Healthwatch Norfolk Trustee Board
19th January 2026
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.	Ian Wake - Executive Director of Adult Social Services, Norfolk County Council.	09:35	30		P
5.	Minutes of the meeting held on 20/10/2025 and action log.	10:05	15		I/D
6.	Matters arising not covered by the agenda	10:20	5		A/I
7.	CEO Report (AS, CW & EW) - Incorporating Intelligence, Engagement and Projects updates	10:25	40		D
8.	Chair Report	11:05	5		A/I
9.	Quality Assurance Subgroup (EW&EB)	11:10	10		I/D
10.	Risk Register and Health and Safety update (JS) (Finance Minutes in Part 2 of the meeting)	11:20	5		I/D

11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting's commencement	11:25	5		I/D
12.	Dates of future Board meetings • 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	Sugmesh Clear
Rachael Grant	Rachael Parker
Chris Butright	Lisa Nobes

Healthwatch Norfolk Board Meeting Part 1
20th October 2025
09:30 – 12:00

In person meeting at the Healthwatch Norfolk Offices, Elm Farm, Norwich Common, Wymondham, NR18 0SW and online via Microsoft Teams

In attendance

Trustees

Patrick Peal (PP) Chair
Andrew Hayward (AH)
Chris Humphris (CH)
Elaine Bailey (EB)
Linda Bainton (LB)
Christine MacDonald (CM)
Anna Gill (AG)
Louise Smith (LS)
Sue Crossman (SC)

Officers

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

Also in Attendance

Chris Butwright (CB) – Public Health NCC
Rachael Grant (RG) (online) – Adult Social Services
Sugmesh Clear (SCl) (online) – Public Health NCC
Simon Scott (SS) (online) – Public Health NCC

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. AS welcomed SCl who is the Norfolk County Council monitoring officer for the statutory Healthwatch contract. Apologies had been received from Ian Wake (NCC), Mark Burgis (N&WICB), Suzanne Meredith (NCC), Vivienne Clifford-Jackson (Trustee), and Emily Woodhouse (HWN Officer)	
3.	**Declarations of Interest (new or pertaining to items on this agenda)**	
	There were no new conflicts of interest not previously declared.	
4.	**Minutes of the meeting held on 4th August 2025 and action log.**	
	All agreed the minutes to be an accurate record. PP noted that the minutes mentioned the QEH Youth Council and that there has been no update on this. AS confirmed that HWN has withdrawn from the Youth Council and this is now being managed by Pippa Street – Director of Nursing QEH. PP asked if AS would provide an update from the working group (which was initiated from the Stakeholder Meeting of 21st July 2025). AS said he did not attend the meeting on 8th Sept but will meet Mark Burgiss on 24/10/25 and will email board members afterwards to update them. **ACTION:** AS to update board members via email following meeting with Mark Burgiss on 24/10. **163** – (re. HWN being gatherer of data/feedback) on hold until further discussions in part 2 of the meeting and the trustee away day.	**AS**

	167 – AS said that AG is the Health Inequality Trustee "Champion". AG said she will review the HWN Health Inequalities internal self-assessment. **ACTION:** JS to provide AG with the self-assessment. AG agreed to send summary of Health inequality champion meetings. 174 – (Webpage of information for people with Hearing Loss) This is still in progress and has been taken over by KT. Some corrective work to our website needs to happen before we can add this and this work is booked for next week. 176 – (Re. representation at PLACE Board) Agreed this should be postponed as the future structure of the PLACE boards has not been announced yet. Both AG and EB said that excellent work is being done at place level, and HWN wish to recognise this but there are concerns this is not happening everywhere. **Action**: AS to contact Ed Garratt and Mark Burgiss to find out more about what is happening with the future of place boards. This action to remain as "in progress." 186 – (re. issue with paediatric audiology at QEH) AS confirmed, he had emailed Chris Bown at QEH. Additionally, the issue has been raised with the quality committee for Norfolk and Waveney and at the regional quality committee by AS. NNUH and JPUH have been helping deal with acute cases. Also, QEH are advertising for two new audiologists. 187 – (re. concerns about representation of Community Trusts) AS had written to the neighbourhood stakeholder group raising these concerns and it has been taken up. 188 – (Re. investigating scope of work re. patients cared for at home) AS and EW spoke with Chris Scott on 17/10, and a further meeting will be arranged for the week beginning 3/11/25. NCC have been sent a draft proposal.	JS AG AS

	190 – Trustee away day has been booked for 13/11 191 – (Re. QF restart in Jan 2026) EB is dealing with this 193 – AG had circulated information regarding NCH&C wait lists and reducing risk from wait lists. 194 – AS sent a letter to all health trusts and NCC regarding waiting lists. A response has been received from NCC but no response yet from any of the health trusts.	
5.	Matters arising not covered by the agenda	
	There were no matters arising that were not covered by the agenda	
6.	Chair's report	
	PP said he recently attended the NSFT AGM and found this to be good. PP said that NSFT were keen to show progress and had praised the quality of their staff. PP had written to the chair to request restarting quarterly catch ups with him and AS. Zoe Billngham, the Chair of NSFT, is enthusiastic to do this. PP raised a concern that whilst NSFT stresses the important of partnerships, they are often not present at the NCC Health and Wellbeing Board and other system meetings. PP raised this with Zoe, who has said NSFT would welcome help building relationships with partners. It was noted that NSFT have previously attended the HWN annual stakeholder event. On 22/10 PP will be attending a "round table" meeting set up by HWE with DHSC about local Healthwatch arrangements post Dash Review. **ACTION:** PP to share notes of this meeting afterwards. LS offered to share paperwork from national quality board as this links to the Dash Review. **ACTION:** LS	PP LS

