>	

The meeting ended at 11:55

Author:
Report on: Judith
Risk Register Sharpe

QUALITY FRAMEWORK INDICATOR	RISK & CONSEQUENCE	CONTROL/MONITORING	RISK OWNER	SCORE	IS RISK INCREASING, DECREASING OR STABLE?
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 Committee	<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	→

	es/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.	* Representation at all HWBPs and consideration to PLACE Board attendance to be discussed at Board Away Day 9.10.23			
3 Leadership and Decision Making	Failure to follow the Project Process and subsequent poor delivery of project work resulting in potential damage to HWN reputation, demotivated staff and reduced future income from commissions of work. In particular, poor adheranc	<p>*Critical appraisal of all new business opportunities in accordance with the policy is needed</p> <p>*Definition/agreement of key deliverables at project outset.</p> <p>*Ensure robust research project leadership & ownership at all project stages</p> <hr/> <p>* Externally commissioned projects being reviewed by new Quality Assurance subgroup.</p>	CEO and Business Development Director	3 x 4 = 12	→

	e 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 Business Development Director	3 x 4 = 12	→
6 Collaboration,	Changing /emerging	* Identify new/redeployed staff and associated responsibilities.	CEO and		↑

Influence and Impact	g leadership roles and responsibilities within the ICS – and redeployment could result in fewer contacts and influencing routes.	<p>*Share Healthwatch purpose and develop strong working relationships</p> <p>* Annual Partners event held 2.3.2023, local system leaders informed about our work and funding</p> <p>* Impact Tracker reviewed and in use to include signposting, meeting impacts and report recommendations</p>	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.	<p>* Proactive line management, to stay close to staff to pick up early signs of stress/overloading</p> <p>* 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.</p> <p>* Seek to balance demand and resources and recruit when necessary</p> <p>* Thriving Workplaces Action Plan in place to focus on wellbeing, activity and healthy eating</p>	All Line Managers	3 x 3 = 9	→
8 Influence and Impact	Failure in timely delivery of quality outcomes by Partnership organisations working on projects with/for HWN	<p>*Ongoing robust monitoring of project delivery by HWN Project Lead, escalating matters to the Deputy Chief Executive/CEO when there is concern.</p> <p>*When applicable – the Letter of Agreement now includes clause relating to financial penalty should the project be delayed.</p>	Bus Dev Director and CEO	2 x 4 = 8	→

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potential
damage
to HWN
reputatio
n.



RISK MATRIX:	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