Healthwatch Norfolk Trustee Board
20th July 2026
10:00 – 13:00 – Buffet Lunch will be provided at 13:00

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	10:00	5		D
2.	Welcome, introductions and apologies for absence (PP) • Welcome to Rachel Spencer as Trustee				I
3.	Declarations of any conflicts of interest relating to this meeting (All)				I/A
4.	Minutes of the meeting held on 20/4/2026 and action log.	10:05	10	3-10	I/D
5.	Matters arising not covered by the agenda	10:15	10		I/D
6.	Special Resolution to amend Charitable Objects of Healthwatch Norfolk	10:25	5	11-12	D/A
7.	CEO Report (AS, CW & EW) - Incorporating Intelligence, Engagement, Projects and Communications updates Brief summary of NCC Public Health projects on NHS Health Checks and Smoking Cessation Services (CW)	10:30 11:05	35 10	13-28	A/I/D P
8.	Chair Report	11:15	10		I/D

9.	Quality Assurance Subgroup (EW&EB) and review of AI Policy (EW)	11:25	20	29-33 34-39	I/D
10.	Risk Register and Health and Safety update (JS) (Finance Minutes in Part 2 of the meeting)	11:45	10	40-43	I/D
11.	Any Other Business – Please provide the Chair with Items for AOB prior to the Meeting's commencement	11:55	5		I/D
12.	Dates of future Board meetings • 20th July 2026 • 19th October 2026 • 18th January 2027				I

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
Rachel Spencer	

For information:

Ian Wake	
Derek Ward	Simon Scott
Mark Burgiss	Sugmesh Clear
Rachael Grant	Rachael Parker
Chris Butright	Lisa Nobes

Healthwatch Norfolk Board Meeting Part 1
20th April 2026
09:30 to 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)
Vivienne Clifford-Jackson (VCJ)
Christine MacDonald (CM)
Anna Gill (AG)
Sue Crossman (SC)

Officers

Alex Stewart (AS) – Chief Executive
Judith Sharpe (JS) – Deputy Chief Executive
Emily Woodhouse (EW) – Business Development Director (minutes)

Also in attendance

Chris Butwright (CB) – Public Health NCC
Rachael Grant (RG) – Adult Social Services NCC
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, particularly SS, SCl, RG and CB. Apologies were received from: Mark Burgis – ICB. Louise Smith (LS) Caroline Williams (CW) – Head of Engagement Sarah Nichols (SN) – Information and Support Officer Ian Wake (IW) – Adult Social Services NCC (Norfolk County Council)	
3.	Declarations of Interest (new or pertaining to items on this agenda)	
	CH declared a conflict of interest in relation to his work on the Genomics project.	
4.	Minutes of the meeting held on 19th January 2026 and action log.	
	All agreed that the minutes of the meeting on 19th January 2026 were an accurate record. Action log items: • 163 – (re. HWN being gatherer of data/feedback) PP highlighted how long this item had been on the action log. AS requested that it remain on the log as there were discussions at the Partners event that link to this. • 176 – (HWN representation at PLACE boards) The new structure still hasn't been released. We don't yet know what will happen with PLACE boards but at least two are continuing. • 188 – (investigating scope of work for patients being cared for at home) Marked as 'not progressing', with work being undertaken elsewhere in community settings. • 195 – (AS to update board following Stakeholders meeting on 24/10) Update will be discussed later on the agenda. • 201 – (AS to progress suggestions of engagement and the mapping of services relating to methods of accessing GP appointments) – Update within CEO report • 202- (Investigate improvements to the engagement report, to include six month rolling averages) - Partially complete: six month averages have been added to the Board report, however more work is to be done within PowerBi. • 203 - (Add AG to quarterly feedback report mailing list)- Complete. • 204 – (Add brief description of projects within CEO report) – complete, updated report shared with trustees.	

	• 205 – (Ensure ongoing review of AI policy and bring to Board meeting in July) is in progress. • 206 – (Review risk 9 on the risk register)- complete, to be discussed later on the agenda. • 207 – (Prepare proposal for the Board on the treatment of risk appetite in the risk register)- complete, to be discussed later on the agenda. • 208 – (Convene small group to discuss future of the Quality Framework)- complete, initial meeting today 20/04.	
6.	Matters arising not covered by the agenda	
	There were no matters arising that were not covered by the agenda.	
7.	CEO report	
	The report was taken as read. Between January and March this year, 186 reviews were collected. This was a decrease from last quarter due to a shift in focus to commissioned projects and targeted engagement. Themes highlighted positive staff attitudes and continuing concerns around access to appointments and waiting lists. There was a discussion on how decisions are made to prioritise some work over others; often linked to the time of year, resource available and if there is a targeted engagement focus. There was a discussion about statistical significance of our work and how the number of people engaged on each project varies depending on patient population size and ability to generalise to the rest of the population. Qualitative research does not aim to achieve statistical significance. There was further support from LB to explain that limitations were clearly laid out within project reports. PP highlighted how there were more negative organic reviews, whereas feedback collected by the engagement team tended to be more positive. SC commented on the amount of untapped feedback that was out there. AG suggested having a key question, 'what worked for you?' to let people know about the importance of good feedback, rather than pitching ourselves as just a complaints service. AS has re-sent a proposal to NNUH in relation to PALS in response to ongoing concerns raised by the public. There was a discussion about how the system deals with good feedback and triages complaints that they receive. PP raised that in the 10 year plan the CQC are	

	expecting to inspect on how much patient feedback has been collected. HWN was among the first to report the appointment of Prof Frankie Swords as the new National Medical Director for the Department of Health and Social Care and NHS England. The news items have caused an increase of traffic to the HWN website. The pilot rural community engagement sessions have taken place at Wiveton (n=4) and Sharrington (n=30). The main issues highlighted by attendees were transport barriers, GP access and pharmacy availability. The other key issue raised locally was frailty and aging, in a county with a higher aging population and poor public transport links. Rural community engagement sessions will be repeated. There was a discussion about how the sessions were promoted, given the difference in number of attendees and the typical demographic of attendees. Despite the relatively small number, the conversations were deemed fruitful and people felt free and willing to share their experiences. The time of day of future sessions would vary to ensure that it met the needs of the local population, e.g. people of working age. There was a discussion about the visibility of HWN in general and how there was a need to implement lots of different promotional materials to meet the needs of the target audience. With the recruitment of a Comms Manager, we have made great strides to raise awareness of HWN however this is ongoing. VCJ suggested having a small card to hand out to people to raise awareness would be helpful. Action: Design and circulate a card for trustees to hand out to professionals and the public to promote HWN. There was a discussion about the importance of closing the loop on our work and how we follow up with stakeholders after some time has passed to ask what has changed. This comes with challenges in terms of how engaged stakeholders are or whether there have been staff changes. Impact continues to be a focus in the QA subgroup and the project staff have an objective linked to this in their appraisal. Stakeholders also have the opportunity to respond to feedback published on the HWN website.	CW/KT

