AGENDA

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Time</th>
<th>Mins.</th>
<th>Page</th>
</tr>
</thead>
</table>

**Part I - Public Board Meeting**

1. Questions from the general public 14:00 10
2. Apologies for absence 14.10 5
3. Declarations of interest
4. Minutes of the meeting held on 19 January 2015 (paper attached)
5. Matters arising not covered by the agenda
6. Items for decision
   Venue and timings for future Board meetings 14.20 20
7. Items for information and discussion 14.40 60
   Responses from commissioners and EEAST on recommendations in HWN Report on Ambulance Service (paper attached)
   Updated risk register (paper attached)
   QC1 Panel report (paper attached)
   2014-15 Qtr 3 Management Accounts (paper attached)
   CEO Report (paper attached)
   General correspondence received (verbal)
   Highlights of meetings attended by Chair
7. Any Other Business - Please provide the Chair with Items for AOB prior to the Meeting’s commencement. 15.40 5
8. Dates of future Board meetings (2015/16)
   18 May 2015 - 2.00 pm Thetford
Part II - In Camera

The Chair asks that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

Apologies should be sent to Sara Sabbar, Healthwatch Norfolk Business Support Officer, sara.sabbar@healthwatchnorfolk.co.uk 01603 813904.

Distribution:

<table>
<thead>
<tr>
<th>Members</th>
<th>For information</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Armstrong</td>
<td>Debbie Bartlett</td>
</tr>
<tr>
<td>Nick Baker</td>
<td>Ceri Sumner</td>
</tr>
<tr>
<td>Jon Clemo</td>
<td>Joanna Hannam</td>
</tr>
<tr>
<td>Diane DeBell</td>
<td>Maureen Orr</td>
</tr>
<tr>
<td>Graham Dunhill</td>
<td>Linda Bainton</td>
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<tr>
<td>Roan Dyson</td>
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<td>Mark Ganderton</td>
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<tr>
<td>Pa Musa Jobarteh</td>
<td></td>
</tr>
<tr>
<td>Mary Ledgard</td>
<td></td>
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<tr>
<td>Fiona Poland</td>
<td></td>
</tr>
</tbody>
</table>
Attendees:
William Armstrong (WA) - Chair
Graham Dunhill (GD) - Community member
Mary Ledgard (ML) - Community member
Diane DeBell (DD) - Community member
Pa Musa Jobarteh (PMJ) - Co-opted member (BridgePlus)
Fiona Poland (FP) - Co-opted member (University of East Anglia)
Jon Clemo (JC) - Provider member (Norfolk Rural Community Council)

Officers in attendance:
Christine MacDonald (CM) - Operations Manager
Chris Knighton (CK) - Communications Manager
Sam Revill (SR) - Research Manager
Ann Stephens (ASt) - Engagement Officer
Stephanie Tuvey (ST) - Research Intern

Guests
Lynda Tarpey - NHS England

Questions from the general public
No questions were submitted from the general public

1. Apologies for absence and introductions

Apologies:
Alex Stewart (AS)
Roan Dyson (RDy) - Provider member (POWhER)
Nick Baker (NB) - Co-opted member (North Norfolk District Council)

2. Declarations of Interest

ML advised that she attends the Norfolk Older People’s Strategic Partnership Board on behalf of HWN. Previous declarations are as follows: ML is a patient governor of the Norfolk Community Health and Care NHS Trust. WA is a trustee of Voluntary Norfolk.

3. Minutes of the meeting held on the 17 November 2014

The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 17 November 2014 were confirmed as a correct record of the meeting with the addition under item 5. of reference to the requirement for Standing Orders to be drafted and circulated to the Board. WA suggested that HW England, other local Healthwatches or Norfolk County Council may be a source of examples of Standing Orders.

4. Matters Arising not covered by the agenda

There were no matters arising not covered by the agenda.

5. Presentations

I. HWN Children, Young People and Families Project

CK provided a high level progress report on the work to date. He explained the background to the project in terms of the change from LINk (who had not remit for health and social care for children) to Healthwatch which
includes health and social care provision for children within the remit of Healthwatch.
The project consists of four main strands and there is cross over with other HWN work around maternity services.
AST outlined the achievements to date:
- 36 detailed focus interviews have taken place with adoptive parents
- Plan to engage with Looked After Children directly on line
- Attended 2 foster carer groups

Early indications are the need for timely post adoption support both therapeutic and health.

