Healthwatch Norfolk Trustee Board
20th October 2025
09:30 – 12:30 – Buffet Lunch will be provided at 12:30

Board Room – Healthwatch Offices
Elm Farm, Norwich Common Wymondham NR18 0SW
OR THE MEETING MAY ALSO BE ATTENDED VIA MICROSOFT TEAMS

No.	Item Items for Action (A), Information (I), Discussion (D), Presentation (P)	Time	Mins.	Page	A,I,D
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.	Minutes of the meeting held on 4/8/2025 and action log.	09:35	15	3-13	I/D
5.	Matters arising not covered by the agenda	09:50	10		A/I
6.	Chair report	10:00	5		D
7.	CEO Report (AS, CW & EW) - Incorporating Intelligence, Engagement and Projects updates	10:05	40	14-24	A/I
8.	Quality Assurance Subgroup (EW&EB)	10:45	10	25-29	I/D
9.	Project Report - Digital Tools Year 4 - Val Hartley VHartley_HWN_Board -presentation_Oct-25.	10:55	20		I
10.	Risk Register and Health and Safety update (JS)	11:15	15	30-32	I/D

	(Finance Minutes in Part 2 of the meeting)				
11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting's commencement	11:30	10		I/D
12.	Dates of future Board meetings • 19 January 2026 • 20th April 2026 • 20th July 2026 • 19th October 2026				

Apologies should be sent to 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
Suzanne Meredith	Simon Scott
Mark Burgiss	Stephanie Butcher
Rachael Grant	

Healthwatch Norfolk Board Meeting Part 1
4th August 2025
10.00 to 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
Andrew Hayward (AH)
Chris Humphris (CH)
Elaine Bailey (EB) – Vice Chair
Linda Bainton (LB)
Dr Louise Smith (LS)
Vivienne Clifford-Jackson (VCJ)
Sue Crossman (SC)

Officers

Alex Stewart (AS) – Chief Executive
Judith Sharpe (JS) – Deputy Chief Executive
Emily Woodhouse (EW) – Business Development Director
Caroline Williams (CW) – Head of Engagement
Sarah Nichols (SN) – Information and Support Officer (minutes)

Also in Attendance:

Liz Chandler (LC) (online) – Norfolk County Council (NCC)
Rachael Grant (RG) (online) – Adult Social Services
Chris Butwright (CB)– Public Health NCC
Anna Gill (AG) – Trustee Designate (online)

No.	Item.	Action
1.	**Questions from the general public**	
	There were no questions from the general public.	

2.	**Welcome, introductions and apologies for absence**	
	PP welcomed everyone to the meeting, in particular CB. Apologies had been received from Chris MacDonald (Trustee), Mark Burgis (N&WICB), and Ian Wake (NCC)	
3.	**Declarations of any conflict of relating to this meeting**	
	There were no new conflicts of interest not previously declared.	
4.	**Minutes of the meeting held on 28/04/25 and action log.**	
	VCJ raised an issue with a sentence on page 8 of the minutes. VCJ felt the sentence – "LS was supportive of publishing without a response as long term of notice had been given" did not make sense. JS suggested to amend this. **ACTION**: JS to amend minutes to say "Notice had been given of publication" for clarity. **Action Log** **163** - Contact Tim Winter @ NCC re. HWN being overall gatherer of data/feedback – on hold pending outcome of invitation for tender. **166** – All final reports should be circulated to Trustees – It was agreed that JB is circulating these. **ACTION**: JS to mark this as complete. **167** - Work with Trustee Board to identify a Health Inequality Champion – The ICB Health inequalities Self-assessment has been completed. AS will liaise further with AG regarding the actions of this going forward. AG expressed thanks to ICB team for their efforts to improve health inequalities. **169** – As to approach Chair and CEO of NNUH to ask about Group Model. Action closed as things have moved on since then. **170** - Raise query re. TUPE with NCC prior to ITT opening. Action closed as HWN sought legal advice regarding this. **171** - Actions to be taken to increase the pool of independent consultants – EW said this is ongoing with new contacts constantly being made. Suggested by AS we close and review next year. **ACTION:** JS to mark as closed and review next year. **174** - Create a webpage of information about where people with hearing loss can get help and support –JB has been working on this, and it will be completed before the next board meeting . **176** - Consider how HWN can ensure representation at East Norfolk & Norwich Place Boards – It was proposed this be	JS JS JS

	postponed until we know the outcome of the ICB remodelling. Letters had been received by PP and VCJ advising of a merger of the North, South, and Norwich Place Boards to a Central Board. It was agreed that we will postpone this action and try to ensure HWN has a presence when the future structure is decided. **ACTION:** PP to circulate email from Emma Bugg regarding place boards with the group. 177 - Arrange follow up meetings with QEH & NNUH CEOs re. commissions for further /new work – completed. AS shared that he sent a follow up email last Monday to the Chief of Staff chasing a response. He has also let them know we will be withdrawing from the QEH youth council if we do not receive any further finances to fund this. 178 - Follow up concerns re. paediatric audiology services at QEH – completed. As advised that the QEH communications team has asked us to stall any actions as they are currently trying to recruit. AS felt we need to act now, otherwise it may question our independence. AS will be at a Quality Committee meeting at QEH at the end of the month and will use this as a last chance to do something before we act. Queries were raised about the QEH's ability to fix the problem quickly. AS said that whilst there is a recruitment campaign for a new audiologist, there are concerns about how quickly someone would be able to star. AS said that the QEH is working with the NNUH to assess the most severe cases. AS emphasised that despite these actions, there are still 1,400 children waiting to be seen. VCJ raised the fact that these 1,400 children will be losing out on vital education. VCJ asked if we had received any feedback regarding this. AS said no but suggested we can do a social media campaign to ask if people are having any problems to gather information on this. PP asked if AS had contact at QEH to email regarding the audiology department and youth council. **ACTION:** AS to email Chris Bown at QEH regarding the concerns about this service. All other actions were completed.	PP AS
5.	**Matters arising not covered by the agenda**	
	There were no additional matters arising not covered by the agenda.	
6.	**Chair's report**	

