



Healthwatch Hertfordshire

Annual Report 2015/16

Contents

- 2 Introduction**
- 3 Chair's Introduction
- 5 A Message from our Chief Executive
- 7 Who We Are and What We Do

- 9 Looking Forward: Our Strategy**
- 11 Our Core Values
- 12 Strategic Objectives

- 17 Engaging with Communities**
- 18 Giving People Advice: Signposting
- 20 Projects & Research
- 31 Groups & Forums
- 34 Children & Young People
- 36 Volunteering
- 38 Communications & Membership

- 41 Having Strategic Influence:
Engaging with Decision Makers**
- 42 Representation
- 44 Influencing Strategy & Service Improvement
- 49 Integration
- 49 Social Care
- 50 Mental Health
- 51 The Care Environment
- 56 Other Projects

- 58 Structure & Governance**
- 59 Governance
- 61 Our Team: A New Way of Working
- 63 The Stakeholder Panel
- 63 The Healthwatch Network

- 44 Finance**

- 67 Sharing this Report**

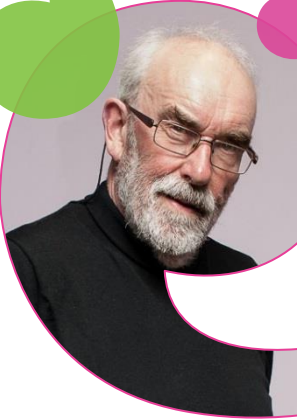
- 69 Appendices**
- 70 Care Home Recommendations
- 78 Dementia Action Alliance Action Plan





healthwatch
Hertfordshire

Introduction



“Top down changes, which do not carry the public with them, will not succeed. We have a role here in talking to policy makers and our public about how to avoid disaster.”

Michael Downing Healthwatch Hertfordshire

Chair's Introduction

I cannot resist the temptation to start with a quotation from the Major General's song in 'The Pirates of Penzance.'

'In short when I've a smattering of elemental strategy.'

This is not just because the 'topsyturvy' world of W.S. Gilbert seems apt to describe much of the present state of health and Social care, but because this seems to have been a year dominated by the word 'strategy.' We have spent a lot of time and effort developing and finalising our own strategy as well as engaging in the regular work of commenting on the strategies produced by others. This is not activity which grips the imagination of many people, and I often wonder what happens to so many carefully compiled strategies which are so quickly replaced by revised versions.

What I can say is that for Healthwatch Hertfordshire a clear strategy, complemented by a work programme, has enabled us, fully staffed for the first time, to develop our work in a more systematic way. All this is well set out in the following pages. Along with much else that is impressive, I would highlight the continuing engagement

with young people, the work on dentistry where, sadly, much of what is said about confusion over charges could have been written twenty or thirty years ago. The work on Complaints illustrates much good practice, but still much uncertainty among patients and service users about the system. We shall be dealing with this in more detail at our AGM.

In my days as a Market Research interviewer I was always struck by the contrast between answers to a general question, where the NHS was invariably identified as a critical issue, and answers to specific questions about personal experience of the NHS which usually demonstrated considerable satisfaction. I suspect this would still be the case if not, perhaps, with Social Care. This is not a reflection on the work of people in Social Care as much as a consequence of the way its resources continue to be reduced. This imperils the vital work of closer integration to provide a seamless service for the public.

Major changes in the way services are organised and delivered are inevitable and may be welcome. It is worth reflecting that, well over a century ago, Florence

Nightingale argued that hospitals, as traditionally understood, were out of date and should be effectively abolished. She was not optimistic that this could be achieved much before the end of the twentieth century. Top down changes, which do not carry the public with them, will not succeed. We have a role here in talking to policy makers and our public about how to avoid disaster. To end on a positive note, I comment this document and offer my profound thanks to all those - staff, volunteers and fellow board members for their continued excellent work on behalf of the people of Hertfordshire.



“Ensuring that the voices of patients and service users are heard is fundamental activity for us.”

Geoff Brown Healthwatch Hertfordshire

A Message from our Chief Exec

Reflecting on 2015-16, I think we can be proud of our achievements, but also need to be aware that for service users and patients in Hertfordshire, there are still many challenges ahead to provide high quality integrated care services. Our role is to represent and champion patients and the public; making sure their perspective is at the centre of service provision and future plans. Reading this report, you'll see many examples where we have helped this happen in practice, but many of our daily signposting calls occur when the care system has not always worked as it should.

Our research projects during the year have reflected concerns raised with us: a large scale project on access to dental services conducted in partnership with Public Health England typifies our approach. We have also focused on patient experience of the health and care complaints processes, seen improvements in complaint handling and are looking to share good practice across the system.

Our award winning work on GP Access, reported in last year's plan, has been influential in the positive

developments occurring with GP services in East Hertfordshire. Our plans for the coming year include an ambitious project to help empower the Polish community to have a say about their health needs and participate in decision-making processes.

Ensuring that the voices of patients and service users are heard is fundamental activity for us. Our Service Watch Groups bring together service users, carers, advocates, the voluntary sector, providers and commissioners. Issues addressed in the last year include our call for evidence relating to dual diagnosis services and our assessment of A&E services for people with sensory or physical disabilities.

Engaging with communities needs to reflect a broad range of views: in the last year we have heard from experts by experience who have detailed knowledge of how services work (or don't), and looked to engage the wider community too. Our database of 4,500 residents across the county gives us a much greater opportunity to reach out to communities including those whose views are less often heard.

Our engagement of Children and Young People has again been very successful in 2015-16 and an annual report focusing on this work is available. Our youth membership now tops 500 and successful initiatives have included work around feeling good week, making young people aware of rights in health and care and helping voices be heard around, for example, the provision of CAMHS services.

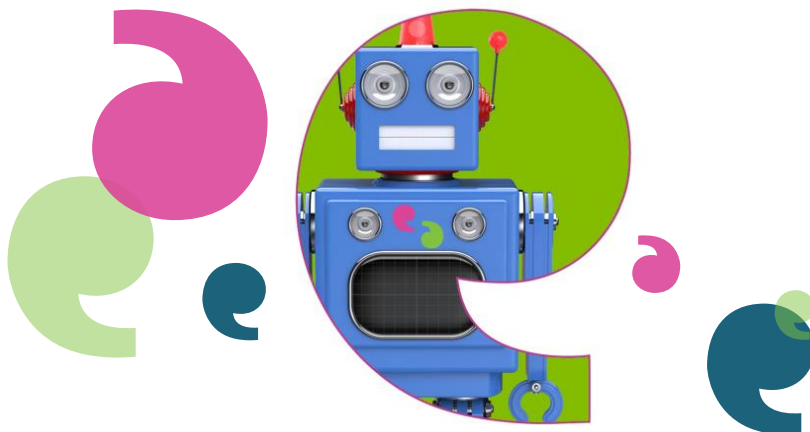
As well as working with communities and service users, Healthwatch needs to work with a wide range of partners from pharmacies to voluntary and community organisations. Our relationship with Commissioners and Providers continues to be strong and we are fortunate in Hertfordshire that our health and care colleagues welcome our input to help them improve services.

Here, as with much of our activity, the input of our volunteers in the last year has been crucial - without them we couldn't be represented on over 80 groups, boards and committees across the county, shown in a chart in this report. This includes everything from strategic activities such as Your Care Your Future and the Integrated Care

Programme Board to locality groups or those looking at improving specific pathways.

We also assess the quality of services from a patient perspective and volunteers play a vital role here too. This includes our Enter and View visits, and our support for PLACE visits. We feedback a patient perspective into Quality Accounts and work closely with Health Scrutiny to ensure the patient voice is heard when services are held to account. The last year has also seen us focus our attention on a range of specific areas including dementia, patient transport and services for the Trans community, and we have worked with commissioners to help transform services individuals receive at home. Ensuring quality remains a key focus during times of fiscal pressure.

The year has been a demanding one and an exciting one. A clear strategy and operational plan for the year ahead gives us an excellent opportunity to achieve even more next year, particularly as we have now reached our full staffing levels for the first time. Finally, a thank you to the Board for their support, our volunteers for all their commitment and to the staff team. The staff demonstrate



on a daily basis the Healthwatch values of being independent, credible, compassionate and supportive, they are hugely conscientious and every day help us strive to be and influential and improve health and care services for Hertfordshire residents.

Who We Are and What We Do

Who are we?

Healthwatch Hertfordshire is the independent consumer champion for health, social care, and public health in Hertfordshire. More simply put: we represent the public's views on health and social care at a strategic, or decision maker, level. We have significant statutory powers to ensure the voice of the consumer is strengthened, and heard, by those who commission, deliver, and regulate health and care services.

Our primary focus is on services provided in Hertfordshire, but our work doesn't stop at the county border. We also work with several out of county organisations that provide services to Hertfordshire residents such as the Royal Free

London NHS Foundation Trust hospitals in London and the Princess Alexandra Hospital NHS Trust in Essex.

There are over 150 local Healthwatch across the country; one for each local authority area. As part of this national network our impact extends beyond Hertfordshire. We not only contribute to local decision making, but also feedback to our national body (Healthwatch England) and the Care Quality Commission (CQC) on matters that warrant a national response.

What do we do?

Our role can be summarised as follows:

- Gather evidence and the public's views on health and social care.
- Produce reports, and make recommendations, about how local care services can be improved (we often do this through targeted research projects and 'Enter and View' visits).
- Provide information, advice and signposting to Hertfordshire residents.
- Sit on Hertfordshire's Health and Wellbeing Board to act as a 'critical friend'.

Information, Advice and Signposting

We offer a signposting service and also provide information about local services on our website. We get a lot of calls from people looking for information, advice, and support so we quite often go above and beyond a typical signposting role to ensure everyone who contacts us gets the information, or service, they need. For more information on signposting, see page 18.

Gathering Evidence and the Public's Views

We recognise that health and social care is constantly under pressure and undergoing transformation. We are equally conscious that a strong evidence base is essential for enabling change and allows us to represent the public effectively. We collect feedback in a number of different ways through: targeted research projects, public events (such as fetes and festivals), professional events, service user/patient groups, our website, and over the phone. Our database of feedback is constantly expanding allowing us to present data to the right decision makers, at the right time, to ensure the public's voice is heard.

Reports and Recommendations

We produce a number of reports to present our findings and provide recommendations for service improvement. One way we do this is through our statutory power to 'Enter and View' services using our team of trained volunteers. For more information on Enter and View, see page 51.

How are we Commissioned and Funded?

Healthwatch Hertfordshire is a charity and limited company, funded by central government and commissioned by Hertfordshire County Council, and is a completely independent body. Our funding covers the basic costs of running the organisation and fulfilling our statutory functions.





Looking Forward: Our Strategy

This year, we have published our strategy for 2016 - 2020; this outlines our vision and strategic objectives for the next 4 years. We are a values driven organisation, and this is very much at the heart of our strategy and runs through everything we do. For the full version of the strategy, please visit our website at: <http://www.healthwatchhertfordshire.co.uk>.

Here is a summary of our strategic objectives and how we plan to deliver against them:



Our Core Values

Compassion & Equality

- We are empathetic to the experience and voice of individuals
- We work in an inclusive way, showing respect for all
- We are part of the community and are committed to the wellbeing of all people in it
- We are approachable, and trusted
- We promote equality & diversity



Influential

- We gather, and search for, data and intelligence to influence, and challenge, decision makers
- We offer practical and feasible ideas for change in our findings, and related recommendations
- We work towards positive working relationships with those empowered to lead locally on health and social care provision



Credible

- We set a work programme that is consistent with strategy, realistic, makes a difference on the ground, with specified outcomes
- We have good and transparent governance
- We want to be here for local people in the long term
- We do not promise what we cannot deliver, or promise for others
- We strive to ensure that the views expressed by our representatives are those of HwH, and not an individual opinion.