In response to a query from PMJ, CK confirmed that ethnic monitoring of all groups involved in the project will be undertaken. He also confirmed that this information will be available in future reports on HWN engagement.

HWN had queried the lack of information and evidence available from Children’s Services commissioners.

426 pupil responses to the survey which represents over 50% of that age group. The survey identified an opportunity for face to face counselling to be available for all students in schools.
HWN is keen to recruit young volunteers and to date 60+ have expressed an interest via the on line survey which WA felt to be very encouraging.

An update was provided to the steering group last week which was attended by the Director of Children’s services, and other key stakeholders. DDB attended on behalf of the Board.

CK congratulated his colleagues Ann Stephens and Stephanie Tuvey on the fantastic work they have achieved and concluded that there is an opportunity for HWN to make a difference. A further report will come back to the Board on this work.

II. Timber Hill Walk in Centre

LT explained that NHS England has commissioned Enable East to carry out work on assessing the contract for the walk in centre which is about to move location. NHS England is therefore taking stock of the monies being used to fund this service. LT advised that figures indicate attendance at the walk in centre is dropping year on year which might be a reflection of improvement in other areas eg. GP appointments, community pharmacies.
ML confirmed her involvement in the setting up of the walk in centre which is GP led as opposed to the previous walk in centre at Dussindale which was nurse led. The original aim was for the centre to be open 7.00 am - 9 pm, 365 days a year.
ML also advised that the attached GP surgery was included to provide viability to the project. Accessibility to the centre of the city is good and transport is clearly a major issue for residents of Norfolk.
The Board suggested several reasons for drop off in attendance - shorter opening hours, talk in the local press of closing the walk in centre, problems with shortage of GPs at the centre, waiting times, less publicity since the closure of the Primary Care Trust and inclusion of these issues in political papers. DDB suggested that it would be helpful to have further details of the context within which figures are dropping. PMJ confirmed that the centre is convenient for BME groups in the city centre.

SR confirmed that 33% of the enquiries and comments received by HWN is about GP services and particularly about access. Other work by HWN identified 25% of A&E attendances are self-presenting. There is no walk in centre in West Norfolk. Currently the Clinical Commissioning Groups have not commissioned community pharmacy minor ailment services in Norfolk. LT will contact SR directly outside of the meeting about information held by HWN. CK confirmed that social media could be used as a means to ask questions of the public about using the walk in centre.

LT confirmed that a public consultation will take place should NHSE decide to make any changes to the service and the consultation will include statistical data on uptake of the service. LT is to complete her report by mid February 2015.

6. Items for information and discussion

6.1 Updated risk register (board paper)  
Presented for information only. No new risks had been added to the register. The paper was noted by the Board.

6.2 QC1 Panel Report (board paper)  
ML presented the paper to the board and summarised developments in HWN’s project work taken to QC1 since the last board meeting. In ML’s summary the following points were raised:
- The Panel has aligned dates of its meetings with Board meetings
- The completed questionnaires on mental health services have highlighted a number of themes although the number of responses is disappointing
- The Panel recommends that the veterans project should be undertaken, possibly in partnership with another Healthwatch e.g. Essex
- The Panel had agreed to funding a data inputter for the questionnaire on the take up of flu vaccinations
- The Panel had approved the proposal for the UEA to do further work on CAMHS

6.3 2014-15 Qtr 3 Finance Report (board paper)  
Paper noted for information by the Board

6.4 General correspondence received (verbal)  
None noted

6.5 Highlights of meetings attended by Chair/CEO (verbal)  
WA - Meetings attended by the chair  
18 November  - HOSC  
28 November  - Sweethearts (art therapy)
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 December</td>
<td>meeting with Gary Page (chair of Norfolk and Suffolk NHS Foundation Trust)</td>
</tr>
<tr>
<td>8 January</td>
<td>mentally disabled offenders (police and crime commissioner)</td>
</tr>
<tr>
<td>9 January</td>
<td>Chaired Palliative Care Forum</td>
</tr>
</tbody>
</table>

| 6.6        | The Kings Fund Annual Conference (verbal)                             |
|            | This item held in abeyance as unfortunately MG not present.           |

| 7          | Any Other Business                                                   |
|            | There was no other business.                                         |

| 8          | Dates of future board meetings (2015/16)                             |
|            | The Board briefly discussed the merits of Board meetings being held in different venues throughout the county. In view of the very small numbers of public attending the Board suggested that more needs to be done in advertising the meetings to include posters to be prepared, hosting of future venues e.g. by local town council. It was concluded that the next meeting should take place in Dereham as scheduled but that this item should be added to the agenda for discussion at the next Board meeting on 16 March 2015. |
1. Introduction

As the Board is aware, Healthwatch Norfolk published two reports in November 2014 as follows:

- Access to Urgent Care in West Norfolk
- The Views, Expectations and Experiences of the East of England Ambulance Service Trust in Norfolk

Contained in those reports were a number of recommendations and detailed below for information are the responses received by Healthwatch Norfolk to those recommendations.