	PP took time to thank all those involved with the ITT and appreciated all the work that they put into this. Thanks were given to EW, JS, LB, CH, LS and SC. PP felt that everyone had worked hard to submit this on time to a very high standard. AS added that it has been a valuable opportunity and has provided a useful framework for other future bids. PP also discussed the stakeholder meeting held by HWN on 21/07. He said it was impressive that HWN was at the core of discussions taking place with a highly influential group of people from the Norfolk & Waveney H&SC system.	
7.	CEO Report	
	The report was taken as read. AS discussed the stakeholder meeting hosted by HWN on 21/07 and said that HWN is part of a working group that will be reporting to the ICB executive on the 8th of September. This group consists of HWN, Public health, Primary care, Acute Trusts, ICB and Community Trusts (although it is not currently decided who will represent the Community Trusts.) AG raised that the community trusts are two community groups and one mental health, and one representative will not be able to fit the remit of all three. AS said, he will take this back to the group. **ACTION:** AS to raise this at next meeting of the working group. AS raised concerns that the new ICB structure will not require a director of nursing. It has been confirmed there will be a medical director but there is lack of clarity on the post of nursing director. AS said that issues of quality and safety would normally be addressed by the nursing director and wanted reassurance as to how things would be managed otherwise. SC asked what is the function of the 10-year plan working group. AS said it is to create a blueprint of what structure is needed in Norfolk (and Suffolk). AS said it is important that the patient voice is brought forward amidst future service changes and that care is seamless and patient focused. CB confirmed that proactive conversations are already being had regarding	AS

	neighbourhoods and how to implement these, focusing on prevention care. AS said there is uncertainty within the NHS 10-year plan about the future of local Healthwatch. The Dash Review recognised the usefulness of local Healthwatch. AS expressed concern that dispersing the function of local Healthwatch to commissioners and providers removes the current singularity, independence and impartiality. VCJ said that the public may not understand the 10-year plan and the shift to prevention and feels that the care providers may not communicate this well. AS advised that both John B and Rhys are leaving. PP thanked both, especially mentioning the great work JB has done in raising public awareness of HWN. VCJ thanked the communications team, saying that the communications here are always so clear and well presented. AS said there are two new members of staff, SN and Emily D and both have settled in well with the team. JS wished to express thanks to EW, CW and SN for their reports within the CEO report, as they had not been discussed in the meeting, and urged attendees to ask if they had any questions about their reports and work. CH said the reports showed there is a potential need for more feedback about support for people being cared for at home, and asked if there is opportunity for us to investigate this further? He felt this is aligned to the 10-year plan and the proposed community hubs, suggesting we work with NCH&C and the council regarding this. SC agreed this would be worthwhile. EW mentioned that we have previously suggested some work regarding the virtual wards, however they were already doing their own evaluation, and it was felt unnecessary for HWN to do the same work. EW said that the QA subgroup meeting had discussed the potential of working alongside community nurses to gather patient feedback but that this would take a significant amount of staff resource but could be	EW

	investigated further. **ACTION**: EW to investigate the scope to carry out this work.	
8.	**Declarations/Register of Interests Review.**	
	SC said that "Topping House" should read "Tapping House". **ACTION:** JS to amend this inaccuracy. All other Trustees confirmed the register was correct and up to date	JS
9	**QA Subgroup Minutes (EB and EW)**	
	EW advised that the minutes are not available yet but have been written by SN and will be distributed ASAP. EW thanked the trustees for their work in reviewing recent projects. EW said that the QA subgroup had discussed the collection of contact details to follow up on people who contact us for advice and signposting – to help gather evidence of positive impact. The team are now looking into options to implement this such as a link to a smart survey follow up questionnaire. EB said that the quality of projects being produced is superb and that these are now more outcomes driven and focused. LB added that both commissioned and engagement reports are excellent and demonstrate good practice, methodology and work to deliver quality outcomes. PP thanked everyone for work they do within the QA subgroup.	
10.	**Risk Register, Quality Framework and Health and Safety Update**	
	Quality Framework JS proposed we pause the QF meetings due to uncertainty about the future of local HW, suggesting we reassess the situation in January when our short-term future should be more certain. PP added that the QF leadership meeting has lost its focus. EB was supportive of this pause. She added that there is an added value of staff, trustees and volunteers coming together to talk. VCJ agreed that it would be beneficial to have the opportunity to still have discussions. SC inquired about the function of the group and the potential consequences of not	

	meeting. JS explained that the HWE Quality Framework is a self-evaluation tool that HWN has completed 2 years ago but had decided to keep working on. It was agreed that it would be beneficial to have a meeting between now and January for staff and trustees who wished to get together, during this pause in QF meetings. PP said that it would be important for this meeting to have action points. EB offered to work with JS to create a "hold" document for January to show progress to date and work still to be considered to help us pick things up again in January. **ACTION:** JS to organising a meeting between now and January for staff and trustees who wish to get together. EB to assist with a "place hold" document for January. **Health and Safety update** JS said there has been no health and safety incidents to report. She said that arrangements had been made with the Norwich Centre for staff support following e.g. a difficult phone call or project work and staff can have a 1-1 session with a qualified counsellor to debrief. This can be arranged confidentially by staff contacting the Norwich Centre using their HWN email address. This is in addition to the existing (NCC) service offered where staff can receive up to 6 sessions of counselling. There were no other H&S updates. **Risk Register** JS commented that she has noticed the numbering on the risk register has an error. **ACTION:** JS/SN to fix numbering on risk register. Three risks have been identified as increasing, LS raised whether the board are comfortable with the risks identified and if there is anything else that can be done regarding these. **Risk 1** – Sustainability and resilience and people – LS suggest it can be revisited when we can confirm where we are with the tender as this will give clarity over time. LS queried HWN's finances and if we need to do more to generate more income. PP asked for this point to be held for part 2, adding that HWN has a budget which is monitored frequently. **Risk 7** – People – AS said that we had learnt from previous long-term staff sickness and were using this to take actions to mitigate against this risk (such as the newly arranged	JS EB JS/SN

