



Healthwatch Norfolk Trustee Board

15 April 2024

9:30 – 12:30

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

THE MEETING MAY ALSO BE ATTENDED VIA MICROSOFT TEAMS

No.	Item Items for Action (A), Information (I), Discussion (D), Presentation (P)	Time	Mins.	Page	A,I,D
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Part I – Public Board Meeting					
1.	Questions from the general public	9:30	1		D
2.	Welcome, introductions and apologies for absence (PP)	9:31	9:35		I
3.	Declarations of any conflicts of interest relating to this meeting (All)	9:35	9:40		I
4.	Minutes of the meeting held on 16 January 2023 and action log (Appendix 1).	9:40	9:50	3-8	A/I
5.	Matters arising not covered by the agenda	9:50	9:55		D
6.	Power Bi Presentation – Siobhan Thompson	9:55	10:20		
7.	Chair report	10:20	10:30		I/D
8.	CEO Report	10:30	11:00	9-17	A/I/D
9.	QA Subgroup & Projects update (DT & EW)	11:00	11:10	18-22	I/D
10.	Finance, Risk Register, Quality Framework and Health and Safety update <ul style="list-style-type: none"> <li>Risk Register (JS)</li> <li>QF Next Steps (JS)</li> </ul>	11:10	11:20		A/I/D

	<ul style="list-style-type: none"> <li>H&amp;S update (JS)</li> </ul> (Finance Sub-Group Minutes will be discussed in Part 2)				
11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement	11:20			I/D
12.	Dates of future Board meetings <ul style="list-style-type: none"> <li>22 July 2024</li> <li>14 October 2024</li> <li>20 January 2025</li> </ul>				

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

Vivienne Clifford-Jackson

Andrew Hayward

Mary Ledgard

Bridget Penhale

David Trevanion (Vice Chair)

Linda Bainton

Willie Cruickshank

Christopher Humphris

Christine MacDonald

**For information:**

Stuart Lines

Ciceley Scarborough

Stephanie Butcher

Mark Burgiss

Simon Scott

Peter Randall

Rachel Grant

## Healthwatch Norfolk Board Meeting

15<sup>th</sup> January 2024

09:30 – 12:00

### In attendance

#### Trustees

Patrick Peal (PP) Chair

David Trevanion (DT)

Andrew Hayward (AH)

Chris Humphris (CH)

Elaine Bailey (EB)

Linda Bainton (LB)

Mary Ledgard (ML)

Vivienne Clifford-Jackson (VCJ)

Christine MacDonald (CM)

Bridget Penhale – online (BH)

#### Officers

Alex Stewart (AS) – Chief Executive

Judith Sharpe (JS) – Deputy Chief Executive

Emily Woodhouse (EW) – Business Development Director

Caroline Williams (CW) – Head of Engagement

John Bultitude (JB) – Head of Communications and Marketing

Dan Reynolds (DR) – Community Development Officer

Ollie George (OG) – Comms Officer


#### NCC

Stuart Lines – online (SL)

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 Willie Cruickshank, Ciceley Scarborough (NCC), and Stephanie Butcher (NCC)	

3.	<p><b>Declarations of Interest (new or pertaining to items on this agenda)</b></p> <p>PP wished to declare that he is currently in conflict with Norfolk County Council in relation to Care Home Fees relating to his mother.</p>	
4.	<p><b>Presentation on Digital Processes in relation to Healthcare provision – Anne Heath – Associate Director of Digital, N&amp;W ICB</b></p> <p>Anne Heath gave a presentation including the following topics:</p> <ul style="list-style-type: none"> <li>• Shared Care Record</li> <li>• NHS App (50% take up in over 13s)</li> <li>• Citizens Access to Records (live Oct '23)</li> <li>• Cloud Telephony in GP Practices (to improve telephone services in Primary Care)</li> <li>• EPR in the 3 Acute Hospitals (Meditech are the preferred provider, live in 2025)</li> <li>• Remote Monitoring in Care Homes</li> <li>• Digital Innovations – Robotic Process Automation (RPA) and Artificial Intelligence (AI)</li> </ul> <div data-bbox="391 1003 448 1070" data-label="Image"> </div> <p>Healthwatch Norfolk Board 15.01.2024.ppt</p> <p>Anne mentioned the difficulties of connectivity in some rural locations as something that needs focus in the next few years to ensure affected residents are not excluded from the technological advancements in health.</p> <p>(Stuart Lines left the meeting at 10 am)</p>	
5.	<p><b>Minutes of the meeting held on 16<sup>th</sup> October 2023 and action log.</b></p> <p>The minutes of the meeting held on 16<sup>th</sup> October 2023 were agreed as an accurate record.</p> <p><b>Action Log:</b></p> <p><b>No. 127:</b> ToR for NSFT Mortality Group had been shared within the CEO Report in the meeting papers.</p> <p><b>No. 130:</b> EW reported that she is in contact with HWE about this. Still in progress.</p> <p><b>No. 136:</b> BP had advised that the UEA standard margin target on commercial projects is 15%.</p>	EW