2. Access to Urgent Care In West Norfolk

2.1 Recommendations:

1. Remove the wall-mounted patient information storage box beside the triage room as it no longer serves any purpose, thereby reducing confusion.

2. Review and improve the accuracy and availability of information on the most appropriate services to access, in accordance to a person’s health needs (e.g. similar to the ‘Choose Well’ campaign materials), through consultation with patients.

3. Utilise winter pressure monies to:
   
a) Conduct a feasibility study on a Primary Care Centre at the Queen Elizabeth Hospital (e.g. as piloted at the NNUH in 2013).
   
b) Carry out a patient-centred review of the volume, location and accessibility of out-of-hours healthcare available to people in the West Norfolk area on Saturdays and Sundays. Pilot a Community Pharmacy Minor Ailments Services for Saturdays and Sundays.

2.2 Response to recommendations:

1. The wall mounted patient information storage box has been removed.
2. A high profile campaign was launched across West Norfolk/Wisbech in November entitled ‘Choose Me Not A&E’.

3. Discussions are taking place between commissioners and service providers on the feasibility of a minor ailments service in community pharmacies.

3. The Views, Expectations and Experiences of the East of England Ambulance Service Trust in Norfolk

3.1 Recommendations:

1. If commissioners of the service review existing emergency response times (and tolerances within the service specification) and propose changes, they should do so following a full public consultation so that the public has the opportunity to influence any decisions taken.

2. The East of England Ambulance Service NHS Trust is best qualified to decide on the composition of emergency response services and ambulance crews, according to the service demand and patient needs - bearing in mind that the public trust the service to send the appropriately qualified, trained and competent member of staff. All communications about the different team members should be clearly and consistently communicated to the public.

3. When or if considering to develop a communications or behaviour change campaign, NHS Trusts should adopt the actionable insights in this report to encourage the public to choose the service that most appropriately meets their needs. This should be done in partnership with the East of England Ambulance Service NHS Trust.

3.2 Response to recommendations

1. To date HWN has not received any indication from commissioners that they are planning to review existing emergency response times.

2. The Ambulance Trust has advised HWN of the following improvements to levels of staffing and support:

   - 89 additional student paramedics
   - 10 direct entry paramedics
   - 10 Emergency Care Assistants upskilling/converting to Emergency Medical Technician
   - removing all interim and seconded staff where possible
   - increasing the number of double-staffed ambulances
   - current provision of 400 community defibrillators in Norfolk
   - trialling the use of the GP to provide telephone support to crews regarding alternative pathways to A&E when a patient cannot be left at home alone
3. The Ambulance Trust advised HWN that it has utilised the public feedback gathered on educating the public about appropriate use of the 999 service e.g. holding a public/education event at Cromer Ambulance Station

Great Yarmouth and Waveney CCG (GY&WCCG) has confirmed that they develop an annual Choose Well campaign in conjunction with providers (including the Ambulance Trust) and will ensure that the insights provided in the HWN report will be incorporated into their next Choose Well campaign planning with the provider organisations. GY&WCCG recognise the need to continually encourage the public to choose the service that most appropriately meets their needs.

In response to further investigation by the Ambulance Trust of the 10% of patients identified in HWN report who had waited longer than 2 hours for an ambulance, in addition the extra staff mentioned above, rural areas have been given a higher priority as a means to reduce the potential for delays. The Trust will continue to review and monitor any delays.

The highlights of the report undertaken by HWN and the response to the report were reported at the Health Overview Scrutiny Meeting on 26 February 2015 and the Chair complimented HWN on the work.

HWN have committed to carry out a repeat of the ambulance survey in the summer of 2015.