	PP also attended the Health and Wellbeing Board (HWB) and commented on the fantastic work that is happening. There were discussions about the future of the HWB with upcoming changes to local authority structures. RG said that nothing is changing immediately and that Norfolk and Suffolk ICB are now working together. CH and RG discussed the role the Mayor will have with the HWB. RG said this will be at the Mayor's discretion including whether they are chair or elect a different chair. RG said that the NCC team is keen and has good motivation for collaborating and partnership working with Suffolk.	
7.	CEO Report (AS, CW & EW) – Incorporating Comms, Engagement and Project updates	
	AS spoke about the letter HWN sent (signed by AS and PP) to MPs about the Government's proposals to abolish local Healthwatch. So far, he has only had one response, from Jerome Mayhew (Broadland and Fakenham), who is taking it up with Wes Streeting, Secretary of State for H&SC. AS advised that RP left on 08/10 for a new position in the North and will be missed by the team. AS & JS had met with SS and SCI a couple of weeks ago on the start of the new NCC contract. NCC have requested HWN undertake two projects as part of our statutory work and that these will run concurrently. One is about the response rates to NHS health checks, and one is about smoking cessation services. The health check work will be completed by the end of the financial year, with the smoking cessation work by the end of June 2026. AS and JS will be continuing to meet with SS and SCI on a quarterly basis.	

	AS is having regular meetings with Mark Burgiss and Ed Garrett. HWN has been asked to detail ways that HWN can help the ICB going forward and AS said he felt that the ICB need and want our ongoing help. AS had a meeting with Nick Clinch of NCC Adult Social Care about integrated neighbourhood delivery. NC has asked us to investigate methods of working with social workers in the community to promote and evaluate new neighbourhood hubs. There is another meeting in 3 weeks' time to discuss this further. AS has had a further meeting with Chris Scott about helping to evaluate care in residential and nursing homes. AS suggested that HWN could be commissioned to develop a "15 steps" approach including speaking to residents, carers and staff and report findings to NCC Adult Social Care and the Care Homes. The findings could also be shared with CQC. AG welcomes this, as she wants to ensure residents/relatives voices are heard and feels this is not happening enough at the moment. AS spoke about Baroness Amos's appointment to lead the national maternity and neonatal investigation and that QEH had been selected for this as an example of a CQC good-rated service. AS said Baroness Amos wants to look at a rural DGH to understand and share good practice with others. AS felt it had been a shame this came out at same time as league tables which had put QEH in a negative light. Projects: Holkham Estate has withdrawn from this project. The Ernest Cook Trust has told HWN to retain the funding for a	

	potential project relating to young people and the positive impact of engaging with nature on mental health. AS said that EW is liaising with Norfolk Wildlife Trust and Norwich University of the Arts in this regard. EW has submitted a proposal to be a preferred NHS provider for the social impact framework in the East of England. The outcome will be known in a few weeks. AS spoke about long-delayed responses to commissioned reports resulting in last-minute requests to change our press-releases. Going forward our contract terms will be applied, and commissioners will not be allowed more than one month to respond before we publish the report. CW reported that it has been another busy quarter for the engagement team and that they have collected 757 reviews of GP services. CW praised ED, who has managed to visit every GP practice in Great Yarmouth since her arrival in June. Feedback received from patients of GP Practices is that the care is normally very good, but that people are struggling to get GP appointments. CW said that some practice managers have shared concerns about the recent mandated change to keep online forms open during working hours, and the effect this may have on appointment availability. CW also mentioned that the engagement team will be doing the engagement for the two new NCC projects on NHS health checks and smoking cessation services. CW also discussed the Musculoskeletal day held at the Norfolk Showground (part of the Waiting Well initiative) which the engagement team had attended. Approximately 700 people were able to access	

	physiotherapy services over the course of two days. There was mixed feedback from this, with some patients not expecting or enjoying such an open environment but others were pleased they had been able to access the service quickly, whilst awaiting further treatments. The team reported back that signage was not adequate and that better prior information about what patients should expect on the day would improve things going forwards. AG reported that NCH&C had been pleased to receive this constructive feedback and had taken note for future planned sessions to ensure better screening within the space used and also better signage. AS mentioned that carer's support services are consistently rated as 5 stars (out of 5) and that Carers Matter Norfolk get excellent feedback. This has been communicated to their CEO. AS spoke about impact and used an example of a gentleman JS has been supporting over the past few months regarding lack of communication about his wife's diagnosis in her final months of life. The gentleman has received an excellent letter from the consultant displaying exemplary duty of candour and that the GP has also learnt from the issue. AH agreed (from his personal experience as a GP and GP appraiser) that having a personal touch and honouring the duty of candour is the best way to solve things to avoid the need for a formulaic complaints process. AS also spoke about NNUH PALS. He had a meeting with both Tracey Bleakley (MD NNUH) and the Assistant Director of Nursing. AS reported that both had been dismissive saying they were leaving their roles soon and so could not	

