



## Healthwatch Norfolk Trustee Board

20<sup>th</sup> January 2025

09:30 – 12:00

Healthwatch Norfolk office, Suite 6, Elm Farm, Norwich Common, Wymondham  
NR18 0SW and also online via MS 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	09:30	5		D
2.	Welcome, introductions and apologies for absence (PP)				I
3.	Declarations of any conflicts of interest relating to this meeting (All)				I
4.	<b>Presentation:</b> The Electronic Patient Record (EPR) Ed Prosser-Snelling, Chief Digital Information Officer NNUH <b>Questions</b>	09:35	20  10		I/D
5.	Minutes of the meeting held on 14 <sup>th</sup> October 2024 and action log.	09:55	10	3-10 30-31	A/I
6.	Matters arising not covered by the agenda	10:05	5		D
7.	Confirmation of Trustees intentions to offer to stand for further three years from 1 <sup>st</sup> April 2025 : Chris MacDonald, Chris Humphris, Linda Bainton, Bridget Penhale, Mary Ledgard and Vivienne Clifford-Jackson	10:10	5		A/I
8.	Chair report	10:15	15		I/D
9.	CEO Report – Incorporating Comms update, Engagement Update and Projects update	10:25	30	11-21	A/I/D

<b>10.</b>	Quality Assurance Subgroup (EW&EB)	10:55	15	21-29	<b>I/D</b>
<b>11.</b>	Risk Register, Quality Framework and Health and Safety update (JS) (Finance Minutes and 2025-26 budget proposal in Part 2 of the meeting)	11:10	15	32-35	<b>I/D</b>
<b>12.</b>	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement	11.25			<b>A/I/D</b>
<b>13.</b>	Dates of future Board meetings <ul style="list-style-type: none"> <li>• 21 April 2025</li> <li>• 21 July 2025 (&amp; AGM)</li> <li>• 20 October 2025</li> </ul>				<b>I</b>

Apologies should be sent to [Judith.sharpe@healthwatchnorfolk.co.uk](mailto:Judith.sharpe@healthwatchnorfolk.co.uk),  
telephone 01953 856029

### **Distribution:**

#### **Trustees**

Patrick Peal (Chair)  
Elaine Bailey (Vice Chair)  
Vivienne Clifford-Jackson  
Andrew Hayward  
Mary Ledgard  
Louise Smith

Christine MacDonald  
Linda Bainton  
Willie Cruickshank  
Christopher Humphris  
Bridget Penhale

#### **For information:**

Stuart Lines  
Peter Randall  
Rachel Grant

Simon Scott  
Stephanie Butcher  
Mark Burgiss



## **Healthwatch Norfolk Trustee Board Meeting Part 1 Minutes**

**14<sup>th</sup> October 2024 09:30 – 12:00**

**In person meeting at the Healthwatch Norfolk Office, Suite 6, Elm Farm,  
Norwich Common, Wymondham, Norfolk NR18 0SW and online via MS  
Teams.**

### **In attendance:**

#### **Trustees**

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

#### **Officers**

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

Also in attendance:

Ciceley Scarborough (CS) – Norfolk County Council (NCC), Public Health  
 Stephanie Butcher (SB) – NCC

No.	Item	Action
1	Questions from the public There were no questions from the public.	
2	Welcome, introductions and apologies for absence. PP welcomed everyone and in particular Louise Smith at her first Trustee Board Meeting and thanked her for joining the Board of Trustees.	

	<p>PP also wished to formally record thanks to CS for her support of HWN in recent years. CS has secured a promotion, and this will be her last meeting with HWN. CS said that details of her successor are not yet known.</p> <p>Apologies had been received from Stuart Lines of NCC.</p>	
3	<p><b>Declarations of any conflicts of interest relating to this meeting</b></p> <p>There were no new conflicts not previously declared.</p>	
4	<p><b>Minutes of the meeting held on 22<sup>nd</sup> July 2024 and action log.</b></p> <p>The minutes of the previous meeting were agreed as an accurate record and signed by PP.</p> <p><b>Action Log</b></p> <p>No 130 – Consider how HWN can better understand ethnicity in data collected. AS said that EW had liaised with NCC and HW England on this in regard of the group titled “White other”. Action was now in progress to enable collection of more detailed data within this category in our feedback centre and surveys. AS said that this should be completed soon. <b>ACTION EW</b></p> <p>All other actions were reported as completed.</p> <p>VCJ asked about action 148 which was for AS and PP to meet with relevant people at NSFT to strengthen the relationship. It was reported that whilst two meetings had been arranged with Zoe Billingham (Chair) and Cath Byford (Chief Nurse) these had been cancelled. There had also been no response from NSFT to the SMI Carers year 1 report which was completed and shared with them in June. VCJ said that the Mental Health Providers Forum was also having difficulty obtaining responses from NSFT to questions they were asking.</p> <p><b>ACTION AS</b> to pursue this to ensure a meeting takes place with NSFT</p>	<p>EW</p> <p>AS</p>
5	<p><b>Matters arising not covered by the agenda.</b></p> <p>AS spoke about the impending Invitation to Tender from Norfolk County Council for the Healthwatch statutory funding contract from April 2025. This will be open from 21<sup>st</sup> October and the closing date is 15<sup>th</sup> November. The decision will be communicated to applicants on 29<sup>th</sup> November and shared publicly on 9<sup>th</sup> December. <i>(NB These dates have been amended -i.e. made later- by NCC since the Board Meeting was held)</i></p> <p>AS said officers would work to have a first draft available by 25<sup>th</sup> October for the agreed Trustee team to review. This should allow adequate time for revisions and improvements.</p>	