Independent

- We listen to people and speak on their behalf without judging
- We are politically, and organisationally, impartial, challenging those in power locally to design and deliver health and social care services from that position
- We are pleased to highlight what works well, and confident in reporting identified problems
- We use our independence to enable creative approaches to our work



Supportive

- We always work with positive intent
- We promote and practice the idea of 'critical partnership' with local bodies, without compromising our role to challenge, or their role as decision makers
- We will challenge each other in a supportive and constructive way
- We share our learning and learn from others
- We use our Stakeholder Panel to generate extensive and supportive networking
- We take collective responsibility as a 'Healthwatch Team' and help each other to be successful.



Strategic Objectives

What is important to us

Having strategic influence over health and social care in Hertfordshire

We will do this by

Participating in key health and social care developments focusing on:

- Safeguarding
- Dementia
- Increasing our work with social care
- Developing and maintaining strategic relationships
- Retaining flexibility to respond to unplanned activities at short notice
- Contributing to the 'Your Care Your Future' West Herts strategic review

We Aim To

Train 20+ members of staff
and volunteers for
safeguarding per
year



Influence the strategy for public and
patient involvement in 'Your Care Your
Future'



Represent the patient
and public voice at
over 85+ boards/
committees/meetings

Train 30+ members of
staff and volunteers
on dementia per year



What is important to us

Going from evidence to outcomes

We will do this by

- Strengthening our policy, partnership, and research capacity
- Broadening engagement and awareness
- Developing our signposting service
- Making the most of our stakeholder panel
- Giving young people (16 - 24) a say
- Providing analysis of key trends from contacts and research

We Aim To

Deliver 4 large to mid-scale research projects per year, in addition to adhoc smaller research projects



Attend 20+ events, per year, to engage with the public and with professionals to collect evidence (excluding youth engagement)

Resolve 95% of signposting queries on first contact



Increase Youth membership to 600 members to represent the views of young people



What is important to us

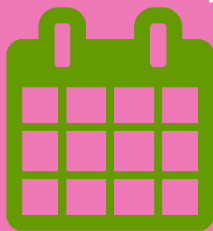
Growing our reach and communications

We will do this by

- Developing and implementing a communications strategy
- Making the best of 4,000 members
- Developing and increasing the diversity of our contacts with the public
- Meeting the Accessible Information Standard and producing literature in easy read, where possible
- Developing our website to provide information and collect feedback
- Having an effective stakeholder panel

We Aim To

Attend 12 local events per year



Have 10 radio appearances per year



Continue to grow the number of hits on our website



Hold quarterly meetings with our stakeholder panel



Double our Stakeholder Panel membership



Increase our Twitter followers to 1,600

What is important to us

Strengthening the voice of the public

We will do this by

- Developing a wide range of innovative and effective ways for the public to engage in providing use with their views and experiences
- Sustaining and developing our Enter and View programme and Patient Lead Assessments of the Care Environment (PLACE) with Trusts
- Giving voice to seldom heard and disadvantaged people and communities
- Implementing key, time limited engagement projects each year to support the strategy
- Building lasting relationships with other organisations to share learning and patient experiences

We Aim To

Do 30+ Enter and View visits, per year, and provide recommendations based on the users perspective



Increase the volume of volunteers for PLACE and Enter and View by 25%



Develop a process for reviewing commendations to escalate to commissioners and CQC

Deliver a research project focused on Eastern European migrants and communities by 2017



Contribute to 7+ Quality Accounts per year



What is important to us

Securing sustainability and quality

We will do this by

- Making better use of information technology
- Reviewing staffing requirements to deliver on our strategic priorities
- Growing our pool of trained and active volunteers, within a reviewed framework
- Strengthening governance and accountability
- Cultivating an enterprise culture and developing a business model to sustain Healthwatch Hertfordshire

We Aim To

Increase ICT usage to enable staff to fulfill their duties



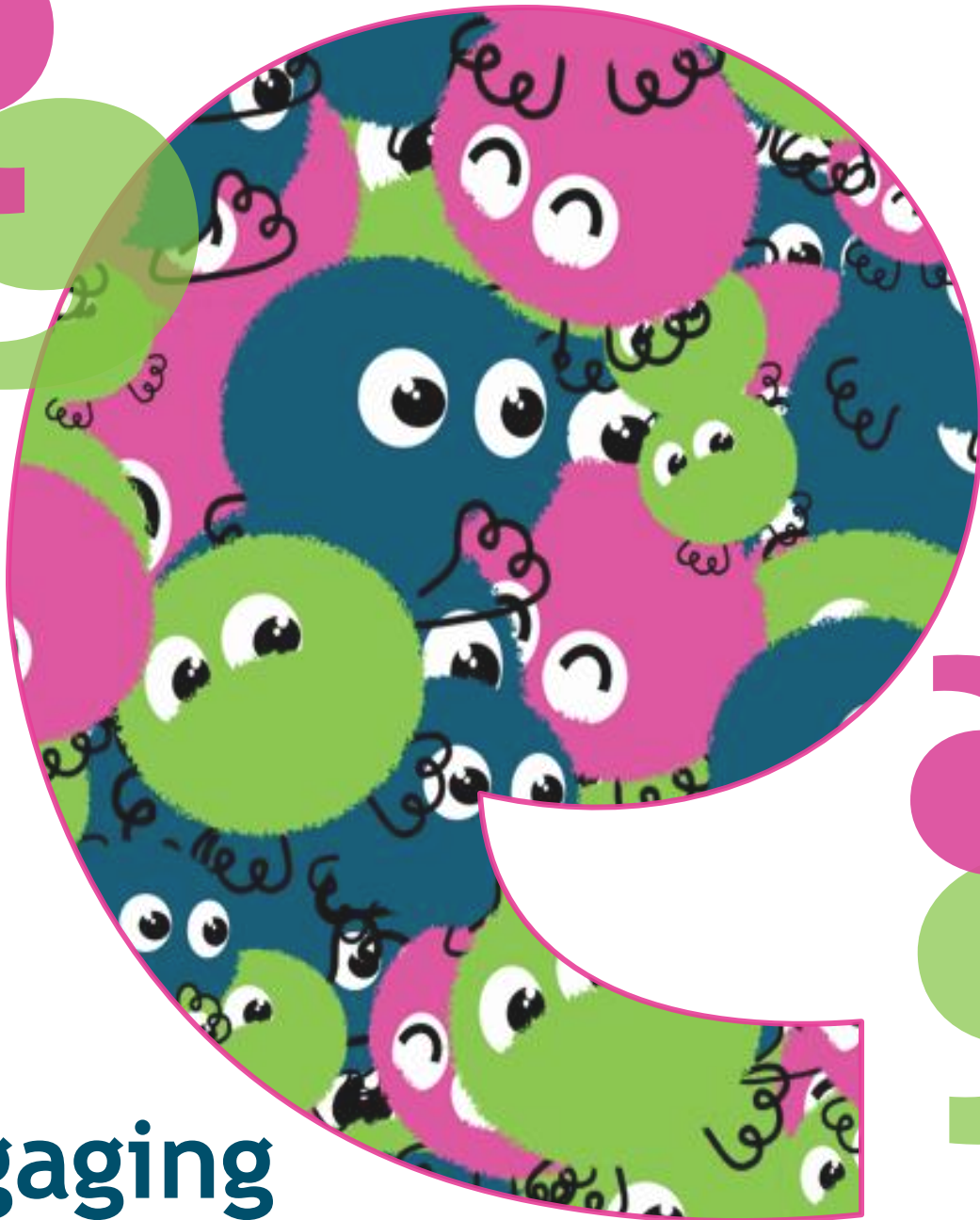
Publish all reports, and meeting papers, to our website within 1 week



Increase our number of volunteers by 25%



Hold 10 board events and 16 team events, per year, to share learning and improve governance



Engaging with Communities

Giving People Advice: Signposting

As part of our statutory duties, Healthwatch Hertfordshire provides a signposting function for the general public. Working closely with other signposting and advocacy organisations such as HertsHelp, POhWER, and the Patient Advice and Liaison Service (PALS), we ensure that people are directed to the service they require, or get the support they need, in partnership.

Most of our signposting interactions are complex and are usually rooted in the individual's previous experiences with the health and social care system. The majority of the calls we received this year can be categorised into the following themes:

- Complaints and information
- GP appointments
- Gaps in services and provision
- De-registering of patients
- Unsafe discharge

- Data protection
- Communication
- Compliments

The most common reasons we are contacted by the public are:

- The need for support, or information, on how to complain

“Complaints, GP appointments, and gaps in services are the three most common themes dealt with by our signposting service”

● The need for information on what services are available and where they are located

● The need for information and clarity around patient's rights, what they should expect, and who they should contact if this does not happen.

Complaints, GP appointments, and gaps in services are the 3 most common themes dealt with by our signposting service. We continue to receive a lot of feedback related to the NHS complaints system and have therefore commissioned a project specifically targeted at

identifying people’s experiences with complaints (see page 24).

As previously mentioned, most of the calls we receive warrant an intervention that extends beyond simple signposting. The following case studies are just a couple of examples of the type of cases we deal with:

Case Study: Specialist Nursing Capacity (Multiple Sclerosis)

Reason for contact	What we did
<p>The Multiple Sclerosis Society contacted Healthwatch Hertfordshire to express concerns about the length of time a specialist nursing post had been vacant; it transpired that the post had been vacant for roughly one year.</p> <p>This vacancy resulted in patients with MS not getting the specialist support required. At the time of the call, there was no indication that this was going to change.</p>	<p>In response to this concern, Healthwatch Hertfordshire coordinated a meeting between Herts Valleys Clinical Commissioning Group (HVCCG), the MS Society, and Parkinson’s UK in August 2015. The outcomes of this facilitation were:</p> <ul style="list-style-type: none"> • Healthwatch Hertfordshire escalated concerns about the lack of specialist MS nursing to both Clinical Commissioning Groups • HVCCG agreed to pilot a new model to meet the needs of those with Multiple Sclerosis • MS Society and Parkinson’s UK provided evidence of successful models elsewhere • Hertfordshire Community NHS Trust (HCT), MS Society and Parkinson’s UK met to develop a new model

- HVCCG committed to producing a business case for the recommissioning of the service

Case Study: Dental Complaint

Reason for contact	What we did
<p>A patient contacted Healthwatch Hertfordshire regarding a complaint that they had been made to a dental practice. The complaint specifically related to the dentist’s experience of administering fillings. The patient felt the experience had been unpleasant and more could have been done to make it bearable; the patient felt the dentist had “ruined [their] mouth”.</p> <p>The patient had written a letter of complaint to the dental surgery, but had been waiting for the outcome of the investigation.</p>	<p>Healthwatch Hertfordshire provided the patient with detailed information on how to make a complaint to the NHS and also signposted the patient to POhWER, in case they required advocacy or support to escalate the complaint.</p> <p>Healthwatch Hertfordshire followed this up a week later to determine what progress had been made with the complaint and to check whether any additional support was required.</p> <p>The patient thanked Healthwatch Hertfordshire and said they were going to change dental practices. They also said they would be escalating the complaint, using the information provided, if a satisfactory response was not received.</p>

Projects and Research

GP Access: Impact

Our work on GP Access was the winner of the Healthwatch England award for the ‘Making a Difference to Healthcare’ category in 2015. During the last year the results of our work have helped with the development of a number of strategic initiatives in the Bishops Stortford area involving the Clinical Commissioning Group (CCG) and GP practices. These initiatives have focused on the practices working more closely together, addressing premises issues, and improving access to services. The CCG has involved us in this work, and we look forward to seeing the

implementation of proposals which enhance the quality of access for patients.