	act. AS reported that when leaving, he went to the PALS office which was shut and with no notices showing their opening hours or how to contact them. AS has been raised with NNUH, and he will be returning soon to see if there has been any improvement. EB was disappointed to hear this and said she will raise the issue at a Council of Governors meeting. CW advised that PALS has been added as a separate department for all trusts in the HWN feedback centre. **ACTION:** EB to feedback after meeting on 23/10. LS expressed concern about the consistent feedback of not being able to get a GP appointment and that this situation appears to have got worse. AS spoke about a proposed engagement pilot for 2026 to engage with patients in village halls to speak to people about how they find getting GP appointments. SC said it is a daily frustration of telephoning at 8am with no alternative. SN added there is not consistency between surgeries for appointment-booking processes. PP suggested that we ask GP practices what their policies are and map this across Norfolk. SN also suggested we ask about the training staff have received on triaging patients as this is variable. **ACTION:** AS to progress these suggestions of future engagement and enquiries of GP Practices.	EB AS
8	QA Subgroup Minutes (EB and EW)	
	EB started by praising the team saying that the quality of reports recently has been outstanding and that these are valuable reports to all not just the commissioner. EB went on to remind the team of the importance of ensuring our research has outcomes and that these have impact. A concern was raised at QA over conforming to the Project Process Policy but that this has been further discussed and hopefully dealt with, and EB is encouraged by this.	

	EB also raised the ongoing risk of longer-term projects in that the lead contact for the commissioned project often changes, and this can compromise continuity and progression of projects. EB said that we cannot have any control over this but need to be aware of the risk.	
10.	Project report – Digital Tools Year 4 (VH)	
	VH presented a report on year 4 of the 6-year Digital Tools project commissioned by the ICB which had looked at patients' and professionals' experiences of digital tools within primary care. (PowerPoint included within Board papers) Year 4 of the project had focussed on the NHS app and the shared care record. AS commented that the findings of this report had been shared by the N&W ICB with national NHS colleagues. The overall recommendations from the report were: - To improve awareness of the app through a variety of approaches - Deliver a more personalised experience - Provide tech support (and not just via the app) - To improve GP staff competence of the shared care record - Develop public awareness and trust of the shared care record. PP thanked VH for her presentation.	
11.	Risk Register and Health and Safety Update (JS)	
	JS said that there were no health and safety issues to report in the last quarter. JS thanked EB for her time and expertise in helping to create the new risk register. AG raised concerns that it does not show direction of risk. This was noted and agreed it will be added next quarter when there is a comparison,	

	but that it could not be applied in this initial version of the register.	
11.	Any Other Business	
	There was no other business raised.	
12.	Dates of future Board meetings • 19th January 2026 • 20th April 2026 • 20th July 2026 • 19th October 2026	

Part one of the meeting ended at 11:45

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		Propose that this be postponed until outcome of ICB restructure known
167	20/01/2025	Work with Trustee Board to identify a Health Inequality Champion	28/04/2025	AS	Completed		AG is Board HI Champion. HWN HI Self-assessment completed for ICB May 2025. 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	complete		https://healthwatchnorfolk.co.uk/information-and-advice-services/support-with-hearing-loss/
176	28/04/2025	Consider how HWN can ensure representation at East Norfolk & Norwich Place Boards. **ALSO 20.10.25** AS to contact Ed Garratt and Mark Burgiss to find out more about what is happening with the future of place boards	04/08/2025	AS	In progress		The new structure will be revealed once the VR and CR processes have taken place - expected by end March 2026
188	04/08/2025	To investigate carrying out work looking at 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) Nov 2025 to discuss potential project involving engagement and evaluation around community-based care. Proposal submitted 21/11, follow up questions requested 16/12 and answers provided 19/12. Outcome expected w/c 5/1

191	04/08/2025	To assist JS with creating a "place hold" document for January re. the Quality Framework	01/12/2025	EB/JS	In progress		JS/EB meeting w.c. 22.12.25 to discuss
195	20/10/2025	AS to update board members via email following Stakeholders meeting (inc. Mark Burgiss) on 24/10	19/01/2026	AS	In progress		December meeting postponed; new date set for 9thJan - verbal update to be provided at Board Meeting
196	20/10/2025	JS to provide AG with the ICB Health Inequalities self-assessment form	19/01/2026	JS	completed	26.11.25	
197	20/10/2025	AG to send summary of Health Inequality Champion meetings to Board members	19/01/2026	AG	In progress		
198	20/10/2025	PP to share notes from meeting on 22/10 with HWE and DHSC re future local Healthwatch arrangements	19/01/2026	PP	In progress		
199	20/10/2025	LS to share information (as possible) relating to the Dash Review from national quality board with Trustees	19/01/2026	LS	In progress		
200	20/10/2025	EB to feedback to Board about the PALs service after NNUH Council of Governors meeting on 23/10	19/01/2026	EB	In progress		
201	20/10/2025	AS to progress suggestions of engagement (Village Halls) and the mapping of services relating to methods of accessing GP appointments (booking and triage policies.)	19/01/2026	AS	Completed		Village Hall visits to commence in February 2026 - CW will report progress to next Board Meeting