	<p><b>No.138:</b> Draft amendments to ToR of Finance sub-committee will be considered at the next (February) meeting.</p> <p>All other actions on the log have been completed.</p>	JS
6.	<p><b>Matters arising not covered by the agenda.</b></p> <p>There were none.</p>	
7.	<p><b>Chair's report</b></p> <p>PP thanked AS for the new Trustees Newsletter which he said will enable Trustees to keep up to date and remove the need for lengthy board reports. PP said the first newsletter was terrific and he looks forward to the next one.</p> <p>PP thanked all staff for their reports to the Board at this meeting but said they could stand down at the next meeting to allow more time for discussion.</p>	
8.	<p><b>CEO Report</b></p> <p><b>Online Consultation Systems</b></p> <p>AH commented that the most vulnerable patients often do not engage with online systems and that some people do not understand them. AH also said that online consultation changes the nature of the interaction/relationship with the patient. EB expressed concern that patients are not viewed holistically and asked if there was any research about the clinical and mental health outcomes.</p> <p><b>NSFT Mortality Review</b></p> <p>AS said this is a national issue not just an issue for Norfolk and Suffolk. AS said that the new CEO, Caroline Donovan has appointed a member of staff to lead this work, with monthly meetings and for review at the end of March with the issue to be reported back to HOSC in April.</p> <p><b>Quality Accounts Review</b></p> <p>AS said he would like there to be a "Task and Finish Group" review of the last 3 years' Quality Accounts by the health trusts, in particular to explore whether the recommendations HWN has made on the draft accounts have been carried out and whether targets and objectives have been followed through. CM commented that if a Trust changes the format of the document from year to year it makes it more difficult to follow and track what progress has (or has not) been made.</p>	AS

	<p>ACTION Email to be sent asking for Trustees to say if they would like to be involved in this work.</p> <p>ML asked if the T&amp;F group could also review the HWN proforma for reviewing the Quality Accounts.</p> <p><b>NCH&amp;C Contract £88,160</b>  <b>(Virtual Wards, Community Beds, Planned/Unplanned Care)</b></p> <p>AS advised that the funds for this contract (signed in May 2023) had not yet been received. AS has chased the funds and a meeting arranged with the NCH&amp;C CEO was attended by JS and a promise to make payment shortly was made.</p> <p><b>ICB Funding</b> AS advised that there is a new prioritisation panel within the ICB to assess funding requests. Also, that Mark Burgis and Karen Barker of the ICB had said they would work to garner funds from health trusts not already financially supporting Healthwatch Norfolk and potentially pool the funds in one grant from the ICB.</p> <p><b>HWN Partners Event</b> AS reported that there had only been 11 acceptances from ICS leaders to the proposed event on 14<sup>th</sup> March. It was agreed to postpone the event to seek higher attendance.</p>	
9.	<p><b>My Views Matter</b></p> <p>John Spall (JSp) gave a presentation about the My Views Matter project which focussed on residential care for people with learning disabilities. The project had involved 25 Enter and View visits, 94 service users, 58 family member interviews and 5 focus groups. The work revealed that 75% of the people were happy with their care but 25% were not and satisfaction rates were even lower amongst the focus groups.</p> <p></p> <p>JSpall_HWN_My_Vie ws_Matter_board pre:</p> <p>JSp highlighted the value within the work of using experts by experience.</p> <p>AS thanked JSp for his work saying the feedback from everyone had been tremendous. PP asked if there had been any response from CQC and JSp said there had not. ACTION AS to contact James Bullion directly to request response.</p>	AS