Access to Dental Services

Number Crunching	
Participants in Total	195
Responses to the Online Survey	126
Focus Groups	6

Healthwatch Hertfordshire was approached by Public Health locally to support an ‘Oral Health Needs Assessment on Access to Primary Care Dental Services.’ The role of Healthwatch Hertfordshire was to lead on

gathering the lived experiences of people using local NHS dental services for dental treatment, or Community Oral Health Promotion Programmes, to prevent dental decay. The area covered in Public Health's Health Need Assessment comprised of: Northamptonshire, Milton Keynes, Bedford Borough, Central Bedfordshire, Luton, and Hertfordshire, however all of the findings published in our report are only relevant to Hertfordshire.

The main objective of this work was to understand: how people use dental services, whether dental services could be improved, and to seek views and experiences from seldom heard groups.

Public engagement for this work ran over a period of 3 months from July to September 2015, and consisted of an online survey supported by six focus groups. The response was positive totalling 195 participants; 126 who took part

in the online survey, and 69 people attended the focus groups.

What We Found

68% of those asked
visited a dentist in
the last 2 years.



- The main reasons people hadn't visited a dentist in the last 2 years were:
 - Cost/expense
 - Inability to find a practice accepting NHS patients

"The dental nurse there is ever so nice"



- 91% felt their appointment was at a convenient time



- 92% were happy with the waiting time between booking the appointment and seeing the dentist



- Only 2% of respondents commented on disabled access being a positive experience

“They understand learning disabilities well and treat me with respect.”

“I had to take my twin babies out of their pushchair as the dentist would only see me upstairs even though I asked to be seen downstairs”

When asked if they knew which treatments came under each band, only 21 people said ‘yes’



- 55% of people felt there wasn’t enough reliable, accessible information about NHS dental services

“Excellent service in every respect”

- 66% did not know about NHS pricing bands
- 535 of people turn to family, friends, or use word of mouth in trying to find out if dental practices are accepting NHS patients. Only 32% used NHS choices.



- 90% of respondents had never received oral health advice from a non-dental health professional. However, 63% of people felt it would be helpful for this to happen.

“When he found out [I was HIV positive], he literally just stepped back, and it made me feel really uncomfortable then, and haven’t been back.”

What we did

Following this research, Healthwatch Hertfordshire made a number of recommendations including:

- Clear placement of costs and treatment bands in all practices
- Clarity for patients regarding whether they are receiving, and paying for, NHS or private treatment in advance
- Dental practices to make it clear if they are taking NHS patients or not
- Dental staff to make use of the purple folder used by patients with learning disabilities
- Dental staff to signpost patients with a physical disability to alternative practices if their premises cannot accommodate them
- NHS England to promote information on dental services more widely



As well as making recommendations, our findings will be shared with the Local Dental Network, NHS England (both locally and nationally), Healthwatch England, and the Care Quality Commission (CQC). Furthermore, as a result of this work, dental practices have been selected as one of the next priorities for our Enter and View visits which will be taking place in 2016.

For the full report visit our website: www.healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

The Patient Experience of Health and Care Complaints Process

Number Crunching	
Face to Face Surveys	705
Young People Engaged	75
Interviews with Complainants	86

We took part in a consultation with 10 providers and commissioners:



In consideration of the large proportion of feedback we receive related to complaints, in both health and social care, we undertook a targeted piece of research to better understand patients’, service users’, and carers’ experience of the complaints system. Our main objective was to learn as much as we could about people’s experiences, so we could effectively influence improvements in the complaints process.

In order to tackle such a vast and complicated area, we decided on a two stage approach; first we engaged with providers and commissioners, we then consulted the public.



“I just think the whole process needs to be a bit clearer and taken more seriously”

Engagement with Providers and Commissioners:

We consulted 10 providers and commissioners to better understand the processes and resources available. We found that:

- All organisations could provide their complaints policy in alternative formats, such as easy read, upon request.
- Very few organisations collate or triangulate feedback they receive from multiple sources
- Although all organisations stated they work with POHWER to promote services to complainants, they couldn't always be sure what point in the process this would happen
- There are several good examples of organisations collecting feedback more widely through: conversation cafes, stakeholder and patient groups, and the use of patient representatives.

Engagement with the public

To gather the views and experiences of the public we: consulted 705 people face to face; engaged with 75 young people (face to face and online); and we interviewed 86 complainants who had personal experience making a complaint.

What we found:

“Could only make informal complaint because no-one was prepared to discuss the circumstances relating to a carer who was not related to the patient”

“Nobody told me about the complaints process - even when I complained”



“Any information was unclear - almost confusing - it took a week to find who to complain to”

“Yes I was treated seriously - felt the problem was being dealt with - felt that efforts were being made for improvement”

- Children and young people as a group are less likely to complain compared to adults, even if they want to.

People wanted more publicity and information around complaints.

“I just think the whole process needs to be a bit clearer and taken more seriously”

- Children and young people give the same reasons as adults for not complaining when they wanted to.

- People find the NHS complaints process complicated and complex.

“Nobody told me about the complaints process - even when I complained”

- More people don't complain than complain because they don't feel that it will make a difference, they don't feel supported, they don't know how, or they worry it will adversely affect their care or treatment.

“You were treated with compassion but felt you were not really getting anywhere and not really listening to me”

“We believe the complaint to [the hospital] was resolved with a satisfactory outcome”



- Complainant highlighted that organisations did not comply with their own established procedures when dealing with a complaint, which made things more confusing.
- Complainants' experiences of the complaints process contradicted the way complaint handling should work.

What we did:

Following this large consultation, we made 9 recommendations to all of the 10 providers and commissioners we engaged with. Some highlights include:

- To ensure all organisations provide their complaints policy on their website
- All organisations to adopt the 'You Said, We Did' approach
- Make accessing the Patient Advice Liaison Service (PALS) accessible and provide information about it
- Explore the use of social media for complaints

- Ensure advocacy services are promoted
- To complete a 6 monthly, or 12 monthly, independent audit of complaints handling

For the full report, including all the recommendations made, please visit our website: www.healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

WHHT Qualitative Review of Complaints Handling

Following our work on the 'Patient Experience of Health and Care Complaints Process' (see page 24) West Herts Hospital Trust (WHHT) asked us to complete an additional project; a qualitative review of final response letters to complainants.

We analysed 20 complaints, and the accompanying final response letters, spanning from 2013 to 2016 to assess: whether there had been any improvements in responses to complaints during this time period, to identify good practice, and to identify where improvements could be

made. We used the Parliamentary and Health Service Ombudsman (PHSO) ‘Principles of Good Complaint Handling’ as the basis for our analysis; the principles of which can be summarised as follows:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

What we found:

Following this analysis, we identified that, overall, the standard of responses was consistently high and showed marked

improvement from 2013 to 2016. Furthermore, response letters consistently stated who investigated the complaint; this always seemed to be an appropriate person.

- In 2016, 80% of responses were from the CEO

“The standard of responses [to complaints] was consistently high and showed marked improvement from 2013 to 2016”

- The tone of the letters was considered to be at a very high standard, and showed the complainant respect and courtesy

- The responses were easy to understand; technical terminology was explained, or avoided, where possible

- 80% of complainants were offered appropriate remedial action in 2016

- ‘Honesty and transparency’ scored the lowest in the review which focused on if the final response letter addressed all the

complaints concerned, and whether all decisions and outcomes were explained fully.

- The advocacy service POHWER was not signposted to in any final response letter, however the option to speak to the complaints team was generally offered.

What we did

Following this qualitative review, we made 11 recommendations to the West Herts Hospital Trust. Some highlights include:

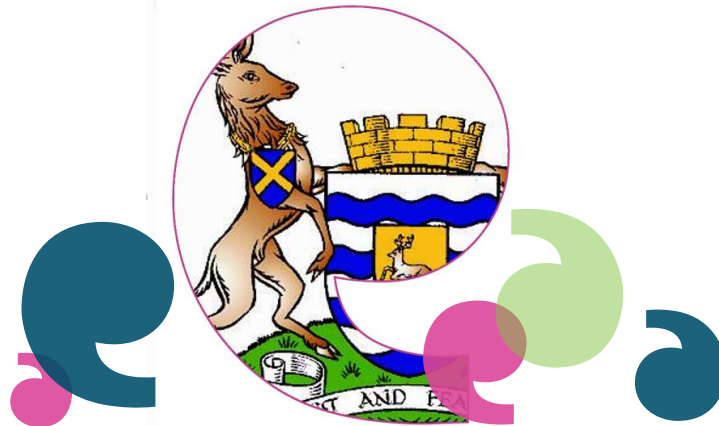
- To ensure all issues raised in a complaint are answered in the final response letter
- To ensure all complainants are offered the option to discuss the outcome of the complaint
- To ensure acknowledgement of responsibility, where appropriate
- To ensure final responses signpost to the PHSO (Parliamentary and Health Service Ombudsman)
- Make complainants aware of advocacy services such as POhWER

For the full report, including all the recommendations made, please visit our website: www.healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

Eastern European Project

This engagement project has been re-scoped this year following an opportunity to work in partnership with the University of Hertfordshire. Our focus will be on working with the Polish community to identify common health issues, and barriers to care, with the aim to improve health outcomes for this underrepresented group. Taking a community empowerment approach, we will be consulting members of Polish community regarding our methodology to help to shape the design of the project for maximum participation. The research methodology will combine quantitative and qualitative data collection,





and we are aiming to capture both professional expertise, and the views of this seldom heard group.

The aims of this project are:

- To improve health outcomes for the Polish community in Hertfordshire
- To reduce health inequalities for Hertfordshire residents
- To empower the Polish community to have a say about their health needs and participate in the decision-making processes.

Whilst still in the planning stage, we will conduct a county wide survey to gather the views of the Polish community to influence the focus of the project. Using this data, we

will then hold focus groups, comprised of people with young families and single males, to build a picture of the

main issues and health needs.

These interactions will be conducted in the native Polish language to ensure language barriers do not impact negatively on engagement. In order to achieve this, we are currently going through the process of recruiting Polish speaking 'European Officers' who

will engage with the Polish communities directly.

Once we have collated and analysed our research we will provide this information to commissioners and providers to influence the commissioning of health services.

If you would like more information about this work, or would like to get involved, please contact us at info@healthwatchhertfordshire.co.uk

Groups and Forums

Planned and Primary Patient Network (Herts Valleys Clinical Commissioning Group)

The Planned and Primary Patient Network is coordinated by the Herts Valleys Clinical Commissioning Group, however is facilitated by us as an independent facilitator.

This network provides opportunities for patients to raise issues with commissioners and takes place on a quarterly basis.

Discussions are often focussed on the areas for service improvement, from the patient's perspective, on topics such as medicine management and wheelchair services. We provide representation at this forum to represent the views of the public, and feedback information we have collected through engagement.

“We represent the views of the public, and feedback information we have collected through engagement at groups and forums”

Mental Health and Learning Disabilities Service Watch Group (MHLD SWG)

The MHLD SWG is organised, coordinated, and facilitated by Healthwatch Hertfordshire and is specifically focussed on collecting the views and experiences of patients, carers and service users of mental health and learning disability services. We also have representation from self-

advocates, service providers, voluntary sector organisations and commissioners, making this a well-attended group.

The group meets bimonthly and rotates focus between mental health and learning disabilities; however, cross cutting issues are quite often discussed. We produce all documentation in easy read, where possible, to ensure information is accessible to all of our members.

In order to maintain focus and identify high priority areas, the group co-produces a workplan for the year. This year the group has achieved a lot, including:



Dual Diagnosis

A review of patient experience with the drug and alcohol and mental health services was undertaken to gather views and experiences of those with a dual diagnosis (i.e. a diagnosis of a mental illness and substance abuse). A call for evidence was completed, and a task and finish group was established, however this work will be continuing into 2016/17. For more information of this project, please see page 50.

Enter and View Volunteers with Learning Disabilities

A longer term project to train volunteers with learning disabilities to deliver Enter and View visits has also been scoped. Other local Healthwatch in the country have had great success in this area, and so this work will continue. We will be aiming to provide a training package specifically designed for volunteers with learning disabilities, so they can effectively complete Enter and View visits and comment on delivery of services and the care environment. For more information on Enter and View see page 51.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS is currently going through a review, so the Service Watch Group have looked at the transformation plan to better understand the impact this will have on services. Our Youth Health Ambassador sits on one of the working groups for this review, so information from our Service Watch Group is fed back to decision makers via this forum.

