



Healthwatch Norfolk Trustee Board

28<sup>th</sup> April 2025

09:30 – 12:30 – Buffet Lunch will be provided at 12.30

**PLEASE NOTE CHANGE OF VENUE**

**Hethel Engineering, Chapman Way, Wymondham Rd.**

**Hethel, Norwich, NR14 8FB**

No.	Item Items for Action (A), Information (I), Discussion (D), Presentation (P)	Time	Mins.	Page	A,I,D
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Part I – Public Board Meeting					
1.	Questions from the general public	09:30	5		D
2.	Welcome, introductions and apologies for absence (PP)				I
3.	Declarations of any conflicts of interest relating to this meeting (All)				I
4.	Presentation from Hearing Help Norfolk – Aliona Derrett Questions from Board Members re Presentation	09:35	15 10		I/D
5.	Minutes of the meeting held on 20/01/2025 and action log.	10:00	10	3	A/I
6.	Matters arising not covered by the agenda	10:10	5		D
7.	Chair report	10:10	5		A/I
8.	CEO Report (AS & JB) – Incorporating Comms, Engagement and Projects updates. – to include a Video Voice of Younger People/Youth	10:15	30	10	I/D
9.	Review of Core Policies (JS)	10:45	5		A/I
10.	Declaration of Interest – Review and confirmation (JS)	10: 50	5		A/I/D

11.	(a) Quality Assurance Subgroup (EW&EB) (b) Challenges and Successes of Project Work	10:55	15	25 32	I/D
12.	Risk Register, Quality Framework and Health and Safety update (JS) (Finance Minutes in Part 2 of the meeting)	11:15	10	35	I/D
13.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting’s commencement	11.25			A/I/D
14.	Dates of future Board meetings <ul style="list-style-type: none"> <li>21 July 2025 (&amp; AGM)</li> <li>20 October 2025</li> </ul>				I

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

**Distribution:**

**Trustees**

Patrick Peal (Chair)	Christine MacDonald
Elaine Bailey(Vice Chair)	Linda Bainton
Vivienne Clifford- Jackson	Andrew Hayward
Christopher Humphris	Sue Crossman
Louise Smith	Anna Gill

**For information:**

Tom McCabe	Ian Wake
Stuart Lines	Simon Scott
Liz Chandler	Stephanie Butcher
Rachel Grant	Mark Burgiss

Need to incorporate Action Log spreadsheet here

Healthwatch Norfolk Trustee Board Meeting  
Part 1 Minutes – *draft*

20<sup>th</sup> January 2025 09:30 – 12:00

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

**In attendance:**

**Trustees**

Patrick Peal (PP) Chair  
Elaine Bailey (EB) Vice Chair  
Andrew Hayward (AH)  
Chris Humphris (CH)  
Linda Bainton (LB)  
Mary Ledgard (ML) (joined online 10:11)  
Christine MacDonald (CM)  
Willie Cruickshank (WC)  
Bridget Penhale (BP)  
Louise Smith (LS)

**Officers**

Alex Stewart (AS) Chief Executive  
Judith Sharpe (JS) Deputy Chief Executive  
Caroline Williams (CW) Head of Engagement  
Emily Woodhouse (EW) Business Development Director

**Also in attendance:**

Peter Randall (PR) (online) – Norfolk County Council (NCC),  
Rachael Grant (RG) (online) – NCC  
Ed Prosser-Snelling (EPS) – NNUH Chief Digital Information Officer  
Mark Burgis – Norfolk and Waveney Integrated Care Board

No.	Item	Action
1	<b>Questions from the public</b> There were no questions from the public.	

2	<p><b>Welcome, introductions and apologies for absence.</b></p> <p>PP welcomed everyone and in particular EPS, MB, RG, &amp; PR.</p> <p>Apologies had been received from Vivienne Clifford-Jackson , Simon Scott (NCC) and Stephanie Butcher (NCC).</p>	
3	<p><b>Declarations of any conflicts of interest</b> relating to this meeting</p> <p>There were no new conflicts not previously declared.</p>	
4.	<p><b>Presentation</b></p> <p><b>Ed Prosser-Snelling, Chief Digital Information Officer, NNUH.</b></p> <p>EPS delivered a presentation about the Electronic Patient Record (EPR) which included the following information:</p> <ul style="list-style-type: none"> <li>• NNUH has been ranked at the bottom of the table for digital maturity of its systems and there is a pressing need to address this.</li> <li>• The three Norfolk hospitals have come together and there is a signed agreement (July 2024) to deliver a single EPR for Norfolk patients. This will make it easier for Primary Care, Community Health providers, Social Care and the Ambulance service to access patient information. The target date for being live is March 2026. The provider of the system is a company called Meditech.</li> <li>• Evidence from other places where this has happened shows there are tangible benefits in reductions in sepsis, pressure ulcers, lengths of stay in hospital and in time before “released” to care settings and enhanced patient experience.</li> <li>• The initiative will see the majority of 137 different IT systems consolidated (radiology systems will remain).</li> </ul> <p>EPS answered questions about staff training, evaluation of patient experience, the importance to the “Group Model” going forward, transferability outside Norfolk, interchange with Primary Care, avoiding digital exclusion of patients and barriers to success. EPS said that the greatest challenge will delivery on time as the timescales are tight and pressures in the system great.</p> <p>PP thanked EPS for his presentation and sharing of information about the EPR.</p>	
5	<p>Minutes of the meeting held on 14<sup>th</sup> October 2024 and action log.</p> <p>There was a requested amendment to item No. 6 paragraph 1 – to change “without budget” to “with limited budget”. With this amendment the minutes of the previous meeting were agreed as an accurate record and signed by PP.</p>	