	VCJ left the meeting at 11:28	
10.	<p><b>Communications Report (JB)</b></p> <p>JB advised that he and the new Comms Officer will be undertaking an update of information about NHS dentist availability and waiting lists in the next few weeks. It is known that more dentists have become private and relinquished their NHS contracts and one practice that does offer NHS dental service has over 6000 people on its waiting list.</p> <p>JB is expecting the new HWN website to be launched within the first quarter of 2024. Delays have occurred due to the current provider (Whitebear) being slow to respond to many requests. It is hoped in 2024-25 to be able to commission a bespoke new "Feedback Centre" and move away from Whitebear completely. Once the new website is running, we will be able to begin better monitoring of its usage, SEO and related social media metrics.</p> <p><b>Engagement and Intelligence Reports including the Impact Tracker (ST and CW)</b></p> <p>CW spoke about the fact that a significant percentage of feedback received directly to our website in the last period was from one GP practice which had texted its patients to encourage them to leave feedback with us. CW also mentioned there had been a revisit to East Norwich practice where there had been patient difficulties of accessing services – not helped by the large housing developments nearby in recent years. East Harling GP Practice has been receiving unfavourable feedback and we are working with ICB staff and the community to investigate this further – having had some difficulty progressing matters directly with the surgery. CW advised that the engagement team is about to begin a series of afternoon engagement activities in care homes and is planning engagement with 7–11-year-olds in schools from September. ST has been developing a PowerBI dashboard relating to feedback and agreed this could be shared with Trustees at the next meeting. <b>ACTION</b> JS note for agenda in April 2024.</p>	JS
11.	<p><b>QA Subgroup Minutes (DT and EW)</b></p> <p>DT said the latest (year 2) Community Mental Health Report had been positive. It now awaits the commissioner's response.</p> <p>EW spoke about changes to the way recommendations and responses are being captured on the Impact Tracker to ensure they are easier to review and see the impact.</p>	

12.	<p><b>Finance, Risk Register, Quality Framework and Health and Safety update.</b></p> <p>Finance Subgroup minutes will be covered in part 2 of the meeting.</p> <p>JS highlighted item 3 of the risk register relating to difficulties of the initial scoping/agreement of key deliverables of a project. There was a discussion about commissioners not always knowing exactly what they want within a project nor whether they have any budget for it. LB said the pre-development work will often need to be done by HWN. ML suggested an open and honest approach regarding areas of uncertainty and the importance of finding out who the right people are to be working with early on.</p> <p>There was discussion about bringing together the work of the last 9/ 10 months of the 6 Quality Framework groups. A QF Summit was proposed and the suggestion to use the previously “earmarked” date of 14<sup>th</sup> March. <b>ACTION</b> JS progress this idea and send invitations to all staff, trustees and volunteers.</p> <p>JS reported that there had been no Health and Safety incidents and that 10 staff had attended and completed the First Aid at Work course recently.</p>	JS
13.	<p><b>Any Other Business</b></p> <p>ML raised the issue of malnutrition in Norfolk which was picked up recently in the media and the impact of poor transport on older people’s ability to get nutritious food. ML asked if HWN should investigate this further. AS said HWN should take an interest and suggested the Norfolk Community Foundation may be able to assist with this topic.</p>	
14.	<p><b>Dates of future Board meetings</b></p> <ul style="list-style-type: none"> <li>• 15<sup>th</sup> April 2024</li> <li>• 22<sup>nd</sup> July 2024</li> <li>• 14<sup>th</sup> October 2024</li> </ul>	

The meeting ended at 12:11



Date	15 April 2024
Item	7
Report to	Healthwatch Norfolk Board
Report by (name and title)	Alex Stewart (CEO)
Subject	Chief Executive 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 is in a new format and will be providing “headlines” in relation to the following: –

- Priorities in the next quarter & Issues arising
- Health and social care system news
- Projects update
- Engagement, feedback and impact tracker update
- Communications
- Finance – *Recommendation to be agreed and signed off by Board*

## **2.0 Priorities in the next quarter & issues arising**

**QEH Youth Council** – Healthwatch has been working with the QE over the past 12 months to provide training to the Council of Governors and go out into the community to help the Trust establish a Youth Council. We have been fortunate to secure on-going funding for 2024/25 to effectively launch and manage the Council for the first year of its operation.

