Healthwatch Norfolk Trustee Board
14th October 2024
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
Part I – Public Board Meeting					
1.	Questions from the general public	9:30	5		**D**
2.	Welcome, introductions and apologies for absence (PP)				**I**
3.	Declarations of any conflicts of interest relating to this meeting (All)				**I**
4.	Minutes of the meeting held on 22 July 2024 and action log.	9:35	10		**A/I**
5.	Matters arising not covered by the agenda	9:45	15		**D**
6.	Chair report	10:00	15		**I/D**
7.	CEO Report - Incorporating Comms update, Engagement Update and Projects update	10:15	30		**A/I/D**
8.	QA Subgroup & Projects update (EW + EB)	10:45	15		**I/D**
9.	Finance, Risk Register, Quality Framework and Health and Safety update • Finance Sub–Group Minutes (PP) • Risk Register (JS) • QF Action Plan (JS) H&S update (JS)	11:00	15		**I/D**

10.	Project Presentation Adult Social Care for the Over 65s – Presentation – John Spall	11.15	30		**A/I/D**
11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting's commencement	11.45	15		**I/D**
12.	Dates of future Board meetings • 20 January 2025 • 21 April 2025				

Apologies should be sent to 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
Ciceley Scarborough
Stephanie Butcher
Mark Burgiss
Simon Scott
Peter Randall
Rachel Grant

Healthwatch Norfolk Trustee Board Meeting
Part 1 Minutes
22nd July 2024 10:00 – 12:30
In person meeting at Wymondham Rugby Club, Barnards Fields, off Bray Drive, Reeve Way, Wymondham NR18 0GQ.

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

Officers
Alex Stewart (AS) Chief Executive
Judith Sharpe (JS) Deputy Chief Executive
John Bultitude (JB) Head of Comms and Marketing
Emily Woodhouse (EW) Business Development Director
Caroline Williams (CW) Head of Engagement
Rhys Pugh (RP) Signposting and Information Officer

Also in attendance:
Chris Lawrence (CL) – Chair of Queen Elizabeth Hospital (QEH)

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 Chris Lawrence, Chair of the QEH. Apologies had been received from Bridget Penhale,	

	Louise Smith, Ciceley Scarborough (NCC), Rachael Grant (NCC), and Simon Scott (NCC).	
3	**Declarations of any conflicts of interest relating to this meeting** There were no new conflicts not previously declared.	
4	**Minutes of the meeting held on 15th April 2024 and action log.** As PP was not present at the previous meeting, he asked DT and other Trustees to confirm that the minutes were an accurate record of that meeting. DT confirmed they were. PP will sign a copy of those minutes in confirmation. **Action Log** No 130 - Consider how HWN can better understand ethnicity in data collected. EW said she is liaising with NCC on this in regard of the group titled "White other." Action EW still in progress. No 146 - AS to find out DNA data pre and post Covid. AS reported he has post Covid data but not pre. Action AS to pursue. No 142 – VCJ advised that she and AS had met and discussed Prevention of Suicide and the NSFT Mortality Review. CH asked what role HWN could play in relation to the learning from the review and support NFST with future care improvements. JS mentioned that HWN is undertaking a 3-year project engaging with Carers of People with SMI. A discussion took place about the many years that NSFT had been under "Special measures" actions and reporting and how this can "disempower" an organisation so that leaders lose confidence to take decisions. Also discussed was that NSFT has been subject to more scrutiny and reporting than other mental health trusts. PP asked AS if he felt HWN has the appropriate relationships with key people at NSFT. AS said there were good relationships but there was some frustration with the lack of responsiveness to emails. AS suggested he and PP pick this up together with key people at NSFT to strengthen the relationships ACTION AS/PP AS also suggested raising the issues at a national level through HWE ACTION AS	EW AS AS/PP AS
5	**Matters arising not covered by the agenda.** There were none.	
6	**Chair report.** PP was pleased to advise that HWN has now received invitations to attend the 5 PLACE boards in the Norfolk & Waveney ICB area. Trustees had previously been communicated with about this and some had offered to attend at the various local boards. PP said it will be important to remain impartial/independent when decisions are	

	being made but important that HWN is represented and can participate in the meetings, representing the public voice in Norfolk. AS & PP will liaise to confirm which trustees to attend which meetings and prepare a statement to be read on arrival at the PLACE boards about HWN's participation. ACTION AS/PP EB asked how best to ensure we get the right people at the right group and how can each participant best feedback and correlate information and trends. AS suggested Trustees use the HWN Reporting Tool for (up to) 5 key messages from each meeting (ACTION JS circulate the HWN Reporting Tool) and that we could review the situation after 6 months. PP said that the Partners Event Meeting on 2nd May had been a great success with good support and engagement across the health and social care sector. Trustee Skills Matrix – PP thanked Trustees for completing the self-evaluation form and that this will helps identify gaps when considering future Trustee recruitment. PP spoke about the Benjamin Court ICB Public Meeting that he had Chaired. PP said it had been very well attended with many participants holding passionate views. There was a discussion about many of the public not fully understanding that the decision to close the rehabilitation service was an Adult Social Care (NCC) decision and that the ICB are just responsible for the premises and not that service. CH said that there is also confusion in some minds that the closure of Benjamin Court has resulted in the new Willows Centre in Norwich when in fact the two are not connected. CH praised PP for the way in which he managed the meeting. PP wished to express his thanks to DT who is retiring as a Trustee at the end of July. He praised DT for his calmness, wisdom and diligence and also his work Chairing the QA subgroup. PP advised that EB will now take on the role of Vice Chair and that Dr Louise Smith will be joining the Board as a Trustee.	AS/PP JS
7	CEO Report The CEO's report in the board papers was taken as read. AS said that a response is still awaited from NSFT re. the Learning from Deaths report. AS spoke about NHS financial cost savings and concerns about the potential impact on patient experience and safety. There was a	