Date	19th January 2026
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: -

- CEO Report
    - What the public are telling us
    - Business Development (projects and AI Policy), Communications and Engagement Update – ***Recommendation/Decision Required***
- Healthwatch Norfolk Strategy Refresh 2026-2030
- Staffing Update

2.0 What the public are telling us – October/December 2025

From October 1st 2025 – December 31st 2025, we have received 645 reviews about 91 different services

Type of Service		Number of reviews	Average star rating this quarter (out of 5)		Average star rating last quarter (out of 5)	
	GP's	528		4.3		4.2
	Community services	4		3.0		4.5
	Hospitals	80		4.2		4.0
	Adult Residential Care	2		3.0		3.8
	Pharmacies	7		2.6		1.7
	Care support	10		4.6		5.0
	Other	4		4.3		3.9

	Mental Health Services	3		1		2.5
	Urgent care	1		5		2.3
	Dentists	7		4.4		3.6

The largest themes emerging this quarter are:

Theme	No. of reviews	% positive	% negative	% neutral
Staff Attitudes	387	92.5%	3.9%	4.9%
Appointments/Opening Hours	362	47.5%	19.6%	32.9%
Staff Training	125	77.6%	15.2%	7.2%
Administration/ Organisation	120	60%	15.8%	24.2%

Last quarter, the majority of negative feedback about appointments and opening hours came from GP feedback (97.0%). For this quarter, negative feedback regarding this at GP surgeries dropped to 84.5%. Additionally, 11.3% of the negative feedback came from hospital reviews. It is also worth noting that there were overall less reviews collected this quarter, and less targeted GP engagement which may affect these percentages.

Staff attitudes remain the most positively reviewed theme. 93.3% of reviews featuring this theme were positive for GP and 98% for hospitals. The services with the highest percentage of negative reviews for staff attitudes were pharmacies and mental health, both of which had 100% negative reviews for staff attitudes; however, we only received two and one review for these categories respectively meaning further engagement should target these areas to understand if these are representative reviews.

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.

Signposting and Impact:

We received a total of 34 signposting enquiries during this quarter. 22 of these were from telephone calls, 8 via email and 4 from engagement events. Advice on how to raise concerns and complaints was the most common theme with 13 enquires. Four of these related to GP surgeries, two about hospitals, and then one each for NCH&C, NSFT and multiple services. The second most common theme was accessing services (non-dentistry). This included people who wanted to change GP surgery but found due to their location there were no other surgeries that they were in the catchment area for and wanted advice on what to do, as well as signposting on where to get help with either communicating or form filling. We received six queries

regarding accessing dentistry, all of whom had tried various methods of accessing support before contacting us (NHS 111, calling multiple dentists, looking online for dentist) and were often coming to us as they did not know who to turn to next. Most of these queries were regarding emergency dentistry and multiple people expressed having given up trying to get a regular NHS dentist and were now only trying to source help again due to severe pain and/or infection.

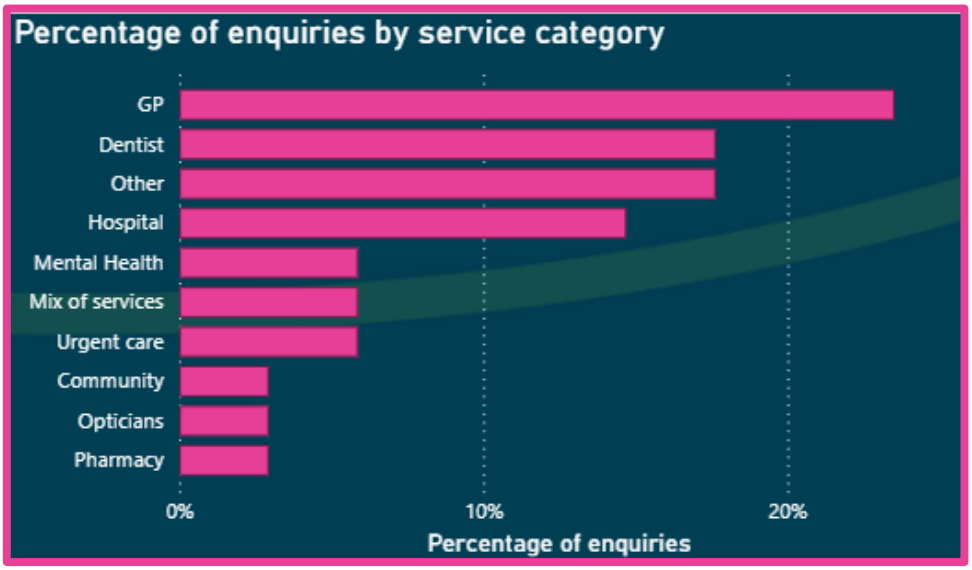


Figure 2 – A graph showing the distribution of services enquired about during the quarter Oct – Dec 2025.

