Healthwatch Norfolk Trustee Board
4th August 2025
10.00 – 12:30 – Buffet Lunch will be provided at 12.30
Please note that the AGM will commence at 09.30
Board Room – Healthwatch Offices, Wymondham

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	10.00	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 28/04/2025 and action log.	10:05	15	3	I/D
5.	Matters arising not covered by the agenda	10.20	10		A/I
6.	Chair report	10:30	5		D
7.	CEO Report (AS,,JB,CW & EW) - Incorporating Comms, Engagement and Projects updates	10:35	40	14	A/I
8.	Declaration of Interest – Review and confirmation (JS)	11:15	5	33	I/D
9.	Quality Assurance Subgroup (EW&EB)	11.20	15		A/I
10.	Risk Register, Quality Framework and Health and Safety update (JS) (Finance Minutes in Part 2 of the meeting)	11:35	10	35	

11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting's commencement	11:45	10		I/D
12.	Dates of future Board meetings • 20 October 2025 • 19 January 2026	11:55	5		I/D

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	

For information:

Anna Gill	
Tom McCabe	Ian Wake
Suzanne Meredith	Simon Scott
Liz Chandler	Stephanie Butcher
Rachel Grant	Mark Burgiss

Minutes of Meeting held on 28th April 2025

Healthwatch Norfolk Trustee Board Meeting
Part 1 Minutes

28th April 2025 09:30 – 12:00
In person meeting at the Hethel Engineering Centre, Chapman Way, Wymondham Road, Hethel, Norwich NR14 8FB and online via MS Teams.

In attendance:
Trustees
Patrick Peal (PP) Chair
Elaine Bailey (EB)Vice Chair
Chris Humphris (CH)
Linda Bainton (LB)
Christine MacDonald (CM)
Louise Smith (LS)
Vivienne Clifford-Jackso (VCJ)

Prospective Trustees
Sue Crossman
Anna Gill

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

Also in attendance:
Chris Butwright (CB) - Norfolk County Council (NCC)
Liz Chandler (LC) - Norfolk County Council
Rachael Grant (RG) (online) – Norfolk County Council
Simon Scott (SS) (online)– Norfolk County Council
Aliona Derrett (AD) CEO of Hear for Norfolk

No.	Item	Action
1	**Questions from the public** There were no questions from the public.	
2	**Welcome, introductions and apologies for absence**. PP welcomed everyone, and in particular, SS and RG online and AD. Apologies had been received from Andrew Hayward (Trustee), Mark Burgis (N&WICB) and Stuart Lines (NCC).	
3	**Declarations of any conflicts of interest relating to this meeting.** AD declared that she is a non-executive member of the Norfolk and Waveney ICB. There were no other new conflicts not previously declared.	
4.	**Presentation** AD explained that "Hear for Norfolk" (HFN) support people of all ages with hearing loss which is 50% of people over the age of 50 and 80% of people over 70 years of age. In Norfolk 201K people have hearing loss. Nationally it is understood that 6.7 million people would benefit from hearing aids but that only 2 million people have them and only 1 million are using them. These figures are expected to increase due to increasing exposure to loud sounds in headphones. 62% of people with hearing loss report feeling isolation and 87% say it affects their daily life. AS spoke about the strong links between hearing loss and other health conditions, especially dementia but also diabetes, CVD, poor mental health, and falls. AD explained that HFN provides audiology testing and the supply of hearing aids. It also has 3 mobile units that provide services across Norfolk – particularly the maintenance of hearing aids. AD said that they are seeing many people travelling from the West of Norfolk to access their services as they are not being provided at the Queen Elizabeth Hospital in Kings Lynn. AD said that HFN have a contract to provide micro-suction for ear wax removal, but the contract expires at the end of this week. AD also spoke about the Cuppa Care project which helps reduce social isolation, provision of hearing loss awareness training and HFN's involvement with research into the links between hearing loss and dementia. VCJ asked AD about the impact of some medications on hearing and the ability of the NHS to supply rechargeable hearing aids	

	because battery replacement is needed frequently (approx. every 2 weeks) and can be difficult for some people to manage. AD confirmed that some chemotherapy medications and long-term usage of other medications such as antibiotics and paracetamol are linked to hearing loss. AD said that the NHS "tariff" for testing, supply and fitting of hearing aids is £300 per person which is not enough to provide rechargeable aids. AD said that HFN have started providing better hearing aids if partially privately funded - but only when the person asks. HFN do not offer or advertise this. AG asked whether HFN can provide cochlea implants, but AD said they were not successful in obtaining funding for that. LS asked how people know where to go for audiology services. AD said people can self-refer to their services, but many people are not aware of the charity provision of NHS services. JB suggested HWN could create a website page of information to guide people as to where they can get help for hearing loss. ACTION JB	JB
5	Minutes of the meeting held on 20th January 2025 and action log. The minutes of the previous meeting were agreed as an accurate record and signed by PP. **Action Log** **167 and 173** AS had not yet identified a Trustee to take on the role of Health Inequalities Champion. AG offered to take on this role. ACTION AS to liaise with AG about this and the Health Inequalities organisational self-assessment. **168 and 168A** EW reported that a template for a 1-page project summary report has now been developed and that the executive summary sits within the main report document. EB said she was pleased with the progress on this and emphasised the importance of demonstrating impact in the 1-page summaries. **170** AS said there has been no further update about the Healthwatch contract ITT. SS advised that NCC are still waiting for governance check to be completed for the tender process. SS was asked to provide a formal written response within 7 working days to inform AS the situation and timescales anticipated. ACTION SS	AS SS