Crisis Care Concordat

Healthwatch Hertfordshire is part of the data sharing working group for the Crisis Care Concordat, so this link with the Service Watch Group is key for gathering information to feed back. For more information on our work with the Crisis Care Concordat, please see page 50.

Annual Health Checks

People with learning disabilities are entitled to an annual health check with their GP, however take up is often limited; this is very much on the Service Watch Group's radar. We have discussed annual health checks, barriers to accessing them, and what changes could be implemented to improve take-up.

County Wide Updates

As the Service Watch Group has representation from an extremely broad group of people, we take this opportunity to provide updates on meetings, projects, programmes, and key issues happening across the county related to mental health and learning disabilities.

Representation

We are fortunate enough to have the following organisations as a part of MHL D Service Watch Group:



If you would like to become a member of this group, please contact us at info@healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

Sensory and Physical Disability Service Watch Group (SPD SWG)

Like the MHL D SWG, the Sensory & Physical Disability Service Watch Group is chaired by Healthwatch Hertfordshire and is made up of NHS service users, commissioners, providers, and representatives of organisations such as: Sign Health, Interpreter Now, and Guide Dogs UK. Although we have a good representation from commissioners and providers, we would like to expand our membership and reach to include more of the voluntary sector.

The approach of the Service Watch Group is to collect patient stories, supported by independent research if required, and present these directly to the relevant providers and commissioners for action. The meetings are run in themes, the last theme being 'Access to Emergency Services' and the current theme being 'Access to Estates'. Focus is determined by the group, and there is always

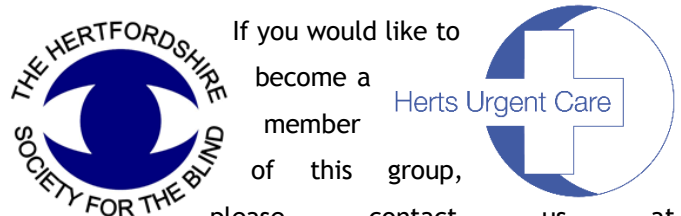
space on the agenda to discuss items outside the current theme; so that we can respond to what is relevant and current.

Representation

We are fortunate enough to have the following organisations as a part of PSD Service Watch Group:



If you would like to become a member of this group, please contact us at info@healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.



Children and Young People

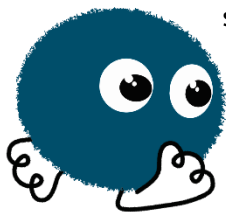
At Healthwatch Hertfordshire we recognise that young people’s views are underrepresented with regard to health and social care services. We therefore have a very specific focus on children and young people through: a separate area of our website, youth membership (that is separate to our adult membership), targeted engagement, a youth magazine, and lots of merchandise for young people! This is all coordinated by our Youth Ambassador, Frankie, who spends his time engaging and gathering the views of young people in Hertfordshire.



Youth Membership

This year we increased our Youth Membership to over 500 young people! Our Youth Membership entitles young people to quarterly newsletters, a printed copy of the Your Voice Magazine, a bag of freebies, and our youth members are the first to know about new opportunities, projects and things to get involved in with Healthwatch Hertfordshire and other organisations.

Over 65% of our youth members are from the East and North side of the county,

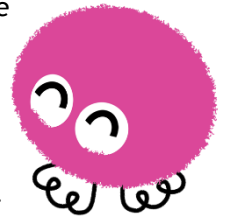


so we would love to gather more views from young people in the West.

If you, or someone you know, would like to become a youth member, please contact us at info@healthwatchhertfordshire.co.uk, or give us a call on 01707 275978

Know Your Rights Game

The Know Your Rights game is a “true or false” game featured on our youth website. The aim of the game is to gather key information about what Young People know about health and social care services in Hertfordshire.



The game has already been played over 100 times so far, and has been shared over 400 times on social media. Feel free to give it a go!

“This year we increased our Youth Membership to over 500 young people!”

The game can be found on the “Fun Zone!” section of our youth website at the following address: www.hwhertfordshireyouth.co.uk

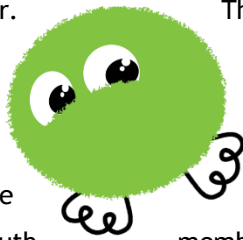
Feeling Good Week

Healthwatch Hertfordshire took over Feeling Good Week in 2016 to make it more accessible for young people. This is a first as young people had never applied for a cut of the money to run a project during Feeling Good Week before. St Albans Youth Council helped in the re-design of

the application and bidding process and our young people also scored the bids. This year, due to the re-design, over a quarter of the applications were made by young people and all applications had young people involved during the design process of the project.

Your Voice Magazine

This is our very own magazine containing the highlights from the feedback we have gathered from young people throughout the year. The magazine also contains outcomes from key projects and events attended by Healthwatch Hertfordshire. The magazine is given to all youth members, and we circulate it to as many professionals and organisations as possible.



If you would like a copy of the magazine, please contact at info@healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

Volunteering

Volunteering: This Year

We couldn't do what we do without our volunteers. In fact, we can't begin to express how important our volunteers are to the work we do! That is why we ensure all our volunteers are fully trained and have an opportunity to get involved in the areas they are interested in.

This year we have provided a number of training courses and events for our volunteers, some of which include:

- Enter and View training for Authorised Representatives
- Safeguarding
- PLACE feedback sessions
- 'What's it like to go on a care home Enter and View visit' from a monitor perspective
- PLACE training
- Disclosure and Barring Service checks
- Monitors Get Together Christmas event
- Newsletters

Volunteering: How to Get Involved

We are continually looking for people to represent us on committees and groups, become Enter and View Representatives, or support some of our other projects. If you are interested in working with us to help improve services around the county, or would just like to find out more

information

about what the role entails, we would love to hear from you.

Please give us a call on 01707 275978, or you can complete a

form on our website at:

<http://www.healthwatchhertfordshire.co.uk/enter-and-view/become-a-rep>.

Future projects that our volunteers will be able to get involved in include:

- Our rolling programme of Care Home visits to look at mental wellbeing
- Enter and View visits to NHS dentists to look at 'Access to Dental Services'
- Patient Led Assessment of the Care Environment audits in Hospital Trusts
- Listening to patient stories

“A massive thank you to all our volunteers for all the hard work they do, and the difference they make to health and social care services in Hertfordshire; we couldn't do it without you!”

We would like to take this opportunity to say a massive thank you to all our volunteers for all the hard work you do, and the difference

you make to health and social care services in Hertfordshire; we couldn't do it without you!



Communications and Membership

Web Site

Our cutting edge website continues to grow, becoming more and more a source of valuable information for the people of the county as well as a way for them to contact us and let us know their view on services. Despite its success, we know that there is always room for improvement, and so there is to be an intense development phase beginning in July which will add many more features, allowing even more flexibility and dynamic use of this valuable resource.



Social media

Our informal - yet informative - approach to social media continues to make Healthwatch Hertfordshire a genuinely exciting and dynamic force online. With 1,402 follows as of mid-June 2016, and averaging 38 mentions every month, our Twitter feed is one of our most valuable tools for spreading information, engaging with the public, and collecting feedback. We are also planning new strategies for Facebook and Instagram to further increase our social media presence.

We haven't utilised our YouTube channel much this year, however we are planning to create a number of videos which will appear on our website over the coming months. These will be primarily focussed on explaining who we are, and what we do, and will support the Accessible



Information Standard through simple animations, and potentially sign language.

Newsletters

In November this year we launched a project, in partnership with the research organisation Praxis, to increase awareness of Healthwatch across the county. We targeted each area based on population and, for the first time, saw an increase in our reach; as a result, our membership rose from around 750 to 4,500. Furthermore, we went from distributing our newsletter from 38 members to almost 2,500! Our phenomenal success with engagement has meant that both the format of our newsletter, and the regularity in which it is published, had to change. It is now released quarterly, and has a sleeker look. Previous issues are still available online and are a good way to find out what we have been doing. Our youth newsletter also continues to be distributed digitally every three months (for more information see page 36). This, coupled with the annual 'Your Voice' magazine, is a great way for us to continually engage with young people across the county.

It's absolutely free to sign up to any of our newsletters, so if you would like to receive any of our publications, or become a member, please get in touch by giving us a call on 01707 275978.

Prizes

In addition to our regular engagement, we also run various quizzes and competitions with small prize giveaways throughout the year. Whether it's the chance of winning one of our much sought after power packs or a gift voucher, our fun promotions enable us to engage more effectively with the public at a time when more and more organisations are trying to be heard.

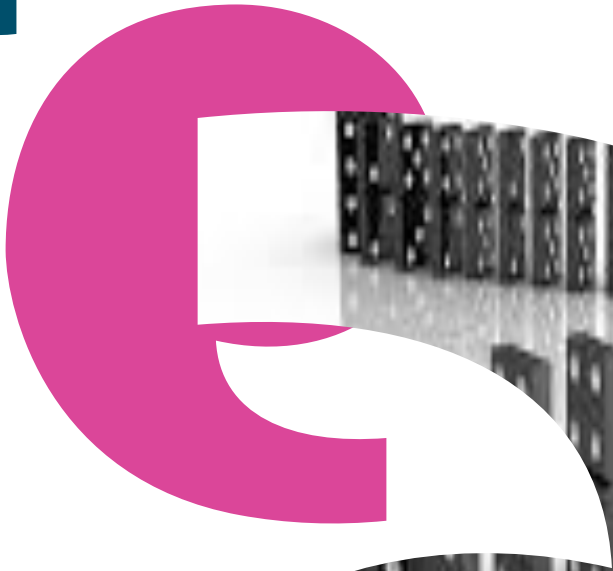
Marketing and Promotion

Our ethos, to make engagement fun, also runs through our marketing strategy. Our creativity and 'out of the box' thinking, has allowed us to build a strong reputation for creating exciting and eye-catching stalls at events. Our inexpensive, but effective, promotional items continue to build our reputation as an engaging and fun organisation, putting us in high demand for community events. A good example of this is the fantastic success we experienced at

Herts Pride. We were thrilled at the level of engagement we achieved, with our trendy branded hats visible across the field. We continue to be proud sponsors of the event and are looking forward to seeing even more people there as we continue to represent the needs and views of the people of Hertfordshire.

If you are having an event, and think we should attend, we would love to hear from you; give us a call on 01707 275978. We can't promise we'll come, but we'll do our best!





Having Strategic Influence: Engaging with Decision Makers



Representation

Public Health: Board

We have continued to have a strong relationship with Public Health and have retained a seat on the Public Health Board to provide a community perspective. This has allowed us to have an input in the decision making process on Public Health initiatives such as: prevention and managing long term conditions, tobacco control, reduction in alcohol consumption, physical activity, sexual health and obesity reduction.

Public Health: Tobacco Control Alliance Group

We also attend the Hertfordshire Tobacco Control Alliance Group to discuss strategies for reducing the prevalence of smoking county wide. Last year we raised an issue regarding access to the stop smoking service due to language barriers; as a result, two Polish speaking professionals have been appointed who will be providing stop smoking support to members of the Polish community. This is particularly important as the Polish community is one of the larger migrant communities in

Hertfordshire with a high proportion of smokers. Some of the positive outcomes that have been achieved through our involvement are:


- Easier, and increased, access to Polish speaking advisors
- An increase in the volume of Polish clients, including pregnant women
- An increase in the number of people quitting smoking

We are also delivering a project specifically aimed at engaging with Eastern European migrants. For more information, see page 29.