***NCH&C Willow Unit Project*** – Healthwatch sits on the development board of this exciting project. The Unit which is due to open imminently – June 2024 – will provide up to two weeks intensive therapeutic support for people being discharged from an acute setting. The restorative environment at Willow Therapy Unit will enable patients to make steady, step-by-step improvements and gain independence as they prepare to return to the community. Patients will be supported to play an active role in their own care and feel confident about performing daily activities when they leave. Healthcare will be delivered by a multidisciplinary team of clinical professionals dedicated to patient recovery and wellbeing.

***Blakeney Surgery*** – Blakeney Surgery is a small branch surgery of Holt Medical Practice. Services from Blakeney Surgery were reduced prior to the Covid pandemic and it was open for five mornings a week. Blakeney Surgery temporarily closed on 20 March 2020 and since that date face-to-face clinical services have not been reinstated. Currently the surgery is open five mornings a week (8am – 1pm) and staffed by a receptionist who provides administrative support to patients and a medicines collection service. In January 2023, Holt Medical Practice formally applied to close Blakeney Surgery in March 2023. Following its application to close Blakeney Surgery, Holt Medical Practice undertook a significant public engagement exercise with the support of Healthwatch Norfolk from 1 August to 30 September 2023. This consisted of a survey, public meeting, five drop-in sessions and inviting written feedback by letter, email or comment card. Holt Medical Practice's Patient Participation Group was also regularly briefed. The Primary Care Commissioning Committee have deferred making a final decision until the purdah period had ended.

***Learning from Deaths Action Management Group*** – Healthwatch Norfolk is a participating member of this group. The Trust Learning from Deaths Action plan Management Group will be accountable for executive oversight and seeking assurance on the progress of actions resulting from:

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

The Group will provide the governance framework for the reporting of progress to the CEO/Trust Management Group, The Trusts Quality Committee and Integrated

Care Boards (ICB'S) Quality Committees.

The Purpose of the Group

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

### ***NCC Consultation – Minimum Income Guarantee***

Norfolk County Council has launched a consultation on its proposals to change the way it charges some people for their non-residential adult social care services.

The changes would affect the Minimum Income Guarantee (MIG), which is the term used to describe the minimum amount of income that those receiving local authority arranged home care need to cover their living costs, before a charge for care can be applied by the council.

The proposals would see the Norfolk Minimum Income Guarantee changed to be in line with the minimum level set by national government.

The measures are part of £41.5m of savings that Norfolk County Council needs to make to balance its budget for 2024/25.

Councillor Alison Thomas, cabinet member for adult social care at Norfolk County Council said:

"We are committed to providing high quality and sustainable adult social care services, but we also face significant financial challenges and rising demand. We must make tough choices to balance our budget and ensure we can support those who need care. It is important that we hear from people about these proposals. This will allow us to understand the full impact of any changes and I would encourage everyone to give us their views."

The council currently uses a Minimum Income Guarantee of £187.13 a week for people aged 18 to pension age, which is above the minimum level set by the government. The council is proposing two options:

- Option 1: Reduce the Minimum Income Guarantee for people 18-years-old to pension age from the current Norfolk County Council rate of £187.13 to government rates for 25-year-old to pension age, which is currently £171.75.
- Option 2: Reduce the Minimum Income Guarantee to the government rate of £171.75 for people aged 25 to pension age, and also introduce a reduced rate for people aged 18 to 24 of £150.25.

It is estimated that option 1 would affect 1600 people who might have to pay between £2.50 and £18.00 a week more for their care.

Option 2 would see around 95 18-24-year-olds pay between £2.50 and £40.00 more per week for their care, and around 1505 people between 25 – pension age pay an additional £2.50 to £18.00 a week.