	discussion, and it was agreed that HWN's role is to ensure we understand those changes and also ensure that changes are well communicated to the public. EW advised that purdah had meant there had been a backlog of reports to be published but this was now proceeding. EW mentioned the current engagement project work happening at the James Paget University Hospital about the Community Diagnostic Centre. EW advised that an application for lottery funding is to be submitted to enable us to develop our own feedback reporting system to be more user friendly and accessible. AS and EW mentioned other potential projects and funding currently under discussion: Edward Coke Trust at Holkham, Health Inequalities Training offer for Primary Care, UEA possible funding bids participation. CW reported that the engagement team had completed a programme of visits into approximately 20 care homes and had spoken to over 130 people about the quality of the care they were receiving. There had been numerous "small wins" when recommendations about (e.g.) food and alarm systems had been taken on board quickly and changes made. Engagement work continues all year with GP surgeries and long waits on the phone and for appointments continues to be reported in feedback. Specific concerns about East Harling and Kenninghall surgeries had been shared with the ICB. CW was pleased that HWN has been invited to take part in "Crucial Crew" which will enable HWN to speak to over 1000 year 6 children in 7 weeks in the next academic year. AS introduced Chris Lawrence Chair of the QEH who spoke to the Board about the development of a group model for hospitals in Norfolk & Waveney. He stressed that any form of group model will not save costs and is not the driver for change. The motivation is to deliver better (more consistent), sustainable services with better access and care where it is needed, addressing prevention and health inequalities and would require alignment of clinical standards. CL said that there will be work to do to ensure that the public are well informed about plans for this model. There was a discussion about the need for the whole health system to work together and ensure decisions take into account patients and staff views. PP thanked CL for his illuminating and thought-provoking presentation and that HWN would wish to maintain a watching brief on this matter.	

8	QA Subgroup Minutes, Risk Register, Quality Framework (QF) and Health and Safety update DT noted from the QA subgroup minutes that it had been intended to have another project presentation at the Board meeting today, but this will now happen at the October meeting in view of the presentation from CL today. JS reported that the three new QF groups had started meeting and there would be a half-way review of progress in October. More staff were being recruited to the "People" group. JS said there were no Health and Safety matters to report. The risk register had been circulated with Board papers. JS wished to point out that a new risk had been added (as suggested at the previous Board meeting) relating to risks for staff at public events.	
9	Any Other Business	
10	Dates of future Board meetings • 14 October 2024 • 20 January 2025	

Part 1 of the meeting ended at 12:04

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
148	22/07/2024	Arrange meeting for AS/PP with relevant people at NFST to stregthen relationship	14/10/2024	AS	Complete		AS and PP meet rehulatly with Chasir and CEO of NSFT
149	22/07/2024	Raise issues relating to NFST at national level with HWE	14/10/2024	AS	Complete		Issues raised - also raising issues in relation to consistency in approach in relation to Learning from Deaths enquiry.
150	22/07/2024	Prepare statement for Trustees to read at first attendance at PLACE Board meetings	14/10/2024	AS/PP	Complete		Guidelines issued to all Trustees
151	22/07/2024	Circulate the reporting tool to Trustees for use following attendance at PLACE Board meetings	14/10/2024	JS	complete	03/10/2024	
152	22/07/2024	Bring Engaging a Consultant policy into effect	immediate	JS	complete	14/07/2024	
153	22/07/2024	Amend draft pay policy to remove reference to Rem Comm	31/08/2024	JS	complete	21/07/2024	
154	22/07/2024	Arrange further meetings with Julie Rainford to add more detail to draft pay policy before decision by Board	31/08/2024	JS	complete	16/09/2024	second edition of policy presented to staff 2.9.24 and their feedback requested by 16.9.24 to AS

Date	14th October 2024
Item	7
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 is in a new format and will be providing "headlines" in relation to the following: -

2.Learning From Deaths ***Recommendation tabled***

3.Pharmacy Pressures ***Recommendation tabled***

4.Darzi Report ***Recommendation tabled***

5.Communications ***For Information***

6.Projects update **For Information**

7.Engagement, feedback and impact tracker update ***For Information***

2.0 Learning from Deaths – A review of Deaths between April 2019 and October 2023

The report was initiated by the Chief Executive, Caroline Donovan following the review of the Grant Thornton Report, and Forever Gone Report – Losing Count of Patient Deaths - and to examine the Trust's previous inability to fully review the deaths of patients between April 2019 and October 2023.

The Trust recognised that each number represents a loved one and offered their condolences to the families and carers of every person represented in the report.

Bereavement support

There are a number of initiatives offering support to families:

A dedicated webpage outlining support available has been added to the NSFT website -https://www.nsft.nhs.uk/bereavement-support

Summary of the report

The review has identified important learning for the Trust and in response one of its core transformation and improvement programmes is now focussed on learning from deaths.

This includes three clear areas of focus:

Collecting, analysing and reporting on deaths; involving the creation of a new electronic system for mortality information collection, analysis and reporting.

Ensure learning through improvements to clinical practice; reviewing all Prevention of Future Deaths reports from 2013 to identify themes and ensure learning and

improvement, including themes from the Forever Gone Report, Domestic Homicide Reviews and Serious Case Reviews.

Working with patients, carers and bereaved families; detailed work with patients, families, carers and bereaved relatives who sit on our Learning from Deaths Action Plan Management Group – Healthwatch Norfolk is a core member of this group.

Key findings

Between April 2019 and October 2023 318,057 patients had contact with NSFT services.

- 12,503 died (3.9% of the 318,057 of all patients in contact with NSFT during the review period)
- 6,118 were not in scope of the review as not in receipt of care at the time of their death or within 6 months of discharge following a manual screening process 6,385 were under the care of NSFT or had been within six months prior to their death.