	<p>LB asked if AS had met with HW Suffolk CEO to discuss the ITT as they had just gone through this process themselves. AS said no but that he had been in touch with the CEO of HW Lincolnshire who had been helpful.</p> <p>(09:45 EB joined the meeting)</p> <p>In response to a query from EB, AS confirmed that staff are aware of the situation and that TUPE would apply in the event of an unsuccessful bid.</p> <p>WC asked if the contract term offered is the same as other local HW. AS said that this contract is for 7 years with potential for extensions of a further 3 and 2 years, whereas many of the other LHW contracts have been for 3 years.</p> <p>There was a discussion about the future impact of proposed HW England changes to the funding model. It was felt that whilst the source of funding could potentially change, this would take some time and that the term of contract could not be changed.</p>	
6	<p><b>Chair report.</b></p> <p>PP said that progress had been made and that Trustees are now starting to attend most of the ICS PLACE Board meetings. EB and PP had attended the North Norfolk Board and had been impressed by what is being achieved through collaboration without budget. (VCJ had attended the South Norfolk PLACE Board meeting and CH had attended the West Norfolk meeting)</p> <p>PP said that the Health and Wellbeing Board meeting is also a most useful forum to learn about local initiatives and also meet and network with colleagues. PP wished to encourage other Trustees to attend as an observer. PP noted that East of England Ambulance Service Trust has a seat but rarely attends.</p>	
7	<p><b>CEO Report</b></p> <p>AS praised the <b>NSFT "Learning from Deaths" report</b> but said there were still concerns. AS commented about the lack of consistency nationally regarding how this information is reported making comparisons with other Trusts difficult. VCJ said she felt the report contained many statistics but did not have a sense of compassion and caring for patients and relatives/carer or support for staff -i.e. the people issues. VCJ said she was hearing reports of patients being treated dismissively when attending as repeat referrals. AS confirmed this was also revealed as an issue in the SMI Carers project HWN is undertaking.</p>	

	<p>EB reported that it has been noted at the North Norfolk PLACE Board that more patients with mental health issues have been presenting at hospital Emergency Departments when they should have been helped within the community.</p> <p>LS agreed with this and said that there is not a sense of satisfactory outcomes for the service users. LS said she agreed with the recommendation to ask NSFT for a written update in April 2025 in relation to changes made as a result of themes emerging from the "Learning from Deaths" report. It was also felt that their response should be published. <b>ACTION AS to write to ask for response and also ensure that the NSFT response is published.</b></p> <p>EB asked what had been the outcome of our Quality Account (QA) statements this year when HWN had included a request to enter regular dialogue on the issue of quality. JS reported that only NCH&amp;C had responded to this request. It was agreed this should be followed up. <b>ACTION JS</b> to follow up QA responses and our request for ongoing dialogue re. quality issues.</p> <p>AS suggested this could be a topic of discussion at next year's Partners Event.</p> <p><b>ACTION AS</b> note this for agenda at event March 2025.</p> <p>AS suggested he contact Ellie Makins, Regional Medical Recorder of Deaths for NHS East of England regarding this topic. <b>ACTION AS</b></p> <p><b>Community Pharmacy</b></p> <p>AS said that issues relating to the contracts and funding have resulted in the closure of many community pharmacies. AS said that the ICB and NCC are currently in the process of undertaking the Pharmacy Needs Assessment (PNA) for Norfolk and it would be good to know how many responses have been received from the public on this. CS offered to find and share this information <b>ACTION CS</b></p> <p><b>Darzi Report</b></p> <p>The recommendation was agreed to write to all CEOs within the ICS seeking assurance that they will take the report recommendations to heart, ensure sufficient funding is made available so that the patient voice is at the heart of all the decisions they make.</p> <p><b>ACTION AS</b></p>	<p>AS</p> <p>JS</p> <p>AS</p> <p>AS</p> <p>CS</p> <p>AS</p>
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	<p><b>Comms Update</b></p> <p>JB suggested that HWN should no longer have an active presence on X (formerly Twitter). This was agreed with the suggestion there is a pinned post informing and linking people to where they can find information about HWN. <b>ACTION JB</b></p> <p>EB wished to congratulate JB for his work on the QEH Youth Council project, noting this had been taking up to 2 days of his time per week. EB expressed concern about this the impact going forward on his comms work. AS said that the time commitment for this work had been discussed, was reducing, and was still an active discussion.</p> <p><b>Projects Update</b></p> <p>VCJ noted that there was a recurring theme of commissioners not responding to project reports and recommendations. LB said there had been robust conversation about this in the recent QA subgroup meeting and was an ongoing active issue.</p> <p>VCJ wished to congratulate the team for the Project work being undertaken and completed.</p> <p><b>Engagement Update</b></p> <p>CW said there were the usual issues in the engagement update i.e. access to GP appointments and also access to dentistry.</p> <p>CW mentioned the report resulting from attendance at both Norwich and Kings Lynn Pride events. CH asked if further work would be done on this topic. CW said that the findings could be fed into our health inequalities training offer.</p> <p>CW spoke about the forthcoming involvement with the Crucial Crew events in the county. This is giving HWN to opportunity to engage with around 1000 year 6 young people during one week. X 4 weeks during the year. The message being delivered is "Our voice counts" with information being shared about Healthwatch Norfolk. LS wished the team good luck with this venture and asked if staff are comfortable should a young person start disclosing about a safeguarding issue. CW explained that each group will have an accompanying responsible adult from their school and there will be a minimum of 2 HWN staff, and also that all staff have received training on this topic.</p> <p>LB commented that engaging with more young people was an objective coming from the Quality Framework last year. This activity should result in a huge improvement in our performance which was</p>	JB
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	a tremendous achievement. CW said that HWN had fostered a good relationship with the Norfolk Fire Service from which this opportunity had arisen.	
8	<p><b>QA Subgroup Minutes</b> (Projects update in item 7)</p> <p>EB reported that there were three key “take-aways” from the recent QA subgroup meeting:</p> <ul style="list-style-type: none"> <li>• A review of the terms of reference for the group is currently underway to reinforce a focus on qualitative issues and outcomes and impact.</li> <li>• Looking at issues relating to the application of Project Process Policy</li> <li>• Looking at how best to use all data available externally as well as our own HWN feedback, including development of the PowerBI dashboard – with Trustees to establish what they need from all the data.</li> </ul> <p>PP and AS spoke about discussions already taking place relating to HWN becoming the overall “gatherer” and analyser of patient feedback – not just our own. AS suggested linking with Tim Winters at NCC on this idea. <b>ACTION AS</b></p> <p>PP wished to commend new staff member, Rhys Pugh, for the work he has been doing on the feedback data analysis.</p> <p>On the topic of HWN having greater impact with providers and commissioners it was proposed by PP that this be a topic for discussion at the forthcoming Trustee Away Day. <b>ACTION JS</b> NOTE for Away Day agenda.</p>	<p>AS</p> <p>JS</p>
9	<p><b>Finance, Risk Register, Quality Framework (QF) and Health and Safety update</b></p> <p>The Minutes of the <b>Finance</b> subgroup were taken as read. PP thanked WC for agreeing to Chair the next Finance subgroup meeting in November.</p> <p>JS highlighted an increasing <b>risk on the register</b> in relation to “No. 7 People” as there were currently two members of staff on long term sickness leave. JS wished to reassure the Board that advice had been sought and followed from our HR advisors (CBR) and that both staff had been offered assistance by way of private counselling or OT appointments.</p> <p><i>VCJ declared an interest in that CBR are a part of Voluntary Norfolk of which she is a Trustee.</i></p>	