	debriefing 1-2-1 sessions) AS commended colleagues for their support of staff in providing immediate assistance when needed. SN agreed - saying staff are supportive and reactive to each other. LS asked if this means the risk may be stable then. CH suggested that the risk increase is due to external circumstances causing uncertainties about the future. LS proposed the introduction of a risk appetite statement. AS and LB both thought this was a good idea. LS added that this will allow us to define which risks we are actively trying to mitigate, and which risks are we agreeing that we will tolerate. ACTION JS	JS
11.	Any Other Business	
	Four AOB points were raised ahead of the meeting by VCJ. These were: place boards, finance concerns, having a finance trustee and waiting lists. PP said place boards had been covered earlier and that finance concerns and having a finance trustee would be discussed in part two. VCJ raised concerns over long waiting lists and that patients are not having information shared with them regarding where they are on waiting lists and what they should be doing on the waiting lists as part of "waiting well" initiatives, such as preparatory physio and exercise programmes. She felt there was some core work needed on this and that the public has given up asking and that HWN should represent them AS suggested we ask acutes and community trusts about waiting lists, what they are doing to reduce them, and how are they communicating with the public regarding this. AS said we must ensure we do not end up doing communication on behalf of the acutes regarding this, as it is their responsibility. AS proposed that we could send an open letter to the acutes and community trusts asking these questions about waiting lists. AG said that community trusts are currently doing harm reviews of waiting lists. This resulted in NCH&C/CCS providing 600 extra physiotherapy appointments over 2-3 weekends in Cambridgeshire. AG felt that knowledge of this work should be shared with the acute trusts. **ACTION:** AG to investigate what information may be shares with HWN.	AG

	EB endorsed this work and felt it was important to look at all wait lists, including chronic disease management, not just acute surgical management. CH emphasised the issue of prehabilitation with is increasing evidence of the value for money and patient benefits of certain types of prehabilitation. CH said that the problem has been the financial cost and that the system has not been able to find the resources for prevention work to enable the future benefits. **ACTION:** AS to send a letter to acutes and community trusts asking about their waiting lists.	AS
12.	**Dates of future Board meetings** • 20 October 2025 • 19 January 2026	

Part one of the meeting ended at 11:38

Action No.	Board Meeting Date	Action	Due Date	Lead	Status	Completed date	Notes/Comments
163	14/10/2024	Contact Tim Winter @ NCC re. HWN being overall gatherer of data/feedback	30/11/2024	AS	on hold		Agreed to hold pending outcome of ITT.
167	20/01/2025	Work with Trustee Board to identify a Health Inequality Champion	28/04/2025	AS	In progress		Self-assessment completed. AS to liaise further with AG on actions going forward from self-assessment.
174	28/04/2025	Create a webpage of information about where people with hearing loss can get help and support	04/08/2025	KT	On hold		Remedial work needed on website before this is completed. Designtec assisting.
176	28/04/2025	Consider how HWN can ensure representation at East Norfolk & Norwich Place Boards	04/08/2025	AS/PP	On hold		It was agreed to postpone this and try to ensure HWN has a presence when the future structure is decided.
184	04/08/2025	To amend minutes of board meeting held on 28/04/25 to say "Notice had been given of publication" for clarity	20/10/2025	JS	completed	5.8.25	
185	04/08/2025	PP to circulate email from Emma Bugg regarding place boards with the group	20/10/2025	PP	completed	4.8.25	
186	04/08/2025	To email Chris Bown at QEH regarding concerns over paediatric audiology services	20/10/2025	AS	completed	8.9.25	
187	04/08/2025	AS to raise concerns over only having one representative for community trusts will not fit the remit of all three at the next neighbourhood stakeholder working group	20/10/2025	AS	completed	8.9.25	
188	04/08/2025	To investigate the scope to potentially carry out work looking into patients being cared for at home and proposed community hubs in the 10-year plan	20/10/2025	EW	In progress		AS/EW met with Nick Clinch (NCC) to discuss potential project involving engagement and evaluation around community-based care.

189	04/08/2025	To amend inaccuracy on register of interest to read "Tapping house" not "Topping House"	20/10/2025	JS	completed	5.8.25	
190	04/08/2025	To organise a meeting between now and January 2026 for both staff and trustees	20/10/2025	JS	Completed	5.9.25	PBL room booked for 13.11.25 and invites sent
191	04/08/2025	To assist with creating a "place hold" document for January re. the Quality Framework	01/12/2025	EB	outstanding		
192	04/08/2025	To fix the numbering on the risk register	20/10/2025	JS/SN	completed	10.9.25	
193	04/08/2025	AG to investigate what information may be shared with HWN re. actions being taken (NCH&C) about reducing risks associated with long waiting lists	20/10/2025	AG	completed	15.8.25	AG sent details of initiatives by email to JS and AS, and this has been shared with Trustees
194	04/08/2025	AS to send a letter to acutes and community trusts asking about their wait lists	20/10/2025	AS	completed	8.9.25	

Date	20th October 2025
Item	CEO Report
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: -

- The Future of Healthwatch and action taken to date
- Staffing Update
- Latest Information in relation to NCC Procurement of Healthwatch Contract
- Request from Public Health to undertake Evaluation of NHS Health Checks and the Smoking Cessation Service
- General Update re Health and Social Care
- Communications Update – For information
- Projects Update – For Information
- Engagement Update – For Information

2.0 Future of Healthwatch and action taken to date

The attachment below sets out the letters and any responses to date that HOSC sent to the Secretary of State along with a letter sent by the Chair and CEO to all MPs whose constituencies are in Norfolk and Waveney.