Of the 6,385 under the care of NSFT:

- 92% of people died from natural causes such as heart disease or cancer
- 56% - 3,598 expected due to natural causes (for example a person who was known to have terminal cancer before they died)
- 36% - 2,293 unexpected due to natural causes (for example a person who was known to have underlying heart disease who then died suddenly from a heart attack)
- 7% - 418 unexpected unnatural deaths
- 1% - 76 deaths unknown (either because the Trust have not yet received a formal cause of death and have been unable to identify if the death was natural, unnatural, expected or unexpected based on information in the patient records, or the Coroners' conclusion is 'unascertained', or the conclusion has not been released to the public)
- 14 Prevention of Future Deaths Notices were issued for deaths that occurred within this timeframe. However, the Trust recognises it received a further 6 Prevention of Future Deaths Notices during the review period for deaths which predated the April 2019 to October 2023 review period.

Key learning

Four High Level Themes emerged from the review, all of which the Trust are working on improving and are being reported back at Board Meetings on a regular basis; the themes are:

- Communications
- Waiting times and access
- Record keeping and processes
- Workforce

Recommended that Healthwatch Norfolk request a written update from The Trust in April 2025 in relation to changes made as a result of themes emerging from the key learning.

3.0 Community Pharmacy

Community Pharmacy England has released a national report confirming the severe financial pressures putting community pharmacies at risk of closure, threatening patient care and access to services across England.

The **Pharmacy Pressures Survey 2024: Funding and Profitability Report** sets out the challenges faced by pharmacy owners.

Spiralling costs and workload coupled with a 30% funding cut in real terms since 2015 mean too many pharmacies are struggling to stay afloat. Countless pharmacies are at risk of closure, with our report revealing that nearly 1 in 6 may close within the next year.

The findings show that pharmacies across the sector are grappling with severe financial challenges that threaten their ability to provide even the core services for their patients. The majority (94%) of pharmacy owners report that they have seen significant increases in costs, with almost two-thirds (64%) saying they are operating at a loss. Concerningly, these pressures are now having an impact on patients, with 18% of pharmacy staff saying they are being severely impacted. Most pharmacies now have longer prescription dispensing times (86%), delays in responding to patient inquiries (80%), and less time to spend with patients (79%).

More than 40% of the pharmacy owners surveyed earlier this year noted that the financial strain is limiting their ability to provide Advanced services, in June 2024, nearly a third of pharmacies reported they had stopped provision of some of these services.

Community Pharmacy England has called for immediate action to address the financial challenges facing pharmacies secure their future and protect the health of local communities across England.

The findings make distressing reading, and they should be ringing alarm bells for anybody interested in protecting the health and wellbeing of local communities and the public. Community Pharmacy England as has the local Norfolk Pharmaceutical Network, been warning for many months and years that these issues must be resolved. This evidence provides yet another stark warning which must not be ignored.

Recommended that Healthwatch Norfolk continue to work with the local Pharmaceutical network and report back to the Board any issues of concern. It should also be noted that Norfolk County Council is currently undertaking its Pharmaceutical Needs Assessment which will be formally presented to the Health and Wellbeing Board for ”sign-off”in 2025.

4.0 The Darzi Report

The Darzi investigation provides a coherent analysis of the challenges facing the health and care system. Leaders across the NHS and wider system are working hard to recover following years of austerity and a global pandemic. They are embedding new, more collaborative ways of working and shifting towards models of care critical to stabilising the health and care system and improving outcomes. They support the government's reform agenda, which focuses on shifts towards care closer to home, prevention and digitisation.

The government's upcoming ten-year health plan provides an opportunity to look at the entire health and care system to deliver these shifts. However, healthcare leaders are clear that they will need support from the government to support short-term recovery and longer-term transformation, from additional capital funding for estates and digital technologies to a settlement for social care and financial and regulatory incentives, in particular to support a shift of resource into primary and community care.

Lord Darzi highlighted a number of areas of concern in his letter to the Secretary of State. In essence, the key points were:

- The state of the NHS is not due entirely to what has happened within the health service. The health of the nation has deteriorated and that impacts its performance.
- How long people wait, and the quality of treatment, are at the heart of the social contract between the NHS and the people. The NHS has not been able to meet the most important promises made to the people since 2015
- People are struggling to see their GP - GPs are seeing more patients than ever before, but with the number of fully qualified GPs relative to the population falling, waiting times are rising and patient satisfaction is at its lowest ever level. There are huge and unwarranted variations in the number of patients per GP, and shortages are particularly acute in deprived communities.
- Waiting lists for community services and mental health have surged. As of June 2024, more than 1 million people were waiting for community services, including more than 50,000 people who had been waiting for over a year, 80 per cent of whom are children and young people. By April 2024, about 1 million people were waiting for mental health services.
- Long waits have become normalised: there were 345,000 referrals where people are waiting more than a year for first contact with mental health services – more than the entire population of Leicester – and 109,000 of those were for children and young people under the age of 18.
- A&E is in an awful state - There are three types of A&E department. Type 1 are what most people think of as A&E –they are major departments and able to deal

with the full range of emergencies. Type 2 are for specific conditions such as dental or ophthalmology and type 3 are for minor injuries and illnesses.
In 2010, 94 per cent of people attending a type 1 or type 2 A&E were seen within four hours; by May 2024 that figure had dropped to just over 60 per cent (and for all three types of A&E combined, performance is now at 74 per cent). More than 100,000 infants waited more than 6 hours last year and nearly 10 per cent of all patients are now waiting for 12 hours or more.
According to the Royal College of Emergency Medicine, these long waits are likely to be causing an additional 14,000 more deaths a year – more than double all British armed forces' combat deaths since the health service was founded in 1948.