The changes would add between £1.2m and £1.29m in additional income for Norfolk County Council's adult social care services.

The proposals do not include any changes for people who have already reached pension-credit age as the council policy is already at the government-advised level. The consultation is open now and runs until 17 May 2024. The county council are hosting a series of drop-in sessions at libraries to help people understand the proposals and express their views. Accessible versions of the consultation materials are also available.

Unfortunately, whilst the Council contacted everyone in receipt of MIG, they failed to contact those who may be the “guardians” of those who have limited capacity or an inability to understand formal letters and associated language. Whilst this has now been rectified, the Council are unwilling to extend the consultation period.

***Health Overview and Scrutiny Committee*** – Healthwatch continue to play an active role in HOSC and are represented at every meeting. Whilst we are not formal members of the Committee, the Chair frequently solicits our views in relation to issues that are being discussed. Specific areas of interest include the 6-month review update that the ICB will provide to HOSC in June along with an annual NSFT update. Healthwatch is currently discussing options for future meeting agenda and have been asked to consider providing information on LGBT+ access to health services, dentistry, pharmacy and ophthalmology.

***Stakeholder/Partners Meeting – Sprowston Manor Hotel (2<sup>nd</sup> May 2024)*** – invitations have gone out to all partners, and we are expecting a turn out of approximately 36 people at the annual stakeholder event. The agenda is being worked on and a verbal update will be provided at the Board Meeting.

### **3.0 Health and Social Care News**

Healthwatch England have produced a report using experiences of care from over 10 million people collected over the past ten years. The report sets out a bold vision for the NHS in 2030.

#### ***Where we are now***

We're presenting this vision at a time when the NHS faces the most significant pressures in its history. It's not surprising that confidence that the NHS can provide for everyone is being undermined, with 43% of people believing the NHS cannot meet the whole country's needs.

Our vision therefore calls for a focus on three key themes:

1. Making the NHS easier to access and navigate.
2. Tackling health inequalities.
3. Building a patient-centred culture.

#### ***Making the NHS easier to access and navigate***

We all want to be seen quickly when we have new symptoms or concerns about our health. But alongside quicker access, patients also want simplicity at each touchpoint with the NHS. People told us they felt admin and communication can be slow, inefficient and sometimes lacking empathy.

We want the NHS to consistently adopt an 'excellent customer service' ethos, ensuring people can get their queries answered and appointments booked. We also want patients to be able to access real-time information about their care and have a two-way dialogue with those responsible for their care.

#### ***Tackling health inequalities***

Health inequalities in England are stark and growing. Those living in the most deprived areas can expect to live in good health for a far shorter period compared to those in the least deprived areas. Multiple factors create these inequalities, but in healthcare people experience varying quality of care.

We want the NHS to provide excellent care for everyone. Gaps in life expectancy and healthy life expectancy between the most well off and deprived areas should be falling by 2030. We are also calling for Integrated Care Systems to work with local councils to ensure communities get advice and support to prevent ill health, and that people with extra communication needs receive full support every time they interact with the NHS.

### ***Building a patient-centred culture in the NHS***

The majority of patients told us they felt respected by healthcare professionals. However, we see that the care experience varies considerably. The NHS still has a culture focused on the system's business – not that of the patients.

By 2030, we want a fundamental shift in the culture of the NHS so that there is a greater focus on listening to patients and acting on their experiences to improve care today and in the future.

The report provides local Healthwatch with a superb framework to look at continual improvement as we move forwards over the next few years.

**Missed Appointments** – The CEO has been working with the Practice Manager from Ludham and Stalham Green to try and ascertain the number of DNAs across General Practice surgeries in Norfolk and Waveney. The figures are startling for 2023 and with two surgeries left to provide us with figures, we are currently standing at 34,000 DNAs.