The following diagram shows all of the 84 groups, committees, and boards we provide representation on:

Influencing Strategy and Service Improvement

West Herts Hospital Trust: Oversight Group

West Hertfordshire Hospitals 
NHS Trust

Healthwatch Hertfordshire has been a key member of the West Herts Hospital Trust Oversight Group following the Trust's placement into special measures by CQC (Care Quality Commission). Our work has included: supporting the improvement of complaints management at the Trust, auditing processes, and recommending other improvements that have been addressed.

Our primary focus of this work has been highlighting the need for the patient perspective to be the foundation of developments within the Trust, through collection and analysis of patient feedback and monitoring. We have a strong relationship with the Trust which continues to be enhanced through our ongoing work in partnership.



Your Care Your Future



Your Care Your Future is a whole system approach to improving care in West Hertfordshire. At the heart of this programme is the provision of a sustainable model of care closer to home. It is proving to be an excellent example of co-production and Healthwatch Hertfordshire has played a key part in this; offering opportunities for acquiring patient perspectives and assisting with the design of the model for patient involvement.

Dementia: Dementia Action Alliance



Healthwatch Hertfordshire is committed to representing the views of Hertfordshire's citizens and that includes raising the profile of issues facing those individuals with dementia.



We have been actively engaged in the new Hertfordshire Dementia Strategy (2015-19) and we work with a number of health and social care providers (either through representation on their groups or through meetings with key personnel) to improve service design and support for people with dementia.

As part of our Enter and View monitoring, we have focussed our visits on the quality of life of people living in care homes including those living with dementia. We have particularly concentrated on: ensuring that people living in care homes have opportunities during their day to take part in activities that help them stay well and feel satisfied with life; that they have choice and control over their environment, which should be dementia friendly; and that technology (e.g. computers and tablets) are being used proactively to enhance their daily lives. We encourage care homes to access the local training available to enable staff become dementia champions, and to use the Hertfordshire Library's reminiscence collection. This will remain a Healthwatch Hertfordshire priority.

We aim to provide dementia awareness training sessions for our volunteers, Board and staff to not only equip them for their roles, but to spread the message to the wider community to help reduce the stigma associated with dementia. We also have a key role in signposting individuals to the relevant services and community projects in the county.

We are now a member of the Dementia Action Alliance (see action plan in Appendices) and are linked with local Alliances covering East Herts, North Herts and Welwyn and Hatfield and will join up with others as they get established.

Transgender

Our work with trans people has had a focus at both a local and national level. We have continued to liaise with Healthwatch England, in partnership with a number of other local Healthwatch, following the escalation of waiting times at all stages of the transition process at the Gender Identity Clinics. We have also been invited, alongside Healthwatch England and the other local Healthwatch, to be involved in the escalation process to



a NHS England Gender Task and Finish Group meeting to present our findings. Healthwatch England is removing the issue of gender identity clinics off their 'escalation list', but they have assured us that they will be keeping a watching brief as they feel that a resolution for patient's concerns is still a long way off.

NHS England have also set up an on-line blog to keep people up to date with what they are doing. <http://www.england.nhs.uk/2015/09/16/will-huxter/>.

We have also been actively involved in the Hertfordshire Transgender Implementation group. We are pleased to report that this has been well attended by all relevant NHS organisations (Trusts and CCGs), Hertfordshire County Council, GIRES (Gender Identity Research and Education Society), Herts Equality Council, Youth Connexions, and Herts Pride. This group is also well attended by members of the trans community, and is chaired by a trans man, however we also represent trans people in partnership with Viewpoint.

Health Scrutiny



We have worked closely with Scrutiny, led by HCC (Hertfordshire County Council), to scrutinise issues around NHS expenditure and system sustainability. We were also involved in a joint annual event to discuss implementation of the recommendations from the Francis Inquiry report.

Our relationship and involvement with scrutiny remains very important for ensuring that commissioners and providers are held to account, and also remains very much business as usual. We regularly provide input in scrutiny topic groups to provide feedback on issues such as Diabetes and Stroke pathways.

Quality Accounts

Each NHS Trust produces a Quality Account in May. This is a report on how the Trust is pursuing better quality care through a number of priorities that form the focus of the

Trust's yearlong efforts to improve. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

Healthwatch Hertfordshire has a right to comment on the individual Trust's report and throughout the year we meet with the Trusts individually, and jointly, to monitor progress, discuss other areas of concern, and to contribute to the priorities for the coming year.

In 2015 we have provided responses to the following Quality Accounts:

- East and North Herts NHS Trust
- West Herts Hospitals NHS Trust
- Princess Alexandra NHS Trust
- Royal Free London NHS Foundation Trust (Barnet and Chase Farm Hospitals)
- Hertfordshire Partnership University NHS Foundation Trust
- Hertfordshire Community NHS Trust
- East of England Ambulance Service NHS Trust
- Rennie Grove Hospice Care
- Hospice of St Francis

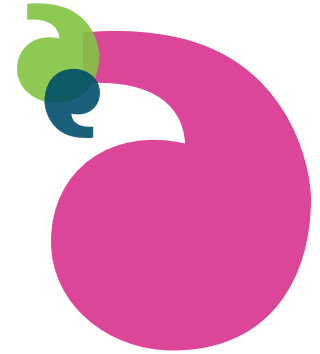
Pharmacies



Our work with pharmacies has primarily been through our relationship with the LPC (Local Pharmaceutical Committee). To date, we have worked with them on issues such as: local pharmacy provision, repeat prescriptions, and the role of pharmacies in the prevention agenda.

Specialist Nursing: Multiple Sclerosis

Our role with the specialist nursing has been primarily focussed on the reduction of support for people with Parkinson's and Multiple Sclerosis, primarily due to staffing pressures. We have facilitated meetings with the commissioners and voluntary sector partners to raise concerns about this lack of provision to ensure that specialist nursing support is available for patients.



Royston Hospital Development

We have supported the development of a modern model of healthcare in the Royston area in partnership with: the MP, GPs, community groups, the CCG (Clinical Commissioning Group), and the County Council.

NHS Choices



Working in partnership with our national body, Healthwatch England, we have influenced the change to information, provided by NHS Choices, related to patient rights in relation to issues of professional misconduct.

Patient Transport Services

We have maintained a close watch on the performance of non-emergency patient transport services delivered by newly appointed Medical Services Ltd (1st April 2015). We provide representation at both the regular regional performance review meetings convened by the East and North Herts Clinical Commissioning Groups

(ENHCCG) and Herts Valley Clinical Commissioning Group (HVCCG).

The Healthwatch Hertfordshire 'Patient Transport Working Group' also continues to gather evidence, so we can influence commissioners to pursue on-going quality improvement and to ensure there is appropriate community transport provision in the county.

The evidence from these forums, and from direct feedback from public, indicates there is an unsatisfied latent requirement for affordable community transport in addition to commissioned services. This is because the commissioned patient transport service will only transport patients with specific qualifying criteria; for example, severe mobility impairment. However, the changing demography in Hertfordshire, combined with diminishing public transport provisions, is affecting the ease in which disadvantaged patients can access health and care services; we will therefore be retaining this as a priority in 2016/17.



Interview Panel for CAMHS Commissioner

Our Youth Ambassador, Frankie, was asked to sit on an interview panel for the CAMHS Commissioner post. The panel also included senior managers from: the Integrated Health and Care Commissioning Team; Children and Young People's Commissioning team; NHS East and North Hertfordshire Clinical Commissioning Group; Children, Young People and Maternity team; and the Herts Valleys CCG.

We were asked to analyse feedback about the CAMHS service that we had collected from young people, and draft questions to ask the candidates.

Integration

Integrated Care Programme Board (East and North Herts)

The Integrated Care Programme Board, for East and North Hertfordshire, is a provider led board that sets the strategic direction, and has oversight of, the Integrated Care Programme. This programme is funded by a pooled budget known as the Better Care Fund. The aim of this

programme is to integrate health, mental health, and social care services to provide more holistic care for patients and service users.

Our Chair, Michael, currently sits on this board and has been consulted about the strategy for patient and public involvement. We are currently waiting for the next phase of the programme to commence, which will involve collecting the views of patients and service users on integrated projects and initiatives.

Social Care

Co-Production Board



We have recently been appointed to the new Social Care Co-Production Board to ensure that service-users and community voices are at the focal point of the Board's programme.

Mental Health

Dual Diagnosis: Call for Evidence

Drug and alcohol service provision was identified as a priority at the Mental Health and Learning Disability Service Watch Group (see page 31 for more information) and, following this, support for people with a dual diagnosis was also highlighted. We coordinated a call for evidence and facilitated a task and finish group to discuss the findings. This group was well represented including representation from HPFT (Hertfordshire Partnership University Foundation Trust), the drug and alcohol service provider (Spectrum), carers, and service users. From this, 5 themes were identified as requiring attention including:

- People falling between mental health and drug and alcohol services
- The availability of therapies, and the quality of services provided
- Differences in service quality in the West and East of the county
- Training and values of staff

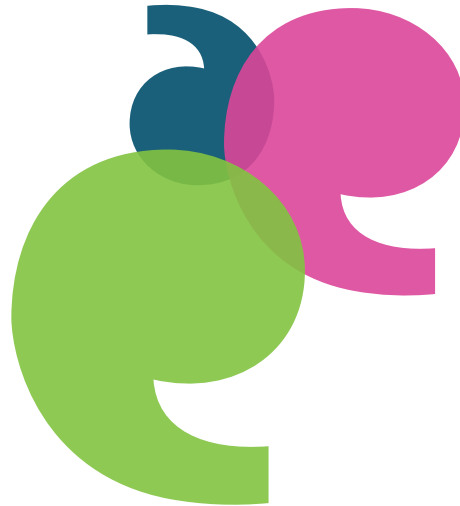
- Equality issues (specifically regarding BPD: Borderline Personality Disorders)

The outcome of the call for evidence and task and finish group was very positive; discussions between the providers, patients, and their carers were productive and there was a commitment from service providers to improve outcomes for those with a dual diagnosis. However, due to the complexity of these issues, this work will continue in 2016/17 through a designated project.

If you would like to be involved in this project, or have any feedback on service provision for people with a dual diagnosis, please contact us at info@healthwatchhertfordshire.co.uk, or give us a call on 01707 275978.

Mental Health Crisis Care Concordat (MHCCC)

The Hertfordshire Mental Health Crisis Care Concordat Action Plan 2015-2017 is being implemented by partner organisations in Hertfordshire. Through this partnership, organisations are working together to implement the principles of the national mandated Mental Health Concordat to improve the care and support available to



people who experience a crisis because of a mental health condition, to ensure they are kept safe and receive the most effective interventions swiftly.

Operationally, we are part of the data sharing workstream of the MHCCC. Our role over the next year is to lead on action 3: '[T]o work with service users and carer representatives to test current information sharing arrangements and the proposed changes to them.' To achieve this, our strategy is to work with our 'Mental Health and Learning Disability Service Watch Group', and to provide supplementary research if required.

Our Board Member, Jean Brown, also provides representation at the MHCCC steering group.



The Care Environment

[Enter and View](#)

Number Crunching

Care Home Visits	8
Re-Visits	3
Recommendations	46
Authorised Representatives	44

Our Enter and View programme is based on our statutory power to 'Enter and View' health and social care premises. Legislation allows our qualified volunteers, known as authorised representatives, to enter premises in order to provide feedback on the care environment based on their own observations. To ensure feedback is objective, we ensure our volunteers can see and hear, for themselves, how services are provided. Most of our visits, to date have been announced and are scheduled between 10.30am and 1.30pm.

We are conducting a rolling programme of Enter and View visits to care homes, and nursing homes, in groups in order



to review results, methodology, and outcomes at defined intervals. In 2016/17 we will also be extending our reach to include Enter and View visits of dental practices.

Hertfordshire County Council (our commissioners) support us in this planned programme of work, and receive comprehensive reports and recommendations from our visits. All of our reports are also shared with the relevant Clinical Commissioning Groups, the Care Quality Commission (CQC), and Hertfordshire Care Providers Association (HCPA). Finally, all of our reports are published on our website at: www.healthwatchhertfordshire.co.uk.