	171 EW advised that the work to increase the pool of potential external consultants is ongoing rather than being complete. VCJ expressed concern about taking on consultants who have expressed interest via LinkedIn. EW reassured VCJ that CVs and references are always obtained 172 VCJ had confirmed her intent to serve as a Trustee for a further term of three years (from April 2025 - March 2028). All other actions were complete or ongoing.	
6	Matters arising not covered by the agenda. PP asked if the new appraisal process had been completed. AS confirmed that the process had been completed and also that an anonymous survey of both appraisees and appraisers had been undertaken by the HR consultant afterwards. The feedback from this is to be shared with staff in the next 2/3 weeks and further improvements discussed and introduced.	
7.	Chair report PP reported that he had continued to attend the North Norfolk Place Board and stressed the importance of HWN attending the Place Board meetings across the county. PP had heard about the "Virtual Ward" being made available to some GP practices there. The Health Inequalities strategic framework been discussed and the importance of Community Voices listening to the public. PP said that HWN reps at these meetings should use the opportunity to stress that HWN can also deliver on this. AG said it is the role of HWN to challenge and ask for the mapping of which groups of people are not having their voice heard. PP referred to a presentation by Ed Fraser of NCC about a change of emphasis in Adult Social Care from transactional to relationship based with a more holistic approach. PP commented that with the difficult and changing environment in both health and local government, HWN needs to keep doing what it does to bring forward the voice of the public. CH noted that HWN does not currently have representation at all the Place Boards- in particular, the Great Yarmouth Board and Norwich Board and asked if consideration could be given to how we could resolve this. ACTION AS/PP.	AS/PP
8.	CEO Report	

	AS referred to his written report regarding the loss of 2 staff members that had been on long term sick leave and also another recent resignation from the Engagement team. Recruitment is underway to fill the vacant posts with some changes to job descriptions going forward and Rhys Pugh will move to a Project officer post. AS said that the Partners Event on 13th March had produced some requests for potential commission of work and he was setting up meetings to follow these up with Alice Webster (QEH) and Lesley Dwyer (NNUH). ACTION AS AS cited the suspension of the QEH paediatric audiology service as a concern as people were having to travel to the NNUH as a consequence. AS said there are 4736 outstanding appointments for under 18-year-olds, and he is aware of some immediate referrals to NNUH in cases where there is a risk of hearing loss. ACTION AS to monitor/follow up. AS said that all the local maternity partnership voices project recommendations have been well received and developed int an options appraisal. AS reported that he had facilitated funding of £250K to Norfolk Practices from the introduction of a colleague from AstraZeneca. **Comms, Engagement and Project reports** were taken as read. CW advised that Dan Norgrove had been successful in his application for a new post for the NNUH research department working with "harder to reach" groups. PP thanked staff for the wide range of work covered. LB noted that the engagement work with the Crucial Crew initiative had really improved the HWN reach with young people which had been a stated objective in the past. LS wished to record thanks and best wishes to the three members of staff leaving. LS commented that the Partners Event is a good opportunity for staff within the Norfolk health and social care system to understand what HWN is and does. LS said it was an ongoing challenge for JB to increase awareness. JB spoke about the strength of relationships and sharing of intelligence and data and cited the QEH as a good example that HWN would like to replicate with other providers.	AS AS

	AG asked if HWN has done stakeholder mapping. AS said this has been done. JS added that there is difficulty keeping information up to date with many frequent changes to both job roles and staff movements too. LB suggested it would be worthwhile to revisit and update this – all agreed with this but after the impending changes within the ICB have been settled. AS confirmed that he and PP will be meeting the Interim Chair and CEO of the ICB. EB wished to formally record thanks to Dan Norgrove for his work and efforts for HWN. JB reported that the new Comms Officer, Kirsteen, has settled very well into the role and is doing excellent work on Trauma Awareness cards. JB also mentioned the progress of the QEH Youth Council with new members coming on board this week. JB also said that Tom Spink (NNUH Chair) had expressed interest in the Youth Council. JS said that a new "feedback centre" is currently under design and should be up and running before the end of June to make it easier for people to leave feedback online. EW advised that no project reports had been published during the last quarter and there was a list awaiting the end of purdah. There was discussion about the lack of response from NCC to the Adult Social Care report (year 1). LS was supportive of publishing without a response as a long term of notice had been given. LS asked about HWN's future approach if a commissioner does not respond. EW said that in future the defined period for response would be given and then HWN will act upon it and publish the reports and recommendations at the defined time. JS added that this had been discussed in the QA subgroup meeting, and it was agreed we should follow our own contract specification on this issue. ACTION EW ensure all relevant staff are aware and action accordingly in future. JB had intended to show the latest video that had been produced for the ICB but due to time constraints it was decided a YouTube link should be shared with Trustees. ACTION JB	EW JB
9. & 10.	**Review of Core Policies and** **Review and Confirmation of Declarations of Interest**	

	JS advised Trustees that both the "core" policies and the register of interests will be circulated shortly for their review and update as required. ACTION ALL TRUSTEES to respond to emails to confirm up-to-date details and to review and confirm the policies.	ALL TRUSTEES
11.	**a) Quality Assurance Subgroup** EW advised that the QA subgroup has been focussing on refining project processes and looking at developing a simple ethics framework to adopt at the beginning of a project. EB reported that there has been much discussion about project outcomes and whether the work is able to demonstrate proven impact. SC commented on the importance of demonstrating impact in raising profile and reputation which helps when seeking future/further commissions of work. EB suggested that there is need for Management discussion about ownership of the Impact Tracker and Report recommendations. ACTION AS and Managers. PP said he had attended the most recent QA subgroup meeting and was impressed with the robust conversations. **b) Challenges and Successes of Project Work (EW)** EW had produced a report on this topic which had been circulated with the meeting papers. CH picked up the issue of the challenge of the initial stages of a project when a commissioner does not know exactly what they want from the work and a suggested way to deal with this is to keep engaging with them in the initial stages. LB thanked EW for the report. EB encouraged EW and her team to continue to reflect and evaluate against the project process policy and to keep focussed on the project mission. VCJ said she would like to see more case histories used to ensure the voice of the patient is brought forward. EB felt this is happening and was evidenced clearly in the recent Maternity Voices Partnership project report.	AS and Managers
12.	**Finance, Risk Register, Quality Framework (QF) and Health and Safety update**	

	(The Minutes of the **Finance** subgroup were covered in part 2 of the Board meeting.) JS reported that the Risk Register content had been updated and risk no 1 relating to insufficient income had reassessed with an increased rating in view of the uncertainty relating to the HWN contract and the ITT, and also with major upheaval and change within both the NHS and local government. LS said she would like to see more mitigation against future funding uncertainty. AS said he was optimistic that the system change would also produce opportunities for commissions of work for HWN e.g. relating to the Group Model and new hospitals programmes. VCJ felt that risk number 5 could be reduced. JS agreed to revisit this. ACTION JS Quality Framework: JS reported that the revised set of actions drawn up in January were being progressed in quarterly meetings (Three groups: Leadership, People, Engagement & Collaboration. JS was aware that the People group was investigating HWN becoming a Disability friendly employer. There were no Health and Safety incidents to report.	JS
13.	**Any other business** VCJ asked if the retiring trustees had been thanked. JS confirmed that this was done at the previous meeting.	
14.	Dates of future Board meetings • 21 July 2025 • 20 October 2025 • 19 January 2026	