## **4.0 Projects**

Projects Update

Projects Published Jan–Mar 2024:

- None

Projects in progress

- Digital Tools Evaluation in Primary Care (year 3/3), in report write up, to be published May 2024
- QEH Governors and Youth Council (Year 1/2), outstanding school/college visits and end of year reporting, to be published May 2024
- Carers of people with Serious Mental Illness (year 1/3), in analysis, to be published June 2024
- 65+ Experiences of Adult Social Care (Year 1/3), in data collection, to be published July 2024
- Mental Health Community Transformation Evaluation in Norfolk (Year 3/3), in data collection, to be published August 2024
- NCH&C Transformation Engagement (Year 1/3), in data collection, to be published November 2024

- Mental Health Community Transformation Evaluation in Waveney (Year 3/3), in data collection, to be published Winter 2024
- Marie Curie Survey Promotion, in contracting
- Digital Tools Evaluation in Primary Care (year 4/6), in contracting
- JPUH Community Diagnostic Centre Engagement, in contracting
- ICB Community Voices, Lung Health Checks, in development

#### Prospective Projects

- NICHE Concept Ward Evaluation
- JPUH/Millwood Engagement
- NNUH Governor Training
- NNUH Health Inequalities Training
- JPUH Governor Training
- NSFT Governor Training
- Tier 2 Healthy Weight Service Engagement
- Nourishing Norfolk Evaluation

#### News from Project Team

- Joshua Ball, Project Officer left 22/03
- Rachael Green, Project Manager leaves 11/4
- Siobhan Thompson, Information Analyst leaves 7/5
- Valerie Hartley, Project Officer will be joining end of April
- The Information Analyst advert closes 18/4

## **5.0 Engagement, feedback and Impact Tracker Update**

#### **Feedback centre and engagement reviews December to February:**

- 251 engagement reviews collected about 62 services
- Five engagement reports (4 GP Practices, 1 Care Home) published from : <https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/>
- In total 587 reviews received about 123 services

#### **Impact tracker January to March:**

- Signposted 52 people on eight topics
- Eight influencing/individual impacts

## 6.0 Communications

### Media Activity

The Year Three launch of the community mental health project received some good media coverage including a piece in the EDP. At the time of writing, we are doing a second more targeted piece specifically to parts of the county where we have not had much feedback.

We were the first Healthwatch in the country to secure coverage for the national Share For Better Care campaign to encourage more feedback with coverage in the EDP, BBC Radio Norfolk and Greatest Hits Radio.

We also remain a 'go-to' for reaction on health and care issues, and we contributed to media coverage on the concerns about a drop in the number of GPs, the replacement of the 'repeat prescription' POD service, and Kings Fund research suggesting poverty affected the ability of people to receive care.

### Social Media Reach (Jan to March 2024) –

- X/Twitter – 3209 followers, 13,123 impressions, 382 engagements etc
- Facebook – 1300 followers, 11,799 reach, 431 engagements
- Instagram – 665 followers, 484 accounts reached, 108 content interactions
- LinkedIn – 7616 unique impressions and 659 interactions
- 11 Press releases issued on 4 topics
- 28 newsletters issued (different versions are sent to different mailing list groups so it is 7 that are edited into four different versions) and 5028 on mailing lists
- Other issues of note: Media coverage on a number of projects is going out imminently including publicity for the Healthwatch Norfolk Dental Summit on September 19 (ICB, Public Health and Jason Stokes, chair of the Local Dentistry Committee are confirmed to attend) the community mental health transformation Year 3 Waveney (plus a push into hyper-local media in West Norfolk and Great Yarmouth to get more response there) and John Spall's 65+ social care project. Work will also start on preparing the annual report when we are in purdah.



## 7.0 Finance

- The Finance Subgroup have approved a 2024-25 budget which includes staff annual pay increments and a 4% inflationary (cost of living) increase. The budget sets a target of £101,692 surplus for the year, which is 11% of total income. This is needed to rebuild reserves that have been eroded in the last 2 years. This will require income from further commissions of c.£378K in addition to our statutory funding (£369,500 - 4% uplift granted) and existing multi-year project agreements (c.£228K)
- The Finance Subgroup discussed at length the need to reflect income in the accounts on an accrual basis going forward which will impact (negatively) on the end of year accounts outturn - as some project income will be deferred and recognised in 2024-25.
- As agreed at the Trustees Away Day in October, the Terms of Reference for the Finance subgroup have been reviewed so that there will no longer be delegated authority for the subgroup for budget approval and in future this will require full board approval.