	EW talked through the Business Development section of the CEO report, including the publication of Adult Social Care year 2 report. EW highlighted the genomics project as a successful short-term project working with other local Healthwatch. EW and AS attended the East of England Secure Data Environment launch to present the findings last month where we received a positive response. The NCH&C (now East of England Community Health and Care NHS Trust) project, now in its final year is awaiting a decision on a focus to work alongside the High Intensity User service work already determined. There was also a brief project team update with staff returning from sickness and another person increasing their hours, building more capacity within the team. AS talked to the communications report including the latest reports published and highlighting the new regular EDP column. The number of registrations for the newsletter has increased. VCJ enquired about the performance of the ambulance Trust, AG reported that they had their best response rates since 2021 and they were able to take people off the call list to be supported elsewhere. It was noted that ambulance staff experience the highest rates of injuries and assaults. AS fed back to the Board about the Partners event 14/04, which was received very positively by attendees. It was felt that there was a need and a place for HWN to support them and follow up meetings have already been scheduled. The only organisation not represented was East of England Community Health and Care NHS Trust (formerly NCH&C). PP said he thought it was the best Partners event to date. There were consistent themes coming out from the table discussions and tangible outcomes. Action: Share Partner event slides and attendance with Board. There was a discussion about the various changes to organisations and how these are communicated to stakeholders including the public. The N&S ICB has been widely communicated however there has been little communication about changes to the community Trust and what role should HWN play in supporting this? AS talked to the HWN strategy 2026-2029, Plan on a Page and Operations Plan and asked for the Board to adopt the documents. PP felt that the most important section around ambition should be	JS

	brought further forward. Action: Bring ambition section further forward in strategy document. EB raised the role of co-production in the strategy and its importance. VCJ praised the HWN infographic and it was felt this would serve well as a poster. The Board voted to adopt the strategy documents. Action: Translate HWN infographic into a poster format. The strategy document was discussed as being a live document and subject to change, particularly if the scope and remit of HWN changes over time.	AS CW/KT
8.	Chair's Report	
	PP highlighted that AS's appraisal has been completed and he commended AS for his performance. AS went on to thank the team for their hard work. PP enquired about the status of the Health and Wellbeing Board. RG confirmed that as it is a statutory requirement the meetings will continue with the next one scheduled for June. The H&WBB Chair is expected to change but this transition will be supported by the existing Chair and deputy. With LGR we will transition to three H&WBBs for Norfolk and three for Suffolk. There was a concern for how we can resource attendance going forward. RG updated the Board about the Norfolk and Suffolk ICP, with a high number of Councillors not standing in the May election. There will be a settling-in period post-election. The experience that will be lost was acknowledged. RG also highlighted the Norfolk and Suffolk Expo taking place in July and encouraged HWN to attend. Action: Circulate Norfolk and Suffolk Expo event to trustees.	AS
9.	QA Subgroup	
	EB provided an update on the QA subgroup meeting that took place 17/03 and praised EW, JSp and the team. EB highlighted from the minutes: • Responses from commissioners remains inconsistent • Improvements in project processes • Delayed direction from commissioners in multiyear projects EB again raised the importance of capturing impact and how we're seeing improvements in this area.	

	The issue of HWN carrying out private commissioned work and not publishing results will be discussed at the next QA Subgroup and brought back to Board.	
10.	**Risk Register, Quality Framework and Health and Safety update**	
	JS is working with an independent H&S consultant to carry out a GAP analysis and develop a new H&S manual. There is an action plan scheduled to be completed in the next three months. JS talked about the addition of a 'risk appetite' rating onto the risk register. Risk number 9 (relationships with stakeholders) has been reviewed and reduced. The Board were supportive of the categorisation of the risks but acknowledged that people might have different views depending on their areas of interest or expertise. JS thanked AG and LS for their input and support in the process. AG would like to carry out a risk stratification exercise with staff and trustees at a future Away Day. Action: Add risk stratification review to Away Day agenda.	JS
11.	**Any Other Business**	
	A concern was raised about acute hospital performance and EB explained that this was being reviewed at a very high level within the trust, focusing on waiting lists. This led to a further discussion about PALS and how they triage and process complaints. AS suggested supporting them with a complaints audit.	
12.	**Dates of future Board meetings** • 20th July 2026 • 19th October 2026	

Meeting ended at 11.33

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
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 is yet to be released.
202	19/01/2026	Investigate improvements to the intelligence and engagement report (e.g. 6-month rolling averages)	20/04/2026	SN	on hold		Power BI dashboard requires future cost/benefit consideration
205	19/01/2026	Ensure ongoing review of AI policy and bring to Board Meeting in July 2026 for further review	20/07/2026	EW	In progress		Revised AI policy being reviewed at July 2026 board meeting.
209	20/04/2026	Design and distribute a card for trustees to hand to professionals and public to pormte HWN	20/07/2026	CW/KT	Completed		Cards designed and printed - to be distributed at July 2026 Board meeting.
210	20/04/2026	Share slides and attendance list from the Partners Event (14/4/2026) with Trustees	20/07/2026	JS	Completed		
211	20/04/2026	Bring forward the ambition section in the strategy document	20/07/2026	AS	Completed		
212	20/04/2026	Translate the HWN Infographic (at the beginning of the strategy document) into a poster for circulation	20/07/2026	KT/CW	Completed		
213	20/04/2026	Circulate Norfolk & Suffolk ICB Expo information to Trustees	20/07/2026	AS	Completed		
214	20/04/2026	Add risk stratification review to the Trustee Away Day agenda (AG requested to carry out a risk stratification exercise)	Oct-26	JS	outstanding		

THE COMPANIES ACT 2006

SPECIAL RESOLUTION

To alter clauses in the articles of association

PART A

Company Name: Healthwatch Norfolk Limited

Company Number: 8366440

At a general meeting of the above company, duly convened and held at Healthwatch Norfolk, Suite 6, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

On the following date: 20th July 2026

The following two resolutions listed in Part B were passed as a special resolution:

PART B

RESOLUTION

That:

(1) The following clauses in the articles of association shall be amended as follows:

4 The objects of the charity are:

The advancement of health and the relief of those in need by reason of youth, age, ill-health, disability or financial hardship by:
(a) providing information and advice to the general public about local health and social care services;
(b) making the views and experiences of members of the general public known to health and social care providers;
(c) enabling local people to have a voice in the development, delivery and equality of access to local health and social care services and facilities;
(d) the promotion of high standards by health and social care providers; and
(e) providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and care services and facilities.
(f) conducting research into relevant health and social care-related issues and making public the useful results of such research.

(2) The articles of association shall be altered so as to take the form of the articles of association attached to this resolution are in substitution for, and to the exclusion of, any articles of association of the company previously registered with the Registrar of Companies.

……. …….