HOSC-letter-to-Hon-Wes-Streeting-MP.do

The timing of any legislative changes is still unclear; it appears that ongoing questions are being discussed between the Treasury and the Department of Health as to how any redundancies should be paid for resulting in a stalemate to progression of implementing the 10-year plan. The complexity of the legislative

change is also one of the largest changes that Parliament will have dealt with in recent years.

3.0 Staffing Update

Rhys Pugh left Healthwatch on the 8th October to take up a new position with Evergreen in Manchester. His post is currently out to advert and an interview date has been set for 5th November.

4.0 Latest Information in relation to NCC Procurement of Healthwatch Contract

Following the successful award of the Healthwatch tender, a meeting has been held with NCC to discuss monitoring of the contract and any KPIs that we will need to fulfil moving forwards. It is intended that a KPI report will form part of future CEO Board reports for assurance purposes and then discussed with NCC thereafter.

As part of the contract, we have been approached by Public Health to undertake two evaluations relating to the NHS Health Check and Smoking Cessation Services. A brief outline is set out below: -

Healthchecks - Deliver an independent evaluation of the NHS Health Check programme in Norfolk through engagement with residents on their views and experiences of the programme.

- This evaluation should provide an updated assessment of public opinion and experience of the NHS Health Check programme, following the Experiences of NHS Health Checks in Norfolk report published by Healthwatch Norfolk in 2023.
- The target audience of this project are Norfolk residents who are in the eligible age range for an NHS Health Check (40-74) but should also gather the views and experiences of those approaching eligibility (aged 35+) and those aged over 74 who may have received an NHS Health Check in the last 5 years.
- The evaluation should address the limitations identified in the 2023 report, seeking to:
    - Gather in-depth views and experiences using methods such as focus groups and interviews
    - Engage with local NHS Health Check Providers to develop the public engagement plan, for example in the development of survey questions and focus groups with patients
    - Engage with people who are digitally excluded
    - Engage with underserved cohorts, including people in the core20 most deprived areas and inclusion health groups, who do not regularly engage with healthcare services

    - Engage with younger cohorts, for example the 40-49 eligible cohort and those aged 35+ approaching NHS Health Check eligibility
- The engagement should also seek to address gaps in feedback about the programme currently, including:
    - The views of a wide range of population groups, including the core20 plus groups and people in routine, semi-routine manual and service occupations such as farm workers and fishing industry workers.

Smoking Cessation - Deliver an independent evaluation of smoking cessation services in Norfolk through engagement with residents on their views and experiences.

The evaluation should:

- Provide insight into public awareness, attitudes, and experiences of smoking cessation services.
- Identify barriers to accessing support and opportunities for service improvement.
- Explore the effectiveness and acceptability of different types of support, including digital tools, community-based services, and pharmacy-led interventions.

The target audience includes:

- Current smokers across all age groups, with a focus on those in routine and manual occupations.
- People living in the 20% most deprived areas (Core20).
- Inclusion health groups (e.g. people experiencing homelessness, those with mental health conditions).
- Young adults (18–25), particularly those at risk of long-term tobacco use.
- The engagement should:
- Use a mix of qualitative and quantitative methods, including surveys, interviews, and focus groups.
- Be co-designed with local service providers and community organisations.
- Include people who are digitally excluded or have low health literacy.
- Address gaps in feedback from previous evaluations or service reviews.

The Engagement and Project Teams will be working on these programmes over the winter and spring.

5.0 General Information

ICB Executive Team

- The designate Executive Director team for the Norfolk and Suffolk ICB has been announced. The new team will take effect from 1 October 2025 in preparation for the new organisation that will start on 1 April 2026. The interview panels were supported by directors at NHS England and we have made the following appointments:

  Executive Medical Director – Dr Frankie Swords
  Executive Director of Nursing – Lisa Nobes
  Executive Director of Primary Care and Neighbourhood Health (Norfolk) – Mark Burgis
  Executive Director of Primary Care and Neighbourhood Health (Suffolk) – Maddie Baker-Woods
  Executive Director of People, Governance and Corporate Services – Amanda Lyes
  Executive Director of Strategy, Digital and Commissioning – Richard Watson
  Executive Director of Finance and Contracts – Howard Martin

  Whilst all the directors bring different skills and experience, they share a common set of values based upon compassion, ambition to improve outcomes and the importance of public service.

Cancer Patient Experience Survey 2024

- The NNUH has maintained a high patient satisfaction score (8.9/10) in the Cancer Patient Experience Survey 2024.

Neighbourhood Health Services Rollout

- The government has launched 43 new neighbourhood health services backed by £10 million, aiming to shift care from hospitals to communities. Neighbourhood health will benefit patients by providing end-to-end care and tailored support, looking beyond the condition at wider causes of health issues, helping to avoid unnecessary trips to hospital, prevent complications and avoid the frustration of being passed around the system.
  They will initially focus on supporting people with long-term conditions such as diabetes, arthritis, angina, high blood pressure, MS or epilepsy - in areas with the highest deprivation. As the programme grows, it will expand to support other patients and priority cohorts.

6.0 Projects

Projects Published July to September 2025:

- Maternity and Neonatal Voices Partnership Review Report
- Digital Tools, year 4 Report

Projects pending review/publication:

- SMI Carers, year 2/3 will be published in October.
- 65+ Experiences of Adult Social Care, year 2/3 is in trustee review, prior to being sent to Norfolk County Council for commissioner review.

Projects in progress:

- NCH&C Transformation Engagement, year 2/3 is in analysis and write up.
- Holkham Nature Prescribing Evaluation: agreed T&Cs with funder, problematic start due to disagreement with approach.