	<p>AS said that workload pressure had been discussed with some individuals to understand the position and seek solutions and assistance from other colleagues.</p> <p>JS said that the Management Team had discussed the need to limit additional “unpaid” work and seek to appoint consultants if necessary to resource new time-limited project commissions.</p> <p>EB asked if the recently agreed “Appointing a Consultant” Policy had been brought into effect. AS confirmed it had.</p> <p>JS said that there is a 6-month review of progress on the three groups of the Quality Framework (QF) on 31<sup>st</sup> October. The action plan is currently being updated (and reduced) to show only items left for action. PP said that the QF has been a great way for Trustees and staff to work together and get to know and understand each other better.</p> <p>There were no Health and Safety issues to report other than the long-term sickness which had already been covered.</p>	
10	<p><b>Project Presentation:</b></p> <p><b>Adult Social Care for the over 65s – John Spall</b></p>  <p>JSpall_HWN_ASSD-board-presentation_Oct-</p> <p>JSp presented a summary of his Year 1 Adult Social Care report (slides in presentation). He explained that he had not yet received the formal response from NCC who had commissioned this work. PP thanked JSp for his work on this and the presentation.</p> <p>There was a discussion about the public’s poor understanding and unrealistic expectations of social care in comparison with healthcare.</p> <p>EB noted that 31% of people spoken to had felt that their hospital admission had been avoidable. EB asked if the findings from this work will inform the year 2 work; JSp was able to confirm this is the case.</p> <p>EB asked if the presentation could be shared so that Trustees could circulate or present to the PLACE Boards. PP suggested taking paper copies to the meetings to share also. <b>ACTION JS</b> share presentation with Trustees.</p> <p>It was also noted that all final reports should be circulated to Trustees – <b>ACTION JB</b>.</p>	<p>JS</p> <p>JB</p>

11	<p>Any other business</p> <p>CH spoke about the current ICB consultation relating to the proposed closure of the <b>Toftwood Surgery</b>. AS advised that HWN are not undertaking this consultation for the ICB but are sharing information with the public and encouraging them to participate and have their say. AS said that there are concerns about the consultation appearing a “tick box” activity and not a meaningful public consultation. As said HWN wished to ensure it maintains its independence. AH questioned the public’s understanding of the word consultation and that they would expect their views to be listened to and acted upon.</p> <p>There was a discussion about this consultation being late in the decision-making process and concern that the ICB see this as a method of ending a more expensive type of GP contract. The ability of the two other Dereham GP Practices to be able to cope with the extra demand was called into question as was the ICB’s attempts to find alternative premises.</p> <p>It was agreed that a statutory letter be sent to the ICB expressing concern about the way in which the consultation was being conducted, asking if an impact assessment had been undertaken and suggesting HWN might be involved in the development of future consultations to ensure effective engagement. Also to inform HOSC of the concerns. <b>ACTION AS</b></p> <p><b>PLACE Board Updates</b></p> <p>VCJ provided a verbal update from the South Norfolk PLACE Board, EB &amp; PP from the North and CH from the West.</p> <p>JS asked if any Trustees were attending the Norwich or Gt Yarmouth/East Place Boards. ML is to attend Norwich, but the Gt Yarmouth PLACE Board is still to be covered.</p>	AS
	<p>Dates of future Board meetings</p> <ul style="list-style-type: none"> <li>• 20 January 2025</li> <li>• 28 April 2025</li> <li>• 21 July 2025</li> <li>• 20 October 2025</li> </ul>	

Part 1 of the meeting ended at 12:02

Date	20 <sup>th</sup> January 25
Item	9
Report by (name and title)	Alex Stewart – CEO
Subject	CEO Report

### 1.0 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. The report will be providing “headlines” in relation to the following: -

- Latest Information in relation to NCC Procurement of Healthwatch Contract – verbal update
- Norfolk and Waveney Health Inequalities Commitment – recommendation tabled
- Communications Update – For information
- Projects Update – For Information
- Engagement Update – For Information

### 2.0 NCC Procurement

NCC provided an update at a meeting on 2<sup>nd</sup> January. The Deputy Director for Public Health Commissioning – Peter Taylor – is not wanting Healthwatch to be put in an untenable position as happened at the tail end of 2024. To that end, he is working with colleagues internally to finalise the approach and will then be able to provide us with a definitive set of dates. It is hoped that these will be provided by the end of the month with a conclusion expected by the beginning of July 2025 in line with good contracting principles.

To facilitate this approach, we have received a formal email from Tom McCabe – CEO of Norfolk County Council – informing us that the current contract will be extended until the 30<sup>th</sup> September 2025.

### 3.0 Norfolk and Waveney Health Inequalities Commitment

The ICS Health Inequalities Strategic Framework for Action outlines 10 key actions for its first year of implementation.

At the ICS Conference in October 2024 a 'Health Inequalities Commitment' was launched which asked organisations and partners from across the system to commit to a number of actions to further strengthen system action on addressing health inequalities. This report details these actions as well as how organisations can pledge their support and get involved in future developments.

## Background

In June 2024 the Integrated Care Partnership endorsed the ICS Health Inequalities Strategic Framework for Action and agreed to provide oversight to its implementation, with emphasis on the 10 actions identified for the first 12 months.

In September 2024 the Integrated Care Partnership agreed a change to its Terms of Reference to enable the creation of a sub-group, the ICS Health Inequalities Steering Group, which will be Chaired by the Norfolk Director of Public Health, Stuart Lines.

The ICP have requested a regular progress report from the ICS Health Inequalities Steering Group as a standing item of the meeting, to provide updates on progress, drive collective change and enable further action.

## Health Inequalities Strategic Framework for Action

The ICS Health Inequalities Strategic Framework for Action sets out 10 actions required in the first year of implementation.