### Performance

- We are currently transitioning from QuickBooks to Xero software, and it is too soon to predict an end of year position with any accuracy. At the February Finance subgroup an end of year surplus position of £21,432 was forecast but this may be negatively impacted by the change in treatment of income across the financial years.

Recommendation: - that the Board agrees to and signs off the amended Terms of Reference for the Finance Sub Committee.

## Quality Assurance Subgroup

### Minutes of meeting held on 1 February 2024

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

Chair: David Trevanion

#### Present:

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

Kath Edwards (KE) minute taker

#### Copies:

Patrick Peal

No	Item	Action
<b>1</b>	<b>Welcome and Apologies</b>	
	DT began the meeting by welcoming everyone. Apologies were received from Alex Stewart	
	Due to prior commitments RG (and JSpall) were unable to lead on a discussion regarding considerations on 3-year projects. This discussion has been moved to April (HWN Board)/May (QA Subgroup).	<b>RG/JS</b>
<b>2</b>	<b>Minutes from the last meeting (1 November 2023) and action log</b>	
	The previous minutes were accepted as a true record with the following amendment: <i>Item 5 – Review of Quality Framework Action Plan, bottom of page 3; First sentence to read "It was highlighted the Board are pleased how things are progressing with the regular meetings."</i>	
<b>2a</b>	<b>Action Log</b>	
	Most action points are complete, EW gave a brief update on the following outstanding items: <b>Item 25 - Confirm response to dementia care report</b> To date a response has not been received. Statutory letters will be sent regarding all projects with outstanding responses.	

	<b>Item 28 - Write policy on working with Consultants</b> To be covered in Item 7 below.	
<b>3</b>	<b>Review and discussion of current projects (see paper)</b> Paper taken as read.	
	<p>DT asked for a highlight of new and incoming projects.</p> <p><b>Patient Experiences of Community Diagnostic Centres (JH/JB) – Commissioned</b></p> <p>Small piece of engagement work from HWE.</p> <p>The initial visit has been completed; follow up discussions due with people who attended on the day.</p> <p>A brief discussion followed regarding the issues regarding HWE setting funding payments inclusive of VAT; HWN would be financially punished, being VAT registered. JS challenged this decision and HWE agreed to pay an additional amount.</p> <p><b>NCH&amp;C 3 Year (JB) – Commissioned</b></p> <p>There will be a redesign, following a final meeting held to discuss the future of the project. The delay has presented a challenge for Healthwatch Norfolk.</p> <p>End of year one will occur around October 2024, later than originally planned.</p> <p>NCHC requested that they make 4 separate payments after HWN submitted one invoice; only one payment received to date, the remaining balance is being chased.</p> <p><b>Carers of adults with serious mental illness (JH) – Commissioned</b></p> <p>Project is live. One current challenge for the project lead is managing the expectations and working with the 3 Experts by Experience, who are very involved and passionate about the issues. The Project Manager is fully supporting.</p> <p>It was noted that we need to ensure we are not caught up with the current public campaign about NSFT and remain totally impartial.</p> <p>The fact AS is involved in the review of deaths is very important; hopefully the review will come out with a credible overview. There is a lot of national and local press involved.</p> <p>When asked how such long term projects are dealt with, it was confirmed the project plan is revisited.</p> <p>The relationship with NSFT remains an issue. A meeting was held this week regarding the SMI action plan. There were absences from the decision makers, namely NSFT and ICB. The voluntary sector attendance was high.</p>	