Projects in planning:

- SMI Carers, year 3 (final contract year)
- Adult Social Care, year 3 (final contract year)
- Digital Tools, year 5 (penultimate contract year)
- Downham Dementia Evaluation, recently awarded.

Pending and Prospective Projects

- NPC Explainer videos *(pending outcome)*
- National Lottery, SEND engagement follow up. *(awaiting submission)*
- Geoffrey Watling Charity, LGBTQ+ access to healthcare follow up. *(in work up)*
- PALS engagement and evaluation with the hospital group (in discussion)
- Photovoice across Norfolk, using UEA NICHE funding (in work up)
- ASC Community approach with NCC (in work up)
- ICB multi-year proposal (in work up)

Earlier in the summer we underwent a tendering process for the Social Impact Framework via the East of England Procurement Hub. If selected then we will be listed on a type of 'preferred providers' list. The intention is to make it easier for pots of funding to be awarded to SME/VSCE organisations. The outcome will be known by 1/12/2025.

7.0 Engagement, Intelligence and Impact Report July - September 2025
(Sarah Nichols)

From July 1st 2025 – September 30th, 2025, we have received 890 reviews about 102 different services

Type of Service		Number of reviews	Average star rating last quarter (out of 5)		Average star rating this quarter (out of 5)	
	GP's	757		4.2		4.2
	Community services	22		4.6		4.5
	Hospitals	60		4.1		4.0
	Adult Residential Care	4		4.7		3.8
	Pharmacies	7		2.2		1.7
	Care support	11		5		5.0
	Other	11		3.2		3.9

	Mental Health Services	8		3		2.5
	Urgent care	3		4.3		2.3
	Dentists	9		3		3.6

The largest themes emerging this quarter are:

Theme	No. of reviews	% positive	% negative
Staff attitudes	490	90.8%	4.5%
Appointments and opening hours	451	42.8%	30.0%
Staff training	181	76.2%	14.9%
Administration and organisation	161	45.3%	36.6%

The majority of negative feedback about appointments and opening hours came from GP feedback (97.0%).

The theme of staff training encompasses how well patients feel staff have been trained, either within the workplace or in their clinical training. This encompasses attributes such as the use of shared decision making and explaining things well for patients as well as how confident patients are with staff's abilities to diagnose and treat correctly.

The high number of reviews received is a result of the work of the engagement team who visited 40 GP surgeries to gather feedback in this 3-month period.

We received a total of 48 signposting enquiries.

Advice on how to raise concerns and complaints was the most common theme with 24 enquiries of which 14 related to complaints about hospitals. This was split into 7 enquiries wishing to complain about NNUH, 4 about QEH and 3 about JPUH. *Accessing dentistry* and *Accessing services (non-dentistry)* was the second largest theme, with 5 enquiries, followed by *Information on local support* with 4 enquiries.

Impact

During the quarter we helped many people via emails, telephone calls and engagement events. To give just a few examples of the impact we had this quarter:

- Judith has been assisting someone whose wife died recently. She assisted with writing letters to ask for meetings with the consultant and the GP to try explaining what happened and the lack of communication and joined the individual in the meetings. This meant he felt listened to, had his questions answered, and avoided a formal complaint process through PALS.
- The team assisted a gentleman who had been let down by Newmedica as he had one cataract operation and then he was told it would be 6-12 months until the second one could be done (despite him having promised it would be done within a couple weeks). We raised this with the ICB and advised the patient on how to complain himself, he has since got back in contact to let us know he has had the operation and Newmedica has apologised saying it was a misunderstanding.

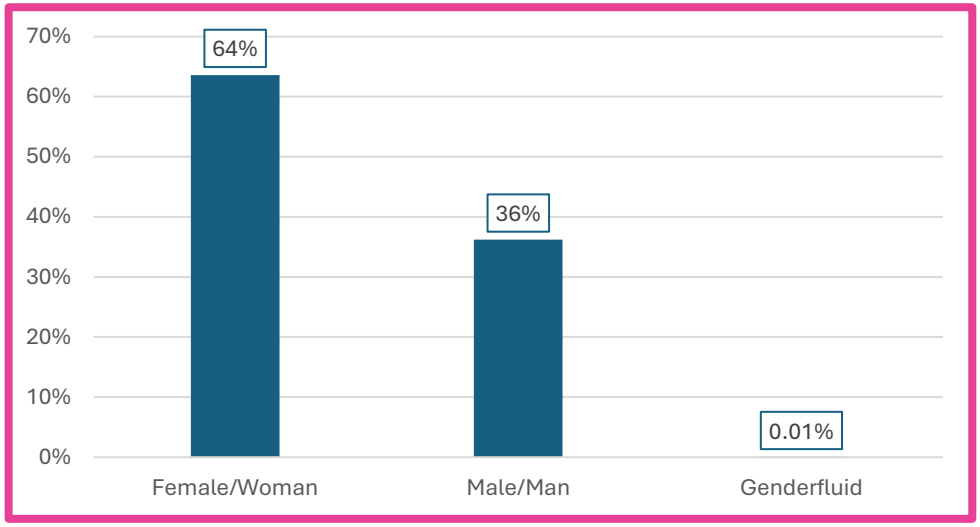
- A patient in a local mental health ward rang us with concerns about the safety and treatment of another patient on the ward. Within two hours of this call, we had passed it on to the Senior Designated Professional for Safeguarding Adults at the ICB and from there the head of safeguarding at NSFT to investigate

Additionally, we have now created a customer impact survey which we can send to people who contact us via phone or email, as a follow up to find out more about how they found the process of contacting us and whether we were able to assist them. This has been a recent addition, so we only collected three pieces of feedback for the month of September (when the survey went live). All three respondents said that they found the process of contacting us to be easy, that they received the information or support they were looking for and that they found HWN staff helpful. After contacting us, they reported feeling more informed, more confident and reassured. And one person wrote "I have contacted at various times and always found staff helpful". Another wrote "I know Healthwatch Norfolk to be a really useful tool and collaboration of people who genuinely want to ensure we are providing the best care possible for patients. I refer to them as a team of people with useful information."