These are:

- Communications and Pledges – We will continue our 'Health Inequalities Conversation' and roll out a programme which includes commitments and accountability.
- Governance – We will identify named Senior Responsible Officers/Leaders, Organisational Leads, Clinical leads and Health Inequalities Champions
- VCSE Integration – We will further develop the VCSE Assembly, integrate the VCSE sector into all parts of our planning and decision making and support volunteering
- Action plans – We will produce action plans for each of our building blocks, using existing assets and with our place and system structures working closely together.
- Self- assessment – We will assess where we are, what good looks like, what we need to do next. We will include action for anchor organisations.

- Organisational development – Including a suite of tools and training, a learning centre to share good practice and case studies, and a health inequalities champion network.
- Resources – Mapping the flow of health inequalities resources and spend across organisations to further develop the business case for investment.
- Intelligence – Implement our Population Health Management Strategy, so that we get better at collecting and using data and insights.
- Monitoring – A Health Inequalities Outcomes Framework developed with clear metrics and targets identified to keep us on track.

At the ICS Conference on 16th October 2024 the Norfolk & Waveney Health Inequalities Commitment was launched, details of which are included in the attached. This asks colleagues to commit to 4 key actions, as highlighted below:

1. To lead your organisations to act and address inequalities by developing a network of health inequalities advocates and identifying a Health Inequalities Lead in your organisation.
2. To connect with communities by prioritising listening to seldom-heard voices and meaningfully engaging with underserved groups.
3. To equip your teams and services to be accessible for all by undertaking a self assessment (so that we may develop a useful Resource Hub based on what the system needs), addressing data gaps and undertaking a workforce training needs analysis.
4. By embedding addressing health inequalities in all you do and report progress on your actions, share best practice and become a 'Health Literacy Friendly' organisation.

To support organisations to fulfil these commitments the ICS Health Inequalities Steering Group, via its Coordination Group, will develop a number of practical tools and resources, including:

- A Health Inequalities Advocates and Leaders Programme, including a network to bring colleagues from across the system together to share and learn.
- A self-assessment tool that we ask all ICS organisations to undertake so that we can establish a 'baseline', understand where we are now, where we have good practice and how much impact we have had. This includes a short version for small organisations, such as those in the VCSE sector.

- A system improvement plan, based on the findings of the self-assessment.
- An ICS Resource Hub based on the findings of the self-assessment i.e. what our system needs to drive improvements.
- A clear VCSE Assembly structure that supports wider sector engagement and influence as well as a Community Voices programme and other engagement tools that can support us to listen to our seldom-heard voices.
- Guidance and support around 'health literacy'.

Recommended that the Board:-

- a) Support the Health Inequalities Commitments and pledge to support the proposed actions.
- b) Identify a Health Inequalities Board Champion.
- c) Utilising the tool kit being prepared to undertake an organisational self-assessment.

#### **4.0 Comms and marketing work – Update**

We have been working hard to create content and help to encourage people to be part of the latest Digital Tools project which aims to get feedback from people around their use of the NHS App. This involved creating content for displays including some detailed work around how NHS publicity materials could be improved which acted as a discussion point for focus groups.

Linked with this, we have also shared comms materials in both traditional and social media around the first-year report for Digital Tools which helped inform the work we are doing in Year Two around targeting both over-65s and under-30s around their use of digital means of accessing care.

The first-year report around how carers of adults with SMI (Serious Mental Illness) should be cared for is also out. That received some interest in the traditional media on BBC Radio Norfolk. The second-year comms is also now released and beginning. As we are aiming to hear from those aged 45 and under, we have taken a slightly different tack asking people to share their experiences via video clips, voice notes and emails as well as the offer to leave them by phone. We will see how that works out as an alternative way to get reaction.

Rhys prepared content around some CQC patient data which created interest in both traditional and social media. It set out key areas of both learning and good

practice across the acute hospitals and he will be doing further research around national data to tease out local statistics and outcomes.

There was also strong interest in traditional and social media around the feedback gathered at the Pride events in Norwich and King's Lynn. We asked people about their experiences of health care if they were LGBTQ+, and many told us more training was needed for staff to understand the needs of the community. We did interviews about our findings with the EDP, BBC Radio Norfolk, Greatest Hits Radio and Heart, and it is an area we will be coming back to in the future.

Communication materials have also been prepared for the first-year report for Norfolk County Council around social care support for over-65s. We are just waiting for County Hall to send back their formal response to the report, and we will publish that work, and do some accompanying comms work with it.

Based on a suggestion from one of our trustees, we launched the Mail Fail campaign to highlight poorly worded or communicated content which is sent out by health and social care providers. The idea is to look at those and assess how things could be improved. We have already had some early submissions plus some great examples from the James Paget University Hospital around work they have been doing to try and enhance their patient communications.

The work around the Queen Elizabeth Hospital Youth Council is continuing and the first members are now in place. We will continue to provide meeting/admin/member support until at least the end of Year One as well as organising some further engagement work to encourage more people to join.

Behind the scenes, we have been sketching out plans for a new Feedback Centre. As well as aiming to replace the current one with something more intuitive and reliable, we also want to see if we can plan to save data from projects in it so it will be easier to contact particular communities/people for future projects. As well as sketching out a shape for it, Rhys and John also ran a staff session at our annual Away Day to gauge more feedback. We will be asking trustees and volunteers for an input as well and hope to start the building process in the early part of 2025.

Finally, Ollie left the comms team in early January. Ads have gone out and, subject to interest, we are hoping to interview for a replacement part time comms officer towards the end of January.

Social media/Digital

**Website Use**

Total number of visitors each month increased by 5 per cent with just under 850 using it a month

### **Social media coverage**

Reach increased by two per cent although we saw Twitter drop across the three months. Taking that out of the equation, we would have seen a rise closer to four per cent. In terms of numbers, we reach around 2000 people a month.

Engagement rose by three per cent. We did do a lot of paid advertising in this quarter so were seen by more people. If we factored that in too, it meant our posts were seen by 13 per cent more people. This extra visibility did help spread the word of our Digital Tools work particularly among those who are 65-plus.

## **5.0 Projects Update**

The Quality Assurance Subgroup met 7/1/2025, please see attached minutes.

Projects Published October– December 2024:

- Patient and professional experiences of using digital tools in primary care, year 3 report.
- Experiences of carers of adults with Serious Mental Illness (SMI), year 1 report.