The meeting ended at 11:31

Board Action Log

Action No.	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.
166	14/10/2024	All final reports should be circulated to Trustees	ongoing	JB	ongoing		
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.
169	20/01/2025	Approach Chair and CEO of NNUH to ask if they can talk to AS about Group Model in next few weeks to understand what information is (or will be) available to share with patients and about HWN role going forward	20/02/2025	AS	Completed		Interim Chair - Mark Friend appointed in April 25 - CEO Interviews held on the 14/04/25. Lesley Dwyer appointed as substantive CEO. Chris Bown, Shane Gordon & Tracey Bleakley appointed as Interim Managing Directors and Jo Segasby appointed as Interim Deputy CEO & COO. Propose to close action
170	20/01/2025	Raise query re. TUPE with NCC prior to ITT opening	20/02/2025	AS	Completed		June 2025 Legal advice being sought re. TUPE for ITT purposes

171	20/01/2025	Actions to be taken to increase the pool of independent consultants	28/04/2025	EW	ongoing		
173	20/01/2025	Use the N&W Health Inequalities toolkit to undertake a organisational self-assessment	19/10/2025	AS	Completed	May-25	
174	28/04/2025	Create a webpage of information about where people with hearing loss can get help and support	04/08/2025	JB	In progress		
175	28/04/2025	Formal written response to be provided to AS about timeline for NCC ITT and indication of live date	08/05/2025	SS	Completed	08/05/2025	Outcome of tender expected on 30/07/25
176	28/04/2025	Consider how HWN can ensure representation at East Norfolk & Norwich Place Boards	04/08/2025	AS/PP	outstanding		Propose that we postpone this action until we know the outcome of the ICB remodelling
177	28/04/2025	Arrange follow up meetings with QEH & NNUH CEOs re. commissions for further /new work	04/08/2025	AS	Completed		Meetings held - bids in and awaiting outcome
178	28/04/2025	Follow up concerns re. paediatric audiology services at QEH.	04/08/2025	AS	Completed		Press release sent and article in HWN Newsletter

179	28/04/2025	Ensure all relevant staff are aware of project process policy re. following contract specification for publishing our reports. (i.e. we allow 4 weeks and then publish) and following the process	30/06/2025	EW	Completed		Re-shared project process policy and discussed at project team meeting.
180	28/04/2025	Link to the video produced for ICB but not shown at Board meeting to be shared with all Trustees	15/06/2025	JB	Completed		
181	28/04/2025	Trustee to respond to updating of declarations of interests form and also review of "core" policies	30/06/2025	ALL TRUSTEES	Completed		
182	28/04/2025	Managers to discuss and agree ownership of both the Impact Tracker and Report recommendations	30/06/2025	AS and Managers	Completed		EW and team will be managing and updating the Impact Tracker and reporting into the QA Sub Group
183	28/04/2025	Review risk number 5 on risk register with a view to reducing stated risk level	04/08/2025	JS	Completed		

CEO report

Date	4TH August 2025
Item	
Report by (name and title)	Alex Stewart - CEO
Subject	CEO Report

1.0 Reason for Report

The purpose of this report is to provide Board Members with a range of Information on matters which are pertinent to Healthwatch Norfolk. The report will be providing "headlines" in relation to the following: -

- Latest Information in relation to NCC Procurement of Healthwatch Contract – verbal update
- 10 Year Plan and the Dash Review & Feedback from Stakeholder Awayday
- Staffing Update
- Health and safety
- Communications Update – For information
- Projects Update – For Information
- Engagement Update – For Information

Summary of 10 Year Plan and Dash Review

The government's 10-Year Health Plan for England sets out a long-term vision to transform the NHS by reimagining care delivery, accelerating digital innovation, and shifting the focus from reactive treatment to proactive prevention.

10-Year Health Plan

The plan revolves around three **radical shifts** to create an NHS that is more accessible, personalised, and sustainable:

- Hospital to community
  Care will move closer to home through a new Neighbourhood Health Service. Every community will have a local health centre open at least 12 hours a day, six days a week, staffed by multidisciplinary teams (GPs, community nurses, mental health workers, therapists, employment advisors) and supported by a digitally enabled home-care model. Funding will progressively shift from hospital budgets into out-of-hospital services over the next decade.
- Analogue to digital
  A single digital patient record (SPR) will unite health data—notes, test results, imaging—accessible via the NHS App. Features include AI-driven self-referral for therapies, GP appointment booking within 24 hours, digital-first advice, and integrated prescription tracking. New technology standards will ensure all providers are fully AI-enabled by 2035.
- Sickness to prevention
  Prevention is elevated to equal status with treatment. Initiatives include supermarket partnerships to promote healthier choices, a 'smoke-free generation' ban, tighter regulation of energy drinks, expansion of weight-management services, enhanced screening (e.g., home cervical cancer tests), and genomic newborn sequencing to enable precision care from birth.

Key enablers and targets:

- Double the offer of Personal Health Budgets by 2029 and universalise them by 2035 for those who'd benefit.
- Train thousands more GPs, introduce new primary care contracts by 2026, and eliminate the 8 am appointment scramble.
- Reduce elective waiting lists by making patient-initiated follow-up standard via the NHS App by 2026 and ending traditional outpatient care by 2035.
- Expand mental health provision with 24/7 digital "front doors," dedicated mental health emergency departments, and school-based support teams.

Dash Review: Patient Safety Across the Health and Care Landscape

Dr Penny Dash's independent review, published 7 July 2025, mapped the patient safety ecosystem in England, focusing on six statutory bodies—including the Care Quality Commission (CQC), Health Services Safety Investigations Body (HSSIB), Patient Safety Commissioner, National Guardian's Office, Healthwatch England (and its local branches), and NHS Resolution's patient-safety functions—to identify gaps, overlaps, and opportunities for strategic alignment.