- Waiting times for hospital procedures have ballooned - The promise is that for most procedures, treatment will start within 18 weeks. In March 2010, there were just over 2.4 million on the waiting list, of whom 200,000 had been waiting longer than 18 weeks. Of those, 20,000 had waited more than a year. By contrast, in June 2024, more than 300,000 – fifteen times as many – had waited for over a year, and 1.75 million had been waiting for between 6 and 12 months. One recent improvement is that only some 10,000 people are still waiting longer than 18 months, a sharp fall from 123,000 in September 2021.
- Cancer care still lags behind other countries - While survival rates at 1-year, 5-years and 10-years have all improved, the rate of improvement slowed substantially during the 2010s. The UK has appreciably higher cancer mortality rates than other countries. No progress whatsoever was made in diagnosing cancer at stage 1 and 2 between 2013 and 2021. Since then, rates have risen from 54 per cent to 58 per cent in 2023, with notable improvements in the early detection of lung cancer due to the targeted lung check programme.
- Care for cardiovascular conditions is going in the wrong direction - Once adjusted for age, the cardiovascular disease mortality rate for people aged under 75 dropped significantly between 2001 and 2010. But improvements have stalled since then and the mortality rate started rising again during the Covid-19 pandemic. Rapid access to treatment has deteriorated – the time for the highest risk heart attack patients to have a rapid intervention to unblock an artery has risen by 28 per cent from an average of 114 minutes in 2013-14 to 146 minutes in 2022-23. The percentage of suspected stroke patients who receive the necessary brain scan within an hour of arrival at hospital varies from 80 per cent in Kent to only around 40 per cent in Shropshire.
- The picture on quality of care is mixed - For the most part, once people are in the system, they receive high quality care. But there are some important areas of

concerns, such as maternity care, where there have been a succession of scandals and inquiries. There have been improvements in patient safety, with more error-free care in hospitals and a reduction in the number of suicides in inpatient mental health facilities, partly as a result of sustained political attention. The power of prevention is illustrated through the impressive achievements of the Diabetes Prevention Programme, which reduces the risk of type 2 diabetes by nearly 40 per cent.

- The NHS budget is not being spent where it should be – too great a share is being spent in hospitals, too little in the community, and productivity is too low. Hospitals are where most waiting list procedures take place. But they present an apparent paradox. Growth in hospital staff numbers has increased sharply since the pandemic – rising 17 per cent between 2019 and 2023. There are 35 per cent more nurses working with adults and 75 per cent more with children than 15 years ago. The number of appointments, operations and procedures, however, has not increased at the same pace and so productivity has fallen.

Drivers of performance

Four heavily inter-related factors have contributed to the current dire state of the NHS. They are:

- **Austerity in funding and capital starvation** -. The 2010s were the most austere decade since the NHS was founded, with spending growing at around 1 per cent in real terms

  Until 2018, spending grew at around 1 per cent a year in real terms, against a long-term average of 3.4 per cent. Adjusted for population growth and changes in age structure, spending virtually flatlined.

  In 2018, for the service's 70th birthday, a more realistic promise was made of a 3.4 per cent a year real terms increase for five years in revenue spending. The promise did not include capital spending, medical training, nor any increase in public health expenditure.

  The 2018 funding promise was broken. Spending actually increased at just under 3 per cent a year in real terms between 2019 and 2024 – below both the 2018 promise and the historic rate on which it had been based.

  Capital. The NHS has been starved of capital and the capital budget was repeatedly raided to plug holes in day-to-day spending; on top of that, there is a shortfall of £37 billion of capital investment
- **The impact of the Covid-19 pandemic and its aftermath** - The pandemic. The impact of the pandemic and its aftermath: a bigger backlog than other health systems

The combination of austerity and capital starvation helped define the NHS's response to the pandemic. It is impossible to understand the current state of the NHS without understanding what happened during it.

The decade of austerity preceding Covid-19, along with the prolonged capital drought, saw the NHS enter the pandemic with higher bed occupancy rates and fewer doctors, nurses, beds and capital assets than most other high-income health systems. The NHS's resilience was at a low ebb.

What is less widely known, is that the NHS delayed, cancelled or postponed far more routine care during the pandemic than any comparable health system. Between 2019 and 2020, hip replacements in the UK fell by 46 per cent compared to the OECD average of 13 per cent. Knee replacements crashed a staggering 68 per cent compared to an average fall of 20 per cent. Across the board, the number of discharges from UK hospitals fell by 18 per cent between 2019 and 2020, the biggest drop across comparable countries.

- ***Lack of patient voice and staff engagement*** - Patient engagement. The patient voice is not loud enough. The NHS should aspire to deliver high quality care for all, all of the time. That not only means care that is safe and effective but that treats people with dignity, compassion and respect, making their experiences as positive as they can be. Yet patient satisfaction with services has declined and the number of complaints has increased, while patients are less empowered to make choices about their care. A familiar theme in inquiries into care failings has been patients' concerns not being heard or acted upon. The NHS is paying out record sums in compensation payments for care failures, which now amount to nearly £3 billion or 1.7 per cent of the entire NHS budget.

  Staff engagement. Too many staff are disengaged. There is also compelling evidence that, post-pandemic, too many staff have become disengaged, and there are distressingly high levels of sickness absence – as much as one working month a year for each nurse and each midwife working in the NHS.
- **Management structures and systems** - Some have suggested that this is primarily a failure of NHS management. Lord Darzi considers that they are wrong. He stipulated that the NHS is the essential public service and so managers have focused on "keeping the show on the road". Some have fantasised about an imaginary alternative world where heroic NHS managers were able to defy the odds and deliver great performance in a system that had been broken. Better management decisions might have been taken along the way, but he is convinced that they would have only made a marginal difference to the state that the NHS is in today.