In 2015/16 we completed 3 re-visits, and visited 8 care homes for the first time. From this, we have made a total of 46 recommendations to improve the care environment of the care homes we visited. For a full list of the recommendations we have made, please see the appendices.

PLACE (Patient-Led Assessments of the Care Environment)

Number Crunching	
Visits	28
NHS Trusts	6

Background

Patient-Led Assessments of the Care Environment are a self-assessment of a range of non-clinical services which contribute to the environment in hospitals, hospices, and independent organisations providing NHS-funded care in England.

The assessments look at cleanliness, the condition of the buildings, how well the buildings meet the needs of those who use them, and cover things like: signage, car parking, the availability and quality of food and drink, and how well privacy and dignity is supported by the environment. This year a new strand was added that looked at how ‘dementia friendly’ the environment of each organisation was for patients with dementia.



Our Involvement

This is the second year that we have written a formal report about our experiences in the PLACE audits. Following our recommendations in our 2014 report, we approached The Princess Alexandra Hospital about taking part in their PLACE assessment in 2015, which we are delighted to report was accepted.

We have supported the following 6 NHS Trusts with their PLACE visits, which started in March 2015 and finished at the beginning of June 2015:

- Hertfordshire Community NHS Trust (HCT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East and North Hertfordshire NHS Trust (ENHT)
- West Hertfordshire Hospitals NHS Trust (WHHT)

- Royal Free London NHS Foundation Trust -Barnet and Chase Farm Hospitals (RFL)
- The Princess Alexandra Hospital NHS Trust (PAHT)

Our aim has been to have at least one representative for each visit to act as an independent observer; to achieve this we have utilised our trained Enter and View representatives, where possible. We also try to

“We recognise that training for Patient Assessors is a crucial aspect of the whole programme since it is their views which lie at the heart of it” - Health and Social Care Information Centre (HSCIC)

ensure that visits are proportionate; for example, visits to mental health units are more sensitive and require fewer volunteers compared to an acute Hospital Trust. Furthermore, mental health site visits benefit from having assessors with experience, or an understanding of mental health which we feel we have been successful in achieving. We hope that this approach has ensured a level of transparency and clarity across the Trusts, and that

other patient assessors participating in visits have felt supported to give full and honest feedback.



The table below shows our PLACE assessment activity in 2015:

Site and Trust		Number of HwH Assessors Involved
Watford General Hospital	WHHT	7
Hemel Hempstead Hospital	WHHT	4
St Albans City Hospital	WHHT	3
Lister Hospital	ENHT	3
Mount Vernon (Cancer services)	ENHT	2
The Princess Alexandra Hospital	PAH	1
Barnet Hospital	RFH	2
Langley House	HCT	2
Danesbury	HCT	2
Herts and Essex	HCT	2
Potters Bar	HCT	4
St Peters ward, Hemel	HCT	2
Queen Victoria Memorial	HCT	2
Runcie ward, St Albans	HCT	2
Gossoms End	HCT	2
Hampdon House	HPFT	1
Gainsford House	HPFT	1
Thumbswood Mother and Baby	HPFT	2
Eric Shepherd unit	HPFT	1
Warren Court	HPFT	1
The Stewarts	HPFT	1
Logandene	HPFT	2
The Meadows	HPFT	2
Forest House	HPFT	1
Victoria Court	HPFT	1
Elizabeth Court	HPFT	1
Prospect House	HPFT	1
Beech ward	HPFT	1

Last year, we completed a total of 28 visits where at least one Healthwatch representative was present. ENHT also held a 'post PLACE' assessment in September which we also provided a representative for.

We have invited our volunteers to provide feedback on their experiences at each of the Trusts, and we have fed this back to Board and Executive Team members. One of our key recommendations, following the 2015 audit, was for Trusts to consider joint training initiatives with other Trusts in the county as some of the training gave very little insight into what it is actually like to go on a PLACE visit from a volunteer perspective. This recommendation was adopted by Hertfordshire Community Trust (HCT) and we have coordinated a PLACE training event with ENHT, HPFT and WHHT.

We have received several positive responses from Trusts, volunteers and from the Health and Social Care Information Centre (HSCIC) regarding our involvement and recommendations. One example of these comments, from HSCIC, is presented below:

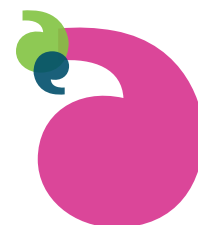
"Many thanks for this, it is encouraging to hear that you and colleagues find the experience a positive one and I am sure the trusts you are working with welcome and value your involvement..."

We recognise that training for Patient Assessors is a crucial aspect of the whole programme since it is their views which lie at the heart of it. I would also echo your comments regarding consistency."

Other Projects

Hand Hygiene Audit

Enter and View authorised representatives supported Hertfordshire Community NHS Trust (HCT) with their hand Hygiene audits at Potters Bar Community Hospital and Queen Victoria Memorial Hospital in Welwyn, as this was an area that was highlighted.



15 Steps Challenge in Baby Clinics



Following some poor feedback at a couple of Baby clinics, Hertfordshire Community NHS Trust (HCT) organised a series of visits following the 15 Steps Challenge. The Challenge is a series of toolkits which are part of the resources available to help look at the care in a variety of settings through the eyes of patients and service users. Our volunteers participated in these visits which resulted in a number of recommendations for improvements.

Listening to Patient Stories

Hertfordshire Community NHS Trust (HCT) provided an initial training session for our Authorised Representatives so that they could 'listen' to the patient's stories in order to identify themes for improvement, and note good

practice. HCT identified the patients and our volunteers visited the patient, or their carer, to provide HCT with feedback to disseminate to the relevant service.





Structure & Governance



Governance

Our Board

Healthwatch Hertfordshire is a company limited by guarantee and has charitable status. It is governed by a

board of trustees who bring a mixture of expertise in governance and understanding of health and social care.

Current Board Members (As of 31st March 2016)

Michael Downing	Steve Palmer	Sue Reeve
Chair	Treasurer	Vice-Chair

Marion Birch, Jean Brown, Meg Carter, Brian Gunson,
Virginia Kirri-Songhurst, Kumar Sundera, Michael Taylor, Melvyn Wood

Stakeholder Panel Chair: *Caro Hart*
Attends Board on behalf of Panel.

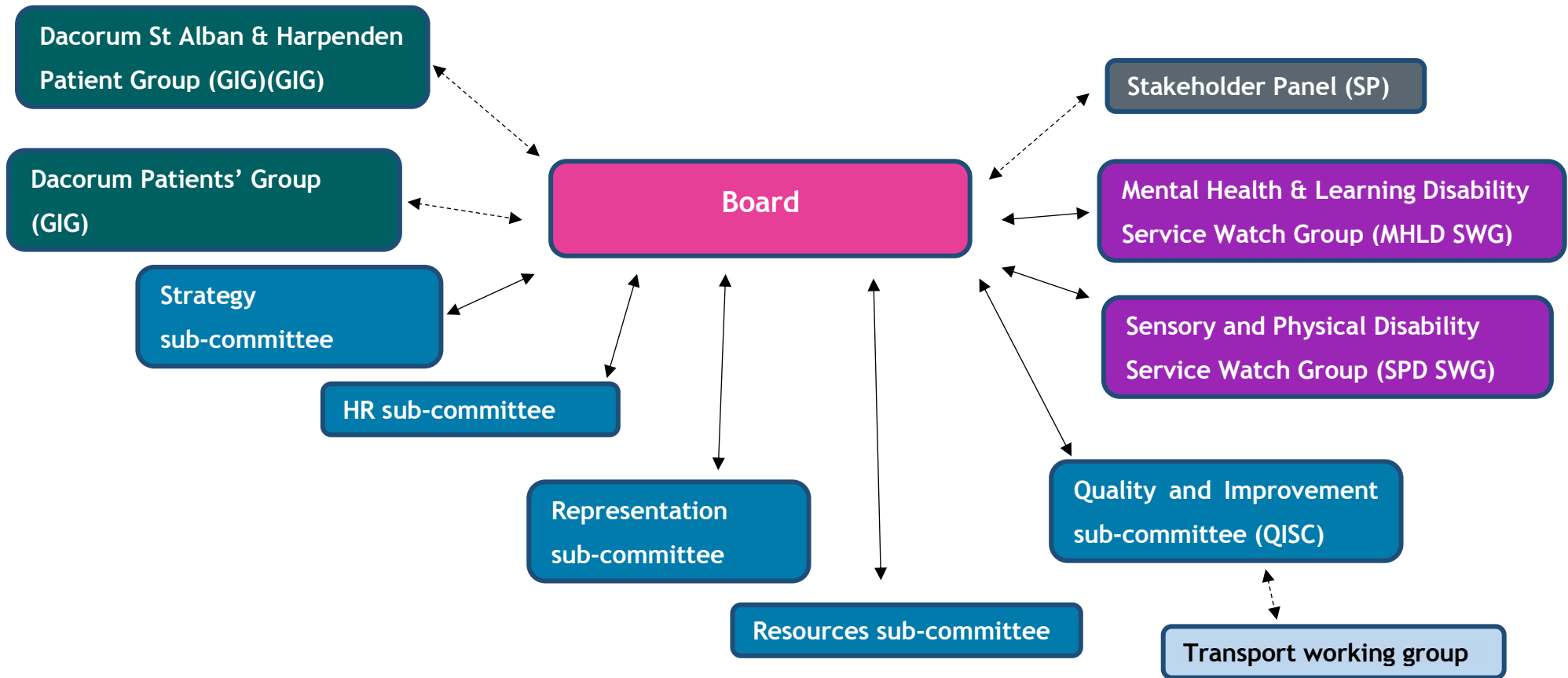
We would also like to thank the following board members who stepped down in 2015:

Valerie Harrison - resigned 17th August 2015

Joan Manning - resigned 26th September 2015

Groups and Committees

The map below provides an overview of current groups and committees, and their relationship with the Board. The various groups are colour coded to show the different types.