Projects pending review/publication:

- 65+ Experiences of Adult Social Care (Year 1/3), pending commissioner response and publication. Report will be published without commissioner response if required.
- Mental Health Community Transformation Evaluation in Norfolk and Waveney (Year 3/3), in trustee review.
- The Community Diagnostic Centre project with JPUH. The report has been finalised with trustee review and a draft is with the commissioner for response.

Projects in progress:

- 65+ Experiences of Adult Social Care (Year 2/3) is underway.
- Experiences of carers of adults with Serious Mental Illness (SMI), year 2 is underway and is being supported by an external consultant.



- NCH&C Transformation Engagement, year 2 is underway but has had a slow start with difficulty identifying priority areas with the commissioner.
- Digital Tools Evaluation in Primary Care (year 4/6), in data analysis. We have so far received positive feedback from the commissioner (ICB Digital team).
- ICB Community Voices, Lung Health Checks, in live and being supported by DN in the engagement team.
- Maternity and Neonatal Voices Partnership Engagement, we have conducted almost all of the interviews required and will shortly be entering the analysis phase.

#### Prospective Projects

- A new project has been approved to work with the ICBs in Norfolk and Waveney and Cambridgeshire as well as HW colleagues in Cambridgeshire. The project will look at how people feel about their data being shared between healthcare providers. Pending contract.
- A bid submitted to National Lottery to fund a new CRM system was rejected as is being reworked to submit again asap following funder feedback.
- A bid to engage with women as part of the WoW Bus is pending an outcome. The application was submitted in October and has faced delays.
- A bid to the Legal and General Health Equity fund is pending an outcome this month.

#### News from Project Team

- One of the Project Officers is off on long term sick with workload being managed within the team and with support from external consultants. There are discussions taking place to backfill this post on a short term basis to provide necessary support.
- We are developing a short ethics form as part of the project process. This is in response to queries as part of a journal submission and QA Subgroup discussion.
- We applied to the HWE Impact Awards for our work delivering health inequalities training to primary care staff. Shortlisted entries will be notified 17/01/2025.
- We have completed the NHS DSP (Data Security Protection) Toolkit and are compliant. This is an online self assessment tool which provides assurance that we are practising good data security. Only 6 HW in the country have completed this assessment.

## 6.0 Engagement Update

From October 2024– January 2025, we have received 501 reviews about 71 different services.

Type of service	Average star rating (out of 5)	Number of reviews
Opticians	N/A	0
Care Support	5	2
Community Services	5	1
Dentists	5	1
Adult Residential Care	4.6	10
GPs	4.4	413
Hospitals	3.8	56
Mental Health Services	3.4	7
Pharmacies	2	3
Other	1.6	5
Adult Social Care (NCC)	1	2
Urgent Care	1	1

Staff attitudes and access to appointments were the two largest themes to come out of this quarter (as has been the case for the whole of 2024). 227 reviews mentioned positive staff attitudes- the most common theme of the quarter. Access to appointments/opening hours was the second largest theme (168 reviews), however this received a much more mixed sentiment. 61 reviews made reference to appointment access in a negative light (this is the largest negative theme for the quarter). The second largest theme with a strong negative sentiment was administration/organisation with 27 out of 84 reviews referencing poor administration.

We have had a total of 42 signposting enquiries. Advice on how to raise concerns and complaints was the most common theme, with there being 15 separate enquiries relating to this. Accessing services (non-dentistry) was the second largest theme, with 7 enquiries.

September saw the start of the Engagement team delivery of “Crucial Crew” to year 6 (aged 10/11) students across Norfolk. Crucial Crew is a multi-agency education project, led by Norfolk Fire and Rescue Service. It is free for schools to attend and every school in Norfolk is invited. With various partners it engages with Year 6 students across the county delivering safety messages in a fun and interactive way through hazards presented in a safe environment. The aim is to help children stay safe and learn valuable life skills. Young people are one of our best communication tools for spreading safety messages. They can share them with family, friends, carers, and the wider community and take forward these life skills into the future. The events are spread across the county and initially we were invited to attend 4 out of the 7 events, but due to a partner pulling out of the great Yarmouth event we covered that week too.

Each Crucial Crew week runs Monday to Friday with 2 sessions each day, there are 7 different partners each week and the groups rotate around each partner spending 15 minutes with each. It has the potential to reach 1000 year 6 students a week. Sometimes groups do not attend due to transport problems. Home school students as well as SEND students are also invited to attend at certain events.

The message we brought to the year 6 students was that “My Voice Counts”. We advised them that just although they are not adults they should still feel empowered to leave feedback and that it can help them and other people too.

We asked students to rate their experience of visiting a hospital, doctors surgery, dentist, optician or pharmacy, and then asked what was important to someone of their age when using one of these services.

We have gathered 1867 responses as follows:

### Hospital

1% rated the experience 1 star  
 4% rated the experience 2 stars  
 19% rated the experience 3 stars  
 47% rated the experience 4 stars  
 29% rated the experience 5 stars

**Average star rating 4**

### At a doctors

3% rated the experience 1 star  
 9% rated the experience 2 stars  
 31% rated the experience 3 stars

38% rated the experience 4 stars

19% rated the experience 5 stars

**Average star rating 3.6**

#### **At the dentist**

4% rated the experience 1 star

7% rated the experience 2 stars

23% rated the experience 3 stars

36% rated the experience 4 stars

30% rated the experience 5 stars

**Average star rating 3.8**

#### **At the pharmacy**

3% rated the experience 1 star

10% rated the experience 2 stars

30% rated the experience 3 stars

34% rated the experience 4 stars

23% rated the experience 5 stars

**Average star rating 3.6**

#### **At the opticians**

3% rated the experience 1 star

6% rated the experience 2 stars

19% rated the experience 3 stars

32% rated the experience 4 stars

40% rated the experience 5 stars

**Average star rating 4**

Themes emerging from answers to the question "*What is important to someone your age when visiting these services?*" include:

- Waiting times
- Something to do
- Colour (of the environment)
- Friendly staff
- Good communication (including explaining to them what is going on not just to their parent/guardian).

All data will be analysed at the end of the school year and we hope this will provide picture of how 10/11 year olds feel about services and what is important to

them. In addition to this thousands of Norfolk school children now know what Healthwatch Norfolk is, what it does and that their voice counts.

As we move into the new year the team are focussing on:

- more engagement visits to care homes,
- looking at how we can reach people who are deaf or hard of hearing to do some follow up work on the hearing charter and
- supporting the adult social care project by talking to staff and patients about the discharge process at all 3 acute hospitals.