He concludes by stating that the NHS is in critical condition, but its vital signs are strong

He recognised that the NHS has extraordinary depth of clinical talent, and our clinicians are widely admired for their skill and the strength of their clinical reasoning. Staff in roles at every level are bound by a deep and abiding belief in NHS values and there is a shared passion and determination to make the NHS better for patients. They are the beating heart of the NHS. Despite the massive gap in capital investment, the NHS has more resources than ever before, even if there is an urgent need to boost productivity. In summary, the report identified a list of important themes for how to repair the NHS to be considered for the forthcoming ten-year health plan, due in spring 2025:

- Re-engage staff and re-empower patients to harness staff talent and passion and enable patients to take as much control of their care as possible.
- Lock in the shift of care closer to home by hardwiring financial flows to expand general practice, mental health and community services.
- Simplify and innovate care delivery for a neighbourhood NHS to embrace new multidisciplinary models of care.
- Drive productivity in hospitals by fixing flow through better operational management, capital investment, and re-engaging and empowering staff.
- Tilt towards technology to unlock productivity, particularly outside hospitals, as the workforce urgently needs the benefits of digital systems, use of automation and AI and for life sciences breakthroughs to create new treatments.
- Contribute to the nation's prosperity by supporting more people off waiting lists and back into work.
- Reform to make the structure deliver by clarifying roles and accountabilities, ensuring the right balance of management resources at the right levels and strengthening key processes such as capital approvals.

Recommended that Healthwatch write to the CEOs of all Trusts and the ICB seeking their assurance that they will take the recommendations to heart and ensure that they make sufficient funding available to ensure that the patient voice is at the heart of all decisions that they make.

5.0 Comms and marketing work - Update

A big focus has been around the Queen Elizabeth Hospital Youth Council project. As well as creating content to encourage people to get involved, we have been organising engagement visits, meeting with key employers and stakeholders, designing a Youth Council website and making it live on the QEH server, writing policies and procedures, and working with Caroline and Angela on the engagement visits, which are set to continue into mid-September. With support from QEH HR and their volunteer's manager, we also designed application packs and forms and ensured they met all the relevant rules and will then facilitate and help staff the interview process during the

October half-term. The workload meant working up to two days a week around this but once the engagement process is complete, we will devote an average of a day a week on this project to refocus on comms. We will also be setting up dedicated social media platforms for it in the next quarter.

The Benjamin Court engagement project has also been a major priority. Again, there were engagement visits to organise and staff with support from Dan in the engagement team, as well as deal with a large number of inquiries from various groups in North Norfolk. Rhys and John Spall did a lot of work compiling a report based around the responses and, at the time of writing, the report and findings are due to be made public within the next 7 to 10 days.

Communications materials and campaigns have also been run for the CDC project at the James Paget Hospital and we also partnered with Marie Curie Cancer Care on a project around getting views of people around end-of-life care. This project is in its final stages at the time of writing, but we generated the largest number of responses far surpassing our target of 100 survey responses and are grateful to the many stakeholders we contacted as well as the work we did with media and social media.

The dental summit event was also held in early September. Again, we ran a comms campaign and designed a survey to gather people's views, which was then analysed and a fantastic report written by Rhys. A large amount of content was created for the event itself as well as inviting and briefing guests, and we had over 40 people book for the event which was hosted by former BBC Radio Norfolk presenter Anna Perrott.

Both Alex and John B continued to do a number of interviews with local and regional media including the EDP, BBC Radio Norfolk, Greatest Hits Radio and Heart Radio both on our own work (the dental summit and the Marie Curie campaign) and on wider-ranging issues in the health and care sector with around a dozen completed in the two-month period.

And the comms team also gathered a lot of content both for future marketing and for the next year of the Digital Tools campaign at King's Lynn and West Norfolk Pride in terms of both photographic images and video interviews.

Ollie has also been working hard on two projects which will also be published shortly – a package of media releases, social media and videos to promote our Care Home engagement earlier this year and is also managing a new piece of work with the ICB on their patient story/issue videos for board meetings with the first one in October focusing on the NHS app, with future projects focusing on medical support for veterans, dentistry, and the voice of young people in shaping health and care.

Finally, we are going to look at our social media strategy and work in the next quarter to refine it and look at recording things in a different way. Linked in with this, along with other partners in the health system locally, we are contemplating scaling down our Twitter/X use. The measuring of its effectiveness is becoming increasingly difficult to

judge both because of the way it works and the challenge/increasing cost of being able to access its monitoring of use.

Website Use

July – total number of users – 570. Average time on site – 1 min 6

August – total number of users – 670. Average time on site – 1 min 2

Social media coverage

July

Facebook – 1361 followers, 10,400 reach, 77 engagements

Instagram – 693 followers, 273 accounts reached, 59 interactions

LinkedIn – 2385 unique impressions, 155 interactions

August

Facebook – 1361 followers, 16,822 reach, 62 engagements

Instagram – 694 followers, 412 accounts reached, 25 content interactions

LinkedIn – 4025 unique impressions, 317 interactions

6.0 Projects Update

Projects Published July – September 2024:

- At the end of September we published the 'Experiences of NHS Dentistry' report in time for the HWN Dental Summit.

Projects in progress

- Digital Tools Evaluation in Primary Care (year 3/3), still awaiting a commissioner response to the year 2 report (April 2024).
- Carers of people with Serious Mental Illness (year 1/3), report still awaiting commissioner response, delayed publication pending.
- 65+ Experiences of Adult Social Care (Year 1/3), a summary report will be produced at the commissioner's request, delayed publication pending.
- Mental Health Community Transformation Evaluation in Norfolk and Waveney (Year 3/3), in write up.
- The Community Diagnostic Centre project with JPUH. The report is in write up and will be published later this year.
- NCH&C Transformation Engagement (Year 1-2/3) Plans for next phase of project agreed with the commissioner.
- Marie Curie Survey Promotion, project completed as the highest recruiter of the eastern region.
- Digital Tools Evaluation in Primary Care (year 4/6), in data collection; successful first survey phase (>300 responses).
- ICB Community Voices, Lung Health Checks, in set up (ICB general funding)

Prospective Projects

- Discussions are ongoing with the ICB to potentially roll out Health Inequalities training with professionals. This training has already been successfully tested with some practices.
- Discussions have taken place with Caring Together re some engagement with young carers to identify the challenges they face.
- We're working with the UEA to submit a UKRI grant application working with communities in low income countries.
- A bid has been submitted to National Lottery to fund a new CRM system.
- A bid has been submitted to the Legal and General Health Equity fund.
- A proposal has been revised and resubmitted to Norfolk Primary Care to conduct some ongoing engagement throughout the year.
- We have been approved to conduct some engagement with people around the Maternity Voice Partnerships (MVP).