Chairman Date

Date	20th July 2026
Item	CEO Report
Report by (name and title)	Alex Stewart - CEO
Subject	CEO Report

Reason for Report

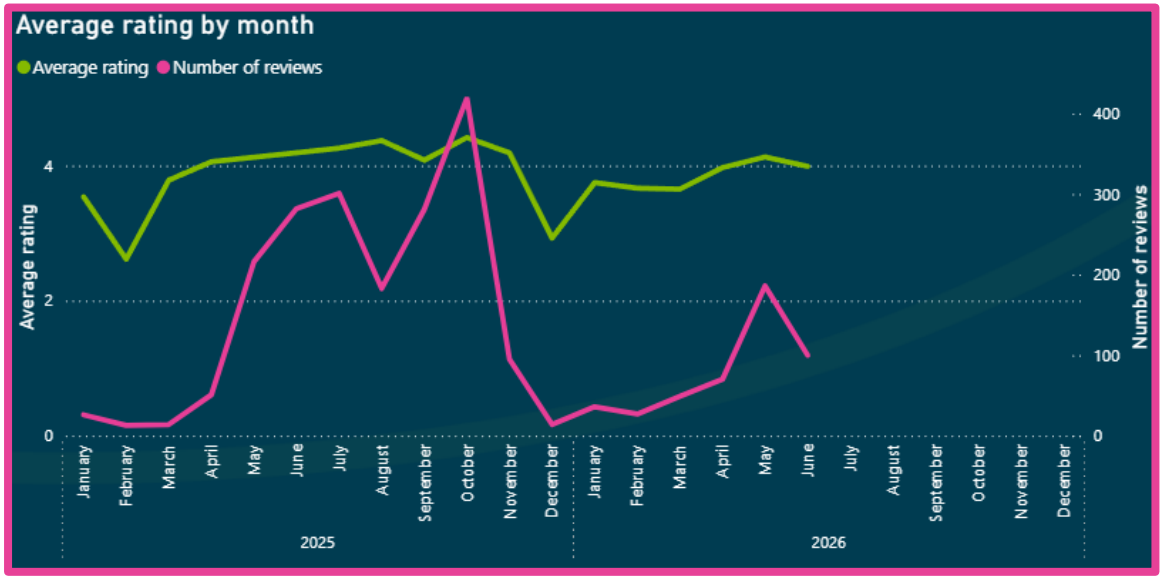
The purpose of this report is to provide Board Members with a range of Information on matters which are pertinent to Healthwatch Norfolk. The report will be providing "headlines" in relation to the following: -

1. What the public are telling us (Engagement, Intelligence and Impact Report)
2. Business Development Update
3. Communications Update
4. Staffing Update
5. Proposal re sustainability of Board

What the Public are telling us: **Engagement, Intelligence and Impact Report April - June 2026**

From April1st 2026 – June 30th 2026, we have received 431 reviews about 67 different services

Type of Service		Number of reviews	Average star rating this quarter (out of 5)		Average star rating for previous 6 months (out of 5)	
	GP's	356		4.1		4.2 – 640 reviews
	Community services	3		4.7		3.7 – 6 reviews
	Hospitals	44		4.0		4.0 – 116 reviews
	Adult Residential Care	1		1.0		3.0 – 2 reviews
	Pharmacies	5		2.0		2.4 – 21 reviews
	Care support	11		4.9		4.8 – 17 reviews
	Other	1		1.0		3.7 – 10 reviews
	Mental Health Services	5		1.8		3.0 – 7 reviews
	Urgent care	0		N/A		5.0 – 3 reviews
	Dentists	1		2.0		4.1 – 9 reviews



Average rating and number of reviews for GP surgeries per month

Average rating and number of reviews for hospitals per month

Interestingly, these graphs show a correlation between the number of reviews and the star rating value. This suggests that in-person engagement reviews produce a higher average rating than unprompted reviews left online using the feedback centre.

The largest themes emerging this quarter are:

Theme	No. of reviews	% positive	% negative	% neutral
Appointments / opening hours	235	43.4%	29.4%	27.2%
Staff Attitudes	229	89.1%	56.8%	5.2%
Staff Training	83	74.7%	13.3%	12.0%
Administration / Organisation	54	59.3%	29.6%	11.1%

Appointments/ opening hours was the most discussed theme this quarter. When split up by service type, only 28% of GP reviews that discussed appointments and opening hours were positive, and for hospitals this was only 7%.

Staff attitudes continue to be the most positively reviewed theme. Conversely, they are also the most negatively reviewed theme with GP surgeries scoring a result of 48% positive staff attitude reviews, and hospitals achieving a score of 54%. We are currently working with both the local Local Medical Committee and the Local Pharmaceutical Committee to look at addressing issues around patient behaviours. It is considered that to achieve a balanced outcome, we need to ascertain which practices are receiving complaints and cross reference as there is quite possibly a more deep-rooted problem that requires addressing.

The theme of staff training includes how well patients feel staff have been trained, either within the workplace or in their clinical training. It encompasses the use of shared decision making, explaining things well for patients, as well as how confident patients feel about the person's ability to diagnose and treat correctly.

Signposting and Impact:

A total of 69 signposting enquiries were received during this quarter, comprising 34 telephone calls, 24 emails, and 11 interactions at engagement events. The most common area of enquiry was advice on raising concerns, accounting for 23 enquiries. Surprisingly the second most common enquiry was about accessing dentistry, for which we received 17 queries, where the quarter before we had no queries for this. This might be explained by the EDP article Alex wrote on the topic of dentistry sparking more enquiries. People contacting us were seeking help accessing both routine NHS dentistry as well as emergency NHS dentistry for those not registered with a surgery.

Impact

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

- Someone called us after using 111 to try access emergency dentistry treatment. 111 had provided him with some numbers of dentists to call but all had told him that they do not provide NHS emergency dental appointments. We provided some other contacts for dental surgeries and he rang back to

let us know he had managed to secure an emergency dental appointment later that day.

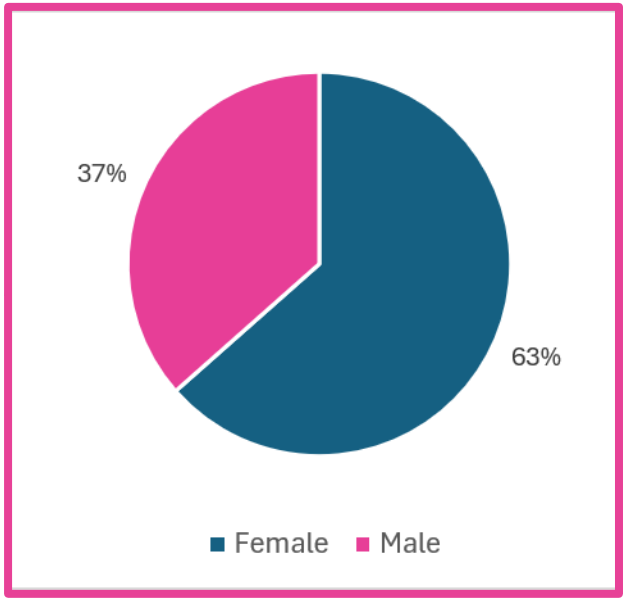
- The mother of a disabled adult daughter who will be moving to the local area soon called us. She was worried about her daughter losing access to medications and the clinic she visits. We provided details of nearby GP surgeries and suggested she consider factors such as disabled parking and bus routes, as well as looking at our feedback centre reviews of the GP surgeries. We also provided her with the number for the equivalent Norfolk service which runs the clinic that the daughter would need to be referred to, to enable her to speak to them about her concerns such as transfer of care, wait times etc. Mother felt reassured and that she had a better plan for being able to support her daughter and maintain her safety.
- Two individuals contacted us with frustrations about the new AI receptionist at Magdalen Medical Practice. This was preventing them speaking to a human, despite asking for this and meant they were unable to make complaints to the surgery. We passed this information on to the practice manager to make them aware of the issue and also ensured the complaints got to the correct person. Both received formal responses to their complaints.

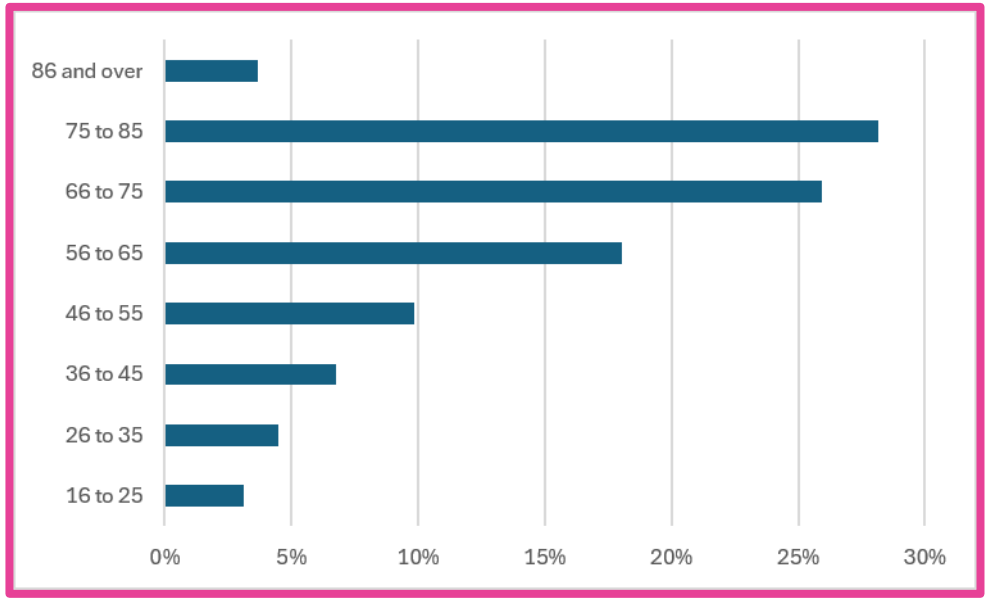
Demographic breakdown of the 431 reviews 1.04.26- 30.06.26

Ethnicity	Percentage
White English/Welsh/Scottish/Northen Irish/British	93.9%
Other White Background	2.40%
Asian/Asian British-Indian	1.10%
Other Black/Black British	0.08%
Other Asian/Asian British	0.03%
Other Ethnic Group	0.03%
Other Mixed/Multiple Ethnic Background	0.03%
White Irish	0.03%

17

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





Engagement:

It has been a busy quarter for engagement, with 41 engagement visits and attendance at six community events. These included Now That's What I Call Autism, Dying Matters, Carers Day, Opening Doors' Happy Healthy event, which were all held at The Forum, and a Pride event at the College of West Anglia. We also attended the ICB Norfolk and Suffolk Health and Care Expo in Newmarket, which was a very busy event and provided a valuable opportunity to network with partner organisations.

Upcoming engagement activities include Pride events in Norwich and King's Lynn, a community day to support Future Projects, and a roadshow in Hethersett organised by Ben Goldsborough, MP for South Norfolk. A survey for people who are visually impaired or blind is currently under review, and we aim to launch it at the beginning of August. Accessibility will be central to this work, particularly in how we share the findings. Alongside a written report, we plan to produce an audio version so that people who have contributed to the research, and the wider public, can access the findings in a format that works for them.

The Team have also been exploring feedback about the use of ReSPECT forms. The Norfolk and Norwich University Hospital has been helpful in sharing its insight, alongside feedback from a number of GP surgeries. At this stage, this is unlikely to lead to a targeted piece of work, but it may inform a future awareness campaign. Further research is needed before any decisions are made.

The NCC report on NHS Health Checks is now complete and will be published shortly. Our report recommends

- continued investment in communications and promotion of NHS Health Checks
- improvements to invitation processes and public information
- clearer communication regarding eligibility criteria and alternative services;
- consideration of the programme's name and national messaging and
- stronger signposting to appropriate health services between scheduled health checks. These actions are intended to improve awareness, uptake and understanding of the programme, while supporting a more consistent experience for Norfolk residents.

The Smoking Cessation Services report is currently with NCC for response. The evaluation recommends

- a programme of improvements focused on increasing the consistency and accessibility of smoking cessation support across Norfolk
- strengthening communication and responsiveness within Smokefree Norfolk
- expanding the range of personalised and holistic support options available
- improving public awareness of local stop-smoking services; and
- developing dedicated support pathways for people who wish to stop vaping.

These actions are intended to address identified barriers to access and improve smoking cessation outcomes across the county.

Business Development Update

The purpose of this report is to provide a brief oversight relating to the status of Healthwatch Norfolk projects, i.e. commissioned pieces of work as well as set out opportunities or plans for future projects.

1. Current Projects

A. NCH&C 3 Year (JSp) – Commissioned

Year 3 of a three-year project commissioned by NCH&C. One half of the project will explore the experiences of people under the High Intensity User (HIU) service, which supports patients who attend emergency departments regularly, for issues that could be tackled by other services. A shadowing visit with a Health Improvement Practitioner has been carried out recently, with interview dates around the county to be confirmed shortly. The other focus area for engagement is as yet, unknown, despite multiple requests to the commissioner to provide it. The project is now significantly delayed, which will affect how many people we are able to interview before we have to start analysing and writing up.

B. Carers of adults with serious mental illness, year 3 (JSp) – Commissioned

The seven-point action plan component of this project has made some progress. Regular meetings were held between carers and NSFT staff. Some aspects of the action plan are being integrated into the new operating model for Community Mental Health Teams. One action point has its own dedicated working group. One area, on police and court involvement, never received any response from staff at the Trust, and it now unlikely to, given the imminent end of the project.

The research and engagement aspect for this year is to co-produce a guide for clinicians on what to do if a carer becomes unavailable, either temporarily or permanently. We have spoken to 20 carers of people with SMIs. Eight staff members have now been interviewed, but recruitment of these took a long time, and this has delayed the project. This will mean that the project will run slightly past its end date, but the amount of work required should be small: The draft guide has now been produced, and reviewed by the carers on the project steering group, and the draft of the end of year report will be complete by the end of the project timeline. Work beyond the end of the project should only include two feedback sessions with carers and staff in early July, to determine final edits to the guide, and an end-of-project meeting with the reference group.

C. Norfolk Neighbourhood Learning Partnership (JSp) – Commissioned

HWN will be acting as a strategic learning partner for Norfolk County Council's Adult Social Care transformation. Adopting Human Learning Systems principles, the project uses continuous learning cycles to understand resident expectations for neighbourhood-based care, and to monitor the implementation of the transformation. The project involves one FTE project team member and one FTE engagement team member.

The main project activities will involve carrying out engagement across the county with people currently receiving social care upport, and people who are likely to need it in the future. We will also be running in-depth interviews and focus groups at six-monthly interviews to track progress over time. The continuous feedback loop to NCC will be provided through five reflective groups convened in different parts of the county, involving residents, carers

and NCC staff, to review the feedback received each quarter, and making recommendations for changes at neighbourhood level. NorCA is also being sub-contracted, to ensure that provider perspectives are fully embedded throughout transformation phases.

A project plan and GANTT chart have been submitted to NCC, and meetings held with key staff members. We are now waiting for NCC to confirm which particular aspects of the transformation they would like us to focus on, and for them to sign an information sharing agreement. We will then be able to start recruiting participants and organising the reflective groups.

D. Digital Tools, year 5 (VH) – Commissioned

The Digital Tools project is now in Year 5 of a six-year engagement programme commissioned by Norfolk and Waveney ICB.

This year's project focused on people's engagement with the NHS App, alongside attitudes towards wider digital transformation, including the introduction of the Electronic Patient Record (EPR), the proposed Single Patient Record (SPR), and the use of artificial intelligence (AI) and patient-generated health data in care delivery. It also aimed to develop a better understanding of barriers and support needs affecting digital engagement among groups at greater risk of digital exclusion.

A mixed-methods approach was used, combining quantitative and qualitative research. A public survey, completed by 343 respondents, explored awareness and perceptions of the EPR, alongside barriers to and drivers of uptake and sustained engagement with the NHS App, and views on future digital health technologies. Four focus groups involving 21 participants, including disabled people, those experiencing financial hardship, and people with English as an Additional Language (EAL), provided deeper insight into the experiences of groups at greater risk of digital exclusion.

The data were analysed in Spring 2026. The report has now been completed and will be submitted to the ICB during the week commencing 29 June 2026. We are now turning our attention to developing the research priorities for Year 6 of the project.

E. Adult Social Care (AD) – Commissioned

A three-year project commissioned by NCC Adult Social Care to provide a rolling programme of engagement with service users, carers and staff. Year 3 of the project focuses on exploring person centred practice and quality of life of care home residents through observations of everyday practice and gaining resident and family views. So far, 13 care homes across Norfolk have been visited to analyse current practice which will be developed into a set of transferable recommendations for improving person centred practice and quality of life. These recommendations are currently in development and expected to be disseminated to homes in July 2026.

F. Downham Dementia (AD) – Commissioned

This project (January 2026 - June 2027) is commissioned by Downham Dementia through national lottery funding to independently evaluate the impact and outcomes of their dementia cafe and sitting service.

So far, an extensive review of dementia service provision around Kings Lynn and West Norfolk (~21mile radius of Downham Market) has been conducted to outline whether and what gap in dementia support Downham Dementia fill. An extensive review of the Downham market local area, and online presence has been conducted to outline where, and how the group reach their target audience.

A set of evaluative outcomes have been co-developed with the trustees of Downham Dementia, and the first round of data collection has been completed. Data has been collected through observations of the group, exploration of attendance figures, survey data from carers and people living with dementia, and multiple focus groups. This data is now currently being analysed to provide a mid-term report which will be presented to Downham Dementia trustees 8th July.

2. Completed Projects

Genomics Public (CH/EW)- Commissioned

Short term (<4m) project commissioned by the East of England Secure Data Environment. This was a collaborative proiect including several other Healthwatch from the east and the midlands to explore public perception of the use of genomic data for research purposes. The initial findings were shared at conference 23/03/26 and a formal report has been produced, pending publication.

ECCH Feedback (EW)- Commissioned

Short term (4m) project commissioned by East Coast Community Healthcare (ECCH) to engage with the public across both Norfolk and Suffolk on how feedback is invited, collected and responded to in the hospital to highlight good practice and drive quality improvement. The findings were shared at the ECCH Board 23/06/26 and a formal report has been produced, pending publication.

3. Published Projects

Adult Social Care Year 2 (JSp) – Commissioned

The project had three workstreams in year 2 with a report produced on each project theme:
(i) Preparing for older age and getting help early. The report can be found here.
(ii) Hospital discharge communications
(iii) Involving the wider family in caring for older relatives.

NCH&C Year 2 (VH) – Commissioned

This year included extensive engagement with patients, relatives, and staff to understand experiences on general rehabilitation wards. The project focused on three key areas: the ward environment, the quality of rehabilitation, and factors that support or hinder safe and effective discharge and follow-up care. The report can be found here.

4. Pending Projects

A verbal update will be provided at the meeting in relation to the .

Pending and Prospective Projects:

- ICB multi-year proposal (pending outcome)
- ICB Outreach Strategic Review Engagement (in discussion)

Projects pending review/publication:

- NCC Adult Social Care, year 2/3, report 2 was published 01/07/26 Report 3 of 3, will be published following a delayed response from the commissioner.
- Patient Feedback review and engagement project for East Coast Community Healthcare to review the experiences of feedback and complaints. The report is pending formal response and publication.
- Eastern England Genomic Transformation Project Commissioned by the Eastern England Secure Data Environment (SDE) to engage with the public about the use of genomic data in research. The report is pending publication as part of a wider comms plan via the SDE.
- Digital Tools, year 5 (penultimate contract year) Commissioned by the ICB Digital team exploring awareness and experiences of using various NHS platforms. The report is pending formal response and publication.

Communications Report – July 2026

Reports published:

15 April - Pride 2025: Exploring LGBTQIA+ people's experiences of healthcare in Norfolk
https://healthwatchnorfolk.co.uk/reports/pride-2025-exploring-lgbtqia-peoples-experiences-of-healthcare-in-norfolk/
Report publication publicised on social media and in newsletter, Friday 15 May

17 June – Healthwatch Norfolk Annual Report 2025-26
https://healthwatchnorfolk.co.uk/reports/healthwatch-norfolk-annual-report-2025-26/
News article: https://healthwatchnorfolk.co.uk/news/our-impact-revealed-in-annual-report-as-future-of-healthwatch-debated/
Report publication publicised on social media and in newsletter, Friday 17 July. Press release sent to local media.

Other reports:
Discussions are ongoing with Health Innovation East and other local Healthwatch involved in the Genomics report about aligning communications plans. Our press release and social media assets have been shared – awaiting further detail from HIE about their own comms plan before we proceed.

Surveys:
Share your experiences of care homes in Norfolk
Web page published on 20 April, survey publicised on social media, including community groups on Facebook, and in newsletter 15 May and 12 June.