	<p><b>Action Log</b></p> <p>No 130 – <b>Consider how HWN can better understand ethnicity in data collected.</b> EW reported that this has been discussed with HWE and no one else sub-divides to more detail in the “White-other” category. This would make it difficult to submit our responses to others. Agreed to close this action.</p> <p>No 156 – <b>Request written update from NSFT re. Learning from Deaths report.</b> AS said this has been superseded by NSFT needing to report to HOSC anyway. Action closed.</p> <p>No 157 – <b>Follow up Quality Account responses</b> – AS reported good progress on this and some meetings have been set up to continue the dialogue.</p> <p>No 161 – <b>Write to all CEOs in ICS seeking assurance about Darzi report recommendations.</b> AS said this is on hold pending the publishing of the NHS 10-year plan.</p> <p>No 162 – <b>HWN X (Twitter) account to be de-activated</b> – completed, action can be closed.</p> <p>No 163 – <b>Contact Tim Winter at NCC re. HWN being “gatherer” of all data/feedback.</b> AS said that there are some barriers to this progressing in that data sharing agreements would be needed. AS felt that this is not worth pursuing until HWN knows it has secured a new contract under the proposed ITT.</p> <p>MB added that the ICB struggles, at times, to get patient representation and it is therefore good to work with HWN to hear patient voice and this is invaluable and does drive change.</p> <p>There was a discussion about the idea and value of HWN gathering external data, combining with its own feedback and providing an overview. LS said that the question needs defining as to what we are seeking to answer. PP said he felt this is worth pursuing and that it would be helpful if the ICB and NCC could define what information would be useful to them.</p> <p>All other actions were complete or ongoing.</p>	
6	There were no other <b>matters arising</b> not covered by the agenda.	
7.	<p><b>Confirmation of Trustees intentions to offer to stand for a further three years from 1<sup>st</sup> April 2025.</b></p> <p>Chrstine MacDonald, Chris Humphris and Linda Bainton were invited and each confirmed they are willing to continue as Trustees for a further term of three years.</p> <p><b>ACTION JS</b> to liaise with VCJ to ask her intention.</p> <p>ML and BP are co-opted Trustees and their 3-year term of office will end 31.3.2025.</p>	JS

	<p>WC will have served 2 terms of 3 years and this also will end 31.3.2025.</p> <p>As confirmed that planning for Trustee Recruitment is underway.</p>	
8.	<p><b>Chair report</b></p> <p>PP had no items to report</p>	
9.	<p><b>CEO Report</b></p> <p><b>Item 2 NCC Procurement</b></p> <p>There was a discussion about ensuring HWN sets out in its bid the value for money it provides, the expertise it has within its staff resource, the well-developed relationships with system partners but also setting out what more we could provide and not take anything for granted. EB said that emphasis should also be placed on the strengthening of governance within HW in recent years.</p> <p>Also discussed was the desire to ensure the process is completed before any local Government devolution and possible negotiation about the contract length and for inflationary rises.</p> <p><b>Item 3 Norfolk and Waveney Health Inequalities Commitment</b></p> <p>There were 3 recommendations:</p> <p>a) Support the Health Inequalities Commitments and pledge to support the proposed actions. <b>AGREED BY BOARD</b></p> <p>b) Identify a Health Inequalities Board Champion. <b>ACTION AS</b> to work with Trustee Board to identify a Health Inequalities champion.</p> <p>c) Utilising the tool kit being prepared to undertake an organisational self-assessment. <b>AGREED BY BOARD ACTION AS</b></p> <p><b>Projects Update</b></p> <p>PB asked if the NCC Adult Social Care project includes carer's perceptions of discharge. EW confirmed that it does. EW said that HWN had not been shortlisted for a HWE impact award this year. AS said that the new Three Rivers Unit at NSFT could lead to some evaluation work by HWN towards the end of 2025.</p> <p><b>Engagement Update</b></p> <p>CW said the team has been very busy with the schools Crucial Crew and Care Homes engagements in recent months and was now gearing up to work on engagement about the Hearing Loss Charter in GP Practices and also supporting the Adult Social Care project on discharge processes engagement.</p>	<p>AS</p> <p>AS</p>

10.	<p><b>Quality Assurance Subgroup</b></p> <p>EW advised that the QA subgroup meeting dates had been changed to better align with Board Meetings. EW said that the subgroup had been reviewing the Project Process Policy and the Terms of Reference. EW said that the group had been discussing the need to demonstrate the impact of HWN 's work and this would be a topic included at the Partners Event in March. EW spoke about the impact that staff sickness had had on the Project team and work and learning that project ownership is vital. EB also spoke about demonstrating impact – ensuring HWN is obtaining the necessary data to produce recommendations that will lead to change. CM added that more is needed to be done to make it easier for the public to see quickly what “wins” have been achieved and suggested a “standalone” document that could do this and instantly show what HWN is about. There was a discussion on this topic and two agreed <b>ACTIONS – a) EW to produce a “one-pager”</b> that will be used to demonstrate project outcomes and impact. <b>b) look at developing an executive summary</b> for each report at the beginning that could be read more quickly. AH commented on staff changes within the commissioners of our reports which has often resulted in lack of ownership by them. BP spoke about the 7-minute briefing approach that is used in safeguarding learning. MB spoke about the value of testimonials and patient quotes.</p> <p>BP said she was happy to be contacted to assist with the development of an ethics approval process as mentioned in the QA subgroup minutes.</p> <p>PP wished to note thanks to Rhys Pugh for the QA minutes and EB for her assistance with this.</p>	EW EW
11.	<p><b>Finance, Risk Register, Quality Framework (QF) and Health and Safety update</b></p> <p>(The Minutes of the <b>Finance</b> subgroup were covered in part 2 of the Board meeting.)</p> <p>JS reported that the Risk Register content had been updated. Although no risk scores had changed since the last quarter JS wished to highlight the following:</p>	

	<ul style="list-style-type: none"> <li>• The need to maintain positive stakeholder relationships in an ever-changing environment with many staff movements within the Health and Social Care system (both at NCC and the N&amp;W ICB).</li> <li>• The importance of Trustee attendance, when possible, at the PLACE Board meetings</li> <li>• The risk associated with not following the agreed policy regarding new business proposals and closely linked to this the need to have clear contract specifications and defined outcomes and impact expectations.</li> </ul> <p>JS reported that there had been a successful Quality Framework (QF) Review on 9<sup>th</sup> January and thanked everyone for their contribution. A revised set of actions had been drawn up for the three groups to take forward. (Leadership, People, Engagement &amp; Collaboration). QF meetings will be held quarterly throughout 2025. There were no Health and Safety incidents to report but previous reference had been made to long-term staff sickness.</p>	
12	<p><b>Any other business</b></p> <p>LS advised that she had received copies of the new staff appraisal forms and information and was impressed. CW commented that the forms had generated more conversation with staff and had taken more time to complete.</p> <p>PP spoke about BP, ML and WC retiring as Trustees at the end of March and each were thanked for the time and expertise they have given to HWN during their time as Trustees.</p> <p>AS said a Trustee recruitment process will begin shortly and adverts will be placed inviting expressions of interest for new Trustees. There was a discussion about ensuring a good mix of representation across the county (including the Great Yarmouth area) and ensuring different sections of the community (such as both older and younger people, and people living in poverty) are represented. Also discussed was the desire to obtain Trustees with finance and business experience and also legal expertise.</p>	