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.

7.0 Engagement Update

Engagement Update

From July – October 2024 we have received 598 reviews about 87 different services.

Type of service	Number of reviews	Average star rating (out of 5)
Care Support	4	5
Adult Social Care (NCC)	1	5
Opticians	1	5
Mental Health Services	2	5
Hospitals	122	4.3
Adult Residential Care	14	4.2
GPs	435	4.1
Urgent Care	7	4.1
Community Services	3	3.7
Dentists	4	2.75
Pharmacies	3	2.7

The main themes are that

- people are still unhappy about the '8am rush' for appointments at GP surgeries,
- people mention how they don't always get an appointment with a doctor, although some people don't mind this and have good experiences with the nurses and other medical staff.
- people complain about wait times for test results and appointments- however are usually happy with their care when seen.

We have had a total of 49 signposting enquiries. Dentistry continues to be the topic we have the most enquiries about, followed by advice on how to raise concerns and complaints.

The engagement team attended the Norwich and Kings Lynn Pride in July and August and both events were well attended. We took a different approach this year and asked just one question:
"Do you feel being part of the LGBTQIA+ community affects your healthcare?"

People had counters to vote "yes" or "no" and people also had the opportunity to provide more information by adding post-it notes to a board. From the two events combined, we received 162 votes with the counters with 94 people (58%) saying "yes it does" and 68 (42%) saying "no it doesn't". 36 people left further information. This proved to be an effective way of getting a quick snapshot of feedback and something we will consider using at future events.

People felt there was a lack of understanding or consideration for someone's sexuality or gender, and there was also frustration around the questions and procedures they were sometimes asked e.g. issues around pregnancy tests or contraception being offered when it was not relevant to them.
Based on the feedback we received, we feel there needs to be greater awareness and consideration for members of the LGBTQIA+ community when it comes to access to health care and their lived experience.

We produced a short report which can be found here
https://healthwatchnorfolk.co.uk/reports/2024-pride-report/

The 3 market stalls engagement had varying success. Wymondham went well - we were able to set up our gazebo and the market was well attended. Harleston and Aylsham were less successful for a variety of reasons, however we did gain a small amount of feedback. The fire service joined us at all the markets which has further enhanced relationships and we will look at opportunities for future joint engagement

opportunities. However, we did not feel these were the most productive engagement activities.

Planning for Crucial Crew is going well. The workshop we will deliver has been co-designed by year 6 students which means we have already engaged with 60 10–11-year-olds.

We are hoping the students come away with the message that “My Voice Counts” and that leaving feedback can improve services for the future. We are still awaiting confirmation regarding dates, but we hope to attend 4 out of the 7 weeks - with the potential to reach 4000 young people. We intend to produce a report about the feedback obtained at the end of the school year.

With the success of the engagement visits to care home earlier this year we plan to do more of these in the winter months.

For details of where and when you will find the engagement team Out and About - Healthwatch Norfolk

HWN Board – Quality Assurance Subgroup

Meeting held on 3 October 2024, 10.00-12.00 at Healthwatch Norfolk Office, NR18 0SW

Chair: Elaine Bailey (EB)

Present: Emily Woodhouse (EW), John Spall (JSp), Andrew Hayward (AH), Chris Macdonald (CM), Linda Bainton (LB), Caroline Williams (CW), Judith Sharpe (JS)

Minutes: Rhys Pugh (RP)

No	Item	Action and Owner
1	**Welcome and Apologies**	
	EB welcomed all to the meeting. EB offered thanks to RP for minute taking and invited his contribution to the meeting business. There were no apologies, all present.	
2	**Notes from the last meeting and action log**	
	EB advised that the last meeting record was more in note form than the normal format. This was due to internal processing issues. The following amendments were requested: I. LB highlighted that in section 7, it incorrectly lists her as a member of the QF People Subgroup. This should read CW II. Section 3 (ToR), JS queried the accuracy of the statement relating to the required number of trustees within the group. EB suggested that it be reworded to better reflect DT's recent exit from the group III. JS highlighted that in section 4, the paragraph relating to Jess' absence contained conflicting statements regarding the sustainability of the situation. It was agreed that with the above amendments, the notes were a true record	EW to amend by 14/10/24 EW to amend by 14/10/24 EW to reword by 14/10/24
3.	**Matters Arising**	

	There were no matters arising not covered within the meeting agenda	
4.	**Outstanding Actions Log**	
	The action log was reviewed with the following as outstanding actions: *I.* Review of Terms of Reference and Project Process Policy: *Designated agenda item* II. Ethical Considerations: *Designated agenda item (included within the ToR item)* • Project Presentation at next board meeting: JSp to present NCC Adult Social Care Year 1 project at next board meeting.	
5	**QA Group going forward and Terms of Reference (ToR)**	
	To ensure there was no duplication of work/discussions and to ensure the effectiveness of the subgroup, EB and EW highlighted their desire going forward to focus more on the qualitative rather than operational and quantitative aspect of projects within the subgroup. Members were asked to consider how other quality considerations and issues might be included within the group's considerations (including the progression of the Quality Framework). There followed a round table discussion I. CM suggested there could be more work done on tracking the outcomes of projects including long term and short-term changes to highlight our impact and influence to the public and stakeholders. EW suggested that more should be done around following up with partners as to whether they have enacted our recommendations. There was a general concern expressed that despite HWN's valid research and findings, their recommendations might not ever be implemented. I. The group discussed how HWN might on a consistent basis receive acknowledgement from commissioners that they are in receipt of and acknowledge the project's outcomes and recommendations. Statutory	Trustees to progress the discussion at away day on 28 Oct 24 Internal discussion led by EW