Ten Key Findings

1. Safety overshadowed other quality dimensions
   Safety has received disproportionate focus over effectiveness and patient experience, yet preventable deaths (82,000 in 2022) and care variation persist.
2. €160 million annual investment yields limited ROI
   Despite billions spent on safety bodies and inquiries, measurable improvements in outcomes have been modest, and productivity in acute hospitals has fallen by 8% since 2019–20 (≈£6 billion/year loss).
3. Fragmented governance
   Over 40 organisations play formal roles in quality and safety, leading to duplication, confusion among providers, and diluted accountability.
4. CQC operational challenges
   • Inspections halved since 2020; many providers go years without reassessment
   • New IT platforms (provider portal, regulatory database) are unreliable
   • Delayed, inconsistent reports undermine credibility
   • Sector expertise eroded by 2023 restructuring, weakening relationships and oversight
5. Opaque ratings
   Current methods aggregate multi-year inspection outcomes, confusing providers and the public about how ratings are derived.
6. SAF limitations
   The Single Assessment Framework's 34 "quality statements" lack clear descriptors, under-emphasise resource use and outcomes, and fail to spur innovation.
7. Emerging ICS assessment issues
   Pilots for integrated care system reviews highlighted methodological and scope concerns, prompting a pause before nationwide rollout.
8. Local authority assessments
   While the CQC's adult social care reviews are welcomed, authorities call for clearer standards on commissioning and outcomes. 18**
9. Improvement support gap
   CQC is not an improvement agency but could better disseminate best practices, spotlight innovation, and reinforce governance for local learning.
10. Sponsorship misalignment
    The Department of Health and Social Care's oversight of NHS bodies needs strengthening to ensure coherent strategy and accountability

Dash Review Recommendations

- Revitalise the National Quality Board to lead a unified quality and safety strategy across government and the NHS.
- Streamline patient and staff voice by consolidating Healthwatch functions and simplifying complaints, ensuring robust local engagement.
- Clarify roles of CQC, HSSIB, and other bodies to eliminate duplication and focus on core statutory duties.
- Enhance CQC's capability by restoring sector-based inspection teams, fixing IT platforms, publishing transparent ratings, and rebuilding expertise.
- Embed AI and data analytics for real-time safety surveillance, predictive risk management, and accelerated learning loops.
- Strengthen DHSC sponsorship to align arm's-length bodies with national health objectives and monitor performance effectively.

The Challenges we face nationally

- The NHS is facing rising demand due to an ageing population and health inequalities.
- A shift from service-led to person-centred care is necessary for better patient outcomes and cost-effectiveness.
- The document outlines three critical shifts: from analogue to digital, from hospitals to community care, and from sickness to prevention.

The Challenges we face in Norfolk and Waveney

- The healthcare system in Norfolk & Waveney is under strain due to demographic pressures and workforce shortages.
- The population is projected to grow by 11% over two decades, with a 36% increase in residents aged 65 and over.
- There are significant service strains, including long wait times for primary care appointments and growing elective backlogs.

Proactive Neighbourhood Care

- We need to provide integrated, anticipatory care at the neighbourhood level for individuals with chronic conditions.
- We need to focus on ensuring that there is proactive support to keep individuals healthier and more independent, reducing avoidable hospital admissions.
- We need to be mindful of various key components including population targeting, multidisciplinary delivery models, and the use of technology for care coordination.

Hospitals Without Walls

- To achieve this, we need to be delivering hospital-level care in home or community settings making effective use of digital tools and mobile teams.
- If successful, we should see an increase in system capacity, reduce avoidable admissions, and improve patient experience.
- Again, we need to be mindful of ensuring we get the core components right such as appropriate provision of virtual wards, virtual emergency departments, and remote outpatient services.

Ageing Well

- How should we be supporting older adults and those living with frailty through a cohesive system of health and community support.
- By working collectively and making effective use of multi-disciplinary community hubs, we should be able to ensure the delivery and understand the importance of timely care to reduce unnecessary hospitalizations and maintain independence.
- Our key components to be considered here include proactive risk management, empowered care services, and coordinated end-of-life support.

The Stakeholder meeting

Prior to the release of the 10-year plan, the CEO of HWN and the CEO of the Group Model had agreed to coordinate a meeting of senior leaders across the system in health and social care on Monday 21st July. The meeting was well attended with representation across the board; it provided people with a safe environment in which to discuss the plan and how we should tackle it across Norfolk.

The outcomes from the discussions are set out below in tabulated form providing a very general idea of the approach that we shall probably be taking. Additionally, a small task and finish group has been establishes of which Healthwatch is a member – we have been tasked with reporting back to the main body of the group within the next few weeks – the HWN Board will be kept abreast of all developments. A verbal update of its inaugural meeting held on the 25th July shall be provided at the Board Meeting.

	Action	Who & By when	Comments
1.	Mark Burgis & Alex Stewart to organise and convene the next meeting of the group	MB –25/07/25	Meeting proposed for 29 or 31 July
2.	Assess what needs to be done and agree timelines	All – by end of 1st meeting	
3.	Look into Norfolk Insights and Eclipse (Health of the Nation) data to develop a data driven approach to what needs investigating		
4.	Use the data from Norfolk Insights and Eclipse to shape questions to gather with public feedback and gather this.		
5.	Analyse the data of the top 1% of resource users (e.g 1300 in Gt Yarmouth and Waveney)		
6.	Use this data from top 1% of resource users to form a plan to seek more proactive, effective management solutions		
7.	Look into how potential barriers of information governance, time, culture and workforce can be overcome		
8.	Speak to Ed Garratt to ensure his support going forward	Lesley Dwyer/Mark Burgis	
9.	HWN to use their connections to involve Voluntary, Community, and Social Enterprise (VCSE) organisations and gain their support.	Alex Stewart	

10.	Review how we are delivering services and where, and work to ensure that going forward marginalised groups who do not typically engaged are involved in ongoing developments		
11.	Create a one side of A4 with a consistent message from the group, in lay terms about what the 10 year plan could look like for the public, using case studies and/or examples.		
12.	Interrogate the local data that we have and carry out health needs assessments.		
13.	Maintain a continuous level of communication, trust and honesty		
14.	Engage with members of staff and include them in discussions and relay information to the public.		
15.	Use a “We said, you did” approach to demonstrate where we have already made changes.		
16.	Look over and analyse feedback from the public’s desires for what they would like to see in the 10 year plan before doing any more engagement to ensure the public feels listened to and do not lose interest or trust.		
17.	Explore where finding for community buildings will come from and how to make this happen		

18.	Come up with a strategy on how we will cope with staff turnover and the loss of key relationships		
18.	Define objectives such as “years of healthy life”		
20.	Analyse population health management data to ensure we are not starting with solutions, but instead identifying what actually needs to be done		
21.	Look at the top 10 causes of loss of healthy life years and how we can engage the public with these to reduce this loss		
22.	Ensure that our funding mechanism alignment is outcome based and uses the workforce, innovation and multiagency provision.		
23.	Look at opportunities from existing good practice to shape the way forward		
24.	Use data such as council and GP data to determine need and direction of services/support		
25.	Look at the wider determinants of health and health inequalities for our population		
26.	HWN to ensure engagement with minority groups/hard to reach groups/ those impacted by health inequalities		

27.	Arrange reconvening wider group to discuss papers/findings etc.		

Staffing Update

John Bultitude is leaving to take up a new role at the Assembly Rooms. John's last day will be Wednesday 6th August; John has been instrumental in ensuring that Healthwatch Norfolk is well and truly visible on the media map.

Rhys Pugh is leaving at the end of August as he has decided to take the plunge and is moving to Manchester to be with his partner Maisie. Rhys will be continuing to undertake 3 days a week remotely for the short term.

Sarah Nichols has joined us as the Information and Support Officer – Sarah has joined us from general practice and has a great understanding of the system. Sarah is also a qualified Physician's Associate.

Emily Dyble has joined us to replace Dan Norgrove as a Community Engagement Officer – Emily recently graduated from Lincoln University with a 1st in geography and has already managed to integrate herself into the east of the County.

Kirsteen Thorne is stepping up to the role of Communications Manager.

Communications Update

Comms and marketing work

The consultation around the future of the Walk-In Centre, Out-Of-Hours GP Service and Vulnerable Adults Service was a key priority. While the consultation was paused midway through as the ICB decided to keep the services going, we opted to continue the engagement to help demonstrate their impact and importance.

As well as helping with general engagement, the communications team assisted with one-to-one engagement with users of the Vulnerable Adults Service at the service itself as well as with people using support services and hostels helping to gain rich insightful feedback.

Our work with the Youth Council at the Queen Elizabeth Hospital in King's Lynn is now a year old. This was marked with the publication of a report on the work which received coverage in the Eastern Daily Press, Lynn News, Greatest Hits Radio and Radio West Norfolk. It also prompted an increase in interest from both would-be recruits when recruitment resumes in the autumn along with organisations keen to meet and engage with them.

Linked with this has been a programme of work directly with the youth councillors which included looking at how patients suspected of domestic abuse are

identified and offered extra support, a request for a buddying system within the trust for younger members of staff, and helping them with some promotional material to encourage new membership. This is alongside the continual administration and recruitment for the Youth Council itself.

Our work was also featured as part of a recent national NHS Providers Conference aimed at Governors which saw us take host presentations about our work and share best practice with trusts nationwide.

We carried out some targeted comms work around the Community Diagnostic Centres in Great Yarmouth with the media over in the East to update them as well as doing some targeted social media posts to update people around some of the changes that had already been made as a result of the report including better signage and the introduction of volunteers to act as patient guides around the building.

There was also media coverage around the report linked to adult social care for the over-65s. The Eastern Daily Press, Heart Radio and Greatest Hits Radio all picked up on the report running interviews linked to the report. We also released a report around community mental health services in Norfolk and Waveney.

We have also been working on the Annual Report which is just complete. Following feedback from Healthwatch England who were concerned previous versions were not up to scratch, we ensured all the content showed the outcomes and impact we achieved.

The team also completed our final ICB Board videos for Year One with a focus on prevention and screening which saw content filmed across the county from Great Yarmouth to Reepham. They have asked us to continue for Year Two and will start with one detailing the work we did around the Walk In Centre consultation.

Social media/Digital

Website Use

Total number of visitors each month has stayed steady around the 1000 mark per month. There was particular interest in the two Norfolk County Council surveys on preparing for later life and caring for the over-65s which were our most-read pages in June.

Social media coverage

Social media reach has remained pretty steady across all platforms over the last quarter. Monthly reach on Facebook remains around the 15,000 mark in this

quarter. There was a lot of interest in the West particularly around the Youth Council comms and also the roadshows giving updates on the new Queen Elizabeth Hospital.

May also proved to be particularly busy on both Instagram and LinkedIn with a huge rise in engagement, especially on LinkedIn where we had a record number of just over 2000 people engaging. This was through a range of content including final reaction over the Walk In Centre, the interest in the new QEH and Youth Council, several national awareness events and the departure of Alice Webster as CEO at the Queen Elizabeth Hospital in King's Lynn which led to a number of posts paying tribute to her career.

Other

At the time of writing, final tweaks are being completed for our new Feedback Centre which is now live. We have worked with the national developer Bespoke on a new system to make it easier to leave feedback as well as improve our ability to analyse the feedback and also allow practice manager and NHS staff to access information about their practice or department.

Kirsteen Thorne has also made a tremendous contribution to the comms team taking on the social media, website maintenance and leading on the comms for several projects and helping to grow our profile.

Project Update

Current Projects

A. NCH&C 3 Year (VH) – Commissioned
Now in its second year of a three-year commission by NCH&C, this project focuses on engaging patients, families, carers, and staff to help shape the transformation of specific healthcare services. Progress from October 2024 to February 2025 was hindered by leadership changes at NCH&C, communication challenges with key stakeholders, and shifting priorities - which led to a revised project plan. The newly agreed research objective is to engage with users and staff on bedded general rehabilitation wards, with a focus on the quality of the ward environment and care provided, as well as the barriers and enablers to smooth, effective patient discharge and post-discharge care.

Since March of this year, we have been conducting interviews with patients both during their hospital stay and by phone following discharge, as well as with relatives and carers. This is a time-intensive process due to the time between admission and

discharge, as well as the challenge of engaging suitable participants - specifically those admitted to community hospitals for rehabilitation purposes, with the capacity to participate and able to manage a phone interview (many patients are elderly and have sensory and/or cognitive limitations).

Insights from these interviews will inform the development of a questionnaire. The survey will be launched at the end of the month for a five-week period. Again we anticipate continued challenges in reaching patients, relatives, and carers with lived experience of rehabilitation services over the past year, and would welcome any support from trustees in promoting the survey through relevant groups and organisations.

Recruitment is also underway for staff interviews to gather their perspectives on how to improve patient experiences and outcomes. These interviews will be conducted over the next three weeks.

In August, we will host a focus group to evaluate a new carer's booklet currently being piloted at Swaffham Community Hospital. Carers of people who are currently receiving, or have recently received, rehabilitation at the hospital will be invited to participate. Their feedback will help assess the usefulness and effectiveness of the booklet in supporting carers and patients throughout the hospital admission and discharge processes.

As the project concludes in late September, much of this work is concentrated into a short timeframe, presenting additional challenges in delivery.

B. Adult Social Care (JSp) – Commissioned
A three-year project commissioned by NCC Adult Social Care to provide a rolling programme of engagement with service users, carers and staff. A formal response has been received for year 1, following a deadline from HWN after which we would publish without a response. The report has now been published online.

The project has three workstreams in year 2: (i) preparing for older age and getting help early, (ii) hospital discharge communications, and (iii) involving the wider family in caring for older relatives. Qualitative research has been completed for themes one and three, and will shortly be completed for theme two. Surveys for themes one and three are now live, until 16th July. Analysis and writing-up of the year two report is currently underway.

C. Holkham Estate, Outdoor Learning evaluation (RP)- Commissioned.
3-year project with funding secured from the Ernest Cook Trust, funding will be allocated to the Holkham Enterprises to employ an Outdoor Learning post and HWN will have a role in evaluating the effectivess of the post working with young people. We are in the process of contracting with Holkham and setting up the project, however there have been issues in agreeing the approach and the funder has been difficult to communicate with. We are meeting with all parties 31/07/25 to discuss.

D. Digital Tools, year 5 (VH) – Commissioned
Year 5 to commence in Sep 2025

E. Carers of adults with serious mental illness, year 3 (JSp) – Commissioned
Year 3 to commence in Sep 2025

Completed Projects

Maternity and Neonatal Voices Partnership (CC)
This was a short 5-month project engaging with professionals in maternity and neonatal services around the effectiveness of MNVPs, comissioned by the Local Maternity and Neonatal Services (LMNS). The project involved interviewing around 20 people, concluding in a written report. The report has been reviewed by the commissioners and presented to the LMNS Board. The report will be published early August.

Digital Tools, year 4 (VH) – Commissioned
In Year 4 of our project on patient and professional engagement with digital tools in primary care - our first under the extended contract with the Norfolk and Waveney Integrated Care Board - we explored experiences and views of the NHS App among two demographic groups with lower registration rates in the East of England: young people 16–30 and older adults 65 and above. We also examined patient awareness of the Shared Care Record (ShCR), including its use during appointments, and how GP practice staff engage with the system in daily practice.

We used a mix of qualitative and quantitative methods to explore usage patterns of the NHS App and ShCR, perceived benefits and barriers, as well as factors that could support greater uptake and sustained engagement with these tools.

Our research generated a wealth of insights, which were shared with Anne Heath in our end-of-May report, in line with the project timeline. The report includes a set of actionable recommendations, each supported by practical examples to guide implementation.

Anne Heath responded with strong praise for the work and the value of the insights provided. We are currently awaiting any potential requests for amendments, with the report expected to be published on our website around mid-July.

However, due to budget constraints at the Norfolk and Waveney Integrated Care Board, Anne indicated that the project may not continue into Year 5 as originally planned. We are awaiting further updates.

Carers of adults with serious mental illness, year 2 (JSp) – Commissioned
Project commissioned by Norfolk and Suffolk Foundation Trust (NSFT) to conduct a specific programme of work over a 36-month period to conduct engagement with carers of patients with serious mental illness (SMI) in Norfolk.

The draft year 2 report has now been completed and is awaiting a response from the commissioner. Progress is still slow on the project action plan, with only preliminary meetings between staff and carers having taken place so far, for five of the seven

action points. This is reflected in the year two report. Regular meetings are, however, being held with the Trust's Head of Participation, Involvement and Experience, to try to improve chasing of responsible staff within the trust, some of whom have recently been replaced.

Published Projects

Mental Health Community Transformation Norfolk and Waveney (CC) – Commissioned
This is a 36 month project concluding in September 2024 to evaluate how the Steering Group are progressing with implementing changes to community based mental health services in Norfolk and Waveney. The year 3 report has been sent to the commissioner with a statutory letter to respond within 20 days.

WiC/OOH/VAS Engagement (RP)- Core.
This was a short-term project, requested by the NWICB, to produce a report based on their public consultation into changes to the Norwich Walk-in Centre, the Vulnerable Adults Service Health Inclusion Hub, and the GP Out of Hours Service. Despite the NWICB deciding to not go ahead with any of the proposed changes, we opted to produce a report on the survey data gathered to ensure that the public's voice was represented. The report has been published and has been used to inform the NWICB's future planning strategy for these services.

Use of Patient Data (CH)- Commissioned
This was a 4-month project, collaborating with HW Cambridge and Peterborough to engage with the public via a survey and a series of focus groups on how people feel about their data being used in population health and improvement of services. The project report has been published and has been used to inform C&P ICS and N&W ICB's submission to the Confidentiality Advisory Group (CAG).

Engagement Report

From April 1st 2025 – June 30th 2025 we have received 764 reviews about 95 different services

Type of Service		Number of reviews	Average star rating (out of 5)	
	GP's	548		4.2
	Community services	83		4.6
	Hospitals	76		4.1

	Adult Residential Care	22		4.7
	Pharmacies	11		2.2
	Care support	6		5
	Other	6		3.2
	Mental Health Services	4		3
	Urgent care	4		4.3
	Dentists	4		3

The largest themes emerging this quarter are:

Theme	**No. of reviews**	**% positive**	**% negative**
Staff attitudes	390	92.8%	4.6%
Appointments and opening hours	379	49.6%	40.1%
Administration and organisation	153	40.5%	51.6%
Staff training	160	89.4%	5.6%

The majority of negative feedback about appointments and opening hours came from GP feedback (91.4%).

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 staffs abilities to diagnose and treat correctly.