## HWN Board – Quality Assurance Subgroup

Meeting held on 7 January 2025

10.00-12.00 at Healthwatch Norfolk Office, NR18 0SW

Present: Elaine Bailey (EB), Emily Woodhouse (EW), John Spall (JSp), Andrew Hayward (AH), Chris Macdonald (CM), Caroline Williams (CW), Judith Sharpe (JS)

**Apologies:** Linda Bainton (LB)

**Minutes:** Rhys Pugh (RP)

No	Item	Action
<b>1</b>	<b>Welcome and Apologies</b>	
	EB welcomed member to the first meeting of 2025. Apologies were received from Linda Bainton	
<b>2</b>	<b>Minutes from the last meeting and action log</b>	
	The minutes of the last meeting were agreed as an accurate account. EB clarified that as this was a subgroup reporting directly to the Board, formal minutes of the meeting (as opposed to notation) were required. RP to ensure that this is the case for future record	<b>RP</b>
<b>2a</b>	<b>Action Log</b>	
	Action No. 5: Quality Assurance Group Terms of Reference  Following the last meeting, suggested amendments were received by LB, CM, JS and EB. These were outlined by EW. All were approved.  <b>Action:</b> EW to complete final draft, submit to JS, LB, CM and EB for sign off. Potential for inclusion/tabling at January Board meeting	<b>EW/JSp</b>
	Action No. 38: Ethics considerations: Bridget Penhale (BP), Trustee, to be contacted to support the development of a one page 'ethics considerations' document. This will ultimately be referenced within the Project Process Policy	<b>EW/JSp</b>

<p><b>Action:</b> EW &amp; JSp to progress ethics paper with BP.</p> <p>Action No. 45/48: The project team shared their ongoing challenges relating to receiving responses/comment from commissioners post report publications. This is particularly relevant for longer term projects spanning multiple months/years where mid-term report recommendations will have a bearing on the following year's priorities. It was agreed that delayed commissioner responses may also compromise HWN's ability to evidence project outcomes and the impact made.</p> <p>There followed discussion around how these circumstances might be mitigated. The comprehensive use of 'statutory letters' for all projects was discussed; also the possibly the inclusion of a 'final publication date' regardless of lack of commissioner feedback</p> <p><b>Action a:</b> To be discussed and way forward to be agreed internally with the management team. IF agreement to proceed with proposed actions, these would be added to the Project Process Policy.</p> <p>Action: EW to progress</p> <p>There followed discussion around the possibility of highlighting the importance and value of commissioner follow on (and opportunities lost without such) at our next Partners Event. This could potentially be undertaken via a short presentation by the Project Team.</p> <p><b>Action b:</b> Discussions to be continued internally within the management team. EW to progress</p> <p>Action No. 47: Report layout development: EW stated that report layouts were continuing to be evaluated and developed. CM and EB highlighted that generally, the quality of the current reports is very good with clear layout and presentation.</p> <p>Action No. 51: EB shared that this discussion was by way of a follow on from the last QA subgroup meeting, where a query was raised as to whether managing raised public expectation (particularly those participating directly within project work up)</p>	<p><b>EW</b></p> <p><b>EW</b></p>
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	<p>should be considered as a risk (relating and implicative to HWN's reputation) and as such added to our risk register. EB shared that in December, JS,EW and EB met to duly consider. It was deemed that internal mitigations were sufficient to deem the risk too low for inclusion. No further action therefore required</p> <p>Leading from this discussion, CW shared the importance of sharing outcomes, not only with the general public but wherever possible, directly to the cohort involved within the data collection/public engagement piece. CW also suggested the introduction of a 'You Said, We Did' communication as a powerful outcomes/impact enabler.</p> <p><b>Action:</b> To be discussed internally. EW and CS to progress</p> <p>Action No. 52: Trustee involvement in projects work up. EB requested clarity on the process for opportunities for trustee inclusion. JS referred the group to the Project Process Policy that details any new project opportunity will be shared with the Trustee group. The group were assured that compliance will ensure the opportunity for trustees to offer their expertise and experiences as appropriate. No further action required</p> <p>Action No. 53: EB reflected on the usefulness of PowerBI (as presented by RP at the Trustee Away Day in October 2024). EW and RP advised they were currently using the data store to inform current projects and to support future project planning. EB expressed how positive this progression is and suggested that all fellow trustees would be very interested to learn more of this. EB asked if a brief update might be available for inclusion within the QA subgroup update at the January '25 Board meeting. EW to lead on this</p> <p><b>Action:</b> RP and Val H. to gather data on electronic records for next board meeting.</p> <p>Action No. 55: Draft policies are currently with LB for review.</p>	<p><b>EW/CS</b></p> <p><b>EW/RP/VH</b></p>
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3	<b>Review and discussion of current projects</b>	
	<p>EW presented a paper detailing an overview of all current projects:</p> <ul style="list-style-type: none"> <li>The Digital Tools Project (Years 4-6) is going well. With reference to the January Board, EB reminded the group that Dr E Prosser Snelling (EPS), Chief Digital Information Officer, NNUH, will be present as guest speaker, sharing the development of the group EPR and all things digital. EB suggested it might be useful for trustees to receive an overview of current findings within the ongoing Digital tools project to provide them with an up- to- date patient perspective to underpin EPS's presentation.</li> </ul> <p><b>Action:</b> EW to discuss with AS. As appropriate, RP and Val H. to gather data on electronic records and send to the wider group prior to the January Board meeting</p> <ul style="list-style-type: none"> <li>The NCH&amp;C 3 Year Project remains problematic, and the direction of the project has changed multiple times. This is multifactorial, including ongoing changes of personnel within NCHC as the project progresses; however it continues to progress and project plan has been created, which will include a focus on the Section 75 agreement between NCC and NCHC, in relation to patient experience and opinion of the collaborative effort between the organisations. Patient discharge and carers will also be a focus.</li> <li>Carers of adults with SMI- NSFT have responded to Year 1 Report; however, their attendance at meetings is sporadic and often lacking, leaving both HWN staff and carers feeling frustrated. Discussions ensued regarding the possibility of raising these issues at the Partners Event. It was suggested this option was progressed internally.</li> </ul> <p><b>Action:</b> EW to lead internal discussions</p>	<p><b>RP/VH</b></p> <p><b>EW</b></p>