Demographic breakdown of the 890 reviews 1.7.25- 30.9.25

Ethnicity	Percentage
White English/Welsh/Scottish/Northen Irish/British	94.5%
Other White Background	1.5%
Asian British Indian	1.4%
Prefer Not To Say	0.4%
White And Black African	0.4%
Asian British Pakistani	0.3%
Other Black British Background	0.3%
Other Ethnic Group	0.3%
Other Mixed Ethnic Background	0.3%
White And Black Caribbean	0.3%
Asian British Chinese	0.1%
Black British Caribbean	0.1%
Other Asian British Background	0.1%

Ethnic group data



Gender data

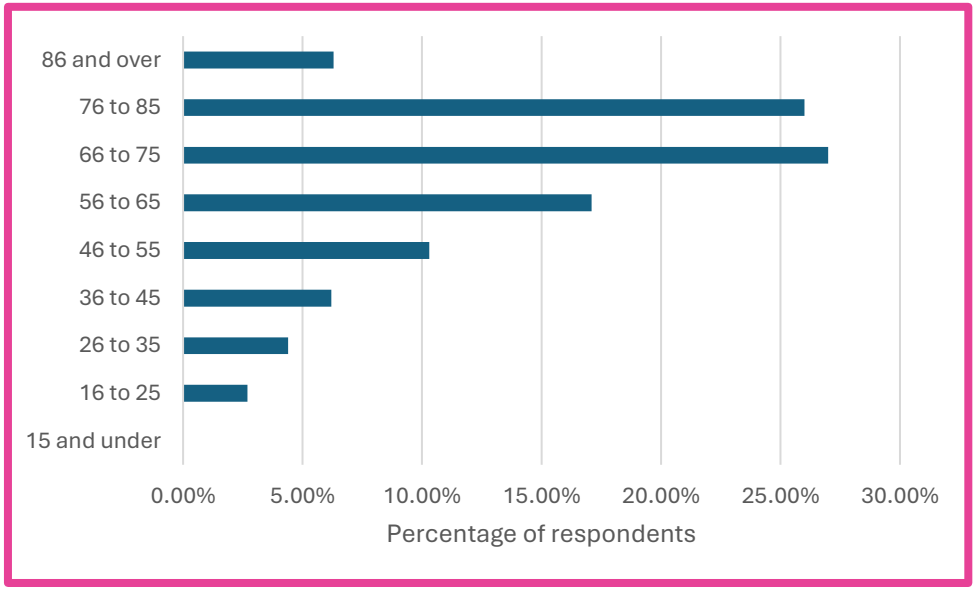
22

people have a physical or mental health condition/illness lasting, or expected to last 12 months or more

7

people are unpaid family carers

Carer & Disability data.



Age data

Engagement Team Update
(Caroline Williams)

It has been a very busy July to September for the engagement team. We have attended community events such as Cuppa Care mornings, Vision Norfolk meets, Foodbanks and Community Cafes, a final week of Crucial Crew, as well as managing to fit in 40 visits to GP practices. This is the largest number of GP visits ever made in one quarter and this level of activity continues into October when there are already another 26 visits booked.

The final number of responses from Crucial crew stands at 3788 and this initiative has enabled us to speak to over 4000 year 6 students during the year. The report is currently being written and will be completed by the beginning of November.

This quarter also saw us attend our first Musculoskeletal Community Appointment Day at the Norfolk Showground. We received mixed reviews from the people attending, but we were able to provide some useful feedback to the organiser to use for improving future events.

Since the successful award of the NCC contract, we have been asked to work on two topics by NCC. One is about NHS health checks, and the other is smoking cessation services. Both projects will see us reaching out to Core20PLUS communities over the next 6 months and we look forward to exploring these topics with some new contacts.

HWN Board – Quality Assurance Subgroup

Meeting held on 30th September 2025

10:00 – 12:00 at Healthwatch Norfolk Office, NR18 0SW

Present: Elaine Bailey (EB), Emily Woodhouse (EW), Andrew Hayward (AH), Chris Macdonald (CM), Linda Bainton (LB), John Spall (JSp), Judith Sharpe (JS) & Sarah Nichols (SN)

Apologies: Patrick Peal (PP) & Alex Stewart (AS)

Minutes: Sarah Nichols (SN)

No	Item	Action
1	**Welcome and Apologies**	
	EB welcomed everyone to the meeting No apologies received	
2	**Minutes from the last meeting and action log**	
	JS noted there is a misspelling of PP's name on page 3, on page 4 there is a random S that needs removing, in the completed projects section "use of patient data" needs to be bolded. Additionally, under the completed project section the WIC/OOH/VAS engagement report was listed. This was not discussed in the last meeting, everyone agreed this can be removed. **ACTION:** SN to amend these errors on the minutes and remove the WIC heading Otherwise, the minutes of the last meeting were agreed as an accurate account. EB and LB thanked SN for the minutes	**SN**
2a	**Action Log**	
	EB thanked people for their hard work as many actions are now showing as completed Action **25**: *Confirm response to dementia care report* – EW said this will be covered in VH latest NCH&C report so will soon be completed Action **35** & **73**: *Raise issues associated with the new project proposals at the next senior managers meeting. Is project policy being followed. AND Project policy and implementing an evaluation form for unpaid work to be discussed at weekly HWN managers meeting*. Discussions were held regarding this being on the action log for a significant period of time. It was agreed that EW would discuss with AS at how we can reduce this risk. **ACTION**: SN to combine these two actions in the log. EW to have a conversation with AS regarding the risk management of this Action **75**: *A section on impact to be included in board papers going forward* – EW explained we have not had a board yet but will be in next board. We have also created a survey to track impact from calls and emails. Only 3 responses so far but good to collect this information.	**SN** **EW**