The high number of reviews received is a result of the work of the engagement team who visited 22 GP surgeries to gather feedback in this 3-month period.

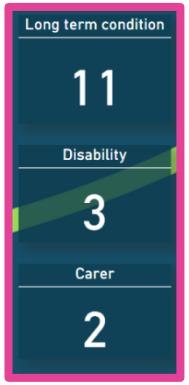
We received a total of 42 signposting enquiries.

Advice on how to raise concerns and complaints was the most common theme with 15 enquiries of which 8 related to complaints about hospitals and 3 about dentistry. *Accessing services* (non-dentistry) was the second largest theme, with 10 enquiries, followed by *accessing dentistry* with 8.

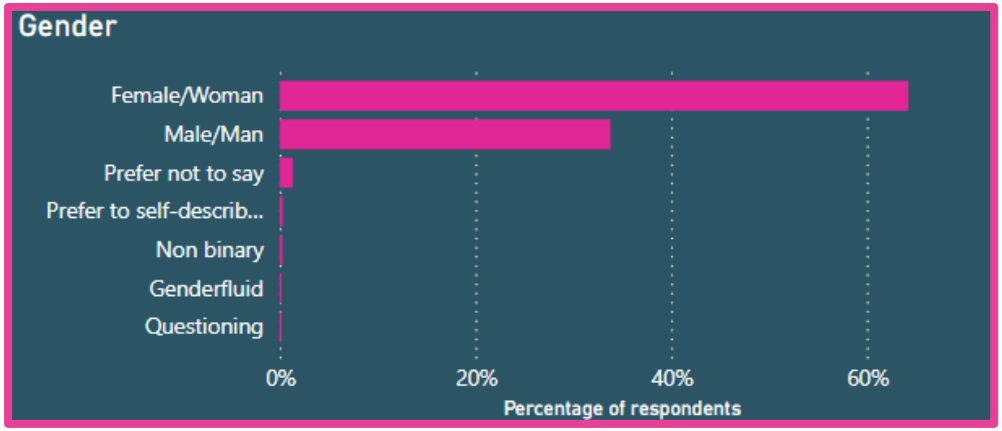
Demographic breakdown of the 764 reviews 1.4.25- 30.6.25

Ethnicity category	Ethnicity subcategory	Percentage of respondents
White	British / English / Northern Irish / Scottish / Welsh	98%
Mixed / Multiple ethnic groups	Any other Mixed / Multiple ethnic groups background	1%

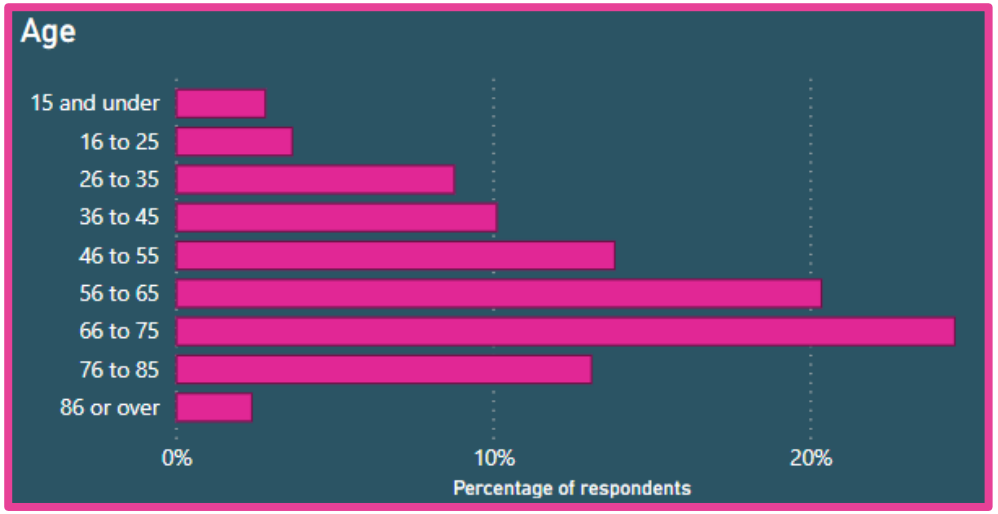
Ethnic group data



Carer & Disability data.



Gender data



Age data

Crucial crew has now finished for the school year. The engagement team attended 6 of the 7 weeks of the programme and have spoken to over 3000 Norfolk school children in year 6 (10-11 year olds) and empowered them to know that their voice is important, it counts and they should not be afraid to have their say just because they are not an adult. The team enjoyed delivering the sessions and adapted well to challenges it brought such as when schools were late, requiring us to condense a session, and also answering some interesting questions from the young people. This engagement activity made excellent use of the "Train the trainer" training we received last year, and was some of the team's first experience of presenting sessions in this way.

The summer brings with it lots of outdoor events including a community event at the Old Catton surgery, SENDfest and Pride events both in Norwich and Kings Lynn. At the Pride events we have designed a survey to further investigate the most common topics we heard about at last year's events.

Future engagement activity planned includes

- Further work about the vulnerable adult service - building on the links we made while carrying out engagement for the ICB consultation.
- Further investigation into negative feedback being received about dosette boxes and hospital transport.

We were pleased to welcome Emily Dyble to the engagement team at the beginning of June, and she has settled in very well.

We are excited to have the new feedback centre up and running which has made the process of inputting feedback from engagement visits a much smoother experience.

Register of Interests – updated June 2025

Name	Position	Details of interests
Patrick Peal	Chair	Chair, London Children's Camp Director, ACP Farming LTD Director of Mundesley Golf Club Ltd.
Alex Stewart	CEO	None declared
Chris Humphris	Board Trustee	Independent Self-employed Consultant working primarily with groups supporting their individual local Community Hospitals in England and Scotland Associate Member, Community Hospitals Association Undertaking a project for HWN between February and early June 2025
Chris MacDonald	Board Trustee	Independent self-employed consultant for health and social care in Norfolk Independent person for Norfolk County Council Stage 2 & 3 complaints re Childrens Services
Linda Bainton	Board Trustee	None declared
Elaine Bailey	Board Trustee	Self-employed consultancy service currently working with Norlite Ltd, London, SW1 9SA Membership of the NNUH Council of Governors
Andrew Hayward	Board Trustee	NHSE GP Appraiser East Harling Parish Council Member Norfolk Armed Forces Covenant Board Member
Vivienne Clifford-Jackson	Board Trustee	Vice President Royal Norfolk Show and a Member of RNAA Council Member Liberal Democrat Party, President South Norfolk Branch.