	<ul style="list-style-type: none"> <li>Community Diagnostic Centre (CDC) Engagement at JPUH- EB acknowledged that the project was constrained by timelines out of our control. The project team also shared that as a result of long-term sickness there were changes of internal ownership that then resulted in multiple handovers. This the in turn led to protracted and less joined up project delivery. Despite this, the user feedback on both the broader scope of diagnostic services and the new CDC at JPH should provide the commissioner with a great deal of beneficial information to support future services development. The report is now in the final stages of completion.</li> </ul> <p>The group talked through ways that might help mitigate recurrence of the challenges associated with the project. JS proposed that, where ownership changes are required, there should be a swift transfer to another nominated project owner, ensuring continued oversight and leadership of the project.</p> <p><b>Action</b> It was agreed this should be progressed internally by EW</p> <ul style="list-style-type: none"> <li>Adult Social Care Year 2- The project continues as per the project plan; however, the Year 1 report has not received a formal response. JSp presented the results of the Year 1 report to the system quality group at the ICB at the end of December. JS proposed that considering there remains no feedback after multiple requests, a final deadline should be forwarded with a caveat that HWN will publish on that date regardless. It was also suggested that telephone calls can be extremely useful as reminders of deadlines whilst also maintaining all important relationships.</li> <li>Community Voices, Lung Targeted Health Checks- JS enquired as to the timeline of the project. CW confirmed</li> </ul>	<p><b>EW</b></p>
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	<p>that the whole project will run until February and that we would not be doing work that we had not been paid for.</p> <p>EW provided an overview of projects that were currently in development-</p> <ul style="list-style-type: none"> <li>• Millwood engagement- this still in the discussion phase.</li> <li>• L&amp;G Inequalities Fund- we are waiting to hear if the first phase of our application was successful.</li> <li>• Regional HW focus group- this project has been approved. It focuses on patient information data sharing, and we will be working alongside HW Cambridgeshire &amp; Peterborough.</li> <li>• WoW Bus- The tender document for this project has not been updated and the project itself was supposed to be operational by November.</li> <li>• HWE GP Choice- Outcome of our application should be known by end of this week. Work involves carrying out two interviews.</li> <li>• Fire Service PTSD Evaluation- We have not received a response in relation to this and we will not be chasing them further.</li> <li>• IC24- They will not be going ahead with the proposed 'explainer' video as they are taking this forward nationally.</li> <li>• Acute Hospital Group Model- Our proposal was rejected. EW expressed that there is still a desire to become involved with patient engagement in relation to this, in the future.</li> </ul> <p>EB enquired as to whether a different categorisation system could be implemented on the project calendar so as to provide better clarity as to project status i.e. uncertain, likely, approved etc.</p> <p><b>Action:</b> EW to implement</p>	EW
4	<b>Review of project ethical considerations</b>	

	See 2A, Action No. 38 ongoing	
<b>5</b>	<b>Review of Impact Tracker and Project Recommendations</b>	
	<p>EW highlighted that within the project recommendations tracker, there is a delay in receiving evidence of outcomes due to the length of time that it can take for stakeholders to implement changes. It has been challenging to follow up with project recommendations and to get responses from commissioners and often, there is pressure to start something new.</p> <p>EB stated that the document itself was a very good tool. JS queried as to whether there was a more effective and efficient way of completing it.</p> <p><b>Action:</b> EW will ensure that the review of the project recommendations is included in the agenda for monthly project team meetings.</p>	<b>EW</b>
<b>6</b>	<b>Project to be presented at next Board meeting</b>	
	<p>EB suggested that for the April Board meeting, the Exec might consider an overview of the many positives and the challenges encountered by the Project Team across project development. EB's rationale was that there had been so much shared at today's meeting that would be of huge interest and offer an excellent learning opportunity to the wider trustee group. It was agreed this option should be offered to AS and PP for their consideration.</p> <p>Action: EW and JSp to discuss with AS and PP</p>	<b>EW, JSp</b>
<b>8</b>	<b>Review of Quality Framework/other corporate Quality Issues</b>	
	<p>JS outlined that the Quality Framework review will take place on 09/01/2025. There will be three discussion groups and an opportunity to create priorities going forward. It was noted that the previous model for the framework had become slightly unwieldy.</p>	

9	<b>Any Other Business</b>	
	There was no other business	
	<b>Date of next meeting:</b> <ul style="list-style-type: none"><li>• Tuesday 8<sup>th</sup> April 2025</li><li>• Tuesday 1<sup>st</sup> July 2025</li><li>• Tuesday 30<sup>th</sup> September 2025</li></ul>	

Action No.	Meeting Date	Action	Due Date	Lead	Status	Completed date	Notes/Comments
130	16/10/2023	Consider how HWN can better understand/report ethnicity in our data collection	15/01/2024	EW	in progress		EW to liaise with CS at NCC to progress. Oct 24 - changes to be implemented to feedback centre
155	14/10/2024	Pursue contact with NSFT leads to arrange a meeting with AS/PP	30/11/2024	AS	Completed		
156	14/10/2024	Request to be sent in April 2025 to NSFT for a written update re. changes made after "Learning from Deaths" report and ensure that the response is published	30/04/2025	AS	outstanding		
157	14/10/2024	Follow up Quality Account responses to request ongoing dialogue re. quality issues	20/01/2025	JS/AS	in progress		emailed QA contacts 2.12.24 asking for Quality Lead name and contact details for AS to meet with & continue the dialogue.
158	14/10/2024	Follow up to QA responses re ongoing contact re. quality to be on agenda at next year's Partners event	31/01/2025	JS	in progress		Agenda for Partners Event to be agreed in January
159	14/10/2024	Contact Ellie Makins, Regional Medical Recorder of Deaths for NHS E of E re. Learning from Deaths	30/11/2024	AS	Completed		NHSE satisfied that due process has been followed
160	14/10/2024	Find out how many responses have been received from the public to the PNA so far	31/10/2024	CS	complete	17/10/2024	<i>"To date, we have had 644 responses. For the last PNA we had around 1500 responses so it is likely we will surpass that figure this time."</i>
161	14/10/2024	Write to all CEOs within ICS seeking assurance about Darzi report recommendations	30/11/2024	AS	outstanding		AS - Propose that this is removed as we are awaiting the outcome of the 10-year plan
162	14/10/2024	HWN X(Twitter) account to be de-activated with a pinned post signposting to other platforms	31/10/2024	JB	Outstanding		
163	14/10/2024	Contact Tim Winter @ NCC re. HWN being overall gatherer of data/feedback	30/11/2024	AS	Completed		We will need to enter into a range of data sharing agreements in order to fulfil this ambition