	Action **76**: *EW to look at engagement risk forms and to discuss with CW whether there is a need to link to ethics project review form* – EW has shared draft ethics form with CW who will cross reference this with the risk assessment form used by engagement team to add in any extra questions. EB asked if the risk management policy was cross referenced with the ethics form. EW agreed this can be added. **ACTION**: EW to add the ethics form to the risk assessment form Action **77**: *Contact new trustees and ask them for a paragraph on their skills which can be distributed with the team* – JS confirmed SC's details are now on the website and emailed AG for hers. Also thinks it would be helpful to remind everyone of trustee's expertise, especially for the start of project work. **ACTION**: To remind people at Monday meeting of trustee skillset to ensure these skills are being utilised Action **80**: *Look into whether project contracts need to be amended to include a break clause* – EW has researched this and suggested some wording which needs agreeing. Just needs to look further into details of fines, how much notice etc. To leave as in progress for now and discuss outcome at next meeting EW updated the group on conversations being had in the team surrounding PALS, particularly NNUH. Both EW and FBM have had ongoing dealings with people regarding NNUH PALS and SN looked into the signposting log which showed multiple issues raised over past few months. EW shared that PALS departments have been added to the feedback centre. EB asked for the info we have on NNUH PALS to be sent to her so she can raise internally. **ACTION:** SN to email this information to EB	**EW** **JS** **SN**
3	**Review and Discussion of Current Projects**	
	EB thanked the project team for providing really good overviews **NCH&C 3 Year –** EW said that been a positive year for engagement and getting qualitative data. VH is in the coding and write up phase. EB raised that it is disappointing there was a block with us getting feedback. JSp said that a lot of people who were our contacts have changed role, and additionally NCH&C were asking ward staff to get feedback rather than having their central mailing department distribute and collect this. EW said that concerns raised will be raised with the NCH&C commissioner before starting the next year to ensure these issues are overcome. **Digital Tools, year 5 –** EW said progressing well, there is a second meeting this week. AH raised how this is a really good opportunity with so much discussion around the NHS app, virtual wards etc. EW said that this year will focus a lot more on specific excluded groups – people who don't have English as a first language, people with learning disabilities and people with sensory or cognitive impairment. EB mentioned that digital	

	exclusion was brought up at NNUH AGM and is it worth getting their insights on how people access healthcare remotely. **Holkham Estate, Outdoor Learning evaluation –** Last QA EW raised concerns about the funder, this is still ongoing. She met with the delivery team and funder, came up with an action plan, but then funder has come back and raised more issues. They also want the support to be accessed via GP surgeries whereas both EW and Holkham feel this is best done early, through schools as by the time someone needs GP support it has gone beyond accessing green support. AS will be at next meeting with Holkham and then we will decide the next steps. **ACTION:** To discuss in HWN staff managers meeting, after next meeting with Holkham. Then feedback at next QA **Adult Social Care** – JSp confirmed reports coming to trustees this week. As report was very long last year it has been split into three smaller reports this year to make it easier for the council to respond to. JSp has a meeting soon to plan year 3. **Carers of adults with serious mental illness** – JSp raised there has been a big delay in NSFT replying to the report. It was sent to them beginning of July. It may be published without a response. The other part of the project is a 7-point action plan to make changes to their services. 3 moving in a productive way, the other 4 have stalled. JSp is now having regular catch-up meetings with the NSFT Head of Engagement who is pushing internally to move this forward. For the 7 action points trying to move these away from the executive board to others who can action these and have time to do so. JS raised the question of whether a 3-year project should be split into three separate years or should it be treated like an academic project and combine it to have one large 3-year report at the end with end of year interim repots in the meantime. JSp felt that for organisational research, things change too fast for this to work. EW agreed saying often their priorities and therefore what the reports focus on changes each year. LB raised having response and actions each year keeps it alive with the commissioners.	**EW**
4	**Review of project ethical considerations**	
	Agreed by all that there are none	
5	**Review of Impact Tracker and Project Outcome Tracker**	
	EB raised that the signposting and impact tracker is an unwieldly document and she wanted to know if there was a way to extrapolate trends and themes into an easier to read document. It was discussed that this is in the power BI dashboard, but only shows the themes and outcomes, not the bulk of the information. EW raised concerns over a document and whether this would be a crossover with the report in the board papers and duplicate efforts. EB felt that it would be important to	

	have something at QA and not just in the board papers. LB and CM both felt this could be valuable and that perhaps a "flavour" of the main themes would be helpful. **ACTION**: SN to create a document for future QA subgroup that summarises recent entries to the tracker and the common themes of these JS raised how HWE recently announced their new impact tracker which local HW can use. Based off a demo and discussions with the team it was felt it wouldn't be better than what we have now. JS asked if we could look and see if there are any headings/wording in the new tracker that are better than the language we use now to improve how we show our outcome and impact. **ACTION**: SN to look at the wording used by HWE and see if we can use this to improve our tracker	**SN** **SN**
6	**Project to be presented at next board**	
	EW said how this will be digital tools, as agreed at the last QA. It was agreed this will tie in nicely with the 10-year plan.	
7	**Any other business**	
	EB asked how the project team is doing, with Rhys leaving. JSp said they are in a busy time with one year of projects coming to end and another beginning. The team are feeling ok but there is some uncertainty over who will cover what Rhys did when he has left. JS shared that we will be recruiting someone to do approx. 15 hours a week. She also discussed that Sarah's capacity has been looked at, and that right now there isn't room for more, but she will try support the project team as and when she can Artificial Intelligence (AI) policy: EW raised that AI is starting to be used more in the day-to-day work life and is a useful tool and we need a policy for it. We need to ensure the team knows how to use it safely and not include any personal identifiable data, and that because AI is rapidly changing the policy is likely to need to be updated more regularly than most. Additionally, JSp is keen for the project team to make use of AI analysis software but it is important we have a policy in place before doing this. AH raised concerns about using vague blanket statements, so EW suggested we could specifically list which tools we use and update this regularly. People felt this was a good idea. Everyone agreed that it is important to still review AI generated outputs and make sure a human always has the final check. CM also added that we need to make sure quotes from people are protected and that we don't lose our core value or representing patients' voice. EB questioned whether there is a reputational risk. Both JSp and EW said there is a risk if we use it but also a risk if we don't use it. It was felt that there needs to be a discussion in a Monday meeting on the principles of AI, how people use it, safety etc, and this can help direct the policy. Additionally, EW raised that we should probably add in to job applications that people need to declare if they used AI. **ACTION:** to discuss AI usage	