Plus, ongoing publicity on social media and in newsletter of…

- Digital Tools Yr 5
- East Coast Community Healthcare Patient Feedback review
- Targeted focus group recruitment for genomics project

Media appearances
4 June – EDP article 'NHS scandal fear over plan to axe Norfolk Healthwatch'. https://www.edp24.co.uk/news/26161180.nhs-scandal-fear-plan-axe-norfolk-healthwatch/. Article in response to press release sent to local media on 2 June.
8 June – Alex featured in EDP article 'Ambulance service plans to take fewer patients to hospital' https://www.edp24.co.uk/news/26175231.ambulance-service-plans-take-fewer-patients-hospital/
25 June – Judith featured in Evening News article 'MRI scanners fail at N&N hospital amid June heatwave' https://www.eveningnews24.co.uk/news/26228552.mri-scanners-fail-n-n-hospital-amid-june-heatwave/

5 July – EDP article 'Women in Norfolk bearing brunt of caring for relatives' https://www.edp24.co.uk/news/26247218.women-norfolk-bearing-brunt-caring-relatives/. Article in response to press release sent to local media on 1 July.

Alex EDP columns:

24 April – 'Healthwatch Norfolk looks at dental desert problem' https://www.edp24.co.uk/news/26042244.healthwatch-norfolk-looks-dental-desert-problem/

26 May – 'Healthwatch Norfolk looks at hospital league tables' https://www.edp24.co.uk/news/26125437.healthwatch-norfolk-looks-hospital-league-tables/

Website use

3.2k new visitors from 1April – 30 June 2026
459 returning visitors during same period.
Biggest spike in new visitors occurred on 16 April, coinciding with announcement of Professor Frankie Swords as new medical director. Other spikes in visitor numbers coincide with social media posts about:

- Our ECCH survey and Norfolk care home surveys – 29 April
- Deaf Awareness week (signposting to our Deafness and hearing loss information page) – 6 May
- Out and about – where the engagement team are this week (posted every Monday)
- New reports on the website
- News articles - eg new dental training places at the UEA

Most viewed pages 1 April – 30 June 2026:

1. Home page
2. News page - Professor Frankie Swords appointed as National medical director
3. Reports archive
4. Get involved
5. Information and advice – index page
6. About us
7. Information and advice – bereavement and grief support page

Social media

Followers across all social media channels, 1April – 30 June: 3,612
Followers this is a 4.1% increase from 3,471 during the previous quarter.

Popular social media posts:

- Frankie Swords appointed as National Medical Director (16 April)
- NNUH warns of road closure affecting patient access (23 April)

- New QEH children's garden opens (30 April)
- Newsletter incoming/Where we'll be this week (11 May)
- Angela at College of West Anglia Pride event (4 June)

Data shows that posts about wider NHS stories and developments (eg QEH garden, NNUH road closure warning etc) do well on LinkedIn and Facebook, while pictures of HWN team at engagement events (eg Angela at West Norfolk Pride) gain traction on Instagram. This suggests that a mix of both HWN-related content and wider content about health and social care services leads to positive interaction across all of our platforms.
(Note: is it worth considering a return to the X platform? My understanding is that we made an ethical decision to remove ourselves from the platform – which is completely understandable given much of the discourse that unfolds there! However, we do still have 2.9k followers on X, and have only managed to attract 135 followers on Threads, meaning we could be missing out on valuable exposure and engagement. Just a thought!)

Newsletter
Subscriber numbers now stand at 5,304, this is a 0.95% increase on the previous quarter.

Staff update - there are no staff updates this quarter.

Sustainability of Board

Members of the Board will be aware that the future of Healthwatch in its current guise is still uncertain. That said, in November 2025, Andy Burnham wrote to the former Health Secretary expressing his views about the potential closure of the Healthwatch network – the nub of the letter is set out below and, whilst it relates specifically to his interaction with our Manchester colleagues, we have been assured that his views represent a nationwide consideration:

"Healthwatch organisations across our ten localities have built trusted relationships with communities, local authorities, NHS providers, and the voluntary, community, faith and social enterprise (VCFSE) sector. They are uniquely positioned to act as a bridge between people and the system, offering insight that is grounded in lived experience. People speak to Healthwatch because they are outside the system – they are impartial, trusted, and provide a safe space for concerns to be shared."

However, one of the primary objectives of the Board is to ensure ongoing sustainability; the Board have already unanimously agreed that they want the organisation to continue regardless of any pending legislation, and a paper will be being discussed in Part Two of this meeting.

Board Members will be aware that, in the ordinary course of events, their appointment is for an initial three-year term, with the option to stand for a further three-year term. In exceptional circumstances, and it is considered that the present circumstances meet that threshold, Board Members may stand for an additional three-year term, subject to approval by Members. Healthwatch Norfolk is fortunate to benefit from a well-balanced Board, with significant senior-level expertise across the health and social care sector. This has provided important reassurance to staff, stakeholders and the public during a period of considerable uncertainty. Additionally, the CEO has indicated that he is hoping to retire in May 2030 – this would also enable the Board to embed a new CEO to take the organisation forwards.

The table below sets out the status as to who is due to stand down when.

Name	Due to stand down (after 6 years)	Comments/ To Continue until
Patrick Peal	31/07/2027	
Elaine Bailey	31/03/2028	Elaine will have served 9 years
Andrew Hayward	18/10/2026	
Christine Macdonald	31/3/2028	

Linda Bainton	31/3/2028	
Vivienne Clifford-Jackson	31/3/2028	
Louise Smith	4/8/2030	
Chris Humphris	31/3/2028	
Sue Crossman	31/3/2031	
Anna Gill	16/9/2031	
Rachael Spencer	20/7/2032	

Recommendation:

It is recommended that due to the exceptional circumstances relating to proposed legislation being considered by His Majesty's Government and local government reorganisation that:

1. Initially the Board agree to ask Andrew Hayward to consider standing for a further 3-year term
2. A further report to be provided to the Board in January 2027 to consider the future arrangements for the organisation

HWN Board – Quality Assurance Subgroup

Meeting held on 7th July 2026

10:00 at Healthwatch Norfolk Office, NR18 0SW

Present: Elaine Bailey (EB), Linda Bainton (LB), Chris Macdonald (CM), John Spall (JSp) and Emily Woodhouse (EW),

Apologies: Andrew Hayward (AH), Judith Sharpe (JS), Sarah Nichols (SN)
Patrick Peal (PP) and Alex Stewart (AS)

DRAFT Minutes:

No	Item	Action
1	**Welcome and Apologies**	
	Apologies were received from AH, JS, SN, PP and AS.	
2	**Minutes from the last meeting and action log**	
	The minutes of the previous meeting were agreed as correct.	
2a	**Action Log**	
	Action **47**: *Have internal discussion around report layout, prioritising outcomes and recommendations to ensure we reach our audiences and demonstrate impact*. It was agreed to keep this on the action log for now as the conversation is ongoing. We're thinking about how we can display project reports in different formats to suit different audiences. It was suggested this could be a rolling agenda item to be formally discussed at QA. Action **105**: *Follow up with AS regarding the status of Hospital Group PALS feedback and to update at next meeting.* -Item outstanding. Action **111**: *Forward patient colonoscopy biopsy wait time letter to EB so she can investigate at NNUH.*- EB had investigated and the timelines in the letter were deemed a mistake. Close action. All other action points were discussed later on the agenda.	
3	**Review and discussion of current projects**	