164	14/10/2024	Topic of HWN having greater impact with providers/commissioners to be added to Trustee Away Day agenda	28/10/2024	JS	complete	21/10/2024	
165	14/10/2024	Adult Social Care report presentation to be shared with Trustees	31/10/2024	JS	complete	15/10/2024	
166	14/10/2024	All final reports should be circulated to Trustees	ongoing	JB	ongoing		
167	14/10/2024	Statutory letter to be sent to the ICB re. Toftwood Surgery consultation	31/10/2024	AS	complete	29/10/2024	
168	14/10/2024	Revised appraisal training materials/documents to be shared with LS	20/11/2024	JS	complete	02/12/2024	

## Healthwatch Norfolk Board Meeting January 2025

Report on: Risk

Register

Author: Judith Sharpe

QUALITY FRAMEWORK				
INDICATOR	RISK & CONSEQUENCE	CONTROL/MONITORING	RISK OWNER	SCORE
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"> <li>*Maintain positive stakeholder relationships</li> <li>* Reserves policy reviewed regularly -currently 3 months operating costs cover</li> <li>* Quarterly reviews of expenditure and forecasts against budget by Finance Subgroup.</li> <li>* Ongoing review to ensure that income projected is matched to staff resources and costs.</li> <li>*Continual review of income anticipated from bids and commissions.</li> <li>* Keep informed of national discussions involving HWE and future government policy for LHW including funding arrangements</li> <li>*Appropriate use of external consultants for short-notice projects at higher rates.</li> </ul>	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"> <li>*Maintain awareness of national and local strategy and context.</li> <li>*Maintain meetings with key organisations and stakeholders.</li> <li>*Ensure there is a HWN Representative at all ICS Board (Public) meetings.</li> <li>* Current relationships have strengthened with "new" ICS and ICB</li> <li>* Representation at all HWBPs. Trustees starting to attend PLACE Board meetings (Oct '24).</li> </ul>	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 from commissions of work. In particular, poor adherence to the policy at the initial stages of a potential new project.	<ul style="list-style-type: none"> <li>*Critical appraisal of all new business opportunities in accordance with the policy is mandatory</li> <li>*Definition/agreement of key deliverables at project outset.</li> <li>*Ensure robust research project leadership &amp; ownership at all project stages</li> <li>* Externally commissioned projects being reviewed by Quality Assurance subgroup.</li> <li>* New policy (Dec 2024) has been drafted to detail the process for appointing an external consultant.</li> </ul>	CEO and Bus Dev Director	3 x 4 = 12
4	People	Insufficient staff understanding of GDPR, or inadequate IT security systems, resulting in breaches in data security, potential prosecution and damage to reputation.	<ul style="list-style-type: none"> <li>* Following guidance and using template forms from HW England</li> <li>* All staff/volunteers receive training on arrival and refresher training</li> <li>*External DPO completed a review of our policies and documents, Feb 2022.</li> <li>* Dec 2021 implemented new email filtering system and MFA.</li> <li>* 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</li> </ul>	CEO and Deputy CEO	3 x 4 = 12
5	Influence and Impact	Inability to demonstrate clear impacts.	<ul style="list-style-type: none"> <li>*Evidence outcomes and impact - use of the Impact Tracker to follow up recommendations</li> <li>* Quarterly meetings with NCC commissioners now taking place &amp; Impact Tracker shared</li> <li>* Annual Partners event held annually, local system leaders informed about our work and funding</li> <li>*Need to have clear and concise contract specifications and defined outcomes/impact</li> </ul>	CEO and Bus Dev Director	3 x 4 = 12
6			<ul style="list-style-type: none"> <li>* Advice received from accountants on different ways to structure our accounts to enable greater</li> </ul>	CEO and Deputy CEO	3 x 4 = 12

	Leadership and Decision Making	Lack of clarity/differentiation between Healthwatch statutory/core business, other contracted work and grant funded projects.	<p>ability to monitor and track funding and associated costs</p> <p>* Annual Partners event held annually, local system leaders informed about our work and funding</p> <p>* From April '24 use of Xero and Dext accounting software is enabling more detailed cost tracking (and become paperless)</p>		
6	Collaboration, Influence and Impact	Changing leadership roles and responsibilities within the N&W Integrated Care System – and redeployment could result in fewer contacts and influencing routes.	<p>*Identify new/redeployed staff and associated responsibilities.</p> <p>*Share Healthwatch purpose and develop strong working relationships</p> <p>* Annual Partners event held annually, 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. Power BI dashboard in development.</p>	CEO and Bus Dev Director	3 x 3 = 9
7	People	Greater demands/pressure on staff because 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/use external consultants when necessary</p> <p>* Thriving Workplaces Action Plan completed with focus on wellbeing, activity and healthy eating</p> <p>* New policy drafted to detail the process for appointing an external consultant</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	*Ongoing robust monitoring of project delivery by HWN Project Lead, escalating matters to the Deputy Chief Executive/CEO when there is concern.	Bus Dev Director and CEO	2 x 4 = 8

	with/for HWN resulting in potential damage to HWN reputation.	*When applicable – the Letter of Agreement now includes clause relating to financial penalty should the project be delayed.		
9	People & Sustainability	Staff may experience abuse or aggression at public events relating to contentious issues. This could impact negatively on staff wellbeing and negative media coverage could be a risk to HWN reputation	<p>* All events undergo risk assessment prior to the event to assess threat levels of protest, understand the issue, venue, likely attendees</p> <p>* If necessary and possible take actions prior to the event to de-escalate anticipated issues e.g. meet with likely participants</p> <p>* Assessment of venue to include staging, movement/access, emergency evacuation plans, and all staff briefed accordingly.</p> <p>* Consider the likely attendance, impact of media attendance, and take actions to control this whenever possible</p> <p>* Staff attend engagement activities in pairs. Lone working is the exception.</p>	<p>CEO and Lead Manager for an event</p> <p>3 x 3 = 9</p>

<b>RISK MATRIX:</b>	<b>Likelihood</b>				
<b>Consequence</b>	<b>1 – Rare</b>	<b>2 – Unlikely</b>	<b>3 – Possible</b>	<b>4 – Likely</b>	<b>5 – Almost Certain</b>
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