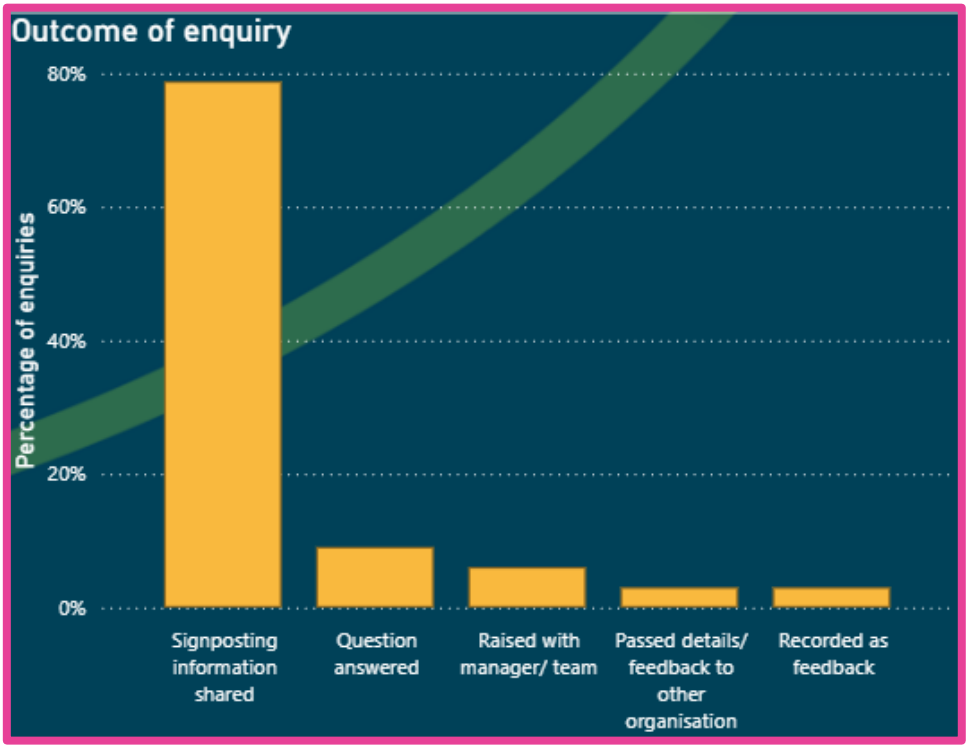


Figure 1 – A graph to show the outcome for enquiries during the quarter Oct – Dec 2025.

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:

- One caller spoke to us as she had waited 65 weeks for a hysterectomy. They offered her an appointment in October but as she had a flight earlier that month the booking coordinator told her she must wait until November due to DVT risk. However, she was told they can't offer this as it would breach the 65 weeks wait time and the NNUH would be fined, meaning she would have to be placed back at the bottom of the waiting list. We spoke to the ICB and also suggested the patient speak to the consultant's secretary. The patient contacted us again to let us know they were then booked in for early December and are in the process of making a complaint to the NNUH regarding her experience.

- We spoke to a caller who has three children and has been unable to find them NHS dentists for them, meaning they have never seen a dentist. One of the children had to access emergency dentistry via 111 and has found out he needs an adult tooth removed, something which could have been avoided if he had received preventative dental care. Mum wants to try get NHS dentists, so this doesn't happen again or to the rest of her children. At the time, we advised the mum of the usual routes of NHS find a dentist, but then a week later we were able to inform the mum that Brundall dentist were taking on new child NHS patients.

- One of the team has advised and helped to shape the North Norfolk PPG Network through 2025 (currently run by Sheringham Surgery PPG) and was one of the guest speakers at their first conference back in November.

- We were contacted by someone who was upset as they found out the NSFT peer support service would be closing and wanted to try fight this decision. As well as giving them information on how to complain to NSFT, this was passed onto AS to discuss with Cath Byford to try find out more about what is happening and share this individual's concerns.

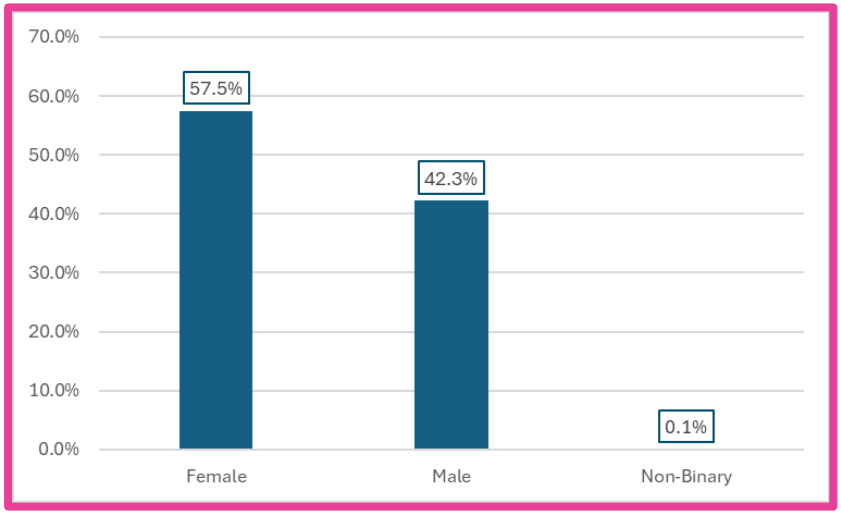
The customer impact survey has now reached 13 responses, 9 of which were received during this quarter. Judith, Emily and Sarah are meeting on the 14th of January to review the survey and update it as some of the wording appears to be confusing meaning some people have left negative feedback for us, when the negative feedback is actually regarding the NHS service. Additionally, we want to look into including a way for people to leave contact details, as we have received some mixed feedback, so that if people feel they did have a bad experience we can contact them and put this right. We want to ensure that the feedback we receive is accurate and about us, and that if we do get negative feedback, we are able to act on this and learn from it. Some of the negative feedback we received seems to be because we were unable to resolve their query (such as finding them an NHS dentist) and their comments reflect more of feeling let down by the NHS and confirming their worst fears. Some of the positive responses we have had include:

- "The opportunity to share and make sense of what I was experiencing was invaluable. Whilst I work within the NHS and aware of patient charter of rights, I seriously doubted my own knowledge around what I was experiencing. Judith was able to reassure and reconfirm my knowledge and it didn't appear reasonable what I was experiencing. Contacting Judith alongside the following emails following contact with the ICB were incredibly helpful and reassuring at a time of distress. Contact with your service was incredibly positive".
- "I referred a gentleman to Healthwatch, who was having difficulty having a complaint he had raised with a organisation resolved. The intervention of Healthwatch with the organisation broke down the barriers the gentleman had encountered and enabled his case to be heard and attended to".

Demographic breakdown of the 645 reviews 1.10.25- 31.12.25

Ethnicity	Percentage
White English/ Welsh/ Scottish/Northen Irish/ British	96.75%
Other White Background	0.85%
Asian British Chinese	0.51%
Other Ethnic Group	0.34%
Other Mixed Multiple Ethnic Background	0.34%
Prefer Not To Say	0.34%
Asian British Indian	0.17%
Black British Caribbean	0.17%
Other Asian British Background	0.17%
White and Black African	0.17%
White Irish	0.17%

Ethnic group data

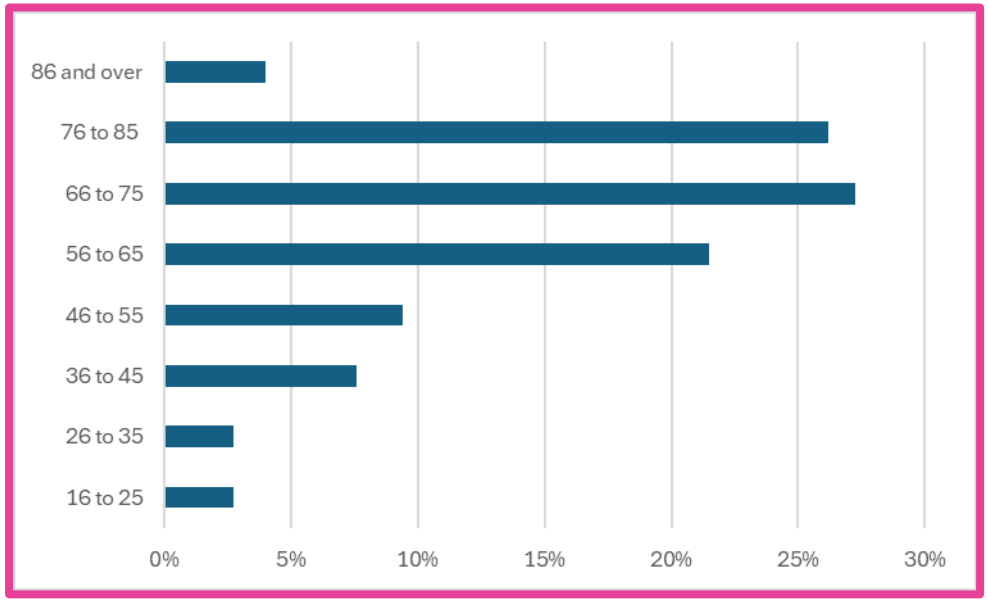


Gender data

39

People reported having a physical or mental health condition/illness lasting, or expected to last 12 months or more

Disability data.



Age data

3.0 Business Development (projects), Communications and Engagement Update

Project Team Update

The Quality Assurance Subgroup met 16/12/2025. The minutes are available within the Board papers.

Projects Published October to December 2025:

- The Norfolk Hearing Loss and Deaf Friendly Charter -revisited report
- Experiences of carers of people with serious mental illness (SMI), year 2 report

Projects pending review/publication:

- 65+ Experiences of Adult Social Care, year 2/3 will be published in early January following a delayed response from the commissioner.
- NCH&C Transformation Engagement, year 2/3 is in trustee review.

Projects in progress:

- Downham Dementia Evaluation, is commencing in January and will be led by new Project Officer, Annabel Ditton.
- SMI Carers, year 3 (final contract year)

Projects in planning:

- Adult Social Care, year 3 (final contract year)
- Digital Tools, year 5 (penultimate contract year)
- NCH&C Transformation Engagement, year 3 (final contract year)
- Patient Feedback review and engagement project for East Coast Community Healthcare (awarded, pending contract)
- East of England Genomic Transformation Project (awarded, pending contract)

Projects not proceeding:

- Holkham Nature Prescribing Evaluation: Following a difficult project start whereby stakeholders couldn't agree on the approach, a key stakeholder has withdrawn from the project, making it undeliverable. We are in the process of returning the grant to the funder.