	<p>Dates of future Board meetings</p> <ul style="list-style-type: none"> <li>• 28 April 2025</li> <li>• 21 July 2025</li> <li>• 20 October 2025</li> </ul>	
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Date	28 <sup>th</sup> April 2025
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 will be providing “headlines” in relation to the following: -

- Latest Information in relation to NCC Procurement of Healthwatch Contract
- Staffing Update
- Health and Safety
- Kings Lynn – Marmot Place
- Feedback from Stakeholder Awayday
- Concerns raised by NHS Confederation in relation to Neighbourhood Working Models
- Communications Update – For information
- Projects Update – For Information
- Engagement Update – For Information

### NCC Procurement

The CEO sent an email to the CEO of NCC expressing concern as to the radio silence being received from the Assistant Director of Procurement. The CEO and the Director of Public Health have made contact via email assuring the CEO that the process will be sorted soon.

### Staffing Update

It with sadness that we have lost 2 members of staff, both of whom had been unwell recently. We wish them every happiness in what they decide to pursue moving onwards.

Interviews will be taking place for a Community Development Officer and an In Rhys Pugh, Information and Signposting Officer will move into a Project Officer role

formation and Support Officer – a verbal update shall be provided at the Board Meeting.

### **Health and Safety**

No issues to report.

### **Kings Lynn – A Marmot Place**

Kings Lynn is the first “Marmot Place” in the county, West Norfolk is adopting eight evidence-based principles\* to reduce health inequalities, developed by Sir Michael and his team from the University College London’s Institute of Health Equity (IHE). Health inequalities are the unfair and avoidable differences in health across a population or groups.

Led by the Borough Council, in partnership with Norfolk County Council Public Health, Norfolk & Waveney Integrated Care Board and Healthwatch Norfolk, the Marmot Place Programme will tackle health inequalities between communities through action on the “social determinants” of health – those wider, social and economic conditions in which we live, grow, work and age.

Over the next two years, working with other partners across West Norfolk, the programme will first identify priorities for system changes, which longer-term will help improve health equity across all sectors, including housing, education, early years, health care, business and the economic sector.

In West Norfolk, around 23,300 people are living in areas that are amongst the 20% most deprived in England. Starkly, the gap in life expectancy between the most deprived areas and least deprived communities is 11.5 years – the largest of any Norfolk district.

### **Feedback from Stakeholder Awayday**

The event was somewhat “hijacked” by various announcements coming from both the Prime Ministers Officer and the Health and Social Care Secretary of State. It proved to be a cathartic session for many of the attendees who felt somewhat shell shocked. Despite all that was happening externally, it proved to be a fruitful and productive meeting – the main findings are set out below: –

### **What are the main complaints topics and themes you hear about?**

- Access to care and discrepancies in equality of access
- Regional variations in access to, and quality of care

- Lack of continuity of care
- Navigation of the care system
- Waiting times, delays in access to services
- Communication challenges, internally between staff and externally with patients, leading to impacts on other departments/services (eg longer waiting times)
- Poorly joined up care and integration of services
- Staff behaviour (effects of staff pressures)

### **How are you using patient voice to tackle them?**

- Patient engagement teams and outreach
- External forums (eg patient participation groups, youth councils)
- Governor voice

### **What needs to change and how can Healthwatch Norfolk help with this?**

- Manage the expectations of patients, improve understanding of demands on services and staff
- Proactive messaging about NHS services in communities
- Help to unify complaint feedback across partners
- Use patient voice and feedback to help design services
- Ensure NHS teams are learning from the feedback process
- Promote the importance of data and governance in shaping services
- Stress the need for a strong complaints policy...speed with acknowledging problems is important but the complaint needs to be a fair one and a robust response should be encouraged if this is not the case
- Provide assurance to the public that the complaints process is effective and that change has taken place (what happened next?)
- Consider the use of language when it comes to feedback and engaging members of the public – ‘complaints’ is not always a helpful term and may influence response
- Support health service teams with determining outcomes
- Promote importance of honesty and transparency
- Help practices engage more diverse groups to join PPGs
- Provide additional training for staff about what HWN do and how they can help patients
- Create promotional materials not just for patients but also for staff
- Set up Youth Councils at PCN level

- Communicate message that compliments and positive feedback are as integral to shaping services as complaints

### **What are the delays and blockages in the process?**

- Too many decisions made by 'committee', leading to delays in action
- Competing priorities, too many priorities
- Is there too much reporting? This can be time consuming
- Some individuals/personalities creating challenges along the way
- Unclear aims and goals at the outset

### **How can we prevent this?**

- Lobby for a more 'common sense' approach higher up the line
- Make further connections and build on existing connections across the board – HWN offering a 'helicopter' overview of all services and processes
- More 'check ins ' throughout the process, engaging and keeping informed along the way
- Help to make sure staff are well informed: how can HWN better connect with frontline staff and keep them updated? How can NHS teams do the same?
- Amplify the voice of the patient
- Contribute ideas to how teams can move to new systems of working well, using patient voice as guidance on the impact of change

### **NHS Confederation Concerns**

In a recent interview , NHS Confederation director of primary care network Ruth Rankine told *GPonline* that capacity within ICBs to focus on changes to ways of working, such as establishing neighbourhood NHS models, would be undermined by sweeping cost reductions the organisations have been ordered to push through. She added that if cuts to ICBs are in the form of staff redundancies then this could lead to a loss of organisational relationships between ICBs and GP practices.

Cuts to spending could also limit funding available to deliver what is included in the forthcoming NHS 10-year plan, as well as managing the government's short-term calls around improving GP access and cutting hospital wait lists. Her comments came after ICBs across England were asked to reduce their running costs by 50%, with an end-of-May deadline to set out how they plan to do this.

When asked what neighbourhood teams could look like she said they should be 'more than the NHS' and the model could include aspects of social care, such as supporting patients with housing and education. However she said that the neighbourhood model that is now being driven on a national level was the original vision for PCNs – and that many areas are already carrying out aspects of neighbourhood working.