	<p>A discussion took place on the overlap of similar projects and a suggestion was made to talk to the commissioners with the potential to work in parallel.</p> <p>Concern was voiced regarding the emotional, mental toll taken on working on such projects. The team are strongly supportive and regularly check in with each other.</p> <p>Two main issues were highlighted: dealing with the bureaucracy of other organisations and the personal part of dealing with distressed relatives. The latter raises the issue of "moral injury" i.e. a research worker can't fix people's problems although they think you can.</p> <p>There is a good plan in place for year 3 bringing the project to a close, listening to the public. The main issue highlighted that 3 years isn't long enough to see all of the changes recommended. The 3-year Mental Health Transformation project concludes June 2024.</p> <p><b>Digital Tools</b></p> <p>It was noted that since the start of the project, a lot has changed with new systems, this was evident in Anne Heath's presentation to the Board. Currently working on proposals for years 4,5,6, with different priorities.</p> <p>DT asked CW to report on engagement. The team have visited numerous foodbanks; most of them are really busy and recurring visits have been set up. The feedback will be collated in February when a report will be issued.</p> <p>Examples of recent results from engagement were not surprising e.g. indicating long waits for Autism/ADHD, lack of mental health support.</p> <p>An engagement meeting was held at the end of the previous week with the focus over the next few months on residential care homes with feedback. The way CQC inspections have changed with emphasis on continuous engagement was discussed.</p> <p>From September, we are hoping to engage in schools with 7–11-year-olds. Recording generic feedback on doctor/hospital experiences, participating in an assembly, along with a survey to go home to parents for feedback.</p> <p>Faye and Dan R have settled in really well.</p>	
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<b>4</b>	<b>Impact Tracking – Review of Recommendations &amp; Outcomes</b>	
	<p>The new trial of recommendation tracker with a list of deliverables and recommendations was discussed. The tracker is a work in progress, to be revisited in 6 months. Completed recommendations will be closed, archived and removed from the tracker.</p> <p>It was noted that the NCHC projects showed no response, no impact (although some changes have been implemented). A statutory letter will to be sent.</p> <p>When asked why this had occurred it was highlighted that there had been some staff changeover, including the loss of 2-3 key members of staff.</p> <p>A more positive project is the NHS health checks. A meeting was held after completion to go through each point with actions.</p> <p>DT commented on the immense improvement in the way impact tracking is recorded and presented. Everyone agreed that the new format was a significant progression and confirmed, following a short debate, the document could be shared with NCC and Commissioners as long as it was fully checked.</p> <p>Suggested additions:</p> <ul style="list-style-type: none"> <li>• Add a box underneath to highlight commissioners' responses/testimonials</li> <li>• Even if a project has not been formalised by a commissioner report, informal quotes could be noted.</li> <li>• Relationships – noting whether the project work has made a difference?</li> <li>• A statement on how many times we chase for responses.</li> </ul> <p>The new report template has a page for Commissioner response, which will be highlighted to state whether acknowledged (suggested non-response wording – "Still awaiting comments").</p>	
<b>5</b>	<b>Project to be presented at next Board meeting</b>	
	<p>It was agreed to replace a project presentation at the next Board meeting on 15 April, with a conversation around long term projects and to learn about the challenges involved. It was felt that longer term projects merit a wider conversation, understanding the positives and negatives of such projects.</p> <p>A page on PowerPoint was suggested to open the discussion.</p>	<b>EW</b>

	Trustees may be able to give guidance on any issues being experienced.	
<b>6</b>	<b>Review of Quality Framework action plan</b>	
	A summit has been scheduled for 14 March, with a draft agenda on how we progress for continuous improvement. The most positive outcome of the groups is the collaboration of Trustees/staff. Any suggestions for agenda let JS know.	<b>ALL</b>
<b>7</b>	<b>Review of External Consultant policy</b>	
	<p>EB and CM were thanked for their assistance in shaping the draft External Recruitment Policy.</p> <p>A discussion ensued regarding current and future consultants to try to iron out any issues, or conflicts.</p> <p>Following the announcement of a Project officer departure in March, it was debated, as an example, whether it was more beneficial to replace the project officer, use a short-term consultant with specialist skills or consider a fixed term role. The financial situation needs to be a key factor along with specialist skills required for each project.</p> <p>It was suggested that approved supplier list be removed. JS to recirculate the policy to the group before presenting to the next Board meeting.</p>	<b>JS</b>
<b>8</b>	<b>Any Other Business</b>	
	<p>DT informed the meeting that his term as Vice Chair of Healthwatch Norfolk comes to an end on 31 July.</p> <p>The Senior Board members have discussed the need for a replacement Vice Chair as well as a Chair for the QA Subgroup.</p> <p>DT asked the Trustees present to give this appropriate consideration. Everyone thanked David for all his hard work.</p>	<b>TRUSTEES</b>
	<b>The date of the next meeting is 8 May 2024</b>	

The meeting ended at 11:41