		letters were considered as an option (JS advised that historically this was always part of the project procedure). It was acknowledged that their use might be detrimental to our relationships with those who have commissioned.	Internal discussion led by EW
	II.	In regard to commissioner responses to project reports, JS suggested that a notice be included within contracts stating that they will be published within a set time frame, irrespective of whether we have heard back from the organisation.	
	III.	JS/LB suggested that the content, design and layout of projects could be reviewed to ensure that the priority content is targeted to recommendations and outcomes	Internal discussions to be led by EW
	IV.	JSp raised the point of managing the expectations of the public, in terms of making recommendations that might prove unachievable. EB suggested the possibility of this being an itemised consideration within our project planning. EW cited the SMI carers project as a potential example	Internal discussions to be led by EW
	V.	EB suggested that HWN utilise our membership and inclusion within the PLACE boards as an opportunity to highlight some of the organisation's recent report findings and recommendations.	
	VI.	AH highlighted the value of the quarterly report in providing the opportunity for patient voice.	
	VII.	It was suggested by CM that at the next stakeholder/partners meeting, there is a focus on projects and an emphasis on working with partners to ensure they secure value for money.	Internal discussions to be led by EW and JS
	VIII.	JS suggested that a proforma might be created to ascertain what a successful outcome looked like to an organisation.	
	IX.	A discussion occurred around the value of benchmarking project reports against other HW organisations to gain knowledge and see where HWN could improve.	

	X. Quoracy considerations: It was established that after David Trevanion's departure, the subgroup remains quorate. XI. JS highlighted that there should be a better definition of who the 'appropriate managers' are in the ToR when referring to meeting attendance. XII. Ethical considerations: JSp provided a summary on the recent meeting led by Bridget Penhale (BP) and her proposed way forward. A light touch ethical process document is indicated. JS proposed that this might be combined with the DPIA and other project documents. EW to lead the progression. BP has kindly confirmed her availability should expert advice be required for any future projects requiring ethical considerations	Internal discussions led by EW EW to progress 'ethics statement' with BP
6	**Review of amended draft Project Process Policy**	
	EB drew the group's attention to the draft proposed changes to the Project Process Policy. The changes are suggested to ensure the inclusion of qualitative metrics and outcomes across the whole project process. I. The initiation of projects was discussed. JS highlighted that issues still remained around the commissioning of research and the lack of clarity as to what organisations want from a project. II. EW raised the question of how we equip project staff with the confidence to develop project plans where initial outlines were vague. III. A discussion ensued surrounding the process of costing of projects, HWN's probity and how we ensure that we provide best 'value' to our project commissioners within a defined budget envelope. IV. JS expressed fears over the NCHC project, and the lack of direction that they have given HWN in terms of a research focus. CW/EW mentioned that a record had been kept of all correspondence with NCHC. V. EB/AH highlighted the difficulty of outlining qualitative outcomes against a monetary evaluation. It was	

	agreed that the NHS focuses on quantitative data, but there is equal if not greater value for the patient to undertake qualitative work and evaluation. VI. It was agreed that prior to the next meeting, members will send any considerations regarding both the draft terms of reference and the draft Project Process Policy to EW via email.	Members to consider both documents further, and to send feedback to EW via email prior to the next subgroup meeting.
7	**Review of current projects**	
	I. EW outlined that the NCHC project is moving forward and that the work around Pathway 2 beds is also progressing. II. JSp highlighted that the SMI carers report has not received a response for year 1. Cooperation from the relevant organisations has dropped off noticeably. There is a meeting between parties occurring soon to hopefully rectify this. There is a risk of this impacting the second year of the project but the factors causing this are out of HWN's control. III. JSp/EW noted that there is experience to be gained from the difficulties in managing the expectations of project participants (when expectations are unfulfilled). EB proposed that this might be included within the risk register as reputational damage could result. EB also suggested that there would be value in airing such at future Board meetings. IV. EW highlighted that the project team is short staffed due to long term sickness. This is impacting workload. V. EW provided an overview of the pending section of the project calendar. HWN has been successful in the LMNS MVP Engagement bid. Various projects that were 'in discussion' were described and their status outlined. VI. It was noted by CM and EW that the timeliness of the CDC project was not ideal considering the centre was	JS to lead internal discussions Also for inclusion within the Senior Leaders meeting on 23rd October 24

	already in operation. Learning from this could be valuable in relation to future projects- such as the building of the acutes. VII. JS highlighted that HWN is still waiting for a formal response from the commissioner for the Digital Tools Year Three Report. VIII. EB/EW highlighted the value of sharing information regarding trustees' interests and skillsets so that their expertise might be targeted and utilised to benefit project development as project champions	JS to discuss with AS and progress accordingly
8	**Review of Impact Tracker and Project Recommendations**	
	The impact, signposting and recommendations tracker were available via screen. I. EW explained that the 'Project Recommendations' section of the Impact Tracker, has emigrated to its own document and that here have been no new recommendations as a project hasn't closed recently. II. CW noted that HWN is good at evidencing its signposting function, however it is difficult to assess the breadth and depth of impacts on individuals III. RP raised that the impact tracker was linked to the HWN PowerBI Dashboard. EW outlined that there needs to be a discussion as to how the board would best like to use this tool for intelligence/trends analysis purposes. IV. AH enquired as to whether there are any processes in place in relation to staff dealing with difficult calls. CW/EW assured the group that there was a supportive culture within HWN in relation to answering complex calls. Training on taking calls is also provided by HW England.	EB to progress with PP and AS (? For discussion at Trustee awayday on 28 Oct 24)
9	**Project to be presented at next Board meeting**	
	The project to be presented at the next Board meeting (14th October) will be Adult Social Care for the over-65s Year 1. John Spall to attend and present.	JSp