	and the draft policy at team Monday meeting AND to amend the job application to add in a section for people to disclose if they used AI. CM raised how future QA meetings are all afternoon meetings, when previously most meetings are held in the morning and would this be possible to change. A few people also preferred mornings. SN happy to look into changing these. **ACTION**: SN to look into rearranging future meetings for mornings. Meeting closed 12:17	**HWN** **Staff** **SN** **SN**

Date of next meeting 16th December 2025, 10-12

Healthwatch Norfolk – Draft Strategic and Operational Risk Register (October 2025)

	Risk Category	Risk Description	Context	Risk score	Indicators	Mitigation / Controls	Contingency Response	Risk Owner
1	Strategic Future of Healthwatch	Uncertainty surrounding Healthwatch's long-term future following national policy proposals for dissolution.	NHS 10-Year Plan and government reforms may alter or absorb Healthwatch functions into ICB or LA structures.	4x4=16	Policy announcements from DHSC / NHSE	~Active engagement with HWE, LA, ICB and service providers ~Scenario/transition planning ~ Maintain advocacy for local voice retention ~Maintain positive stakeholder relationships	~Transition & continuity planning/options appraisals incl. emergency contingency planning ~Negotiate continued delivery roles ~Ensure core public voice functions are embedded in any successor body	CEO / Board
2	Financial Sustainability	Insufficient or reduced funding to sustain operations.	Public funding constraints or shift of budgets to ICBs Unexpected mid-term contract cancellations	5x5=25	Fewer contracts and reduced values. Delayed payments	~Diversify income (grants, commissioned projects) ~Ongoing financial review including forecasts, projected income, reserves, project margins, cost control. ~ cancellation clause to be added to project agreements	~Prioritise essential functions ~Emergency budget controls as required	CEO/DCEO/ Finance Sub-committee
3	Workforce Stability and Retention	Loss of staff or volunteers due to uncertainty, morale issues or limited progression.	National uncertainty re HW tenure Short-term contracts Role ambiguity.	3x3=9	Rising turnover, vacancies, staff feedback	~Open communication ~Wellbeing support ~Training and career development ~Retention incentives ~Proactive line management	~Maintain 'skeleton team' for continuity ~Rapid recruitment or interim cover plans ~Maintain 'expert' consultancy list (& use if needed	CEO/DCEO
4	Reputation and Stakeholder Confidence	Loss of credibility or public trust in Healthwatch's independence and impact	Structural reform could create perception of diminished influence.	3x4=12	Negative media commentary Partner disengagement Declining public enquiries	~Clear communication strategy ~ Promote evidence of impact ~Proactive media engagement ~continuation of HWN public events	Stakeholder reassurance campaign	CEO/DCEO/ Board

5	Governance and Compliance	Weaknesses in governance, legal, or statutory compliance during structural change.	Ambiguous responsibilities during transition	3x3=9	Audit findings/ Breaches Unclear lines of accountability	~Regular board reviews ~Governance training in accordance with policies ~Legal & accountancy advice on future models	Establish interim governance arrangements as required Maintain audit trails	CEO/DCEO/ Board
6	Operational Continuity	Service delivery disrupted by funding, staffing, or transition changes.	Contract ends or major reform enacted with short notice.	2x4=8	Late project delivery/missed KPIs Stakeholder complaints	~Business continuity plans ~cross-trained staff ~ digital documentation	Emergency continuity plan Prioritise statutory duties	CEO/DCEO
7	Data Management & Information Governance	Loss of data, breaches, or failure to comply with GDPR.	Staff turnover, system change, or transition to new data environment.	3x4=12	Data breaches, access issues, loss of IT capability	~Data protection & Cybersecurity training ~ regular audits ~Use of MFA ~Cybersecurity insurance ~Emergency plan with IT provers	Data restoration plan; notify ICO if required; rebuild records from backups	CEO/DCEO
8	Impact Delivery	Failure to demonstrate tangible impact or meet stakeholder expectations.	Focus diverted by national uncertainty or reduced resources.	3x4=12	Poor or lack of impact metrics Low survey responses Weak engagement	~Clear impact audit framework ~Regular monitoring with regular board oversight ~ 1/4ly contract meetings with NCC ~regular report sharing with stakeholder of impact	Review priorities Prioritise maintenance of impact tracker	CEO/BDD/QA Sub-committee
9	External Relationships & Partnerships	Breakdown or loss of key partnerships (ICB, VCSE, local authority)	Changing system architecture or loss of confidence in Healthwatch role.	4x4=16	Reduced collaboration leading to fewer commissions of work Funding losses	~Regular engagement meetings ~Initiation of MOUs ~Joint working groups ~Proactive relationship management	Rebuild trust through joint projects; escalate via Healthwatch England	CEO/Chair/ BDD

RISK MATRIX:	Likelihood				
Consequence	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25