DRAFT

	Project reports: Trustees commended the consistently high quality of Healthwatch Norfolk's project reports, describing them as comprehensive and of a consistently high standard. The length of reports was discussed, and it was agreed that full reports are primarily intended for commissioners. Rather than reducing report length, the focus should remain on ensuring findings are shared appropriately with different audiences through summaries, posters and presentations. EB commented that the evidence base within the reports was robust and relevant. EECHC (formerly NCH&C) has not identified a second project theme for the final year of the contract (ending October 2026). Instead, JSp is focusing on the High Intensity User Service. It was noted that this may affect the outcomes that can be delivered and should be reflected, where appropriate, within future proposals or contracts. JSp also reported that a risk register has been implemented for the new Neighbourhood project, enabling key delivery risks, including partner engagement, to be identified and managed at an early stage The Neighbourhood project was discussed as the largest project Healthwatch Norfolk has undertaken to date. Trustees expressed considerable interest in the project, noting that it will involve most of the team and differs from traditional projects by using real-time feedback to support service transformation. Trustees discussed how learning is carried forward across multi-year projects. It was noted that this depends on both the commissioner and the nature of the project. While some projects lend themselves to a longitudinal approach, others are directed by commissioners' changing priorities. The challenges of following up recommendations over time were also discussed, particularly where staff, organisational structures or services have changed. JSp highlighted a recent presentation to the Quality System Group that revisited recommendations	

DRAFT

	made two years earlier. LH suggested grouping reports from multi-year projects together on the website to improve accessibility. **Action:** Explore grouping multi year projects together on website. ECCH was praised for the work that they are doing to improve their patient feedback and complaints process, facilitated by HWN. It was felt that the findings from the recent report, although not yet published, would be of value to other providers including the acute and other community hospitals. **Action:** Share ECCH report with other acute and community providers. Upcoming projects: EW talked about the potential ICB contract which we are hopeful is going ahead. This will be a large contract, the specifics of which are being worked through with the ICB. It is expected that a business case will need to be put forward ahead of signoff. EW provided a verbal update for funding applications currently being worked up.	EW/KT EW
4	**Review of project ethical considerations**	
	There were no ethical considerations to discuss	
5	**Review of Impact Tracker and Project Recommendations**	
	EW provided an overview of the latest themes identified through the Impact Tracker. Multiple members of the public have contacted Healthwatch Norfolk regarding the use of an AI medical secretary at a particular GP practice. This is an emerging issue that will continue to be monitored. The tracker has also identified concerns about a perceived disconnect between primary and acute care, with several people reporting that GPs have not followed or have questioned treatment recommendations made by hospital specialists.	
6	**Review of Project outcomes**	

DRAFT

	The ASC recommendation tracker was shared with the group.	
7	**Project to be presented at next Board meeting**	
	It was agreed at the last meeting that the two Norfolk County Council Public Health reports (NHS Health Checks and Smoking) be presented at board to highlight the engagement team's hard work in gathering engagement and their use of innovative approaches to engagement across a range of settings.	CW
8	**AI policy**	
	The revised AI Policy has been discussed with the wider team and updated following their feedback. The subgroup was satisfied with the revised policy and agreed that it strikes an appropriate balance between providing staff with the confidence and guidance to use AI, while maintaining trust with stakeholders. The inclusion of practical examples of appropriate and inappropriate use was welcomed, with the understanding that these are illustrative rather than exhaustive. It was also agreed that links to relevant Healthwatch Norfolk policies should be included on the front page. **Action:** Finalise AI policy and share with HWN Board.	EW
9	**Any Other Business**	
	Working with consultants: The team reflected on a recent experience of working with a consultant and reviewed the lessons learned. Protecting Healthwatch Norfolk's reputation was identified as a key consideration. It was agreed that due process had been followed, while recognising there are opportunities to strengthen current arrangements. The advantages and disadvantages of working with consultants, and the model used by Healthwatch Norfolk, were discussed. **Action:** Review working with consultants policy. **Publishing commissioned reports:** The team discussed whether reports produced through commissioned work should always be published in full. EB asked whether a different approach may be appropriate for work commissioned by private businesses. This should be considered alongside any	EW/JS

DRAFT

	future proposed changes to the organisation's charitable objects. **Focus group participation:** CM asked about the minimum number of participants required for a focus group. The group discussed the challenges of recruitment and noted that focus groups are often easier to organise when working with an existing group that already meets regularly. It was recognised that, as a qualitative method, the value of a focus group is not solely determined by participant numbers, and that it can still be a more efficient approach than conducting multiple individual interviews. CM also highlighted the number of responses removed during data cleaning for the smoking survey following the advertisement of a voucher incentive for focus group participation. It was noted that this had attracted invalid responses, and the lesson learned was to avoid advertising incentives in online recruitment methods where this may increase the risk of fraudulent participation.	
	Date of next meeting: • 29th September, 10-12 • December tbc	

Title	Artificial Intelligence (AI) Policy
Current Policy Lead	Business Development Director
Version	V3
Date last reviewed	*HWN Board 19/01/2026* *HWN Staff Away Day 22/06/2026* *QA Subgroup 07/07/2026*
Approved and ratified by	
Date for next review	January 2027
To be reviewed by	
Related referenced documents	Risk Management Policy Data Protection Policy (GDPR) Data and Network Security Policy Data Quality Policy Project Process Policy Privacy Statement

1 Purpose

Healthwatch Norfolk recognises that Artificial Intelligence (AI) technologies can provide opportunities to improve productivity, support innovation and assist with administrative tasks.
This policy sets out how AI can be used safely, ethically and responsibly within Healthwatch Norfolk. It aims to ensure that:

- AI supports, rather than replaces, human judgement.
- Personal and confidential information is protected.
- Legal and regulatory obligations are met.
- Public trust in Healthwatch Norfolk is maintained.
- The voices and experiences of Norfolk residents are represented accurately and authentically.

2 Scope

This policy applies to all staff including all substantive and temporary employees, contractors, volunteers and Board members.

The policy applies to any AI tool approved for Healthwatch Norfolk business, a list of which is contained in Appendix A *(to be agreed)*.

3 What is Artificial Intelligence?

Artificial Intelligence (AI) refers to technology that can perform tasks that would normally require human intelligence, such as:

- Drafting text
- Summarising information
- Analysing data
- Generating ideas
- Creating images or other content
- Supporting research and administrative tasks

4 Principles for Using AI

Healthwatch Norfolk will use AI in accordance with the following principles.

Human Oversight
AI is a tool to assist staff and volunteers. It must not replace professional judgement, experience or decision-making.
All AI-generated outputs must be reviewed by a person before use.

Accountability
Responsibility for any content, decisions or actions remains with the individual using the AI tool and with Healthwatch Norfolk.
AI cannot be held accountable for decisions or outcomes.

Accuracy
AI systems can produce inaccurate, misleading or fabricated information.
Information generated by AI must be checked against reliable sources before it is used, published or shared.

Transparency
We will include information in our Privacy Policy explaining how AI may be used to support our work. Individuals who would like further information about our use of AI can contact us.

Privacy and Confidentiality
Personal information and confidential information must be protected at all times.

Fairness
AI should be used in ways that are inclusive, accessible and free from discrimination.

5 Acceptable Uses of AI

Examples of acceptable uses include:

- Drafting policies, procedures and reports.
- Creating first drafts of emails, letters and communications.
- Summarising publicly available information.
- Developing ideas and project planning.
- Supporting meeting preparation and note organisation.
- Preparing presentation materials.
- Improving readability and accessibility of documents.
- Supporting communications and social media planning.
- Summarising participant responses where personal information has been removed.

AI should be viewed as an assistant rather than an expert source.

6 Unacceptable Uses of AI

AI must not be used for:

- Entering or processing personal or confidential data.
- Replacing safeguarding, legal or professional judgement.
- Submitting unedited outputs as official communications or reports.

7 Data Protection and Information Governance

Healthwatch Norfolk is committed to complying with:

- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018

Personal Information

Personal information must not be entered into AI systems.

The following must not be entered into any AI platforms, unless explicitly authorised:

- Personal data
- Health information
- Special category data
- Safeguarding information
- Information relating to vulnerable individuals
- Staff records
- Financial information

- Contracts
- Passwords or access credentials
- Confidential organisational information
- Information relating to ongoing investigations or complaints

Where there is uncertainty, staff should seek advice from their manager before using AI.

8 Approved AI Tools

Only AI tools approved by Healthwatch Norfolk should be used for organisational purposes.
Before a new AI system is adopted, consideration should be given to:

- Data protection requirements
- Information security risks
- Supplier assurances
- Organisational need
- Compliance with legal obligations

Approved AI tools include:

- Organisationally licensed AI services *
- AI functionality embedded within approved software platforms already used by Healthwatch Norfolk, including design, accounting and communications tools. (e.g. Canva, Dext)

* Healthwatch Norfolk will maintain a separate list of approved AI tools and guidance.

9 Quality Assurance

All AI-generated content must be reviewed before use.
Users should:

- Check facts and figures.
- Verify references and sources.
- Review for bias or inappropriate language.
- Ensure content reflects Healthwatch Norfolk's values and tone.
- Make any necessary amendments before publication.

10 Training and Awareness

Healthwatch Norfolk will provide appropriate guidance and support regarding AI use.
Staff, trustees and volunteers are expected to:

- Read and comply with this policy.
- Participate in any relevant training.
- Keep their knowledge up to date.
- Seek advice where they are unsure how AI should be used.

11 Reporting Concerns

Any concerns relating to AI use should be reported promptly to a line manager or the Deputy Chief Executive Officer.

Examples include:

- Data breaches

- Confidentiality concerns
- Inappropriate outputs
- Bias or discrimination
- Security concerns
- Unauthorised use of AI tools

Concerns will be managed through existing organisational governance and incident reporting processes.

12 Monitoring and Compliance

Healthwatch Norfolk will review organisational use of AI tools to ensure compliance with this policy and relevant legal obligations. Failure to comply with this policy may result in disciplinary action.

13 Roles and Responsibilities

- **All Staff**: Must be familiar with and follow this policy, attend training and ensure AI use aligns with organisational safeguards and standards.
- **Deputy Chief Executive**: Responsible for the management and protection of HWN information assets and ensures AI-related risks are understood and mitigated.
- **Caldicott Guardian**: Responsible for safeguarding identifiable staff and public information, although AI tools must not be used with personally identifiable data (PID).

Appendix A: AI tools approved for Healthwatch Norfolk business

(Proposed July 2026) Standalone AI platforms

- Microsoft Copilot (licensed work account)
- ChatGPT (paid HWN accounts only)
- Notebook LM (HWN accounts only)
- ATLAS ti (HWN accounts only)

AI features within approved business software

- Canva AI
- Xero AI
- Dext AI
- NVivo AI
- Microsoft 365 AI features
- Adobe Express AI
- Zoom AI Companion (where enabled)
- Microsoft Teams AI features (where enabled)

Other approved AI tools

Additional AI tools may be approved by the HWN Management team where they have been assessed as meeting Healthwatch Norfolk's requirements for information governance, data protection and business need.

Healthwatch Norfolk – Strategic and Operational Risk Register (July 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	➡	**Open:** Trustees willing to consider all potential delivery options that provide an acceptable level of reward.	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	➡	**Cautious:** Trustees have preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	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 has been added to project agreements	~Prioritise essential functions ~Emergency budget controls as required	CEO/D CEO/ 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	➡	**Open** Trustees prepared to invest in our people to create innovative mix of skills environment. Responsibility	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/D CEO

						for non-critical decisions may be devolved.				
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		**Averse:** Trustees have zero appetite for any decisions with a high chance of repercussion for the organisations' future	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/D CEO/ Board
5	Governance and Compliance	Weaknesses in governance, legal, or statutory compliance during structural change.	Ambiguous responsibilities during transition	3x3=9		**Cautious:** Trustees willing to consider actions where benefits outweigh risks. Processes, oversight and monitoring enable cautious risk-taking. Controls enable fraud prevention & detection.	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/D CEO/ Board
6	Operational Continuity	Service delivery disrupted by funding, staffing, or transition changes.	Contract ends or major reform enacted with short notice.	2x4=8		**Open**: Trustees support innovation with clear demonstration of	Late project delivery/missed KPIs	~Business continuity plans ~cross-trained staff ~ digital documentation	Emergency continuity plan Prioritise statutory duties	CEO/D CEO

						benefit/improvement in management control. Responsibility for non-critical decisions may be devolved.	Stakeholder complaints			
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.	3x3=9 (12)		**Cautious:** Trustees accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	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		**Cautious:** Partners have preference for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Poor or lack of impact metrics Low survey responses Weak engagement	~Clear impact audit framework ~Regular monitoring with regular board oversight ~ 1/4ly contract meetings with NCC ~regular report sharing with stakeholder of impact	Review priorities Prioritise maintenance of impact tracker	CEO/BDD/QA Sub-committee
9	External Relationships & Partnerships	Breakdown or loss of key partnerships (ICB, VCSE, local authority)	Changing system architecture or loss of confidence in Healthwatch role.	3x3=9 (12)		**Open:** Trustees support innvovation with demonstration of benefits/impro	Reduced collaboration leading to fewer commissions of work	~Regular engagement meetings ~Initiation of MOUs ~Joint working groups ~Proactive relationship management	Rebuild trust through joint projects; escalate via Healthwatch England	CEO/Chair/ BDD

						vement in service delivery.	Funding losses				

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