10	**Review of Quality Framework/other corporate Quality Issues**	
	The Quality Framework 6 monthly review is due 31st October 24. JS confirmed that the Trustee away day was a separate event to the QF review. JS is to check attendance levels of both events in the interim and advise Patrick Peal	JS
11	**Any Other Business**	
	I. JS/EW have been developing a DSP Toolkit in response to a mandate by the ICB. The opportunity to contribute/review the content created was extended to the subgroup. LB confirmed that they would be willing to review the responses and evidencing policies and protocols	EW to forward final draft to LB for her review and comment
	Date of next meeting: • Tuesday 7th January 2025 • Tuesday 8th April 2025 • Tuesday 1st July 2025 • Tuesday 30th September 2025	

HWN Board – Finance Subgroup
Minutes of the meeting held on 28th August 2024
10.00 am – 11.30 am at Healthwatch Office Board Room, Wymondham.

Chair: Patrick Peal

1. **Welcome, introductions and apologies.**
   Present: Patrick Peal, Willie Cruickshank, Chris Humphris, Alex Stewart and Judith Sharpe. There were no apologies.
   PP welcomed CH to the meeting as a new member of the subgroup to replace DT upon his retirement as a Trustee at the end of July.

2. **Minutes of last meeting 19/6/24, matters arising and action log.**
   PP asked all present if they were satisfied with the accuracy of the minutes of the last meeting and all agreed to approve them.

   The outstanding action relating to inviting Barclays to meet JS and staff to answer questions about their environmental policies was discussed. JS explained that after numerous phone calls, taking some time, Barclays had not yet been able to agree that anyone could come and meet with us.
   CH had found a useful "Which" report which provided environmental impact performance rankings on the major banks and Barclays was rated as the worst. It was agreed that JS should investigate alternative banks for the current account. JS said any alternative bank would need to provide good online and mobile banking facilities.
   ACTION JS progress investigations into alternative banks.

3. **Management Accounts for Q1 2024-25**
   JS explained that this set of quarterly management accounts are the first to be produced using Xero and the first to attempt to show a breakdown of income and costs across different work projects and activities, and to have applied deferred income in this level of detail. JS said that it was a decent "first attempt" but that further work is still needed to improve accuracy and therefore the subgroup was requested to receive the costs splits information with caution this time.

The Financial Activities Report showed total income of £210,667, interest/investment net loss £383, operating expenses of £194,953 and a resulting net profit of £15,330.
JS commented that this is less than one quarter of the annual budget desired profit (£101,772/4= £25,443).

The balance sheet showed net assets of £341,293 (compared to £325,964 at the end of March 2024)

PP asked about Computer Costs at £10,488 against budget to date of £6250. JS explained that the quarter had included paying £6K for the new website completion and an advance annual charge of £1.4K for the "Feedback Centre Lite" which are both included in the budget for the year.
PP also asked about the amount of deferred income at £369,601. JS explained that detailed information is being supplied to Larking Gowen about the proposed timeline for each piece of commissioned work and then the income is brought in relevant to each quarter.

PP said he was encouraged by the new cost splits report and assumed that it will be shared with relevant project staff. JS said this will happen in the future but not this time as the information was not accurate enough yet.

WC commented on the new "Business Development" category and that he felt the cost of £15,191 in Q1 was very reasonable if it results in the desired income production of £589K for the year.

There was a discussion about increasing automation of timesheet recording to reduce JS time taken. ACTION JS ask Larking Gowen if this is possible within Xero for individuals to input their own timesheets each month.

4. Profit & Loss, forecast, income projections bank balances and reserves calculations

The profit and loss report had been discussed in item 3.

JS explained that the forecast year end position of £35,300 surplus (budget £101,772) was based on other income being secured (and the work done) of £75K before 31.3.2025. The amount of "other income" needed to produce the budgeted surplus was £151,789.

Bank Balances and Reserves position:
The spreadsheet presented:

- A summary of bank balances held as at 16.8.24 totalling £478,561 which includes £2,200 being held for other agencies, resulting in a net position of £476,361 plus the investment with Brewin Dolphin of £106,964 which makes a total of £583,325 funds.

- A summary of the lease position and calculations for the reserves needed to maintain funds for 6 months (£553,745) and 3 months (£338,791) reserves.

These figures continue to demonstrate that as at 16.8.24 HWN was operating within the current 3 months reserves policy position.

JS explained that these reserves calculations are higher figures than last quarter to reflect the financial commitment for a new premises lease that is proposed (not yet agreed or signed) for 5 years starting this month.

5. Update on Business Development

AS talked through the various potential commissions of income under discussion at present: Awards for All, Health Inequalities Training, Norfolk Primary Care, Local Maternity Services, IC24, UEA, NNUH (may take time) and the Holkham Estate. CH asked AS how confident he was of getting the required amount of income and delivering the work in this financial year. AS said he felt positive as there are a good number of potential sources of income under discussion at this point in the year.

AS proposed using the services of Felton Fundraising to look at trust fund applications. ACTION AS to make enquiries about this.

CH spoke about obtaining more multi-year projects to help sustainability and there was a discussion about HW Norfolk's USPs of independence, local knowledge and contacts.

6. Latest Brewin Dolphin Valuation

The latest Brewin Dolphin report shared showed the portfolio value at £105,968. It was agreed this is a satisfactory position within less than 1 year of investing £100,000.

7. Any Other Business

PP noted he would not be able to attend the next meeting in November and invited WC to take the chair that day, which he accepted.
There was no other business.
The meeting ended at 11.20 am.

Dates of future meetings:

- 27th November 2024
- 26th February 2025