Chris MacDonald
<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>6.2</th>
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<tbody>
<tr>
<td>Report on:</td>
<td>Risk Register</td>
</tr>
<tr>
<td>Author:</td>
<td>Chris MacDonald</td>
</tr>
<tr>
<td>Date:</td>
<td>March 2015</td>
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</table>

<table>
<thead>
<tr>
<th>Things that may impact upon success of HWN</th>
<th>Likelihood x consequence score</th>
<th>Possible mitigations</th>
<th>Increasing Risk/Decreasing Risk/No change in risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of using external consultants for HWN operations functions e.g. communications should the consultant withdraw their services</td>
<td>3 x 4 = 12</td>
<td>Ensure that contract with consultant includes appropriate notice period</td>
<td>New risk</td>
</tr>
<tr>
<td>Damage to reputation and integrity of HWN through low attendance by directors at Board meetings</td>
<td>4 x 3 = 12</td>
<td>Chair and directors to maintain continual dialogue</td>
<td>→</td>
</tr>
<tr>
<td>Contingency planning for the operation of HWN as a result of the forthcoming election</td>
<td>3 x 3 = 9</td>
<td>Chair, Board and CEO continuing to monitor likely outcome and take appropriate steps to mitigate</td>
<td>→</td>
</tr>
<tr>
<td>Reputation is damaged by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to communicate with stakeholders resulting in loss of goodwill/breakdown in existing relationships</td>
<td>1 x 4 = 4</td>
<td>Robust communications plan implemented.</td>
<td>→</td>
</tr>
<tr>
<td>Norfolk County Council (NCC) Monitoring requirements are disproportionate</td>
<td>1 x 3 = 3</td>
<td>Monitoring requirements agreed with NCC - Positive and constructive feedback from NCC re the reports for qtrs. 1, 2, 3 and 4. Continued liaison between NCC and HWN CEO as to appropriate format of reporting.</td>
<td>→</td>
</tr>
<tr>
<td>Failure to demonstrate value for money</td>
<td>1 x 4 = 4</td>
<td>All governance arrangements fully implemented, communications plan and strategy agreed and being</td>
<td>→</td>
</tr>
<tr>
<td>Issue</td>
<td>Score</td>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Failure to address equality issues in each project</td>
<td>1 x 3 = 3</td>
<td>Training in Equality Impact Assessment (EQIA) has been provided to all staff, EQIA is implemented as part of project initiation documentation and invitations to tender</td>
<td></td>
</tr>
<tr>
<td>Failure in timely delivery of quality outcomes by organisations who are successful in bids for projects resulting in potential damage to HWN reputation</td>
<td>1 x 4 = 4</td>
<td>Arrangements in place for regular contact/project management meetings with HWN Quality Control Panel (QC1) and representatives from project lead. Project evaluation by QC1 Panel completed at the end of each project and the continuing development and refinement of the tender process ensures lessons learnt are incorporated into the tender process and management of projects</td>
<td></td>
</tr>
<tr>
<td>Training and other support to volunteers to be defined</td>
<td>1 x 3 = 3</td>
<td>Training needs identified via volunteer survey undertaken in September and ongoing training session timetable being implemented. Quarterly volunteer days have been set for 2015-16</td>
<td></td>
</tr>
<tr>
<td>Ensure that there is clarity in how HWN demonstrates its impact on the system through all priority projects</td>
<td>1 x 5 = 5</td>
<td>Further clarity provided in the published Prospectus and Annual Report. Board has discussed the need to demonstrate impact of HWN as part of its ratification of the HWN Strategy 2015-17.</td>
<td></td>
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</tbody>
</table>
Failure to respond promptly and appropriately to media requests following publication of Care Quality Commission (CQC) Reports that are not shared in advance with HWN

\[4 \times 2 = 8\]

Discussions continue at local and regional level with CQC representatives - joint lobbying with other stakeholders

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<th>RISK MATRIX:</th>
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<td>Consequence</td>
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<tr>
<td>1 - Negligible</td>
<td>1</td>
</tr>
<tr>
<td>2 - Minor</td>
<td>2</td>
</tr>
<tr>
<td>3 - Moderate</td>
<td>3</td>
</tr>
<tr>
<td>4 - Major</td>
<td>4</td>
</tr>
<tr>
<td>5 - Catastrophic</td>
<td>5</td>
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</tbody>
</table>
1. Introduction

Since the last Board paper the Panel met on 5 February 2015. The March meeting of the Panel has been postponed until 12 March to accommodate a formal presentation from GYROS on the project to review access to services by migrant workers. Therefore a verbal update on the 12 March QC1 Panel meeting will be provided at the Board meeting. This report is for information only.