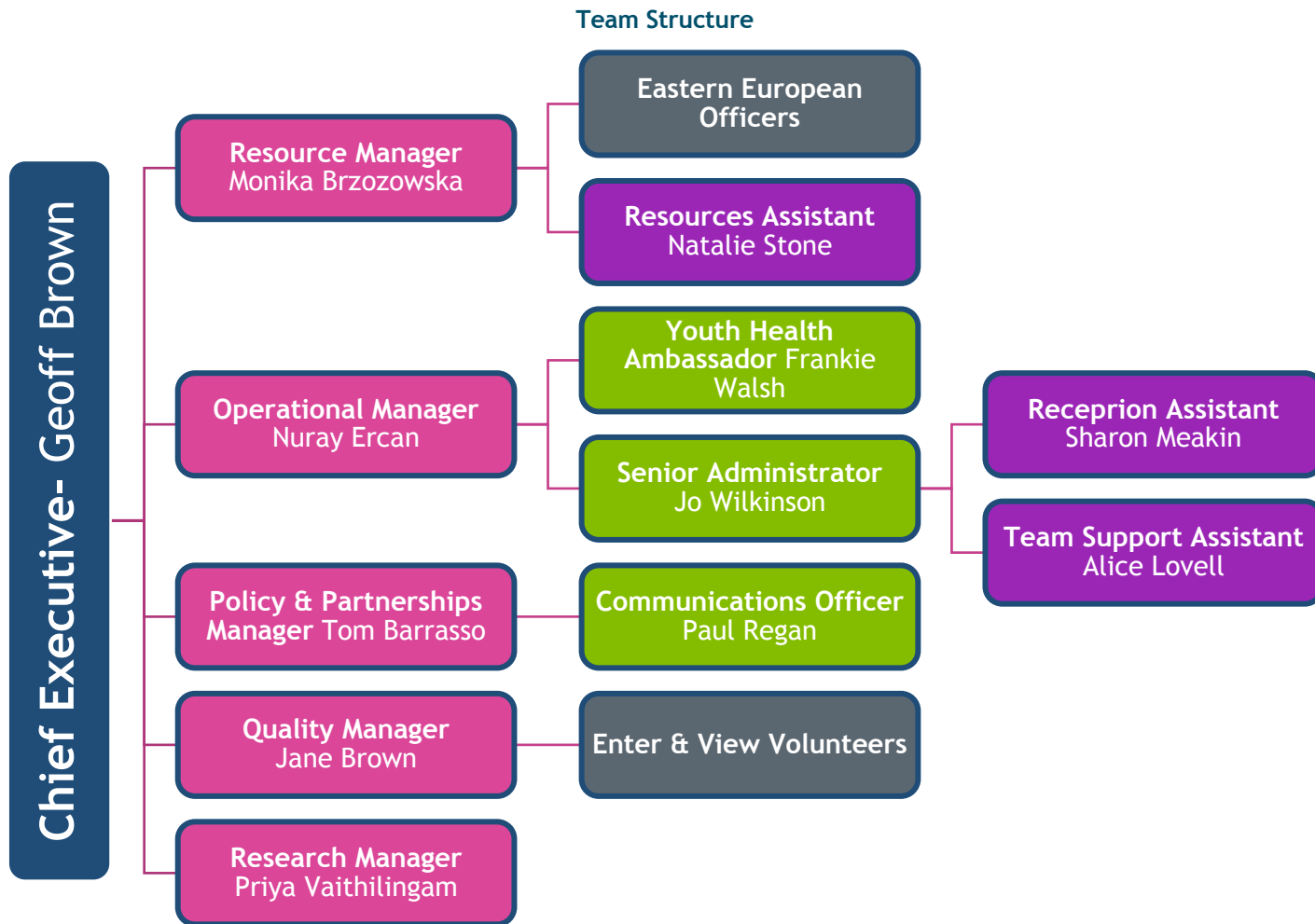
Our Team: A New Way of Working

As we hope this report demonstrates, we have been kept very busy engaging with communities and decision makers; undertaking research; running our signposting service; training our volunteers; and, of course, representing the views of service users, patients, carers, and the general public. However, we have also been busy growing as an organisation. In addition to developing our strategy (see page 10) we have also increased our capacity through the recruitment of several new staff members. We have had the pleasure of welcoming our new Senior Administrator Jo, our new Team Support Assistant Alice, and our new Policy and Partnerships Manager Tom; we are also delighted that Sharon has taken up the post of Reception Assistant. Furthermore, Nuray, who has been with Healthwatch since its inception, has taken up the post of Operational Manager and has been busy improving our processes and helping us to run the business as effectively as possible.

Whilst we continue to be a modestly sized organisation, we feel this growth is extremely positive and is not only

testament to the influence we have on health and social care, but will also enable us to increase our scope and continue to represent the views of the people of Hertfordshire effectively. As a values driven organisation, we are committed to continuing to influence health and social care with compassion, sensitivity, and by building strong long lasting relationships.





The Stakeholder Panel

The Stakeholder Panel represents all categories of Hertfordshire stakeholders. The panel acts as a ‘critical friend’ to the board, adding a level of oversight and informed feedback on the projects and priorities of Healthwatch Hertfordshire.

The aim of the panel is to ensure that all available talents are used to their fullest extent. The wealth of knowledge and information possessed by the Stakeholder Panel should be used to effectively guide the policy and direction of Healthwatch Hertfordshire.

This is achieved in the following ways:

- The Panel should be made up of a broad range of experiences, but should always represent the service user’s perspective.
- The Panel should act as a ‘sounding board’ for future decisions and priorities.
- The Panel should act as an ‘intermediary voice’, bringing a fuller understanding of the health and social care challenges faced by the people of the county

- The Panel should question decisions made by the Healthwatch Hertfordshire Board, where appropriate, and consider how the activities of Healthwatch Hertfordshire improves outcomes for patients, service users, and their carers.

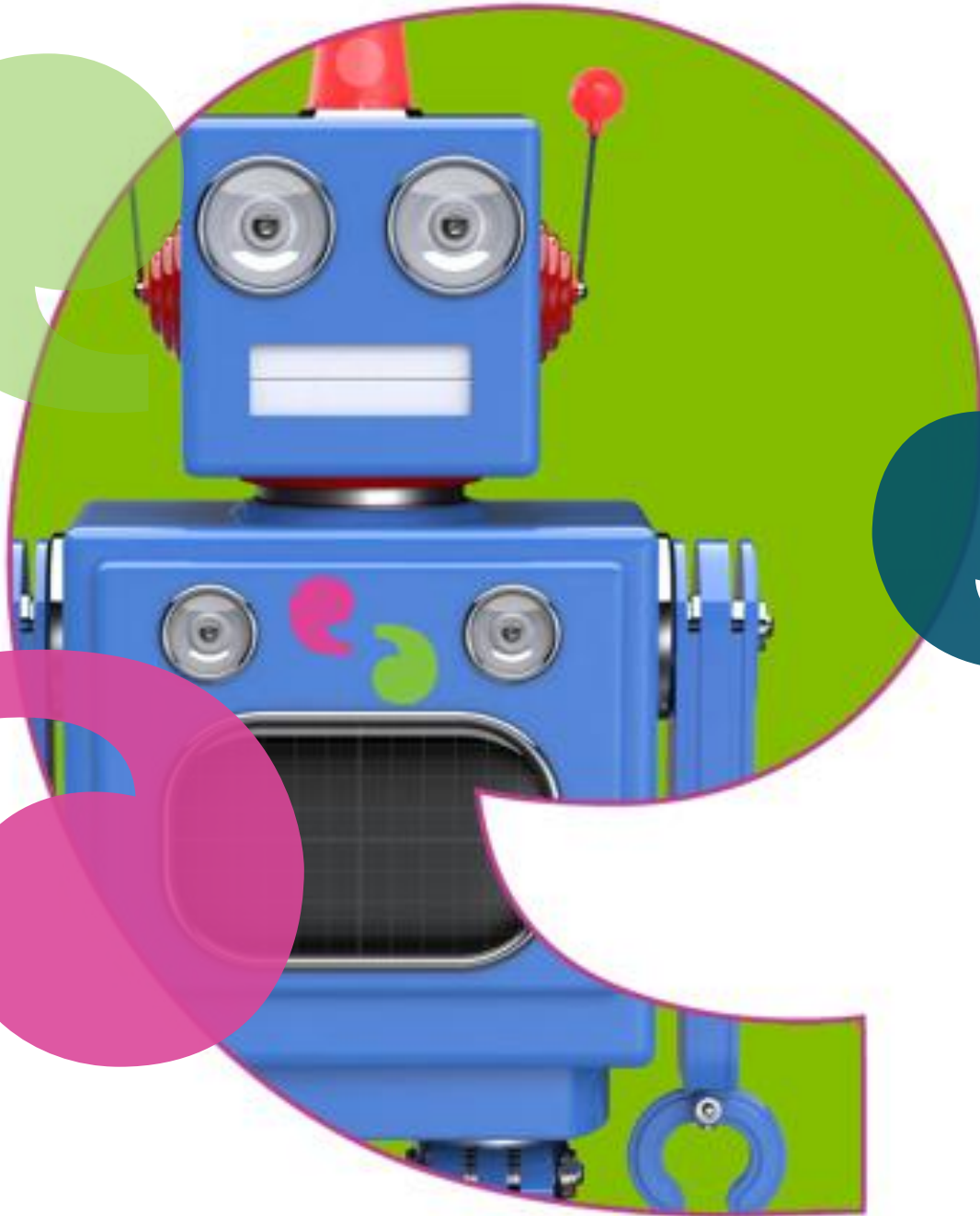
The Healthwatch Network

Regional Healthwatch Network

We are proud to chair the Regional Healthwatch Network meeting the membership of which is comprised of all local Healthwatch in the East of England. Representing the patient voice across the region, this network is key for sharing learning to benefit patients and communities across the East of England.

Healthwatch England: Advisory Board

As a member of the Healthwatch England Advisory Board, we support Healthwatch England focus its activities and approaches to best support the needs of local Healthwatch across the country.



Finance

Management Accounts: Income & Expenditure

Income	Funding HCC	466,593
	Additional funding	15,750
		482,343
	Less: Grants allocated	500
		481,843
Expenses		
	Employment Costs	
*	Wages and salaries	208,299
*	Employers NI	17,916
	Temporary staff	8,464
	Pension Costs	19,299
	Life Assurance	-
	Recruitment	3,165
	Staff expenses	6,761
	Staff training & welfare	893
		264,797
	Governance and Office Costs	
	Rent	15,823
	Off-site storage	125
	Depreciation Computer Equipment	4,516
	Depreciation of Fixtures and Fittings	3,166
	Computer costs / Maintenance and Backup	3,884
	Telephone and fax	6,000
	Software purchases / licence	1,944
	Insurance	2,950
	Repairs and maintenance	1,796
	Sundry	130
	Refreshments	3,281
	Subscriptions	335
	Membership fees	-
	Bank charges	- 434
		43,516

Other Costs	
Enter and view training	2,470
Members expenses	8,183
	10,653
Legal and Professional Fees	
Other legal and prof	16,656
Consultancy fees	15,011
Accountancy fees	1,008
Solicitors fees	2,424
	35,099
Engagement and Communications	
Advertising and PR	23,654
Stationery and printing	8,330
Postage	1,566
Website	19,496
Public Engagement /Praxis	36,842
Refreshments	
Room Hire	3,652
Newsletter	2,502
	96,042
-	450,107
Carry forward surplus to following year to support core business 2016/7	31,736

Note on Expenditure for the period April 2015- March 2016

There has been extra expenditure on public engagement to create the database for extending Healthwatch Hertfordshire's reach. Additional expenditure was also needed to pay for specialist advice to enable the implementation of the company pension scheme. Conversely, there was significant underspend on staffing due to a number of vacant posts; the filling of these vacancies in Spring 2016 has addressed this issue.



Sharing this Report

We will share this report with our partners, stakeholders and members. We will also make it available on our website. Hard copies and alternative formats are available on request. Please contact us on 01707 275 978.

If you are printing this PDF, please use the following settings:

- Fit
- Choose paper source by PDF page size
- Orientation: Auto portrait/landscape





Appendices

Care Home Recommendations

Area	Recommendation	Outcome/ Action
Environment		
GB	Consider naming each themed area which could be used to signpost visitors to different parts of the building.	Residents have been consulted and have given us ideas of what name they would like to call the themed areas. Discuss with dementia manager regarding different sign post.
AV	Consideration should be given to reviewing how far the environment is comfortable for those living with dementia - for example position and use of mirrors /choice of crockery. The appointment of a dementia champion could support such an initiative.	The chairs across all units have been deep cleaned and a plan is in place for this to happen on a quarterly basis, We have a painting and decorating rolling programme being established. This month carpet is being replaced within all sitting rooms and the main corridors throughout Fern. Our residents are able to choose the colours for their walls at the point of planning room update. Actions around dementia to be taken up by the new substantive manager.
CL	Consideration should be given to installing pull down bars in all toilets and having colour contrasting toilet seats and background against the white sanitary wear.	We will not be installing contrasting toilet seats or changing the background as this is not a higher needs dementia home. I will discuss pull down bars with the appropriate people.
GB	Consider changing the paint colour of corridors whenever there is a change of theme. This could help residents locate their rooms more easily. It was also suggested that contrasting colours be used to assist visually impaired residents	This has been considered to change the paint colour whenever there is a change in theme to differentiate each area as well as the colour contrast. To include in the homes décor plan.
PL	Consider extending the décor and corridor creativity in the dementia suite to all other suites, to make those areas less 'institutional' and more attractive.	Key nurse, senior carers and the activities coordinator for each unit should plan "themes" in each suites to make the place more homely.