		Hon Alderwoman South Norfolk Council Bereavement Support Volunteer, Supervisor, Safeguarding Lead and Committee member, Cruse Bereavement Care Trustee Voluntary Norfolk Member of Wymondham Abbey Church of England, Member of Friends of the Abbey and the Guild of St Benedict Ambassador Alzheimer's Norfolk
Dr Louise Smith	Board Trustee	Deputy Director UK Health Security Agency GMC Registered Doctor Fellow Faculty Public Health
Sue Crossman	Board Trustee	Trustee on Board of Topping House Hospice Independent Consultant Registrant Member of NMC
Anna Gill (Trustee Designate April-Oct 2025)	Board Trustee	Deputy Chair Cambridgeshire Community Services NHST NED NCHC Board Member

Risk Register

	QUALITY FRAMEWORK INDICATOR	RISK & CONSEQUENCE	CONTROL/MONITORING	RISK OWNER	SCORE	IS RISK INCREASING, DECREASING OR STATIC?
1	Sustainability and Resilience AND People	Insufficient income due to decreased/uncertain LA funding, the proposed closures of LHW (change in national government policy) or failure to secure commissions, to ensure long term sustainability without considerable usage of reserves or the need to reduce staffing.	*Maintain positive stakeholder relationships * Maintain dialogue with accountants re.future possibilities for the Ltd Company Charity. * Ongoing review to ensure that income projected is matched to staff resources and costs. * Reserves policy reviewed regularly -currently 3+ months operating costs cover and quarterly reviews of expenditure and forecasts against budget by Finance Subgroup *Continual review of income anticipated from bids and commissions. * Keep informed of national discussions involving HWE and future government policy for abolition of LHW. *Appropriate use of external consultants for short-notice projects at higher rates.	Deputy CEO and CEO	4 x 4 = 16	↑
2	Collaboration, Influence and Impact	Healthwatch Norfolk is not sufficiently involved within key local Committees/Boards which results in poor	*Maintain awareness of national and local strategy and context. *Maintain meetings with key organisations and stakeholders. *Ensure there is a HWN Representative at all ICS Board (Public) meetings.	CEO	3 x 4 = 12	→

		2-way flow of information. This would mean HWN is unaware and unable to respond to implications of local transformation plans.	* Current relationships have strengthened with "new" ICS and ICB * Representation at all HWBPs. Trustees starting to attend PLACE Board meetings (Oct '24).			
3	Leadership and Decision Making	Failure to follow the Project Process Policy and subsequent poor delivery of project work resulting in potential damage to HWN reputation, demotivated staff and reduced future income from commissions of work. In particular, poor adherence to the policy at the early stages of a potential new project.	*Critical appraisal of all new business opportunities in accordance with the policy is mandatory *Definition/agreement of key deliverables at project outset. *Ensure robust research project leadership & ownership at all project stages * Externally commissioned projects being reviewed by Quality Assurance sub group. * New policy (Dec 2024) has been drafted to detail the process for appointing an external consultant.	CEO and Bus Dev Director	3 x 4 = 12	➡
4	People	Insufficient staff understanding of GDPR, or inadequate IT security systems,	* Following guidance and using template forms from HW England * All staff/volunteers receive training on arrival and refresher training	CEO and Deputy CEO	3 x 4 = 12	➡

		resulting in breaches in data security, potential prosecution and damage to reputation.	*External DPO completed a review of our policies and documents, Feb 2022.			
			* Dec 2021 implemented new email filtering system and MFA.			
			* Update GDPR training completed for all staff in June 2022 and cyber security training undertaken Nov 22. *New IHASCO training Jan 2023 includes GDPR annual refresher training			
5	Influence and Impact	Inability to demonstrate clear impacts.	*Evidence outcomes and impact - use of the Impact Tracker to follow up recommendations	CEO and Bus Dev Director	3 x 4 = 12	↑
			* Quarterly meetings with NCC commissioners now taking place & Impact Tracker shared			
			* Annual Partners event held annually, local system leaders informed about our work and funding			
			*Need to have clear and concise contract specifications and defined outcomes/impact			
6	Leadership and Decision Making	Lack of clarity/differentiation between Healthwatch statutory/core business, other contracted work and grant funded projects.	* Advice received from accountants on different ways to structure our accounts to enable greater ability to monitor and track funding and associated costs	CEO and Deputy CEO	3 x 3 = 9	↓
			* Annual Partners event held annually, local system leaders informed about our work and funding			
			* from April '24 use of Xero and Dext accounting software is enabling more detailed cost tracking (and become paperless)			
6	Collaboration, Influence and Impact	Changing leadership roles and responsibilities within the N&W	*Identify new/redeployed staff and associated responsibilities.	CEO and Bus Dev Director	3 x 3 = 9	→
			*Share Healthwatch purpose and develop strong working relationships			

		Integrated Care System – and redeployment could result in fewer contacts and influencing routes.	* Annual Partners event held annually, local system leaders informed about our work and funding * Impact Tracker reviewed and in use to include signposting, meeting impacts and report recommendations. Power BI dashboard in development.			
7	People	Greater demands/pressure on staff as a consequence of increased work and organisational growth leads to stress/ "burn-out" or increased sickness levels.	* Proactive line management, to stay close to staff to pick up early signs of stress/overloading * Foster a culture of shared ownership and openness to encourage staff to ask for help if struggling. Question added to self-appraisal about mental health. * Seek to balance demand and resources and recruit/use external consultants when necessary * Thriving Workplaces Action Plan completed with focus on wellbeing, activity and healthy eating * New policy drafted to detail the process for appointing an external consultant	All Line Managers	3 x 3 = 9	↑
8	Influence and Impact	Failure in timely delivery of quality outcomes by Partnership organisations working on projects with/for HWN resulting in potential damage to HWN reputation.	*Ongoing robust monitoring of project delivery by HWN Project Lead, escalating matters to the Deputy Chief Executive/CEO when there is concern. *When applicable – the Letter of Agreement now includes clause relating to financial penalty should the project be delayed.	Bus Dev Director and CEO	2 x 4 = 8	→

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

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