2. Update on the projects discussed by the QC1 Panel on 5 February 2015

2.1. Access to Services by Migrant Workers

Dr Louise Humphries from GYROS H provided a verbal update on progress to date on the Access to Services by Migrant Workers project as the lead agency of the consortium. Focus groups have taken place and one to one meetings. Initially the consortium found it difficult to identify any themes from the service user feedback but they worked on a format for a survey which has now been circulated to service users. GYROS has 8000 clients in the Great Yarmouth area and the target return for the questionnaires is 200 for each of the 5 language groups. Some of the issues identified from the focus groups and one to one meetings included the following areas of concern:

- translation issues including when an interpreter does not arrive for the appointment, translation often done by daughter/niece of patient
- transport
- eye care being a separate healthcare service
- misunderstanding around ‘walk in centre’ and when this leads to referral elsewhere - need for better information on walk in centre services
- non understanding of information contained in letters to cancel appointments
- problems around charges and eligibility for free healthcare, perception that all healthcare is free
- misunderstanding of when patient is referred to specialists,
- different approach to mental health issues and that different cultures take a different approach in terms of treatment available
- not understanding of GP service - use polyclinics at home
- what are health checks for 2 year olds (some patients worry that their child will be taken away)
- the experience of access/understanding etc is variable dependent on how long the migrant worker has been in the UK

The final report on this project will be presented to the QC1 Panel in April. The Panel understand that the East of England Local Government Association (Suffolk)
are very interested in disseminating and sharing good practice as a result of this project.

2.1 Update on maternity services project

At the time of writing this report, an Enter and View visit has taken place to the maternity unit at the James Paget University Hospitals NHS Foundation Trust (JPUH.) Visits to the maternity wards at the remaining two acute trusts are to take place later this month. The final report on the maternity services project will be completed by the end of April 2015. Currently neither the Queen Elizabeth Kings Lynn NHS Foundation Trust (QEH) nor the Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH) are offering a home birth service due to staffing issues.

HWN had written to all 5 CCGs to ask for their views on funding of their local Maternity Services Liaison Committee. As a result, 4 CCGs have confirmed they are willing to fund the Committees at NNUH and JPUH. During the first week of relaunching their maternity services survey, NNUH MSLC received 177 responses. We have advised Healthwatch England advised of our efforts to relaunch MSLCs in Norfolk for this information to be added to the national picture on MSLCs.

Mary Ledgard
QC1 Panel Chair
<table>
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<tr>
<th>Statement of trading activity</th>
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<td>Balance sheet</td>
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### Statement of Trading Activity

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<th>Quarter ended</th>
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<th>Period ended</th>
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<td><strong>Incoming resources</strong></td>
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<td>NCC funding</td>
<td>159,500</td>
<td>159,500</td>
<td>478,500</td>
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<tr>
<td>NCC start up funding</td>
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<td>-</td>
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<tr>
<td>Other</td>
<td>9,773</td>
<td>641</td>
<td>10,415</td>
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<td><strong>Total</strong></td>
<td>169,277</td>
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<td>Governance costs</td>
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<td>1,595</td>
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<td>Start up costs</td>
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<td>-</td>
<td>(1,506)</td>
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<td><strong>Depreciation</strong></td>
<td>1,756</td>
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<td>5,395</td>
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<td><strong>(141,089)</strong></td>
<td>(111,492)</td>
<td>(306,505)</td>
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<td><strong>Operating surplus</strong></td>
<td>27,588</td>
<td>48,640*</td>
<td>126,507</td>
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<td><strong>Other Interest receivable and similar income</strong></td>
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<td>1</td>
<td>246</td>
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<td><strong>Surplus for the period</strong></td>
<td>27,589</td>
<td>48,895</td>
<td>126,979</td>
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### Notes

- **Number of employees**
  - 7 (7 + 2 Internships)
  - 7 (7 + 2 Internships)
  - 7 (7 + 2 Internships)

- Expenses paid out to trustees following the reimbursement of expenses were as follows:
  - £12,56
  - £12,56
  - £12,56
HEALTHWATCH NORFOLK  
QUARTER ENDED 31 DECEMBER 2014 BALANCE SHEET