		28/10/2015 meeting with the senior carers; waiting for their plans
RR	Consideration could be given to allocating one or two car parking spaces for visitors.	The manager stated that there is enough car parking space for visiting professionals and relatives.
PL	Approach the Highways Authority to explore the possibility of signage on the Graveley Road, coming from either direction	Contacted the highways authority. Received the application form from the highway authority.
AV	Signage indicating the Main Office Entrance from the car park would alleviate uncertainty on first arrival.	New manager will look into this.
PL	Review signage within the Home to make it easier to navigate.	Signage to be in place for easy navigation i.e. toilet. Completed
PL	We suggest that doors for toilets bathrooms and store rooms should be 'colour coded' rather than frames only, and this should be programmed.	Colour coded for the toilets and bathrooms for easy reference.
PL	Resolve any ongoing problems with the call bell technology.	Call bells audited. Call bells from empty rooms were removed to ensure that there is a decreased number in the of 'ghost' calls showing in the panels. Completed.
PL	Consider how to maximise the appearance, and use of, the courtyard space.	Flower beds were given by HCPA to plant with residents and is being utilised by the activities co-ordinator. Hanging baskets purchased from funds raised and used by the residents in the Dementia unit for gardening activities
RO	Clear the broken furniture from the garden and fencing off the bins and bin bags.	Furniture is cleared and the bin bags were there so that everything could be taken to the bins outside of the Home in one go.
RO	Change door colours to differentiate between residents' rooms, staff areas and cupboards, and especially bathrooms and toilets.	Passed on to the Director for review

RO	Decorate, either by colour and/or pictures etc. on walls between different areas on each floor with imaginative sign-posting.	Passed on to the Director for review
RO	Change colour of toilet seats to one that contrasts with the walls.	Passed on to the Director for review
HD	External signage must be improved. This includes having a clearer sign on the front gate and mending the sign on the driveway to the car park showing where both Kingfisher and Nightingale units are situated. This sign should also point to the main office/reception. Both units and the main office/reception should be clearly named and we recommend that there is a sign on the entrance to Nightingale Unit which points to the main office/reception.	To arrange a quote to put signage in place and for signage to be fitted. (a temporary sign has been placed in the car park).
HD	All residents and/or their families to be regularly reminded where they can keep their valuables safe.	The safe in the office is used for residents' pocket monies (which they all use) and petty cash. Resident's valuables are kept in the locked drawer in their room. Reminders to be given.
BH	Approach the Highways Authority to explore the possibility of signage on Letchworth Road.	Highways authority to be approached to see if a larger sign can be put up
BH	Explore how the small walled garden areas can be made more attractive and colourful.	Plans are already in place to make the garden area more attractive in the Spring. Clear all weeds and re-lay the patio area, including new flower beds and a seating area.
CL	Emergency cord in toilet should be within easy reach and not more than 10mm off the floor.	Manager will get Maintenance to look at and move emergency cords in the bathroom.
CL	A larger notice board with easy read information and separation of staff and residents notices.	The notice boards are now separate for residents and staff and the information and that we provide for residents is now in a larger more vivid print.

Leisure and Services		
AV	A diverse range of activities is required and hopefully the new activities coordinator can improve the situation that currently exists. We recommend that management work in liaison with the HCPA Smile project to set up a sustainable activities plan, geared to meeting the needs of all residents, and to provide training and support to staff so that this can be effectively implemented	A dedicated member of staff has been appointed to focus on social inclusion and activities. A daily, weekly monthly and seasonal plan will be in place involving the residents and their families.
AV	We recommend that residents / relatives meetings are held more frequently, and held at a time more conducive to those who need to travel a distance in order to attend and not held at the manager's convenience. Minutes of meetings (and previous meetings) should be easily accessible	Relatives and residents meetings will be planned to take place at least quarterly, advertised in the units and letters of invite being sent to relatives. These meetings will be published and be scheduled to take place at varying times during the evening, afternoon and occasional weekend.
HD	A planned programme of personalised and stimulating activities is required, geared to meet the needs of all residents. Particular attention should be given to the needs of residents living with dementia and immediate steps taken to make use of the reminiscence collection provided by the library service	To recruit a suitable, enthusiastic activity team at Halcyon days. This team is to link in with local services and be fun, dynamic and interesting
HD	We recommend that senior management and the activities coordinators work with the HCPA Smile project to set up and implement a sustainable plan and provide training and support to care staff (see Halcyon Days Service Improvement Plan January 2016, Page 2)	Enrolled on the HCPA engagement pathway
HD	We recommend that residents and relatives meetings are held on a regular basis and at a time designed to facilitate maximum attendance.	The activities co-ordinator is planning to get monthly feedback about the programme from relatives and residents

Minutes of these meetings should be completed in a timely way with a copy clearly displayed for residents and relatives to read.

Digital Inclusion

GB	Digital inclusion to be improved by extending Wi-Fi cover to the entire complex. Consider providing work stations in communal area where residents may use them with or without support, and providing digital applications that stimulate residents, especially those living with dementia.	Internet service provider has been changed including the router, speed and connections has improved but the coverage area still limited to 150 meters from the reception area. Wi-Fi is also available on the first floor adjacent to the reception area and front part of the home. There is currently no computer, tablet or I-Pad for residents to use. Discussed the use of digital applications in resident meeting only one who showed interest and she already have her own I-Pad. Residents who bring their own I-pad/tablet is supported and given access to use Wi-Fi facilities in the home. To source/fundraise I-Pad or computer to be used by residents in the home. Work stations to be identified
PL	Set out plans for digital inclusion, including how this will enhance the experience of residents, a timetable for provision to be in place, and how residents are supported initially, and ongoing.	Wifi to be installed in the building; the activities has raised money and purchased iPad for the residents. This would be used for residents to connect with friends and family outside the home.
HD	We recommend that Wi-Fi coverage throughout the site is reviewed and upgraded as required so that residents can both access digital equipment and are facilitated in doing so.	Look at installing a booster so residents can access WIFI in the comfort of their rooms.
BH	Consider a communal digital inclusion facility, perhaps having a fixed set up in one of the lounge/cafes.	A computer has already been purchased and is being set up for residents use in the café area. This includes Skype.

		Ensure that residents are encouraged and supported by staff when they are using it
AV	We recommend that Wi-Fi coverage throughout the building is reviewed and upgraded as required so that residents can both access digital equipment and are encouraged to do so.	To be taken up by the new manager.
Food and Drink		
AV	The presentation of pictorial menus and activities on the noticeboards could be reviewed so that they are easier to comprehend. Menu choice should be clarified and a more proactive approach taken to encouraging residents to share meal times with other residents at the dining table.	Our chef has been reviewing the menus and our activities co-ordinator, Activities lead and staff are putting in place visual aids to support nutrition alongside the process for engaging residents at meal times and additional snacks.
HD	Management to review the support and encouragement given to residents at mealtimes; this to include preparation for mealtimes and help with eating the meal where this is appropriate.	To be reviewed by the manager.
HD	Management to review the provision of lunchtime meal by external caterers with a view to considering whether this would be better provided in-house (see Halcyon Days Service Improvement Plan January 2016, Page 5)	Despite Appetito being nutritionally proven and sound, Halcyon Days is to work towards cooking its own food, creating its own menus in conjunction with residents' wishes. To review all kitchen areas, to recruit chefs and when confident, begin to cook fresh food on site.
HD	We recommend that menu boards are placed at strategic points around both units and that these are designed as imaginatively as possible, to attract interest and assist choice. Menus should also be available in lounges, dining areas and tables.	To be considered by the manager.
HD	The white board in the kitchen should be replaced with clear information	To be considered by the manager.

about those residents who require a special and/or soft diet, which is only erased when these needs have changed. This information should also be reviewed by the chef with senior staff on at least a weekly basis

Other

<p>AV</p>	<p>We strongly recommend that steps are taken by GCH to ensure continuity of senior and middle management at the Home. Autumn Vale has great facilities at its disposal which we observed to be under used. Discussions with some staff suggest there is an understanding of the current shortfall in providing a more stimulating environment in order to enhance the life experience of those in its charge, with poor incentive to remedy this. We recommend that we carry out a second Enter and View visit at approximately six months following the appointment of a permanent manager.</p>	<p>A substantive Home Manager has now been appointed, Susan Sim who will be taking forward all actions from your and other reports.</p>
<p>CL</p>	<p>Staff information is in need of updating.</p>	<p>Staff information folder is in the process of being updated.</p>
<p>CL</p>	<p>All staff should wear name badges.</p>	<p>All staff are in possession of a name badge and have been reminded that they should be worn at all times.</p>
<p>RR</p>	<p>Continue with the improvement plans already in place so that:</p> <p>The refurbishment proposals have been implemented.</p> <p>RRC has met the requirements of the HCC Complex Care Premium and has all six champions trained and in place.</p>	<p>The management state they now have HCC Complex Premium champions trained in 4 categories.</p>
<p>RR</p>	<p>It would be helpful to have staff photos and names, including the Manager's, accessible to visitors, possibly in the entrance lobby. The staff rota too needs to be displayed.</p>	<p>The manager will look to implement this recommendation.</p>

HD	We strongly recommend that steps are taken by GCH (Halcyon Days) Ltd to ensure the continuity of senior management and staffing at the Home. Agency staffing should be used for emergencies, rather than being relied on to fill vacancies.	Locate and recruit a suitably dynamic and responsive manager and get them established at Halcyon Days. Laura Adams will take a perm position.
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Dementia Action Alliance Action Plan

Actions

Working towards making Healthwatch Hertfordshire a dementia friendly organisation

- All staff members to have Dementia Friends training as a minimum.
- All Board members to have received Dementia Friends training.
- Dementia Friends training to be part of all new staff and Board members induction.
- Healthwatch Hertfordshire Authorised Representatives volunteers who carry out Enter and View visits to ideally have Dementia Friends training and to be offered more in depth training as part of their overall training and support programme.
- Brief the HwH Stakeholder panel on the dementia work so that they can consider how it can be included in their work.
- Ensure staff and volunteers are aware about the guidelines on language about dementia and the guides available on the DAA website.

Raising awareness of dementia and the support available for people with dementia and their carers

- Use the HwH communications officer to raise awareness of any events/training taking place to support people with dementia and their carers.
- Signpost people effectively by building up our knowledge of where people and their carers can get help and support.
- Attend the Carers in Herts Dementia Forum to hear what people are experiencing in the County.

Working collaboratively to enhance support services for people with dementia and their carers

- Work with other providers to improve service design by using our position as the health and social care consumer champion effectively. For example:

NHS Trusts

- Representation on specific groups such as West Herts Hospitals Trust's Dementia Implementation Group.
- Regular meetings with key Trust personnel on progress and challenges. Commenting on and monitoring the Quality Accounts of the Trusts and their priorities.
- Commenting on and monitoring each Trust Equality Delivery System evidence in relation to dementia.
- Supporting the Patient Led Assessment of the Care Environment (PLACE) audit which now has key questions on the environment for people with dementia

Care Homes

- Continue the Enter and View visits to care homes to look at the mental well-being of people living in them and ensure that those living with dementia are equally considered in the reports and recommendations.

Clinical Commissioning Groups/Hertfordshire County Council

- Work with these organisations to identify and address gaps in provision pre and post diagnosis. Including using the representation we have on the Older Peoples Planning and Performance Group and the Support at Home

Advisory Board (both have a remit for dementia).

- Gather feedback from those living with dementia and their carers to map against the Hertfordshire Dementia Strategy to monitor how well it is working.

Local Councils

- Continue to work with East Herts Council and partners as a member of the Ageing Well Steering Group to promote the work of Dementia Action Alliance.
- Join with other DAA in Hertfordshire (recently joined Welwyn and Hatfield and North Herts. Broxbourne and Stevenage will be setting up in the near future.



ROCKET RACER



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