But Ms Rankine warned that cuts to ICBs could slow down the move to a neighbourhood NHS. She said: 'ICB capacity to focus on this is going to be challenging because at the end of the day you've got people who are worried about their jobs and as people leave, vacancies aren't being filled. There is some concern from the commissioning perspective that this could slow things down.'

Another major concern was that if staff leave ICBs, GP practices may not have the same support and guidance that they currently have.

She said: 'In many areas, primary care providers have built up good relationships with their systems and in any restructuring, if there are mergers and cuts to staff, that's worrying in terms of loss of those relationships, but also primary care capability around supporting practices. For example, for practices that have queries, who is responding to those? Will they get timely responses?'

## Engagement

From January 2025– March 2025, we have received 251 reviews about 65 different services.

Type of Service		Number of reviews	Average star rating (out of 5)	
	Hospitals	107		4.4
	Adult Residential Care	69		4.6
	GPs	53		3.6

	Care Support	6		5
	Community Services	6		3
	Mental Health Services	4		4.8
	Urgent Care	3		3
	Pharmacies	2		3
	Other	1		5

Staff attitudes, environment/facilities and food/hydration were the three largest themes that have emerged this quarter, it can be attributed to the effort from the engagement team in their residential care visits when these themes were most prominent in the feedback received.

There were 152 reviews that reference staff attitudes, 140 of which were positive. Environment/facilities was the second largest theme (92 reviews), with 71 positive reviews. 25 reviews made reference to appointment access in a negative light (this is the largest negative theme for the quarter), with the majority of these coming from primary care feedback. The second largest theme with a negative sentiment was administration/organisation with 13 of 24 reviews.

We received a total of 44 signposting enquiries. Advice on how to raise concerns and complaints was the most common theme, with 16 separate enquiries relating to this. Accessing services (non-dentistry) was the second largest theme, with 11 enquiries, followed by accessing dentistry with 9.





## Demographic breakdown of the 251 reviews (does not display blank answers)

Ethnicity category	Ethnicity subcategory	Percentage of respondents
White	British / English / Northern Irish / Scottish / Welsh	96%
Mixed / Multiple ethnic groups	Black African and White	2%
Asian / Asian British	Indian	1%
Black / Black British	Caribbean	1%

Figure 1 Ethnic group data from HWN feedback, gathered between 01.01.2025-31.03.2025.

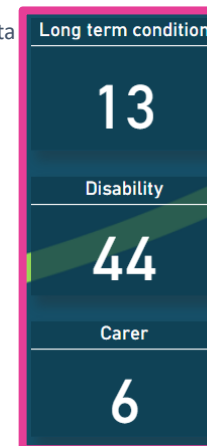


Figure 2 Carer & Disability data from HWN feedback data, gathered between 01.01.2025-31.03.2025.

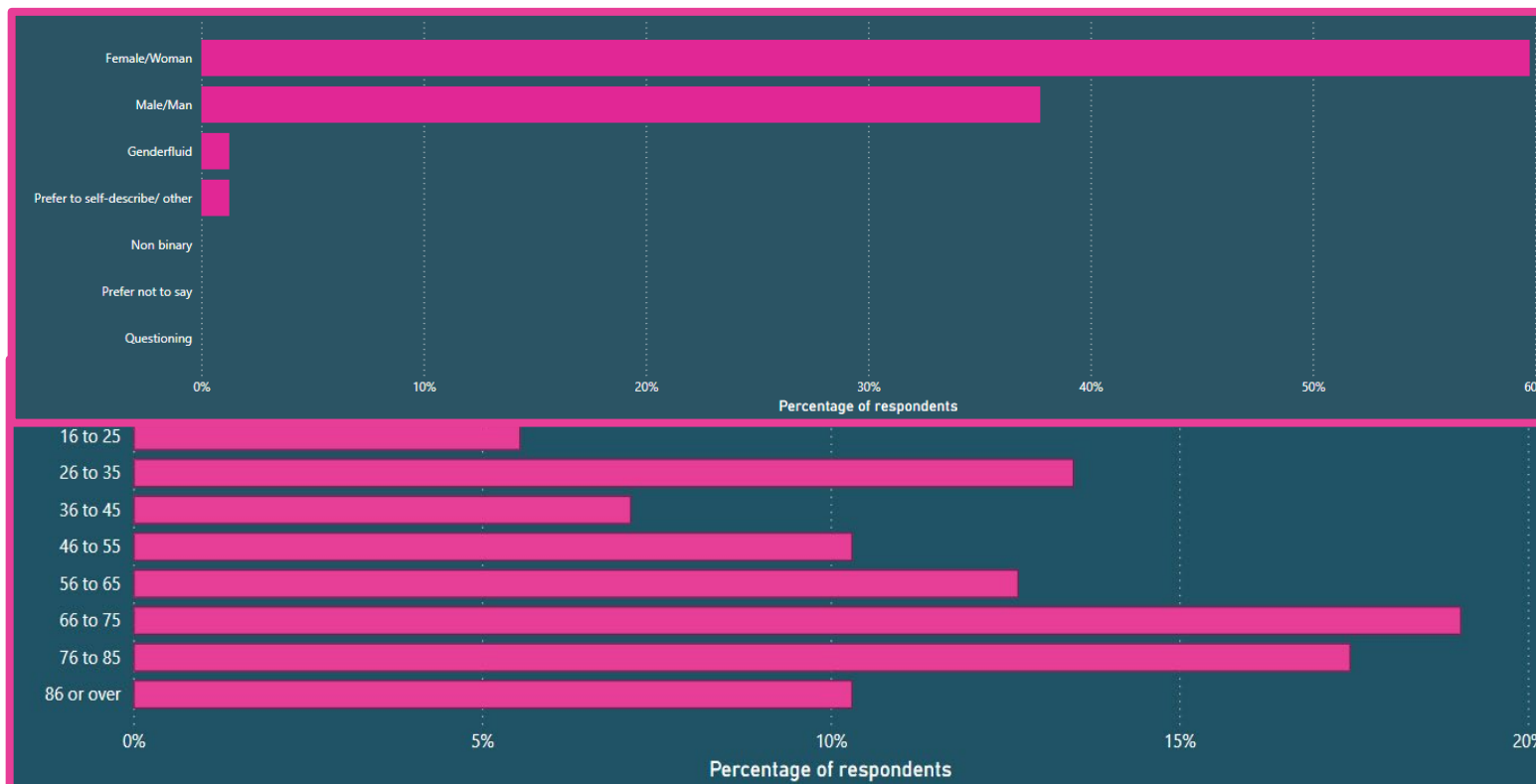


Figure 3 Gender data from HWN feedback, gathered between 01.01.2025-31.03.2025.

Figure 4 Age data from HWN feedback, gathered between 01.01.2025-31.03.2025.

Since the last board meeting the engagement team has been engaging in the community at libraries, doctors, Hospitals, care homes and events including:

- 15 care home
- 2 Making sense of SEND events
- 3 stands at events- "Talking about cancer", Family Voice AGM and "Now that's what I call Autism".

The team has participated in 2 more Crucial Crews - one at Letton Hall and the other at Gressenhall. This takes the total to 5 completed crucial crews at which more than 2800 children have had their chance to leave feedback about health services and what is important to them.

In the next quarter we will have a busy May, with 6 sessions arranged to talk to people about the proposed changes to the vulnerable adults service and taking out consultation surveys relating to proposed changes to the out of hours GP service and the walk in centre.

As well as our regular community engagement, other booked events for the next quarter include:

- 2 Prides (Norwich and Kings Lynn)
- SENDfest at Easton collage,
- Dying Matters day at the forum,
- Digital Connect at the show ground,
- Care for carers at the forum and
- Crucial Crew at Norwich City college.

### **Comms and marketing work**

The major consultation around the future of the Walk-In Centre, Vulnerable Adults Service and the Out-Of-Hours GP Service has meant a busy time in comms and marketing. The comms and marketing team worked with the engagement team to help publicise a series of engagement sessions where patients can share their views as well as creating assets for use on social media and also printing/transporting a number of paper surveys and accompanying posters for the Walk-In Centre itself.

Pre-election guidelines meant that specific engagement set up for this project had to be postponed along with accompanying comms, but that will resume in May when we also publish our formal response to the consultation as Healthwatch Norfolk.

The guidelines have also meant restrictions around accompanying media and social media coverage on a number of other projects until May.

This includes:

The project work around the Community Diagnostic Centre at the James Paget University Hospital in Gorleston with a media release, social media assets and a findings video.

A report outlining the first 12 months of the Queen Elizabeth Hospital at King's Lynn with accompanying media release, social media assets and a video

Work carried out by Opening Doors around knowledge and support around safeguarding for those with Learning Disabilities. We are preparing a statutory letter for the County Council outlining some of the concerns which we are submitting while the guidelines are in place and will prepare communications material depending on the response.

We also worked on locally focused and targeted comms materials around a Healthwatch England campaign which highlighted a need for improvements in the complaints process within health and care. This received coverage in the EDP and Greatest Hits Radio.

The comms team also worked with Marie Curie Cancer Care to highlight a survey around people's experiences of palliative and end-of-life care. We managed to achieve the highest number of responses in the region and followed this up with a media release which was picked up by radio stations including Greatest Hits Radio and Radio West Norfolk.

We also pressed ahead with launching a survey known as the Patient Data Project which is a joint piece of work across the Norfolk and Waveney, and Cambridgeshire and Peterborough areas. It aims to capture people's views about how their data is shared by different organisations across the health and care system and how it could benefit them. As well as achieving coverage in the EDP and Lynn News, there has also been coverage on community radio stations around Norfolk and a targeted campaign with online community groups to help spread the word.

The comms team also completed two more videos about different aspects of care for NHS Norfolk and Waveney focusing on dentistry and the voice of young people which have been received well and stimulated strong debate at the organisations board meetings, and this work is scheduled to continue for the next financial year.

## **Social media/Digital**

### **Website Use**

Total number of visitors each month has increased over the quarter rising from 849 to 1000.

### **Social media coverage**

Social media reach has remained pretty steady over the last quarter. Monthly reach on Facebook is around the 15,000 mark with engagement rising particularly when the Walk-In Centre engagement began.

This has been a key factor in the rise in engagement across all of our social media reach. There was also strong interest in the Norfolk Library Service-led Slipper Swap scheme which offered winter support to Norfolk's older people, as well as information we shared around roadworks which could slow down road access to the Norfolk and Norwich University Hospital.

Coverage of the Queen Elizabeth Youth Council was also popular across channels with an increase in younger people looking at content, particularly on Facebook and Instagram. We aim to grow that further as the council wants us to film and generate specific content for them from April 2025.

Again, the pre-election guidance has an impact on what we can and cannot post. We can only focus on our existing work and signposting/sharing information, so we are sharing information about our engagement and the information/advice available on our website or by phone if people contact us.

### **Other**

Kirsteen Thorne joined the comms and marketing team in the Spring. She has a strong journalism and PR pedigree and is well known from her work on BBC Radio Norfolk. She will lead on the newsletter and social media coverage and is also developing a comms project around the introduction of Trauma Awareness Cards in Norfolk. Ideas are currently and a focus group is being planned, with updates for the next board meeting.

### **Project On A Page**

An action from a previous board meeting was to condense the key messages of a project report into a one-page poster.

This could be used to help show the key messages and outcomes on one sheet of paper and would have a multitude of functions including demonstrating

outcomes to commissioners in a concise way, helping to show the public what has happened as a result of their feedback, and would also have a marketing function showing what work we do.

## Process

Emily designed a draft initial version which was focused on the Queen Elizabeth Hospital Youth Council. You can see a copy of that below:



# Queen Elizabeth Hospital Youth Council

## Setting up a new youth council to bring forward the voice of young people

### Background

QEH wanted to establish a Youth Council to bridge the gap between young people and the trust. Healthwatch Norfolk was tasked with leading engagement, recruitment, and initial support for its first year.

### What we did

We partnered with a young videographer and media student to create a recruitment video. Working with local employers, schools, and colleges, we promoted the Youth Council and successfully recruited five members.



The top image shows a young person in a dark jacket and headphones operating a professional video camera on a tripod, filming another person standing in front of a building. The bottom image is a hand-drawn mind map with 'Youth council vision' at the center. Branches include: 'Creating new pathways', 'Helping others', 'Highlighting concerns', 'Brightening future!', 'Skills awareness', 'Raising awareness', 'Improving the Hospital', 'Bringing a voice to young people', and 'Giving a voice'.

### What we found out

- In their first meetings, the council identified a need to explore support for young people at QEH and how it could attract more staff. Moving forward, they plan to focus on population health, the new hospital's development, and raising awareness of career opportunities.
- It is hoped HWN will continue to be involved in year 2 with the next phase of recruitment.

### Impact

- Empowering Young Voices – Giving young people a say in hospital decisions and healthcare improvements.
- Better Communication – Helping QEH engage with young people through peer-led and digital outreach.
- Shaping Policy & Services – Influencing hospital policies on student support, safeguarding, and digital healthcare.
- Promoting Careers in Healthcare – Raising awareness of job and apprenticeship opportunities at QEH.
- Driving Lasting Change – Ensuring youth perspectives shape the new hospital and public health initiatives.

A template has been set up on the account for Canva (the design software we use) with a copy of the above and some hints to help staff fill in the detail of a future Project On A Page. You can find a copy of the template below:

**healthwatch**  
Norfolk

## Title of project

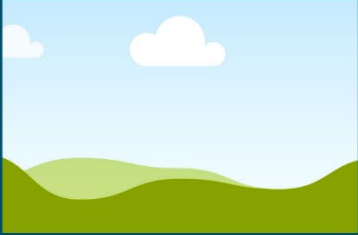
**Sum up project in one sentence**

**Put an image in each of the frames below and remove this message** ↓

**Background**  
Write two sentences outlining the project brief



**What we did**  
Add in two sentences summarising what happened in the project.



**What we found out**

- Bullet points outlining key points. Please write one sentence for each finding. If there are a lot, please summarise the key points that will have most public benefit

**Impact**

- Bullet points outlining the key impact of the findings above.

If you need to change the size of this box and the one above, you can drag corners to do so in order to include more text.  
Please ensure all text is 24 pp (by checking the tool bar above) or larger.  
Please do not change any of the colours of boxes or elements on this poster without checking with the comms/marketing team.

## Projects Update

The Quality Assurance Subgroup met 8/4/2025, please see attached minutes.

Projects Published January to March 2025:

- No project reports have been published in this time.

Projects pending review/publication:

- Mental Health Community Transformation Evaluation in Norfolk and Waveney (Year 3/3), with commissioner for review.
- 65+ Experiences of Adult Social Care (Year 1/3), pending commissioner response and publication. Report will be published without commissioner response if required after purdah in May.
- Maternity and Neonatal Voices Partnership Review. The report has been finalised with the commissioner and is pending a written response. The report will be published after purdah in May.
- The Community Diagnostic Centre project with JPUH. The report has been finalised with the commissioner and they have provided a written response. The report will be published after purdah in May.

Projects in progress:

- 65+ Experiences of Adult Social Care (Year 2/3) is underway.
- Experiences of carers of adults with Serious Mental Illness (SMI), year 2 is underway and is being supported by an external consultant.
- NCH&C Transformation Engagement, year 2 is underway. The project has had a slow start but the Project Officer has started engagement on NCH&C sites.
- Digital Tools Evaluation in Primary Care (year 4/6), in report writing.
- Data Sharing project across Norfolk and Waveney and Cambridge and Peterborough in underway with data collection scheduled until early May. Survey= 223, 1/5 focus groups complete.
- Holkham Nature Prescribing Evaluation: agreed T&Cs with funder, Ernest Cook Trust. Initial meeting has taken place with partners to discuss approach.

Prospective Projects

- Norfolk Community Foundation, Smokefree Generation Fund engaging with routine and manual workers to support smoking cessation.

- National Lottery, SEND engagement follow up.
- Geoffrey Watling Charity, LGBTQ+ access to healthcare follow up.
- Clothworkers Foundation, Capital Grant for new website and feedback centre.



Date	28 <sup>th</sup> April 2025
Item	11a
Report by (name and title)	Emily Woodhouse  Business Development Director
Subject	QA Subgroup

## HWN Board – Quality Assurance Subgroup

**Meeting held on 8 April 2025**

**10.00-12.00 at Healthwatch Norfolk Office, NR18 0SW**

Present: Elaine Bailey (EB), Linda Bainton (LB), Emily Woodhouse (EW), John Spall (JSp), Andrew Hayward (AH), Chris Macdonald (CM), Patrick Peal (PP), Alex Stewart (AS), Judith Sharpe (JS)

**Apologies:** None received

**Minutes:** Emily Woodhouse (EW)

No	Item	Action
<b>1</b>	<b>Welcome and Apologies</b>	
	EB welcomed members to the April meeting; particularly AS and PP. No apologies were received.	
<b>2</b>	<b>Minutes from the last meeting and action log</b>	
	The minutes of the last meeting were agreed as an accurate account.	
<b>2a</b>	<b>Action Log</b>	
	Action <b>5</b> : Quality Assurance Group Terms of Reference- Change review date in action log.  Action <b>38</b> : Ethics review form: EW/JSp have developed one page 'ethics considerations' document which has been sent to Bridget Penhale (BP), ex-Trustee (7/4/25), for comment. Await input from BP ahead of sharing with QA subgroup. It is expected that a final ethics form will be in place within 4 weeks.	

<p>Action <b>45</b>: Statutory/end of project letters, (complete). Template end of project documents have been developed and some have already been sent out. For commissioned projects we are sending out non-statutory letters confirming a date that the report will be published on the website.</p> <p>Action <b>47</b>: Report layout: The report template has been changed to include key findings in summary pages, this has been demonstrated in recent reports such as the JPUH CDC work. There is ongoing work to build a report template in Canva instead of Word which will provide more flexibility and ease of use.</p> <p>Action <b>48</b>: Responses from commissioners (complete): New action to be created as this was discussed at the Partners event. There was a discussion about risk, i.e the risk of the relationships we have with commissioners and risk to the relationship and reputation we have with the public. LB said that in her experience it was the only way to progress things, to give people a cut off date to respond and it was an acceptable risk for a commissioner to be a little embarrassed by a report being published without their response. EB explained that the greater risk was to the people who had participated, if they thought we hadn't published their views and acted on them in a timely manner. We had a discussion about whether the process and policy was there. EW commented that we have wording built into the contracts, Project Process Policy and the end of project letters to say we will publish reports within so many days, with or without a commissioner response. It was agreed that we need to get better at following the process we've set out. The ASC Year one report has been with the commissioners since July last year. PP, AS and JS are due to meet with NCC/Alison Thomas 9/4/25 and will advise her of the delay in report signoff. It was agreed that with immediate effect, all projects will be published in accordance with the project process policy.</p> <p><b>Action: Inform NCC that we will publish the ASC Year 1 report after purdah.</b></p> <p>Action <b>49, 50</b> and <b>56</b>: QA ToR (complete): The ToR have been amended to define 'appropriate managers' as 2 out of EW, JSp</p>	<p><b>JSp</b></p>
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<p>and JS. ToR has been amended to show minutes rather than summary of activities. Trustees have all provided feedback on the ToR and Project Process Policy. AS requested to remove the Quality Framework from the QA subgroup agenda and ToR as he felt it would sit better with the senior managers meeting and the Board. <b>Action:</b> remove QF from QA subgroup ToR and add as a rolling item to Board.</p> <p>Action <b>52:</b> Trustee skillsets: EW explained that there is a trustee skills audit which has been shared however with new trustees coming on board imminently, there is an opportunity to incorporate their areas of interest as well. PP talked through prospective trustees, some of which would be visiting the office this week.</p> <p>Action <b>53:</b> Power Bi (complete): Rhys will be sharing the themes from the dashboard both with the wider team at monthly meetings but also with the Trustees at Board.</p> <p>Action <b>55:</b> New policies (complete). LB has supported the development of some new policies as a result of completing the DSP Toolkit. EW/JS finalising this month.</p> <p>Action <b>58:</b> You said we did (complete): EW has developed a template one page document to capture project/engagement. This was trialled at the Partners event and a template is in Canva for use by the wider team. EB asked if we would be using this in outreach, EW explained that the engagement team would be able to have these on their stands as examples of tangible things HWN had done.</p> <p>Action 60: SMI Carers Project concerns: EW explained that AS had escalated the issue and things were now progressing. JSp said that the research had been going fine but the action plan which required the executive board staff to engage was proving difficult but that was now moving. The timelines for year 2 had also been extended to make up for the delay.</p> <p>Action 63: Project challenges/successes paper: EW raised this as an outstanding item from the last meeting and raised that the next Board agenda was looking full. EB suggested submitting a paper to the Board so we can share information</p>	<p><b>EW/JS</b></p>
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	with all the trustees. <b>Action:</b> EW to discuss with EB what this looks like and produce paper for Board.	<b>EW</b>
<b>3</b>	<b>Review and discussion of current projects</b>	
	<p>The Project report was taken as read. EB asked if there were any concerns, particularly about long term projects and it was felt there wasn't.</p> <p><b>CMHT Evaluation</b></p> <p>EW talked about the Community Mental Health Transformation evaluation, the year 3 report is pending a commissioner response and there is still the intention to provide a short overarching report spanning the three years. It was hoped that this would be supported by Cindee as someone who had been involved with the project since the beginning.</p> <p><b>SMI Carers</b></p> <p>JSp said that he felt more settled with the SMI carers work now since AS had escalated concerns and the project timelines had been extended.</p> <p><b>NCH&amp;C</b></p> <p>EW highlighted the NCH&amp;C project as there had been previous concerns however we had progressed this work, fulfilled all of NCH&amp;C's requirements and would be commencing hospital visits this week.</p> <p>EB enquired about data sharing between organisations. EW confirmed that we have a template data sharing agreement however normally there isn't the need for one as we collect data directly from the patient/service user and they consent to this.</p> <p><b>LMNS MNVP Review</b></p> <p>EW will be presenting the findings from this project at the LMNS Board this month. The report will be published shortly after, post Purdah.</p>	

	<p>EW provided an overview of projects that were currently in development and explained a shift, looking at more grant opportunities rather than local commissions. Funders that are being explored include Norfolk Community Foundation, National Lottery, Clothworkers Foundation, Geoffrey Watling Charity.</p> <p>EW and AS have been working on a proposal for year 2 of the QEH Youth Council year 2 and a proposal for the NNUH in either 'What does good look like?' or a NNUH Youth Council.</p> <p>CM asked about the reason for funding proposals being rejected. EW commented on the number of people who just don't respond to proposals, despite asking for them or people asking for them not holding budgets.</p> <p>EB asked how the project team was in relation to workload. EW was hopeful that with Rhys moving into a Project Officer role and recruitment taking place for the newly created Information Support Officer Role, things would settle down. JSp highlighted the potential bottleneck happening at the moment with data collection, analysis and report writing happening across his projects.</p>	
<b>4</b>	<b>Review of project ethical considerations</b>	
	<p>A draft project ethical considerations form has been developed by EW and JSp which has been sent to BP for comment. EW and JSp have also met with Healthwatch England, other local Healthwatch and ICB researchers as part of its development.</p> <p>There was a discussion about whether ethical considerations had come up in any previous projects, JS mentioned the SAILS project which involved engaging with you people and adults effected by sexual assault or abuse. EW talked about the HWE guidance document available to all HW which states why a lot of the time HW work does not require ethical approval. The</p>	

	<p>document also contains some examples of best practice to support researchers. JSp highlighted that its not just HW that have this grey area, the ICB also have this issue and we will be sharing what we're doing with them.</p> <p>EW commented on the importance of getting the form right, so that it captures the right information and is appropriate and proportionate. LB added that we likely already deliver the requirements set out in the draft ethics form, its just bringing it together in one place to demonstrate that we do. It was agreed we would wait for BP's feedback before sending out to QA group for comment. <b>Action: EW to send out draft ethics form to group.</b></p>	<b>EW</b>
<b>5</b>	<b>Review of Impact Tracker and Project Recommendations</b>	
	<p>EW highlighted any themes from the signposting log and how this information is shared with the wider team through monthly team meetings. Although Rhys is responsible for identifying and sharing themes, JS said we would discuss ownership of it at the managers meeting. <b>Action: EW/JS pick up ownership of impact tracker/signposting log at managers meeting.</b></p>	<b>EW/JS</b>
<b>6</b>	<b>Learning from Partners event</b>	
	<p>There was a discussion about the March Partners event. EB felt the right people were in the room and that the case studies were very powerful. LB agreed that the presentations were pitched at the right level and it was good to relay messaging about problems we have getting responses from commissioners. LB also asked whether there had been any follow up in relation to prospective projects.</p> <p>PP said there had been some follow up but he felt there was a real opportunity to support partners who would be going through a challenging time and we could do so by putting together a proposal that acknowledges they may not be able to do what you're obliged to, this is how we can help practically and economically. PP said he thought it was a really useful event.</p>	

	JS added a caveat that we need to make sure what we offer is within our remit and making sure we don't become part of the system as we have to be able to hold them to account.	
<b>7</b>	<b>Project to be presented at next Board meeting</b>	
	EB felt their wouldn't be time to present fully a project at the Board meeting as the agenda was full however it was agreed to send out the slide deck from the MNVP review to trustees for information. <b>Action: EW to send out MNVP slide pack to trustees.</b>	<b>EW</b>
<b>8</b>	<b>Review of Quality Framework/other corporate Quality Issues</b>	
	It was agreed to remove this from the QA Subgroup agenda and ToR and this will now be reviewed at the monthly senior managers meeting.	
<b>9</b>	<b>Any Other Business</b>	
	<p>Annual Report: JS provided an update on the HWN annual report as HWE had provided some feedback about our annual report from last year. In our group our report scored third from bottom. HWE have offered some support to develop this year's report. They also shared some good examples of annual reports in varying formats/lengths. They are keen for us to capture more impact. JS said she felt we were doing a lot of the things we needed to do but we weren't telling it well enough. John Bultitude ran a session with staff to collate information about impacts we have made in the last year. LB felt we capture a lot of impact but perhaps missing a trick with our influencing and not reporting this. PP said that the annual report isn't just us fulfilling our requirements but its also a tool to share with prospective commissioners to say, this is what we can do.</p> <p>EB asked about outcomes for our work and whether we had this information. JS suggested that we collect contact details for people we support so we could follow up with people at a later date to see if we had helped them. <b>Action: Internal discussion to explore feasibility of collecting people's contact details.</b></p>	<b>JS/EW</b>
	<b>Date of next meeting:</b>	

	<ul style="list-style-type: none"> <li>• Tuesday 1<sup>st</sup> July 2025</li> <li>• Tuesday 30<sup>th</sup> September 2025</li> </ul>	
Date	28 <sup>th</sup> April 2025	
Item	11b	
Report by (name and title)	Emily Woodhouse Business Development Director	
Subject	QA Subgroup	

## Challenges and Successes of Project Work at Healthwatch Norfolk

### Challenges

#### Securing Funding

In the current financial climate, securing project funding remains a significant challenge. Even when stakeholders actively request proposals, responses are often delayed or absent, frequently because we are not engaging with individuals who hold decision-making authority. To address this, we are focusing on building relationships with the right contacts and having open, transparent conversations about budget constraints. Additionally, we are broadening our efforts to include more grant funding opportunities.

#### Managing Multi-year Projects

Multi-year projects offer the potential for long-term impact, but they also present increased risks. These include reputational risk and uncertainty around continued funding. Such projects often evolve beyond their original scope and require strong project management to remain on track. Staff motivation can also wane due to the lack of variety over extended periods. To mitigate these risks, we keep multi-year projects in-house and ensure that project leads are supported by their line managers and the broader project team through regular problem solving and check-ins.

#### Commissioner engagement

Maintaining commissioner engagement throughout the project lifecycle can be difficult, particularly when there are personnel changes or shifts in organisational priorities. The most challenging point tends to be securing a timely response to end-of-year or end-of-project reports. This can delay the publication of findings



and the progression of follow-up work. To reduce this risk, we have embedded a clause into our contracts and internal policy (Project Process Policy) allowing Healthwatch Norfolk to publish reports without commissioner feedback if no response is received within an agreed timeframe.

### **Staffing Pressures**

Long-term sickness absence and staff turnover have impacted our ability to assign consistent project leads. Transitioning projects between staff mid-way poses a risk to quality and continuity. Our project team has been operating below capacity since July 2024, though we are hopeful that the upcoming recruitment to a new post this month will bring much-needed stability.

### **Engaging underrepresented Communities**

Despite employing a range of engagement methods, some community groups remain underrepresented in our data. Demographic analysis shows that the majority of our participants are older, white British individuals. While this reflects local population trends to an extent, we recognise the need to continue improving our reach to seldom-heard voices across Norfolk.

## **Successes**

### **Strengthened Project Processes**

We have developed a comprehensive and consistent project management framework, underpinned by a suite of template documents. This ensures uniformity in delivery and enables new staff to get up to speed quickly. At the conclusion of each project, we hold a review with the team to capture lessons learned. These insights are shared across the organisation to embed continuous improvement.

### **Growth in Multi-year Projects**

We currently hold more multi-year projects than ever before, providing both financial stability and valuable development opportunities for staff. This reflects increased trust from commissioners and stakeholders in our ability to deliver sustained, high-quality work.

### **Increased Partnership Working with the VCSE Sector**

We have strengthened our collaboration with voluntary, community, and social enterprise (VCSE) partners as part of our project delivery approach. These partnerships have improved our ability to engage with communities through trusted local organisations, leading to richer insights and wider reach. Recent subcontracting arrangements with the Hanseatic Union and Carers Voice have

been particularly successful, enabling us to access groups we may not have reached on our own.

### **Increased Engagement with Young People**

In response to our strategic priority to involve more young people in our work, we have made meaningful progress in engaging this demographic across several recent projects. Through our work on the SMI Carers project, participation in Crucial Crew events, and establishment of the QEH Youth Council, we have been able to hear directly from younger voices and incorporate their experiences into our findings. These engagements have helped us build stronger foundations for ongoing youth involvement in future work.

### **Project Successes**

#### **SMI Carers Project (3-year)**

In Year 1 of this project, we made several key recommendations to Norfolk and Suffolk NHS Foundation Trust (NSFT):

- **Carer Awareness Training:** NSFT has now introduced this training for staff, and we will continue to monitor uptake and impact.
- **Improved Carer Information:** Specialised resources are being developed for carers of people with Severe Mental Illness (SMI), to be provided at the point of diagnosis and available in multiple formats.
- **Carer Involvement:** NSFT has launched joint Service-User and Carer meetings to enhance co-production.

#### **JPUH Community Diagnostic Centre**

Our engagement with patients and visitors at the new CDC identified several key improvements:

- **Signage:** We recommended clearer signage after people reported difficulties navigating the site. JPUH has now implemented improved signage, enhancing the patient experience.
- **Appointment Communication:** We suggested including site maps and clearer directions with appointment letters. This has now been actioned.
- **Volunteer Support:** We recommended that hospital volunteers be available to guide patients. JPUH has introduced volunteer escorts when capacity allows.

Our strong relationship with the commissioning team means we will be welcomed back to gather additional feedback and measure ongoing improvements.