<table>
<thead>
<tr>
<th></th>
<th>Quarter Ended 31.12.14</th>
<th>Quarter Ended 30.09.14</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td>26,484</td>
<td>26,340</td>
</tr>
<tr>
<td></td>
<td>26,484</td>
<td>26,340</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank &amp; cash</td>
<td>363,184</td>
<td>335,947</td>
</tr>
<tr>
<td></td>
<td>363,184</td>
<td>335,947</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Accruals &amp; deferred income</td>
<td>780</td>
<td>390</td>
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<tr>
<td>Trade creditors</td>
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<tr>
<td></td>
<td>1,795</td>
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<tr>
<td><strong>Net current assets</strong></td>
<td>361,390</td>
<td>333,945</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>387,874</td>
<td>360,285</td>
</tr>
<tr>
<td></td>
<td>387,874</td>
<td>360,285</td>
</tr>
<tr>
<td><strong>Financed by</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>387,874</td>
<td>360,285</td>
</tr>
<tr>
<td></td>
<td>387,874</td>
<td>360,285</td>
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</tbody>
</table>
Introduction

The purpose of this report is to provide Board Members with a range of information on matters which are pertinent to Healthwatch Norfolk. This report is providing updates on the following:

- Norfolk and Suffolk NHS Foundation Trust
- Primary Care Co-commissioning
- Independent Investigations Review Committee
- Public consultation on specialised service policies and specifications
- Healthwatch Norfolk Annual Report 2015 - Timetable
- CQC places Gt Yarmouth Family Health Care Centre GP Practice into Special Measures
- Staffing restructure Implementation Timetable

Norfolk and Suffolk NHS Foundation Trust - Care Quality Commission inspection Report

The report of the Care Quality Commission (CQC) inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT) in October and November 2014 was published on 3 February. The Trust received an overall rating of ‘Inadequate. The full inspection report is available on the CQC website: - [http://www.cqc.org.uk/provider/RMY](http://www.cqc.org.uk/provider/RMY)

In summary the CQC found safety at trust inadequate because:

- Staffing levels were not sufficient or safe at a number of inpatient wards and community teams across the trust.
- There were also environmental safety concerns, including potential ligature risks and the layout of some wards not facilitating the necessary observation of patients.
- Staff were not clear that improvements would occur as a result of raising concerns. Reported incidents did not always result in learning and action.
- Arrangements were not adequate for the safe and effective administration, management and storage of medication across the trust.
- There were concerns about incidents of restrain and seclusion at the trust. There was a high level of prone restraint and the CQC was told that seclusion was used in a punitive manner.
The rating of ‘inadequate’ in the ‘well-led’ domain was due to:

- A need for significant change in the governance structure
- The Board having limited oversight of the point of care
- Drift in work to engage staff in improving the service
- Very poor staff morale and some staff saying they had no confidence in management.

The CQC observed that staff at the trust were ‘kind, caring and responsive to people and were skilled in the delivery of care’.

At the Quality Summit held the day before the publication of the report, the Chief Executive of NSFT said that action to address the CQC concerns is already well underway at the trust. For instance, 27 out of 35 necessary environmental safety actions would be completed by the end of the current quarter.

A representative from Monitor also said that NSFT is likely to be put into ‘special measures’ which means that an Improvement Director, appointed by Monitor, will work with the trust Board for 2 to 3 days per week and NSFT will be ‘buddied’ with a high performing mental health trust to help introduce best practice. Monitor pointed out that although the cost of the Improvement Director and support from a ‘buddy’ trust will be funded by the Department of Health, local commissioners should expect to put more funding into NSFT to make the necessary changes happen. ‘Special measures’ usually stay in place for 12 months or more, until improvements have been made.

NSFT has produced a new set of strategic objectives for the next 18 to 24 months and is currently consulting Governors, staff and the wider health economy to ensure there is general agreement that these are the right priorities for the Trust.

The aims are:

- The development of clinical strategies for each service area to deliver safe, effective, quality services which re-establish trust in NSFT as a provider of choice nationally and locally.
- To ensure robust organisational leadership plans are in place which enable the Trust to be out of investigation by Monitor no later than March 2016.
- Delivery of a staff engagement framework which results in the Trust being in the top half of the staff survey across 75% of indicators by 2018.
- To develop and implement a new Operating Model which delegates more responsibility to Localities and Services with clear responsibilities and accountability.
- Implementation of the Financial Recovery Plan to ensure the viability of the Trust and to achieve a CoSSR (continuity of service risk rating) of 3 by 2016/17.
- To fully exploit the full benefits of technology, including the Lorenzo rollout, to better support patient care.
- To fully exploit our estate to ensure it is fit for purpose, cost effective and supports the clinical strategy.
• To implement the revised co-produced Service User and Carer Involvement Strategy to include the co-production of service planning and delivery.
• To be a champion for Mental Health, locally and nationally, and to fully participate in the system wide response to the challenges facing the health and social care system in Norfolk and Suffolk.