Pending and Prospective Projects:

- PALS engagement and evaluation with the hospital group (pending outcome)
- Photovoice across Norfolk, using UEA NICHE funding (pending outcome)
- ASC Community approach with NCC (pending outcome)
- Care Home Learning, Proof of Concept (pending outcome)
- ICB multi-year proposal (pending outcome)
- Geoffrey Watling Charity, LGBTQ+ access to healthcare follow up. (in work up, pending write up of HWN PRIDE survey)

Impact

1. Earlier in the summer we underwent a tendering process for the Social Impact Framework via the East of England Procurement Hub. We were notified just before Christmas that we have been successful. As a result, we will be listed on a 'preferred providers' list. The intention is to make it easier for pots of funding to be awarded to SME/VSCE organisations. There is an onboarding meeting 08/01/2026 to discuss next steps.
2. As part of our project working with carers of adults with serious mental illness (SMI), John Spall has been working closely with carers involved in the project to support the development of a new Standard Operating Procedure (SOP) for N&SFT. This work responded to concerns about people with SMI being discharged from mental health services, as many are unable or unwilling to approach their GP to be re referred if they become unwell again. Healthwatch Norfolk and the carers met with the Transformation Manager, and as a result the updated SOP now states that people will not be discharged unless they have been well for a sustained period of time, the patient requests discharge, and the carer or carers agree.

Artificial Intelligence Policy

A new policy for Artificial Intelligence (AI) has been developed and circulated by the Project Development Director prior to the Board meeting.

Trustees were broadly supportive of the AI policy, recognising the growing importance of responsible AI use and the need for clear governance. Key themes from the feedback include:

- Policy Support: All Trustees welcomed the development of an AI policy and agreed it aligns with existing data governance policies. Several noted that the policy provides useful guidance for staff while maintaining Healthwatch Norfolk's human-centred approach.
- Staff Guidance and Training: Trustees suggested providing accompanying documentation, including a checklist for AI use and guidance on training or self-directed learning.
- Governance and Risk: There were requests for clearer escalation routes for potential misuse, consideration of AI impacts in equality assessments, and maintaining accountability for outputs.
- Cross-cutting Considerations: Some Trustees highlighted potential risks around bias, plagiarism, intellectual property, and ensuring alignment with diversity principles.
- Practical Use: Trustees shared that AI can save time but must be carefully checked, and suggested examples of appropriate use should be included alongside the checklist.

It is recommended that:

> *The Board approves the policy for immediate implementation with the proviso that the policy be reviewed in 9 months considering and incorporating any additional guidance and supporting documentation.*

Engagement Update

The team has been focusing on the NHS Health Checks and Smoking Cessation projects. Survey responses currently stand at 259 for the Health Checks survey and 47 for the Smoking Cessation survey.

To date, the team has completed 23 engagement visits, primarily across the West, South, and East of the county. Engagement weeks in the North and Central areas are scheduled for January.

During the week beginning 26 January, we have four focus groups planned—two for each project. These sessions will allow us to explore people's experiences and

understanding of both services in greater depth; we have been working with the Public Health Team to determine the emphasis of these sessions.

Early findings from the Smoking Cessation survey indicate that the most common barriers to accessing support are stress, anxiety, and fear of stopping smoking, followed by limited appointment availability. The most preferred format for support is in-person appointments, followed by group support. Vapes are the most used harm-reduction method, followed by nicotine patches.

Initial insights from the Health Checks survey show that most people believe the check is primarily intended to help prevent heart disease, followed by diabetes. The majority think Health Checks are accessed through their GP. People would most like to be invited by email, followed by text message.

To date, over half of respondents report not having seen any advertising for NHS Health Checks. Among those who have not yet had a check, increased awareness of what the Health Check involves would make them more likely to attend. Of those who have had a check, 86% of those who have responded say they would have one again.

Engagement for both projects will continue until the end of February, with final reports planned for completion by April.

Communications Update – September 2025 to January 2026

The new communications arrangement - with Kirsteen taking over on a part-time basis following John Bultitude's departure - began mid-August 2025 with the agreement of regular check-ins and updates to assess the ongoing situation and workload.

We hit the ground running with the publication of the Maternity Voices report, published early September 2025, complete with the full communications package of a news article, press release to the media, report landing pages on the website, social media posts and an entry in the newsletter.

Soon after, the communications around the NCH&C rehabilitation beds survey were launched, across social media, the website and in our newsletter. Posts were also placed on community Facebook pages across Norfolk to further increase our reach. September also saw the launch of a new Pride survey for 2025, which again was publicised across all of our digital channels.

The SMI Carers Year 2 report was published in early October 2025, again with the full comms package. Early November saw the publication of the Hearing Loss Charter revisited report, which coincided with a new 'Information and Advice' page on our website signposting Deaf people and those with acquired hearing loss to local and national support organisations. The communications materials for the NHS Health Checks and smoking cessation services surveys were launched in late November 2025 and will continue to have a significant presence on our platforms until the surveys' close in February.

We are now ready to publish the first of three Adult Social Care Year 2 reports due to be released over the coming months, with a news article, landing page, press release and social media assets prepared and ready to go live.

Further to the communications around our project work, there has been a concerted effort to increase support for the future of Healthwatch Norfolk, following the Government's announcement as part of the 10-Year Health Plan. This has included messaging on social media, the website and in our newsletter around the launch of the petition to save Healthwatch and more generic informative posts about our role, how we can help people, and the importance of protecting independent patient voice. Our social media channels have also played a crucial role in keeping people informed about changes within the NHS locally, BMA industrial action, and when local services have been under pressure, due to severe weather, flu outbreak etc.

Media appearances

9 September -Judith appeared on ITV Anglia feature about the acutes' rankings in the hospital 'league tables'

16 September - Alex appeared on BBC Radio Norfolk discussing QEH one of 14 Trusts the subject of a rapid investigation into maternity care.

24 September - Kirsteen appeared on the Older and Bolder podcast, discussing the Digital Tools Yr 4 report

Week beginning 29 September - Alex spoke to a number of media outlets about online booking at GP surgeries and whether it will increase patient choice

4 December - Alex appeared on BBC Radio Norfolk to look back at the impact of online booking and other digital innovations in healthcare

Discussions have also taken place about media coverage of the ASC Year 2 reports, with the BBC expressing interest in an interview some time in the New Year.

EDP coverage has been impacted by the departure of Health Correspondent Dave Hannant, who has not been replaced as yet (and who we have been told will likely be replaced by a general reporter, not a designated health correspondent)

Alex has also made 9 appearances on That's TV in the last quarter discussing a range of health topics.

Website use

The website had a full refresh and update by DesignTec in late 2025, with new staff photos taken and uploaded to the site and pages re-designed and templated in a more uniform way.

600 new visitors in the period 9 Dec – 5 Jan, 104 return visitors

3.1k new visitors from 1 Sept – 5 Jan, 497 return visitors

Biggest spike in visitors took place on 9 Sept 2025 – coinciding with the release of Government hospital league tables.

Other spikes in visitor numbers coincide with job openings at HWN, new reports posts and announcements about developments within local NHS (e.g. announcement of Ed Garratt as CEO of Norfolk and Suffolk ICB, updates on new QEH and JPUH hospitals etc)

Most viewed pages 1 Sept 2025 to 5 Jan 2026:

1. Home page

2. Reports archive

3. Hospital league tables news page

4. Get Involved page (links to current surveys)

5. Information and advice

6. About us

7. Information and advice – Christmas support

Social media

Social media activity has remained consistent since September 2025, but there has been a reduction in the number of posts at times due to constraints on time and lack of cover for annual leave. The reduction in communications effort has also led to a reduced ability to analyse social media data and target our output accordingly. Social media is the one area that is very time consuming and likely needs further consideration for the future to ensure our output is of the highest quality and achieving its intended aim.

Having said that, the number of followers has remained consistent, with a 2% increase to Facebook and Instagram in the last quarter.

The majority of our followers are overwhelmingly women aged 35-64, and live in Norwich, Great Yarmouth, King's Lynn, Lowestoft and Dereham.

Popular social media posts:

- Project officer job opening at HWN
- Christmas support – free lunches, open events, support organisations etc
- Latest reports (mainly GP surgery engagement reports)
- Future of Healthwatch Norfolk/sign our petition
- Stories from the NHS in Norfolk – group model developments, latest on new hospitals, stories about new wards/services opening, new senior management appointments etc

The spike in interest around posts listing our latest GP engagement reports is encouraging, suggesting that followers value our work around patient voice, while the popularity of NHS stories suggests people continue to look to us and trust our assessment of developments within health services locally.

4.0 AI Policy – ***Recommendation and decision required***

5.0 Healthwatch Strategy Refresh 2026 – 2030

Work has commenced on refreshing both the Plan on a Page and the strategy. It is intended that the latest version will run through to 2030. An Operations Plan will also be included for information. It is proposed that the strategy will be circulated by the end of February and that formal adoption will be discussed at the April Board Meeting.

5.0 Staffing Update

Annabel Ditton has joined the project team as a part time Project Officer. She started one day a week in December and will be increasing her hours to three days a week in January.

Valerie Hartley will be looking to leave the organisation in spring/summer to relocate with her husband.

Dr Liz Chandler has been appointed as a Consultant to work on the East Coast Community Health and the Genomics Research Projects.

The management team met in December to discuss the resource requirements if we are successful in securing various pieces of work. We will be better informed in January when we hope to know the outcome of those proposals. It is likely that we will need to both recruit additional staff and work with consultants on a short-term basis.

Healthwatch Norfolk – Strategic and Operational Risk Register (January 2026)

	Risk Category	Risk Description	Context	Risk score	Direction of risk	Risk Appetite	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,	Changing system architecture or loss of confidence	4x4=16			Reduced collaboration leading to	~Regular engagement meetings ~Initiation of MOUs	Rebuild trust through joint projects; escalate	CEO/Chair/ BDD

		VCSE, local authority)	in Healthwatch role.				fewer commissions of work Funding losses	~Joint working groups ~Proactive relationship management	via Healthwatch England	

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