NSFT will be reporting to NHOSC on 16 April 2015 regarding the changes to the service since 2013, the issue of out of area placement of patients and action in response to the CQC report.

**NSFT - Letter from Monitor**

Norfolk and Suffolk NHS Foundation Trust (“the Trust”): Enforcement Action under the Health and Social Care Act 2012

1. I write further to our letter of 3 December 2014 informing you of Monitor’s decision to open a formal investigation into the Trust’s compliance with its licence.

2. In respect of our concerns about governance and quality, we have accepted Enforcement Undertakings from the Trust and also imposed an Additional Licence Condition. This follows agreement of the Enforcement Undertakings and Additional Licence Condition by Monitor’s Provider Regulation Executive committee on 11 February 2015.

3. The committee also approved, on 11 February, the Chief Inspector of Hospital’s recommendation to place the Trust into special measures. The Enforcement Undertakings therefore include requirements upon the Trust to work with a Monitor appointed improvement director and any partner organisation which may be chosen to buddy the Trust.

4. You will be able to track the Trust’s progress on the NHS Choices website.

5. We will be announcing the action on 19 February and, following this announcement, we will publish a copy of the Enforcement Undertakings and Additional Licence Condition on our website at: https://www.gov.uk/government/groups/norfolk-and-suffolk-nhs-foundation-trust

5. We continue to investigate the Trust’s financial sustainability but hope to conclude on this issue before the end of March 2015.

**Primary Care Co-Commissioning**

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.
Primary care co-commissioning is one of a series of changes set out in the **NHS Five Year Forward View**. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

Co-commissioning could potentially lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities; and
- A better patient experience through more joined up services.

There has been a strong response from CCGs wishing to assume co-commissioning responsibilities and there are three models CCGs could take forward:

- Greater involvement in primary care decision making;
- Joint commissioning arrangement; or
- Delegated commissioning arrangement.

The first CCGs have been approved to take on delegated responsibility for commissioning general practice services under the **new co-commissioning arrangements**. There is no news in relation to any of the Norfolk CCGs at time of writing this report. The process for CCGs applying for joint commissioning responsibility will be completed by the end of February.

**Independent Investigations Review Committee**

Healthwatch Norfolk have been successful in being accepted to host the money to further strengthen the development work in relation to achieving the following outcomes on behalf of NHS England’s Independent Investigation Review Committee - the Committee is responsible for overseeing investigations into how Health Trusts and associated partners have dealt with homicides by involving and supporting families affected by mental health homicides. Specifically, the monies will be utilised to ensure that there is:

- Learning from Independent Investigations
- Ensuring consistent standards are adopted by all Mental Health Trust’s when investigating incidents and liaison with families
- Creating consistent resource materials for relatives, staff and Trust’s.

**Public consultation on specialised service policies and specifications**

NHS England is currently consulting on new policies and service specifications relating to certain specialised medical services.
The Policies include:

- Treatment of Digital Ulceration in Systemic Sclerosis (for interim adoption whilst out for formal consultation)
- Cytoreductive surgery and hyperthermic intraoperative chemotherapy for peritoneal mesothelioma
- Biological Therapies for Treatment of Juvenile Ideopathic Arthritis (for interim adoption whilst out for formal consultation)
- Management of Foetal Anaemia Secondary to Red Cell Alloimmunisation (for interim adoption whilst out for formal consultation)

The Service Specifications include:

- Hep C Networks
- Dialysis away from base
- Adult Critical Care
- Recurrent Urinary Incontinence
- Gynaecological Anomalies
- Foetal Medicine
- Recurrent Prolapse

Consultation will run for 12 weeks from the 1st of February (except Hep C which will run for 1 month). Full details of the consultation are available on https://www.engage.england.nhs.uk/consultation/specialised-services-policies

GUIDANCE ON PARLIAMENTARY ELECTIONS 2015

The General Election is just around the corner and Healthwatch Board Members, staff and volunteers are subject to Purdah Rules with effect from the 30\textsuperscript{th} March 2015.

PURDAH RULES

What is purdah?

Purdah is common terminology for the period when government (both local and central) take particular care to avoid issuing proactive publicity to influence the way people vote.

When does purdah apply?

Purdah applies from the date a public notice of an election is issued to the date of the election. It is usually a six week period but could be less for some elections.

It applies to the following elections:
- Parliamentary election
- Local Council election
European election

At the present time we know there will be Parliamentary election on 7 May. The latest date for issuing notices for the election is 30 March so unless the notice is issued before then, purdah will start on that date.

What does the law say about purdah?

Section 2 of the Local Government Act 1986 provides that ‘a local authority shall not publish or assist others to publish material which, in whole or in part, appears to be designed to affect public support for a political party’.

Councillors and officers should not issue publicity that could be construed to be aimed at influencing the public on how to vote.

Publicity should not deal with controversial issues or repeat views, proposals or recommendations in a way that identifies them with individual Members or groups of Members.

What constitutes ‘publicity’?

Publicity is: *'

‘any communication, in whatever form, addressed to the public at large or to a section of the public’.

Publicity includes: *

- Newspapers
- Newsletters
- Leaflets
- Plans and publications
- Posters
- Campaigners
- Advertisements
- The Council’s website
- Conferences and exhibitions
- Consultation documents
- Reports
- Photographs
- Hosting of material created by third parties.

Publicity should not report the views or proposals of candidates or parties.
Organisations funded by the Council must abide by the legal rules. Therefore, if it is a wholly funded organisation, photo opportunities by candidates in these premises must be avoided.

Annual report 2015-2016

We are required by legislation to produce and publish an Annual Report by the end of June 2015. As with our first Report published last year, much of the content is mandated but there is an opportunity for Board members to make suggestions of elements that they would like to see included or for improvements on last year’s report, could you email suggestions to Chris Knighton (chris.knighton@healthwatchnorfolk.co.uk) by 31 March. Clearly, the Report will draw on much of the content of the recently agreed strategy document.

Following your initial input the timetable for production of the Annual Report will be:

- 4 May Circulation of first draft of the annual report
- 11 May Comments from Board and others to Chris Knighton
- 18 May (following board meeting) Annual report to design process
- 1 June Circulation of designed draft of Annual Report
- 10 June Publication

CQC places Family Health Care Centre GP Practice into Special Measures

England’s Chief Inspector of General Practice has placed a Norfolk GP practice into special measures following an inspection by the Care Quality Commission.

The Care Quality Commission has found the quality of care at the Family Health Care Centre GP Practice to be Inadequate following an inspection carried out in October 2014. A full report of the inspection has been published today: [http://www.cqc.org.uk/provider/1-199716359](http://www.cqc.org.uk/provider/1-199716359)

The Family Health Care Centre provides a primary medical service to 5,360 patients living in and around Gorleston-on-Sea in Great Yarmouth, Norfolk.

Under CQC’s new programme of inspections, all of England’s GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led. Inspectors found that while the Family Health Care Centre staff offered a caring and supportive service, there were limited systems in place to monitor the safety and effectiveness of the care and support that was being provided to patients. Data showed that patient outcomes were at or below average. The practice could not always provide evidence that care and treatment was delivered in line with professional guidelines.

The report highlights a number of areas where improvements must be made including:
· The practice must establish systems to monitor the quality of the service, including regular clinical audits and an effective process for identifying, reporting and investigating significant incidents and complaints.
· There was no clear leadership structure and staff did not always feel supported by management.
· The practice must ensure that medicines are safely stored and fit for use.
· The practice must strengthen the clinical leadership for infection control and seek assurance that the quality of cleaning at the practice is being maintained.

CQC is working closely with Great Yarmouth and Waveney Clinical Commissioning Group and NHS England to support the practice, which is provided Dr Keivan Maleki, while it addresses the issues identified by the inspection.

Janet Williamson, Deputy Chief Inspector of General Practice and Dentistry in CQC’s Central region said:

“It is important that the people who are registered with the Family Health Care Centre can rely on getting the high quality care which everyone is entitled to receive from their GP.

Although the patients we met told us they were treated with dignity and respect, we also found that care and treatment was not always delivered in line with best practice. The lead GP worked hard to maintain the service but had limited clinical and managerial support in place to develop a clear vision and strategy for the practice.

“We know that the Family Health Care Centre has acknowledged the areas where action must be taken. We have found significant areas of concern, which is why we are placing the practice into special measures - so opening the way to support from NHS England among others.

“We will continue to monitor this practice and we will inspect again in six months to check whether improvements have been made. I am hopeful that the practice will do what is required for the sake of its patients, but if we find that the service remains inadequate, we will consider taking further action.”

Staffing implementation timetable

All staff have been consulted with over the proposed restructuring that was agreed at the Board Away-Day in February. The new organisational structure is set out below. Recruitment to the three new posts will take place over the next month with a provisional implementation date being set for the 1st May 2015.
Organisational Structure: