



healthwatch
Hertfordshire

Annual Report
2017/18



Contents



- 5 Introduction**
 - A Message from our Former Chair
 - A Message from our Chair
 - A Message from our Chief Executive
 - Who We Are

- 11 Statistics On Our Year**

- 14 It Starts With You**

- 19 Looking Forward: Our Strategy**
 - Our Core Values
 - Strategic Objectives
 - Our Focus

- 27 Your Views on Health and Social Care: Engaging with Communities**
 - Helping You Find the Answers: Signposting Projects and Research
 - Groups and Forums
 - Children and Young People
 - Communications and Membership

- 41 Making a Difference Together: Engaging with Decision Makers**
 - Representation
 - Influencing Strategy and Service Development

- 55 Our People**
 - Governance
 - Our Team
 - Volunteering
 - Holding us to Account: The Stakeholder Panel
 - The Healthwatch Network
 - Compliments

- 67 Our Finances**

- 73 Sharing this Report**

Introduction



A Message from Our Former Chair



The bulk of this report tells you what has gone on in the past year.

The new Chair looks

to the future. It remains for me to reflect on my involvement since 2012 in the transition from 'The Link' to Healthwatch concluding with nearly four years as Chair.

Healthwatch emerged as part of the, rightly, reviled Lansley 'reforms.' As such it was greeted with much initial cynicism and doubts as to whether it would outlast its two short lived successors to Community Health Councils, so spitefully abolished by Alan Milburn back in 2002. Today I would argue Healthwatch has demonstrated that, along with the restoration of Public Health to Local Government, it is the only thing worth saving from the Lansley fiasco, and has the potential to prove much more effective than its predecessors, including CHCs. They were born in response to scandalous revelations about the way mental health patients were treated in hospitals (i.e. systematic physical brutality by nursing staff and the failure of Management to deal with or even notice it happening). Healthwatch was born in response to the events in Staffordshire a decade ago and the failure of then existing 'watchdogs' to bark or even whimper.

Today with the bizarre combination of 70th birthday celebrations for the NHS and the Gosport scandal there are serious questions to be asked. Does Healthwatch Hertfordshire have the strength to deal with such issues?

On the basis of experience so far I am cautiously optimistic. We were fortunate in Hertfordshire that the County Council allowed Link to 'morph' into Healthwatch. This enabled key members of staff to give the new organisation a standing start and use the best from the old. We have credibility with providers and commissioners but this has never been at the cost of compromising basic commitment to patients and service users, and has in the past year sometimes meant sharp disagreement over such matters as consultation over changes in service provision, most clearly shown in the ongoing Nascot Lawn affair.

Nationally our research projects have been seen as exemplars of good practice as has our Enter and View work. Long may it continue and develop even if diminished resources mean smarter working and prioritising. I strongly endorse Steve's comments about the STP on the following page. Only Healthwatch has the overarching oversight over both Health and Social Care to be able to work for effective popular involvement without which STP will soon become yet another doomed and forgotten stunt.

I must end on a positive note, Healthwatch Hertfordshire has, I believe, an outstanding team of hardworking, dedicated officers, trustees and volunteers, and it has been a pleasure and a privilege to be with you. Thank you all for enabling me to be part of your work.

Michael Downing, Former Chair

A Message from Our Chair



By its very nature, Annual Reports look back at what's happened. As I've only been Chair of

Hertfordshire Healthwatch (HwH) for a few weeks, I'd like to take this opportunity to look forward rather than to look back.

But firstly I would like to thank my predecessor, Michael Downing, who has effectively and compassionately led the Board for the past three years. Healthwatch Hertfordshire is a much stronger organisation, a key influencer on health and social care in the County, ensuring that patient and resident views are heard where they need to be heard and can make a difference. Michael has played a key role in making this happen.

In the short time I've been Chair, one of the most pleasurable activities I've been involved with was attending our Volunteer Celebration day, and not just because cake was provided. Volunteers will continue to play a central role in what we do and how we deliver and we will ensure that volunteers get the support they need.

Two of the main work areas for the current year are on mental health, where we are developing a project to look at patient discharge and how patients experience the system, and on the STP (Sustainability and Transformation Partnership)

which is likely to have a profound influence on how health and care are provided. In both these activities our emphasis is on how the system works for patients and more widely the residents of Hertfordshire (and in the case of the STP West Essex as well!). Mental health has a higher profile than it has had for many years - and not before time. The STP if it is to be sustainable and transformative, will profoundly impact on local residents. Our job is to ensure that residents are able to influence the STP, and it's not just left to clinicians.

It promises to be another exciting, challenging, fraught, and confusing year ahead. HwH, with its staff, volunteers (which includes the Board), and members should relish the excitement, rise to the challenge, and make it less fraught and confusing for the people of Hertfordshire.

I look forward to working with you to achieve these aims.

Steve Palmer, Chair

A Message from Our Chief Executive



It is Annual Report time, and a chance to reflect on another positive, achieving year.

This report portrays an exciting picture of the wide range of activities and achievements of the past 12 months.

Repeating what I said last year, I think we can be proud of our achievements but know that we want to work differently to ensure we achieve the most we can in the future. This report includes our approach to taking stock of our work and new approaches adopted. We looked at this work in detail last summer. This includes an increased need for generating revenue to complement our commissioned income.

We have also reflected on our values and behaviours and ensured that our policies and procedures embody our commitment to our values: how we demonstrate we are supportive, credible, influential, independent and compassionate and how our role helps to tackle inequality.

More generally it's been a year of change at Healthwatch Hertfordshire including:

- Five new Board members joined bringing excellent new expertise to complement the strong Board we already had, three Board members stepped down;
- Three team members left, two who'd already left came back!

- Job roles have developed to reflect the strategic and operational needs of the
- Our approach to volunteering has been enhanced and developed
- We moved to new offices
- Our budget was reduced by 20%

A new model for the Voice contract from April 2018 onwards was introduced (detailed below) and we look forward to working with our colleagues at Viewpoint to make this a success.

Last year, I talked about some aspects of the changed landscape in which we work. Some aspects I mentioned remain relevant: the strong financial pressures on the CCGs to make savings, the STP and its role and the how CQC inspection impacts on providers. We are very fortunate to have a voice that is listened to, and need to ensure we provide every opportunity for the patient perspective to be heard and be influential - both at a strategic level; and in the development of new pathways.

I hope you'll enjoy reading the report and seeing the range of things we have done. As always, my thanks go to our volunteers, our Board and our executive team for the huge amount of time and expertise they have given through the year to help to improve health and care services for Hertfordshire people. It is a great privilege to be in this role and work with people who bring such strong commitment, positive approaches and compassion to their work.

Finally I'd like to thank Michael Downing who is stepping down having been an excellent Chair. He has provided me with support and wise counsel combined with knowledge and a long term perspective on health and care (and a knowledge of cricket second to none...). My best wishes to Steve Palmer who is taking over, and I'm sure he will be excellent too.

Geoff Brown, Chief Exec

Who We Are

Who we are

Healthwatch Hertfordshire is the voice for local people on 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 does not 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 nearly 150 local Healthwatch across the country. 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 we do

Our role can be summarised as follows:

- Gather evidence and the public's views on health and social care
- Act as a 'critical friend' to providers and commissioners
- Provide information, and signposting, to Hertfordshire residents.
- Challenge health inequalities
- Represent the people of Hertfordshire
- Keep an eye on where services are doing well and where they can be improved
- Raise issues with health and social care services
- Sit on Hertfordshire's Health and Wellbeing Board to represent the patient perspective

"We are commissioned to: hold services to account, represent the views of patients and service users, and run a signposting service"

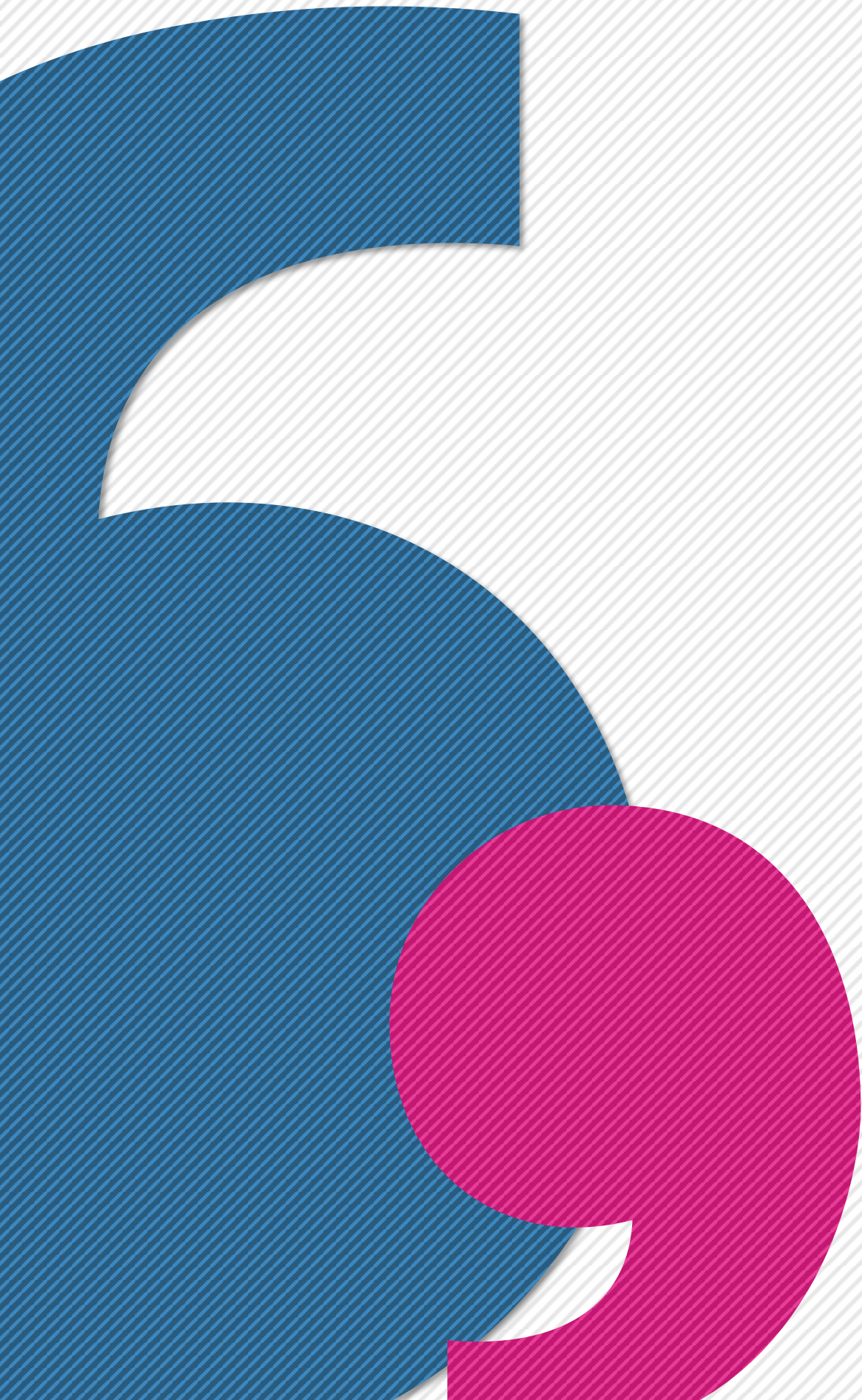
How we are Commissioned and Funded

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



Statistics On Our Year





Statistics on our year

We have sent
1,598 tweets to
our **1,955**
followers



We have **4,695**
members



Our **72** volunteers
help us with
everything we do



Our volunteers have
volunteered a total
of **2,343.5** hours



We have published
307
recommendations
for service
improvements



We have been on
18 Enter and View
visits



It Starts with You



it starts with
YOU

It Starts with You

Background

The parents and families of Nascot Lawn worked tirelessly to ensure their voices were heard, and to change the decision to withdraw a service that many rely on.

Nascot Lawn is a respite service based in Watford that provides short breaks for children with complex health needs and learning disabilities. In June 2017, the families who use the services at Nascot Lawn received a letter, without warning, informing them that the service would be closed by 30th October the same year. It became apparent that this was predominately a cost saving measure founded on a dispute about whether the service was a health or social care service, and therefore how it should be funded. As a result of the CCG's proposal, £600,000 will be withdrawn from the service and it is likely to result in its eventual closure.

The threat of closure prompted a group of dedicated parents to take action to ensure that the health and wellbeing of over 70 children who use the service was considered. However, as time went on, their scope broadened and the parents and families demanded accountability from commissioners as well as reassurance that alternative services would be provided.



Action

Upon hearing that the service was going to close, the parents co-ordinated themselves and began taking steps to get their voices heard, despite their considerable full time caring responsibilities. They:

- Gathered evidence to present to commissioners, Hertfordshire County Council, and to us at Healthwatch Hertfordshire. This included anonymised case studies from foster and adoptive families.
- Raised awareness through a large amount of local, regional, and national press
- Developed a considerable social media presence including the #SaveNascotLawn movement and Facebook page
- Organised a petition and gathered over 15,000 signatures
- Pressed for, and achieved, a high court judicial review

The parents also worked closely with us, to represent all those who would be affected.

For more information about how we were involved with Nascot Lawn, please see page 52

Impact

Through the determination of the parents and families, Nascot Lawn's closure has been delayed until November 2018. This is an amazing achievement and is a powerful example of the public's influence over our NHS.

In addition to the considerable media attention that the parents and families have achieved, they have also been actively involved in the four Health Scrutiny Committee sessions that took place between June 2017 and March 2018. Powerful and moving statements, case studies, and experiences have been the focal point of this scrutiny; touching all those that have listened. In addition to drawing attention to the real effect the Nascot Closure would have on real families, the Special Health

service; something the parents and families have believed since embarking on this journey. This meant that the decisions about Nascot Lawn needed to involve further consultation with the County Council before funding could be stopped. Referencing national case law on health led

respite services, this result was a fantastic achievement and one the parents are families should be proud of.

"The parents and family of Nascot Lawn have made a significant contribution to the scrutiny of respite care across the county... The impact they have had has led to a high court ruling effecting not only commissioning within the county but one of national importance"

Chair, Hertfordshire County Council Health Scrutiny Committee

Sadly Nascot Lawn will no longer be funded after November 2018, but this should not detract from the parents and families amazing achievements. The service may not have

been saved indefinitely, but the high profile nature of this case has led to national awareness that will leave a lasting impression beyond Nascot Lawn and indeed Hertfordshire. In some ways, this journey has provided a tangible example of the pressure the NHS is under financially, and has highlighted the absolute necessity for robust and transparent decision making.



Scrutiny Committee have held health providers and commissioners to account through evidence based challenges and recommendations.

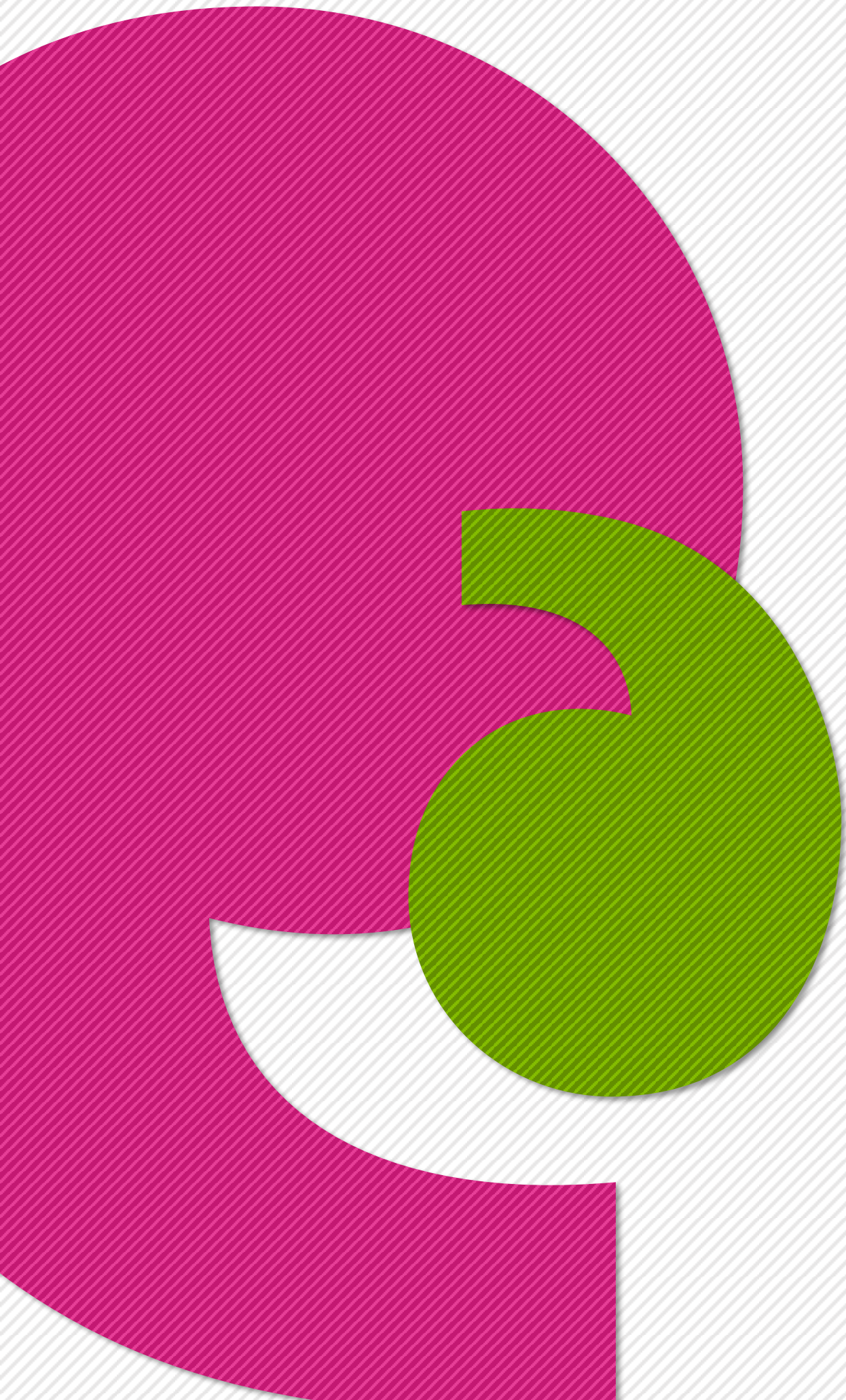
In addition, on the 6th and 7th of February 2018, a judicial review took place where a judgement was made affirming that Nascot Lawn is a health

The parents and families have had a huge impact on the decision to close the service, whilst simultaneously supporting each other and continuing to perform their considerable caring roles; a feat that cannot be overstated. We, at Healthwatch Hertfordshire, would like to thank all those who have championed the views and needs of users of the service with such passion and determination. This has been a truly poignant example of how patients, service users, and carers can have an influence. If nothing else, this has reinforced how important it is for the public's voice to be heard and meaningfully considered. It has been a privilege for us to work with such admirable people who have sparked national attention and will leave a lasting impression on future decisions about our health and social care services **#itstartswithyou**

Looking Forward:

Our Strategy





Our Core Values



Compassion and Equality



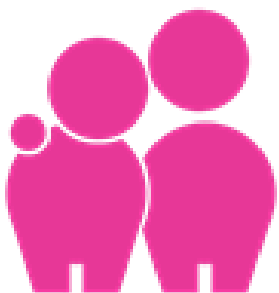
Influential



Credible



Independent



Supportive

Strategic Objectives

Having Strategic Influence

We will do this by:

- Membership and effective participation in **key health and social care developments** in the county
- Reviewing how we can best **influence social care** and implementing the review conclusion
- Analysis of **key strategic relationships** and development/maintenance of strong and effective relationships
- Retaining **flexibility and capacity** to enable us to respond to unplanned activities at short notice



From Evidence to Outcomes

We will do this by:

- Identifying and acquiring the **additional research and policy skills**, training and development required by staff, volunteers and trustees
 - Developing **information systems, analysis and reporting**
- Developing the **signposting service**, maintain records and report service use
- Providing systematic identification, analysis and reports of **key trends from contacts and research**
 - Making the most of our **Stakeholder Panel**

Growing our Reach and Communications

We will do this by:

- Developing and implementing a **communications strategy** that supports our Operational Plan
- Making the best of our **membership**
- Developing and increasing the **diversity of our contacts** with the public



To Strengthen 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** program and **Patient Lead Assessments of the Care Environment** with Trusts.
- Giving voice to **seldom heard** and **disadvantaged** people and communities, striving for equality
- Implementing key, time limited **engagement projects** each year to support the strategy



Being a Sustainable, High Quality Service

We will do this by:

- Making better use of **information technology**
- Reviewing **staffing requirements** to deliver the strategic priorities, and operational plans that flow from it
- 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



Our Focus

To ensure we are addressing the most important issues affecting patients and service users, we have thought a lot about our focus over this year and next.

Given the size and scale of our remit, we have gone through a number of processes to determine where we should focus our time. We have determined our focus by:

“Ensuring that we have the flexibility to react to important things quickly continues to be our first priority”

Spending a week **‘taking stock’** and:

- Reviewing our operational plan
- Reviewing progress with our current projects
- Reviewing the areas of health and social care we are most involved in
- Considering our operational capacity



Looking at **feedback** we have received on services and:

- Analysing feedback we received through our signposting service
- Analysing feedback we received through our community engagement



Consulting our **membership** by:

- Asking our 4,695 members for their opinion on what our focus should be
- Asking for feedback through our newsletter and website
- Asking our Mental Health, Learning Disability, and Sensory and Physical Disability Service Watch Groups for their suggestions



Considering the **local and national context** and:

- Considering the priorities of our national body (Healthwatch England)
- Considering the priorities of the STP (Sustainability and Transformation Partnership) Programme
- Considering the Health and Wellbeing Boards priorities



Our areas of focus are:



Mental Health

We have been working closely in partnership with Viewpoint to improve mental health services, and will be working together on projects in the future



STP

STP stands for Sustainability and Transformation Partnerships. This involves the entire health and social care system working together, and we will be keeping an eye on how this progresses



PPI Groups

We will work on engaging with existing patient and public involvement groups to understand what patients are saying about services in their local areas



Revenue Generation

To ensure we are a sustainable organisation, we have been working towards generating additional income



Primary Care

In recognition of the importance of primary care services, we will prioritise any work involving these services. We have already been doing a lot of work with Dentists

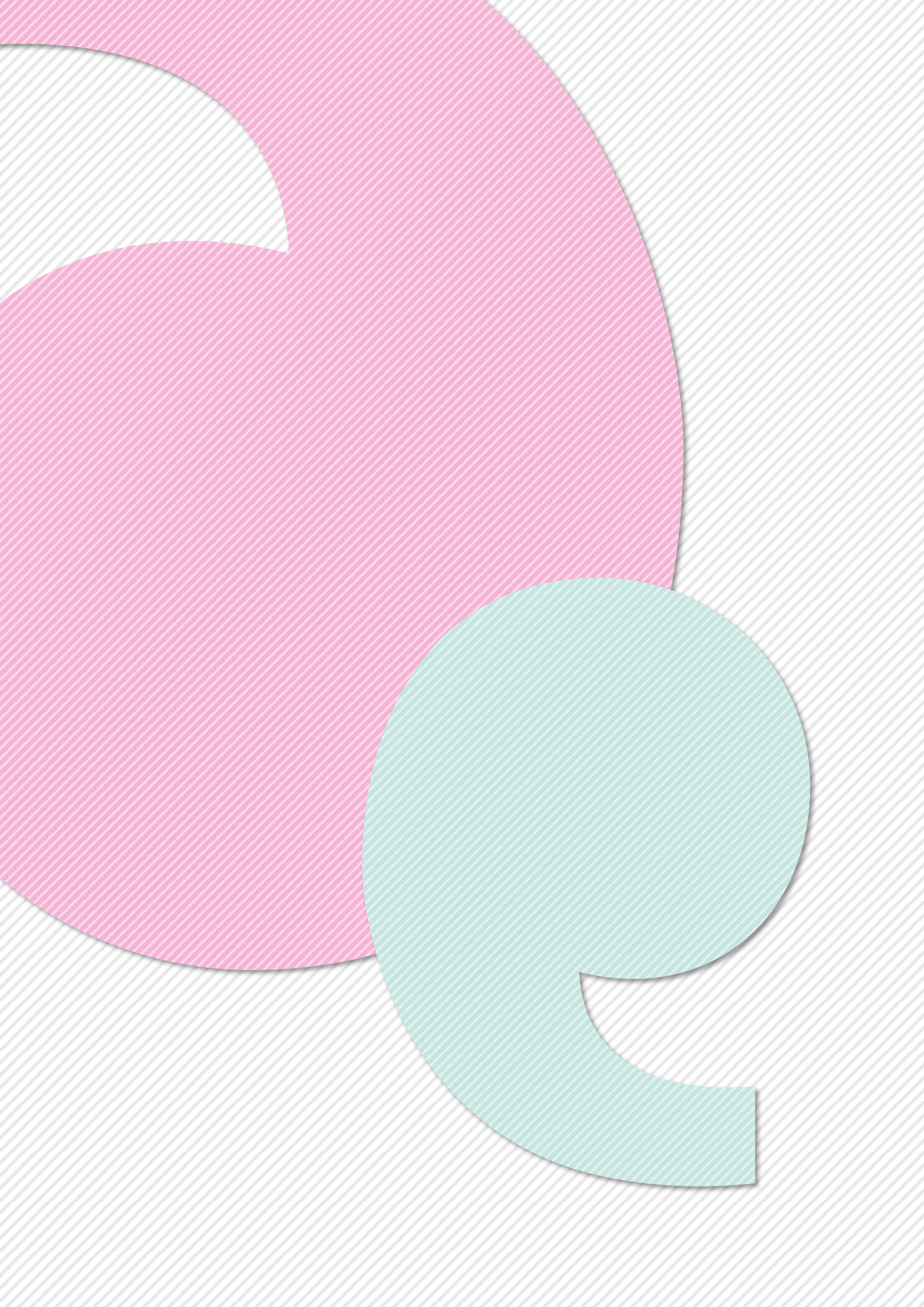


healthwatch
Hertfordshire

Your Views on Health and Social Care:

Engaging with Communities





Helping you find the answers: Signposting

As part of our statutory duties, we provide a signposting service 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.

RECEPTION

Our most common signposting calls include:

- Communication issues between providers and patients
- Lack of carer involvement in decisions about their loved ones
- Patients and the public knowing where to go and how to get things fixed when things go wrong
- Changes in services and the impact on patients and public
- Unpicking accountability when multiple agencies are involved

Case Study:

Patient Denied MMR Vaccination

Following a phone call from a member of the public, we were surprised to learn that a GP surgery was denying the MMR vaccination to an adult who had not yet received it.

Despite guidance from Public Health and the NHS stating that adults who have not received the vaccination are entitled to the free jab, this surgery told Healthwatch Hertfordshire's caller that as they were an adult they would have to pay for it. The caller was also told that free vaccination funding was only available to children under the age of 16 or in the case of a county-wide epidemic.

Unfortunately, this was wrong. After some investigation and work by the Healthwatch Hertfordshire signposting team, the GP Surgery did eventually agree that the patient was entitled to a free vaccination.

With a recent outbreak of measles in Birmingham, we felt it was vital to remind the public that this is a highly contagious virus that still affects about 20 million people a year, and that no other vaccine-preventable disease causes as many deaths world-wide.

THIS WAY

EXIT

“It's important that the public are getting the right information from the people they trust to inform them. GP surgeries have so much information being sent to them on a daily basis we understand that keeping track of policies can be hard. But immunisation from a potentially deadly virus is vital. We're really glad that in this case we've been able to help.”

Geoff Brown, Chief Executive: Healthwatch Hertfordshire

Projects and Research

As an evidence driven organisation, we collect views and experiences through targeted research and engagement projects in addition to running our regular groups and forums.

Our projects and research this year have included:

- Eastern European Project
- West Herts Qualitative Review of Complaints Handling (Review)
- Feedback on HPFTs complaints policy
- Supporting Stockwell Lodge (GP practice)
- HCT Mystery Shopping
- Supporting Acute Trusts in Special Measures`

Feedback on HPFTs Complaints Policy

This year Hertfordshire Partnership University Foundation NHS Trust (HPFT) reviewed their complaints policy which we fed back on. The policy was focussed on persistent complainant behaviour.

We highlighted the need for the policy to remain patient centred, to be as inclusive and accessible as possible, and to take into account the vulnerability of the individuals who are making complaints. The Trust agreed to consider our comments when the policy is reviewed in October 2018.

Eastern European Project

One of our roles is to gather the views of underrepresented groups and to tackle health inequalities. The Eastern European Community is one such group that typically experiences poorer outcomes and suffers inequalities when accessing, and using, health and social care services.

We have spoken to 350 people from the Eastern European community about the barriers they face when accessing health care, including the difficulties associated with speaking English as a second language, and having a lack of information about the health system.

In order to remove as many barriers as possible we have created questionnaires and ran focus groups in the Polish language.

We have worked in partnership with researchers at the University of Hertfordshire and we are currently analysing the findings. Our final report and findings will be published in September 2018.



All published reports and findings, for all our projects, can be found on our website:

www.healthwatchhertfordshire.co.uk

West Herts Qualitative Review of Complaints Handling (Review)

We were approached by West Herts Hospital Trust (WHHT) and asked to conduct an independent qualitative review of their complaints handling. We looked at the Trust's responses to their complainants between the beginning of January and the end of September in 2017.

This is the second qualitative review we have completed for the Trust and, to ensure consistency, we have used the same methodology as the first review.

Our review focused solely on the final response letter in the complaints process, and only considered the information within this letter alongside the original letter from the complainant.

We did not comment on other elements of the complaints process including making a judgement on the decision or the complainant's satisfaction with the response.

Methodology

WHHT supplied 20 complaints and final response letters, covering a wide range of issues, for us to assess. Our Quality and Improvement Sub-Committee scored the responses both individually and as a group.



Findings:

We found the overall the standard of response letters across all departments was good, with only a couple of exceptions. There were also some exemplary response letters to note. The parts of the response letters which scored the highest were:

- **Governance** - all letters were signed by the CEO or Deputy CEO
- **Tone** - tone and formality matched the original complaint letter
- **Style and Language** - responses and reasons for decisions were clear and easy to understand; specialist terminology was explained.
- **Honesty and Transparency** - there was a response to each specific issue raised by the complainant and letters were clear if a firm conclusion could not be drawn.
- **Remedies** - offering the complainant appropriate remedies and offering the complainant the opportunity to discuss the outcome.
- **Ombudsman**- provided Ombudsman information
- **Advocacy** - providing complaints advocacy information.

Areas we identified for improvement:

- The Trust's responses to complaints about staff behaviour and attitudes
- Ensuring that responses to especially complex or serious cases stay patient focussed
- The balance between maintaining consistency (through the use of templates) and ensuring responses are personalised
- Personalising the Summary Statement
- Ensuring learning is identified and shared with the complainant
- Ensuring answers are forthcoming and explanations are appropriately detailed
- Providing a named contact for the complainant to contact, rather than the details for the general complaints team
- Ensuring responses are delivered in time and this is accurately recorded

Supporting Acute Trusts in Special Measures

As a member of the WHHT (West Herts Hospital Trust) Oversight Group, we were contacted by the Care Quality Commission (CQC) to support the Trust's re-inspection in August 2017.

To understand how patients felt about the Trust's services, we ran a targeted survey for three weeks during August 2017. We gathered feedback from 184 patients who had used the hospitals at Watford General, St Albans City, and Hemel Hempstead within the last year.

To support this work, we also conducted a series of Enter and View visits. Some of our findings include:

Care and Attitude of Staff

Across all three hospitals participants rated both the overall care/treatment, and the attitude of staff, as 4 out of 5. There were many positive comments about hospital staff, for example:

"I have only praise for all the staff, from Reception to staff nurse. The treatment I received was kind, courteous and professional." (Watford General, Ambulatory Care Unit)



Patient/carer Involvement in Decisions

When participants were asked if they agreed or disagreed with the statement "Staff involved me in decisions about my care", 67% agreed with the statement, 22% were 'neutral' and 11% disagreed.

One patient raised a concern that a Do Not Attempt Resuscitation (DNAR) was put in place for an elderly patient without consultation with their carer or family



Accessibility

Most comments about accessibility related to disabled access and parking, for example:

"There are nowhere near enough disabled spaces at Hemel Hempstead Hospital, and even where there are disabled spaces, they are so small it is impossible to get a wheelchair down the side of the car, and impossible to get the car door open wide enough to get my Dad out of the car without great difficulty" (Hemel Hempstead Hospital, Haematology)



Discharge Process

On average the discharge process was rated 3.4 out of 5. Concerns were raised about incorrect dispensing of medication, and incorrect discharge information.

There were also concerns raised about integration between services and communication between different parts of the NHS.

In fact, discharge was highlighted as one of the main areas which could be improved. One comment read:

"Was given a discharge letter, but was incorrect" (Watford General, Ambulatory Care Unit.)

EXIT



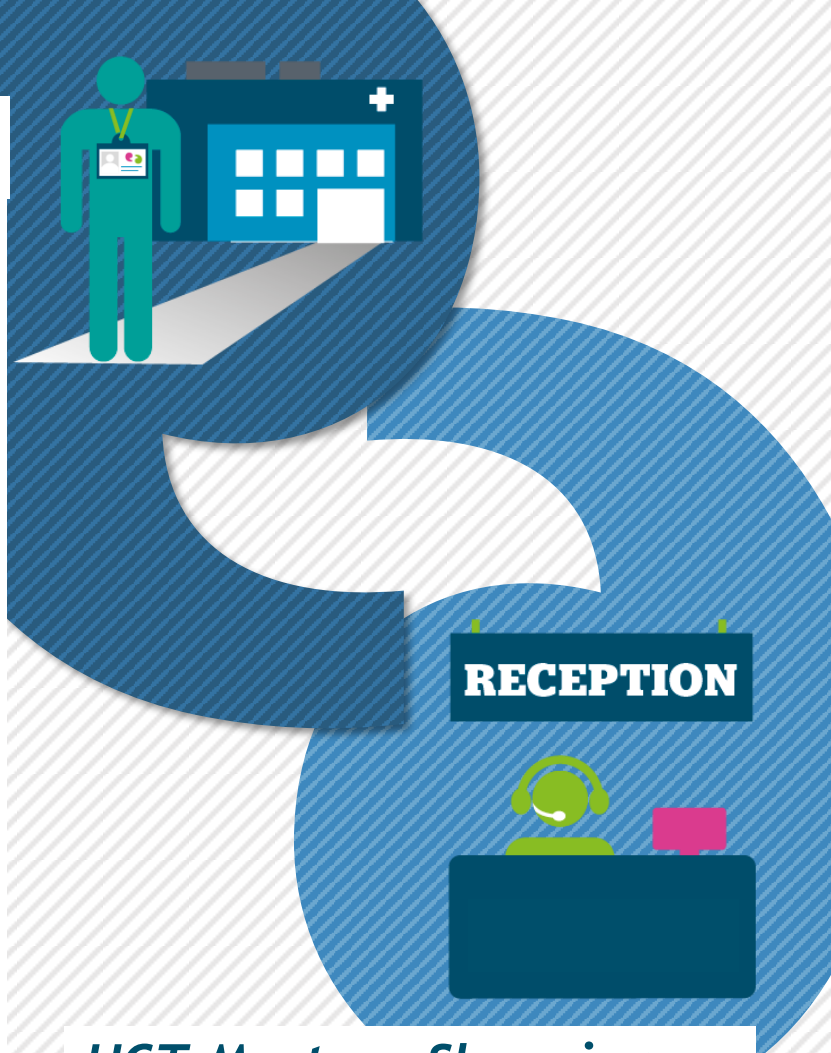
Stockwell Lodge

Stockwell Lodge Medical Centre, a GP practice in Cheshunt, was rated 'inadequate' by the Care Quality Commission (CQC) in 2018. As a result, the East and North Herts Clinical Commissioning Group (ENHCCG) asked us to support the practice to improve the services it provides, and subsequently its CQC rating.

A number of other health bodies have also supported the practice, however, our focus has been specifically on the patient experience and access. We have made a number of recommendations for improvement to the practice, some of which focussed on:

- Making an appointment
- Practice staff and customer service
- The quality of information and communication
- Providing feedback (compliments, concerns, or complaints)

Part of our involvement included accompanying ENHCCG on a quality visit to the practice, during which we conducted an in-depth questionnaire with patients at the practice. We also left a comment box at the practice for one month, so patients could feedback anonymously over a longer period of time. In total, we conducted 15 questionnaires with patients during the visit, and retrieved 31 comment cards from our box.



HCT Mystery Shopping

Our Enter and View volunteers usually visit dentists, hospitals and care homes, but in November 2017 they took to the telephone to mystery shop nearly 30 of Hertfordshire Community Trust's (HCT) services across the Hertfordshire.

This included areas such as Children's Services, Audiology, Continuing Care, Inpatient wards, Integrated Community Teams and Health Visitors. This was an exercise to test out how people are greeted when contacting the service. For example, we wanted to find out whether patients are greeted in a professional and friendly way, and whether they were provided with enough information.

This project was requested by HCT to evaluate whether suggested improvements had been made. All our results have been shared with the relevant services, and we have also raised areas for improvement at the HCT Patient Safety and Experience Group.

Groups and Forums

We run a number of groups and forums for patients, service users and carers.

Whilst some of these have been established to engage on a specific subject or for a specific project, a number are part of our regular activities and are one of the many ways that we ensure we continue to hear the voices of the public and of professionals.

Sensory and Physical Disability Service Watch Group

The Sensory and Physical Disability Service Watch Group collects patient stories and presents these directly to relevant providers and commissioners. Where required, additional research or engagement is undertaken.

Our meetings are regularly attended by NHS and social care service users, Commissioners, Providers and Voluntary Sector Representatives (including Disability Watford, and Hertfordshire Hearing Advisory Service).

All of our meetings are focussed on a specific theme, which is always determined by the group.

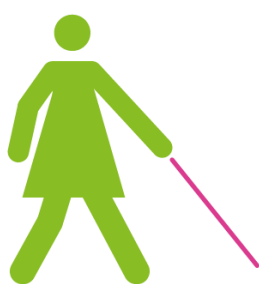
Mental Health Service Watch Group

The Mental Health Service Watch Group was focussed on gathering feedback from carers, service users, and voluntary sector organisations about mental health services.

In May 2017 we reviewed the group, and consulted with our membership, about our achievements and plans for the future. We created a questionnaire to ask people for: their thoughts on the strengths and weaknesses of the group, their views on alternative approaches, and their suggestions on future areas of focus.

We received 19 responses from attendees, and finally decided to close the group in September 2017. At the last meeting we asked attendees for their final thoughts, and the group unanimously agreed to close the group to adopt a slightly different approach to our work on Mental Health. The rationale behind this decision included: consideration of the challenges for people using MH services to attend meetings, and the feeling that it would be hard to reach some vulnerable groups using the existing approach.

Although the group no longer meets, Mental Health remains a top priority for us, and we are continuing our work in this area. We are currently planning a project to gather feedback from patients on their experiences of being discharged from inpatient units, and we will be starting this work in 2018.



Learning Disability Service Watch Group

The Learning Disability Service Watch Group is a forum for people with learning disabilities, their supporters, voluntary sector representatives, and professionals from statutory services (such as Hertfordshire County Council). The group always pick the topics we focus on and we discuss issues that are important to people with learning disabilities.

We have worked hard this year to ensure our meetings are as accessible as possible, and have implemented several methods to achieve this. We produce all our documentation (such as agendas and minutes) in easy read, use flash cards during the meeting to help people with learning disabilities speak up, and we offer time before the meeting so self-advocates can go through paperwork with their supporters or with Healthwatch staff. However, we have also taken a lot of learning from our review of the Mental Health Service Watch Group, and have decided that engaging with people with learning disabilities effectively will sometimes require efforts outside of our meetings.

For example, this year, the group wanted to focus on gathering peoples experiences with annual health checks; so we have developed an easy read questionnaire to capture feedback. The Learning Disability Service Watch Group also identified a need for people with learning disabilities to have an opportunity to volunteer with us. We therefore developed a bespoke, accessible, training package for people with learning disabilities and have trained 5 people as Enter and View representatives. They have all been on their first visits and have brought an additional dimension to our Enter and View work. We look forward to continue working with them in future, and to continue improving our accessibility for people with learning disabilities.

Including those already mentioned, the group has focussed on:

- People's experiences with annual health checks
- Carers assessments
- Carers who have learning disabilities
- The Care Act
- Making volunteering accessible to people with learning disabilities

We are fortunate enough to work in partnership with a number of organisations who have shown a real commitment and determination to improve the lives of people with learning disabilities including: Watford Mencap, North Herts People First, Herts County Council, and Carers in Herts.

Thank you to all those who have attended our Service Watch Groups, and we look forward to continuing to hear people's thoughts and challenges, in addition to all the positive work that is taking place across the county.

If you would like any more information, or would like to attend any of our Service Watch Groups, all details are available on our website:

www.healthwatchhertfordshire.co.uk

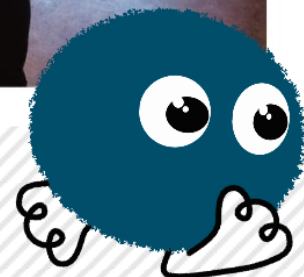




Children and Young People

At Healthwatch Hertfordshire we recognise that young people's views are underrepresented in 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 Young People's Engagement Officer who spends his time gathering the views of young people in Hertfordshire.



This year we have engaged with 550 young people!

This year, we have engaged with 550 young people through:

healthwatch
Hertfordshire



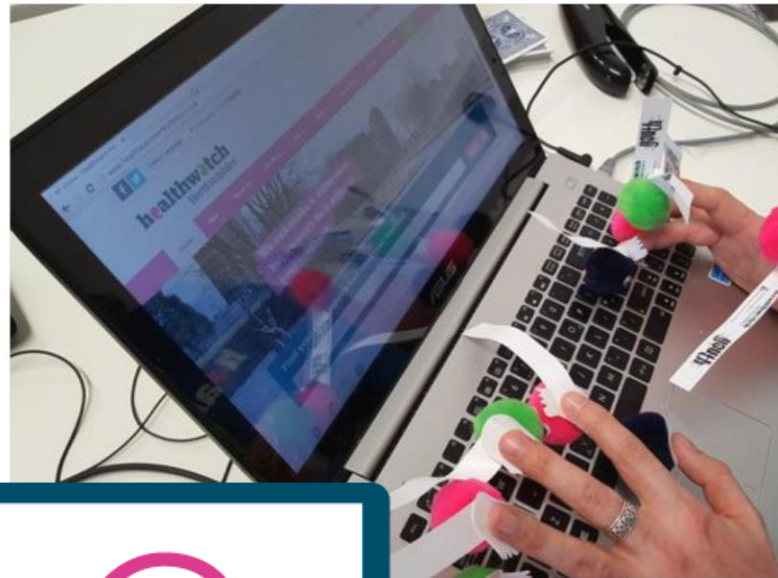
- A chat health focus group and stall
- HPFT's Youth Council
- John Warner School's Mental Health Conference
- Breezie Bodies Event
- CAMHS Youth Council
- North Herts College Student's day
- Stanborough School's 'Time for Me' Wellbeing Event day

• St Albans Girl's School Feeling Good Week promo talk



Communications and Membership

Our network of patients, service users, carers, and professionals is integral to our success. Keeping people up to date about what we are doing, and ensuring we hear their views in return, is a key priority for us.



Website

This year we have redesigned our website, to make it as accessible as possible. Our aim has been to reduce the number of 'clicks' to improve, and streamline, the customer journey. However, we have worked hard to ensure that this does not interfere with our ability to provide as much information as possible, to ensure we continue to be fully transparent. Some of changes we have made include:

- A search bar on the home page
- Slight changes to wording and layout
- Re-organisation of our documents pages

We have continued to innovate through our website, and our weekly staff blogs are consistently rated as one of our most popular pages; we have also been approached by other local Healthwatch who have expressed an interest in replicating something similar on their own websites.

We will be continuing to develop our website in 2018/19 and aim to introduce much more multi-media content which will include video introductions, and improving the ease of accessing our published reports.



**With your help we're
changing local care
for the better**

Find your local service and leave your feedback...

Find your service by name or location





Newsletter

This year we have made the biggest change to the design of our newsletter since we started circulating it. After consultation with our readership, we have redesigned our newsletter into a vibrant, accessible publication that we are proud to have received a lot of positive feedback on.

We have:
1,955 Twitter followers
Sent 1,598 Tweets

We now circulate three hard copy newsletters a year, and circulate our redesigned digital publication six times a year.

Although we have put very robust policies and procedures in place to address the introduction of the General Data Protection Regulation (GDPR), we will not need to fundamentally change our ways of working. We have always valued the privacy of our members and have only ever distributed our information to people who have given us informed, opt-in consent; something we are very proud of.

Our newsletters are also our best way to communicate with our members. We have focussed on utilising this resource more this year, to take full advantage of our broad readership. Some examples include a consultation we ran to gather people's thoughts on what our focus should be this year, as well as providing people with an opportunity to feed into our work with West Herts Hospital Trust at the end of 2017. We plan to continue improving our newsletter, and use it to communicate and engage with our membership further.



Social Media

We have continued to improve our social media presence through posting regular content on Facebook and Twitter. We have received various compliments on our Twitter feed from professionals and the public alike. We have worked hard to ensure we maintain an informal and humorous style, and we hope to increase our engagement through this medium in the future.



Making a Difference Together: Engaging with Decision Makers

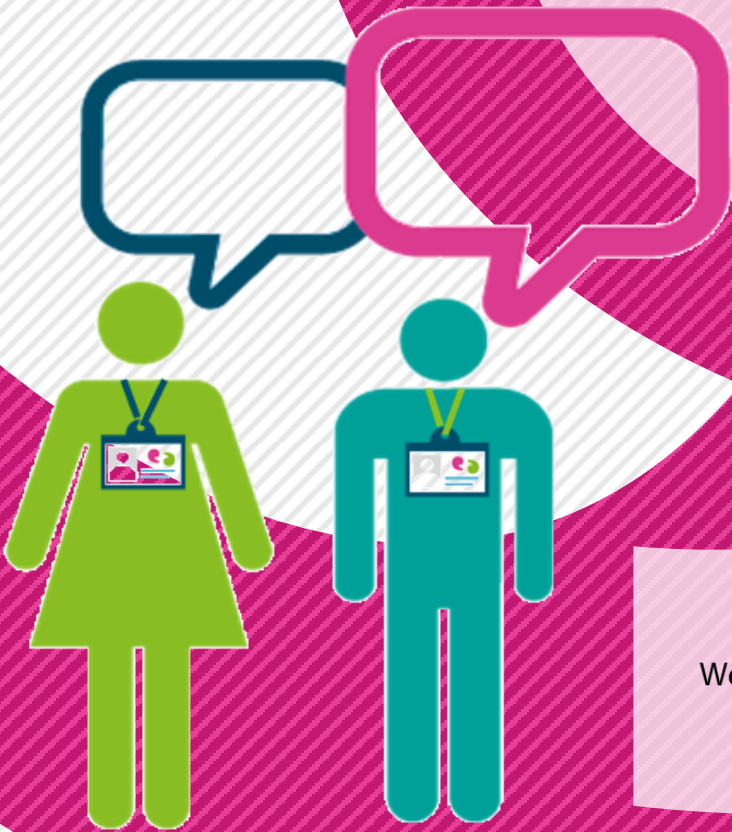


Representation

This year our representatives have attended over 100 boards, committees, and groups.

Our representatives are often focussed on representing patient, public, service user, or carer views and perspectives; however, we also have a role to hold service providers and commissioners to account. We regularly challenge decisions, strategies, plans, or principles that may have a negative effect on patients, as well as celebrating and sharing good practice across the system.

Some of the organisations we have worked with include:



The Princess Alexandra Hospital **NHS**
NHS Trust

East of England Ambulance Service **NHS**
NHS Trust

HUC

NMC Nursing & Midwifery Council

East and North Hertfordshire Clinical Commissioning Group

Hertfordshire Partnership **NHS**
University NHS Foundation Trust

Hertfordshire

Hertfordshire Community **NHS**
NHS Trust

HERTS LPC

NHS
Herts Valleys Clinical Commissioning Group

Essex County Council **Hertfordshire** **NHS**

A Healthier Future
Improving health and care in Herts and west Essex

Hertfordshire
Safeguarding Adults Board

Health and Wellbeing Hertfordshire

East and North Hertfordshire **NHS**
NHS Trust

Care Quality Commission

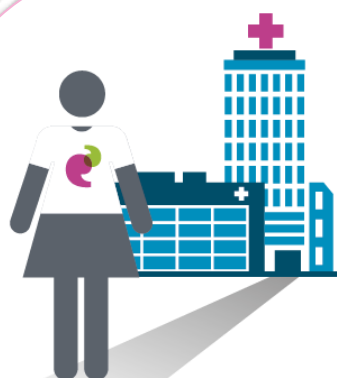
Royal Free London **NHS**
NHS Foundation Trust

West Hertfordshire Hospitals **NHS**
NHS Trust

Influencing Strategy and Service Development

A large part of our role is to have an influence on strategies and service developments within health and social care, by ensuring the voice of the public is heard.

To do this, we work in partnership with a variety of different health, social care, and voluntary sector organisations. This includes delivering projects in partnership to providing regular attendance at strategic meetings; we also sit on a number of boards and governance groups. These relationships are integral to our success and allow us to have an impact at the most senior, and strategic, level. This, in conjunction with our direct engagement with the general public, allows us to represent the public's voice where decisions are made and services are developed.



Oversight Groups

Oversight groups bring together a wide range of stakeholders including NHS England, NHS Improvement, the Care Quality Commission (CQC), Clinical Commissioning Groups (HVMCCG and ENHCCG), and the General Medical Council (GMC). Patients also attend groups to feedback on their experiences and support Trusts to make patient focussed improvements. We have been part of two Oversight Groups this year at West Herts Hospital Trust (WHHT), and the Princess Alexandra Hospital Trust (PAH).

West Herts Hospital Trust Oversight Group:

The West Herts Hospital Trust Oversight Group reviewed the progress made on implementing planned improvements following their CQC inspection in 2015. This included assessing performance against the plans and looking at particular areas of focus in depth.

Our role at this group was to represent the voice of patients and to support the Trust to make progress. One example of this is the work completed with them around improving complaint handling.

The Trust has made significant improvements, and has now moved out of special measures and has continued to work with us. In addition to the complaints work we completed in partnership, we carried out enter and view visits and surveys of patients for the Trust and the CQC before the latest inspection.

More information on our visit can be found on p32

Princess Alexandra Hospital NHS Trust Oversight Group:

The focus of the Princess Alexandra Hospital Trust (PAH) Oversight Group was much the same as the equivalent in West Hertfordshire; focussing on required improvements and monitoring plans to achieve them.

Despite being out of county, almost half of all patients who use PAH services live in Hertfordshire; we therefore felt it was extremely important for us to attend and represent those Hertfordshire based patients.

To support the Trust, we also conducted an Enter and View visit. The Trust had also commissioned another organisation, Enable East, to conduct a more clinically focussed visit; the Trust felt that both visits picked up on completely different elements and complemented each other well.

PAH is now out of special measures, but our work with them will continue for the foreseeable future.

STP (Sustainability and Transformation Partnerships)

The STP involves the whole health and social care system working together to ensure that services are sustainable in the future. Demand for services is increasing alongside increasing financial pressures, so it is extremely important that preparation for the future starts now.

The STP has been nationally mandated, and the entire country has been split into 'footprints' to develop these partnerships. Our footprint contains the whole of Hertfordshire as well as West Essex (primarily due to the patients that use the services at Princess Alexandra Hospital). Locally, the work of our STP is being badged under the title 'A Healthier Future'.

Our role in the STP is to act as a critical friend, to keep abreast of developments in order to hold the system to account, and ensure that patients are not disadvantaged following changes to service provision. We are also regularly consulted about strategies, and plans, for engaging with patients and the general public.

One example included the Let's Talk consultation, in 2018, where we provided



feedback on the process, and the questionnaire that was produced; as well as facilitating some of the events.

We also met with commissioners, after the consultation was complete, to raise concerns about changes to provision from the patient perspective.

We have been a member of the East and North Herts Delivery Board since its beginning, which oversees the implementation of the place based care work in the East and North of the county.

Additionally, we have been building and maintaining relationships with key stakeholders involved in STP decision making throughout this year. We have had several meetings with the Programme Director, several Programme Managers, an independent consultant (who was reviewing the effectiveness of the partnerships), and both STP leads. Many of these conversations have been focussed on exploring additional ways for us to be involved with the Programme, discussing ideas and plans for consulting with the public, raising some concerns about governance, and raising feedback we have received from patients and service users.

We recognise the importance of this Programme to the future of health and social care in Hertfordshire, and we will continue our involvement in 2018/19.

Social Care

Co-Production Board

Hertfordshire County Council has developed a Social Care Co-Production Board that includes partners from a number of statutory and voluntary organisations including ourselves. This group discusses how co-production can run through all decision making in social care, and we have been a member of this group since its inception. The group were able to explore financial and demographic challenges faced by services, and have also recently focused on producing standards for co-production.



Learning Disability Partnership Board

The Learning Disability Partnership Board brings together a range of statutory and voluntary sector professionals, and self-advocates to discuss key issues and developments affecting people with learning disabilities.

We have worked very closely with the Partnership Board on a number of areas such as carers assessments and annual health checks. The Partnership Board has continually demonstrated its dedication to meaningfully involving people with learning disabilities in its work, and we have adopted some of these approaches in our Learning Disability Service Watch Group.

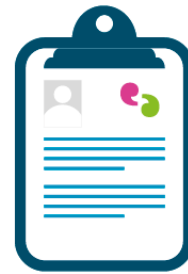
As part of our role with the Learning Disability Partnership Board, we are also members of the Feeling and Keeping Safe sub-group. This multi-agency group is specifically focussed on people with learning disabilities feeling and keeping safe in their communities. We have, as a group, developed a Charter and have also used an easy read questionnaire to evaluate how safe people with learning disabilities feel. There are also three other sub groups looking at transport, lifelong learning, and living a meaningful life in the community.

Healthwatch play an active role in our co-produced feeling & keeping safe group with two way sharing of information and taking on actions where appropriate. We value and appreciate the involvement of Healthwatch on the LDPB.

Kim Honeyball, LDPB Manager

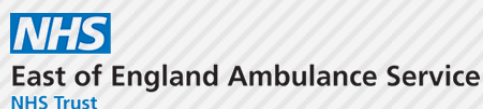
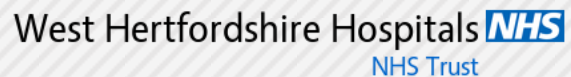
Quality Accounts

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 make improvements. 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. We have 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 March 2018, we again participated in the Hertfordshire County Council's Health Scrutiny Committee's 'Annual Health Scrutiny' panel that covered elements of the Quality Account for 2018/19 and evaluated progress against the priorities outlined in 2017.

We provided responses to the following organisations' quality accounts:





A New Approach to the Patient and Public Voice Contract: Working With Viewpoint

Our commissioners recognise the importance of hearing the user voice, and have developed a new approach to doing so. The new approach looks to enhance opportunities for effective partnership working, looks to increase opportunities for seldom heard voices to be heard, and aims to use resources more effectively.

As part of this, we are currently operating within a pilot where we are working much more closely with another local charity, Viewpoint, who represent the views of users of mental health and drug and alcohol services. We are now fulfilling a 'lead provider' role for this pilot which, if successful, will be used as a blueprint for a broader way of coordinating user voice and community feedback.

Some of reasons for enhancing partnership working in this area include:

- Current arrangements for the voice contract have developed organically, and there is an opportunity for a more systematic approach to be developed.

- This will lead to a standard approach to contract monitoring based on the way our contract is currently monitored
- This would look to strengthen, and complement, both of our organisations' ability to reach and understand our targeted populations, and demonstrate impact
- This will also, in part, address the reduction in funding which has impacted on our ability to undertake as much work

This year, we have had several discussions with Viewpoint, and our commissioners, to plan the details of the new approach. We have also had new contract management arrangements put in place, which included a review of our indicators and targets. Furthermore, we have begun to support Viewpoint with developing their governance and operational planning and, as part of this, we have developed a new tool to assess incoming projects. Finally, we have started to discuss how we can streamline our various representative roles as well as sharing our policies around information standards and data sharing.

We are excited to be part of this pilot, and look forward to working with Viewpoint more closely in the coming months.

Mental Health, and Drug and Alcohol

Dual Diagnosis

Over the past couple of years, we have received feedback on the services available for people with a dual diagnosis; specifically a diagnosis of mental ill health and substance misuse.

Following this feedback, we submitted a 'call for evidence' in July 2015 to the mental health Trust HPFT (Hertfordshire Partnership University NHS Foundation Trust) and the drug and alcohol service provider CGL Spectrum. The responses from this call for evidence were then discussed through our Mental Health and Learning Disability Service Watch Group in January 2016.

We have revisited the commitments made, and outstanding issues raised, from this call for evidence through a task and finish group that we have coordinated and delivered this year. In recognition of the complexity of this pathway, and the number of services involved, the task and finish group included representatives from:

- HPFT (Hertfordshire Partnership University NHS Foundation Trust)
- CGL Spectrum
- Carers in Herts
- Hertfordshire County Council
- Herts Mind Network
- Mind in Mid Herts
- Turning Point
- Viewpoint

During the past year, CGL Spectrum and HPFT have co-produced a new 'dual diagnosis protocol' and pathway. This clearly demonstrated a commitment to improving the pathway and the outcomes people with a dual diagnosis would experience. We have cross-

referenced the feedback we have received with the protocol which we categorised into 5 themes:

- People falling between mental health, and drug and alcohol services
- The reliance on carers and family members, and the support available to them
- The availability of services across the county (e.g. the post-code lottery)
- The quality of services provided to people with a dual diagnosis, and the equality of service provision depending on the diagnosis
- Training and awareness of staff on dual diagnosis issues and treatment



We felt that the protocol addressed the majority of the issues raised, at least in part, and we agreed on suitable solutions to the other issues. One example of this involved feedback we received about the effectiveness of the Single Point of Access (SPA). To address these issues, we have been attending the SPA Reference Group where we have raised, and addressed, these issues in more detail. We are pleased to say that HPFT have made substantial improvements to SPA and several other areas over the past year.

Drug and Alcohol Stakeholder Network

We were approached by Public Health and asked to chair the Drug and Alcohol Stakeholder Reference Group at the end of 2017. This is a forum that includes representation from a number of drug and alcohol service providers to gather feedback on the successes, good practice, challenges, and barriers with drug and alcohol services. The aim of the network is to provide one unified voice, to help inform the future commissioning of these services. We have had some good discussions already and, as this forum is still relatively new, we look forward to continuing to develop it in 2018/19.

Health and Wellbeing Board

Hertfordshire, like every other top tier authority, has a Health and Wellbeing Board set up by the same Act of parliament that established 'Healthwatch'. This brings together leading members and Chief Officers of the County Council, leaders of the CCG's (Clinical Commissioning Groups), two Trust Chief Executives, two District Councillors, the elected Police and Crime Commissioner, and the chair of Healthwatch.

The Board does not directly provide or commission services, but is the principal body that considers and agrees strategic plans for all health and social care provision.

Meetings are held in public and anyone has the right to submit questions to be answered. Our Chair represents us at these meetings and ensures that the views of the public are heard and considered in future health and social care planning.

The Health and Wellbeing Board is currently looking to review its ways of working and focus to ensure it maximises its impact and enhances the quality of health and social care in Hertfordshire.



Pharmacy

In addition to our regular involvement with the Local Pharmaceutical Committee's (LPC) open meetings, we have also been involved with the Pharmaceutical Needs Assessment.

This assessment must be completed every three years to assist with decision making about local pharmacy provision, and went live in 2018.

Part of our involvement included regular attendance at the PNA Steering Group, providing a patient perspective and supporting the development of the assessment. However, we were also very heavily involved in the design and distribution of questionnaires. These questionnaires aimed to gather the views of local people to be considered as part of the assessment. We helped to design the questions and also provided comments on their accessibility. Furthermore, we distributed approximately 500 questionnaires to our membership, through a mix of both digital and hard copies. We were informed that a record number of responses were received (compared to all previous Needs Assessments) due, in part, to our efforts and the efforts of the partners we worked with.



The Care Environment

East and North Herts NHS Trust: Enter and View

The Care Quality Commission (CQC) requested some independent feedback prior to the Trust's CQC inspection. We therefore agreed to make two Enter and View visits to Lister Hospital in Stevenage and the New QE11 in Welwyn Garden City. The focus for the visits was to speak to as many patients, relatives and carers as possible to gather first hand and current feedback on their experiences. The areas we covered included Outpatients at both hospitals, Urgent Care at the QE11, and the Emergency Department and Discharge Lounge at the Lister Hospital. In total, we spoke to over 90 people in both hospitals, and we have made 10 recommendations.

All of our reports are available on our website:
www.healthwatchhertfordshire.co.uk

The dental practices we visited include:

East Herts:

1. Bishop's Stortford Orthodontics
2. Damira Dental Studio
3. Hockerill Dental
4. Hudson's Dental Care
5. The Dentist Bishop's Stortford
6. The Dentist Buntingford

St Albans and Harpenden

1. 21 Dental
2. Gatrad and Associates Dental Care
3. Mr GK Rabin and Associate
4. Hertfordshire Centre for Dentistry
5. The Maltings Dental Surgery
6. Russell Avenue Dental Practice and Implant Centre
7. St Peter's Lodge



Dental Enter and View

Following on from our visits to the Welwyn and Hatfield district last year, we have conducted 13 announced/unannounced visits to dental practices in the St Albans and Harpenden, and East Herts districts. We were specifically looking at access to dental services for marginalised and socially excluded groups. We also looked at how practices make adjustments to accommodate the patient's physical and mental health needs, how they explain NHS treatment costs, and assessed whether the complaints process conformed to the Accessible Information Standard.

The dental practices have welcomed our authorised representatives and responded positively to the recommendations from our visits. We were also able to use our volunteers who have learning disabilities during our visits to dental practices in Bishop's Stortford to provide their perspective on accessibility and the environment.

We have also worked closely in partnership with the Care Quality Commission (CQC), Public Health England, NHS England and Hertfordshire Local Dental Committee (LDC). As part of these relationships, we have also jointly presented with CQC at the Regulation of Dental Services Programme Board Stakeholder event in London in September 2017 and the LDC quarterly meeting in January 2018.

PLACE

Patient-Led Assessments of the Care Environment (PLACE) 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.

This type of assessment was introduced in April 2013 and it is carried out annually. The aim is to focus on what matters to patients. The assessments are undertaken by a combination of people including patients (who must make up 50% of the team), the public, other bodies with an interest in healthcare (like us), and the Trusts staff. The assessments use a range of criteria to see how well the Trust is performing and to identify areas for improvement.

Visits generally start at the beginning of March and end at the beginning of June; however Trusts are instructed on when the visits must be completed by. Results from these audits are logged on a national database which is then analysed and fed back to the Trusts and the public in August.

Our volunteers support these visits to ensure that there is a level of transparency and clarity during the assessments, and help to ensure that other patient assessors feel supported to give full and honest feedback on the visits.

Our volunteers supported the following NHS Trusts with their PLACE visits this year:

- 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)

Through our representative roles, we monitor the findings from these visits at Patient Experience and Care Environment committees.

Findings from the PLACE visits are monitored through Patient Experience and Care Environment committees at the above Trusts where HwH has representatives attending.



Nascot Lawn

The importance of the Nascot Lawn developments this year are covered in detail in the section *#It Starts With You* on p16. For ourselves it has been important to understand the issues and hold the NHS and the County Council to account in terms of the proposals for change and the development of alternative services. The informed input from parents has been vital for our evidence gathering.

Our approach has included detailed discussions with commissioners, papers and presentations to scrutiny committees, being invited to put forward our perspective to the Finance committee of the CCG and creating opportunities for Nascot to be covered in public meetings. As proposals are further developed, we will be looking to ensure that the particular needs of all the children are addressed.

Our People



Governance

Board of Trustees:

Steve Palmer
Chair



Virginia Kirri-Songhurst



Sundera Kumara - Moorthy
Vice Chair



Eve Atkins



Roger Beeching



Carol O'Brien



Maryrose Brennan



Andrew Stenson



Meg Carter



Jayne Taylor



Brian Gunson



Michael Taylor



Alan Bellinger



Barbara Suggitt





We are delighted to appoint the following board members in 2017 and 2018:

- Roger Beeching
- Maryrose Brennan
- Jayne Taylor
- Andrew Stenson
- Carol O'Brien

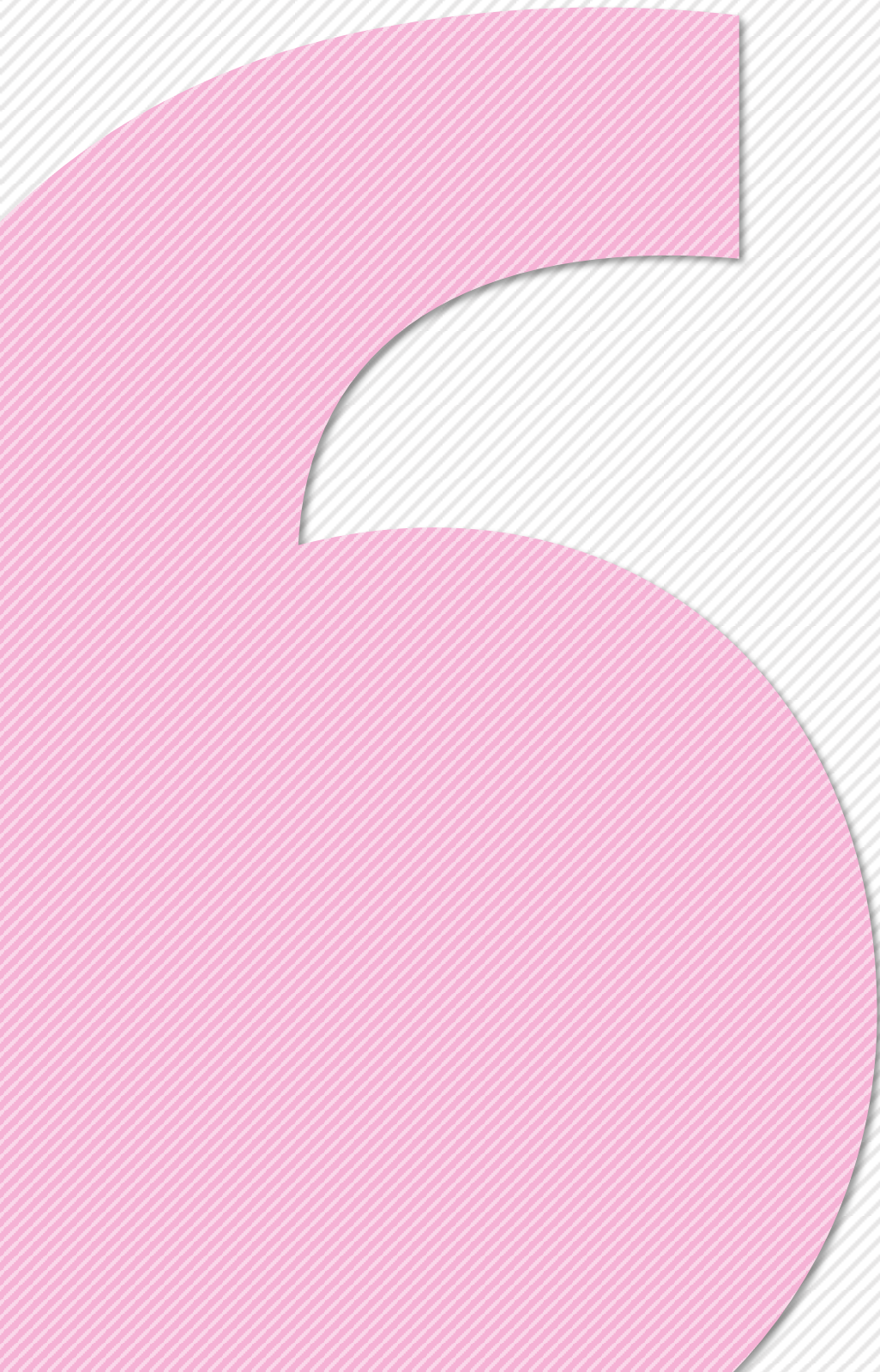
We would like to thank the following board members who stepped down in 2017 and 2018:

- Michael Downing (Chair)
- Mike Pym
- Mobeena Khan

We would also like to congratulate our trustee and Treasurer, Steve Palmer, on his election as Chair in 2018.

On behalf of everyone at Healthwatch Hertfordshire, our sincere thanks to Michael Downing for his years of inspirational leadership as Chair, and for making Healthwatch Hertfordshire as successful as it is today.

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.



Our Team

Geoff Brown
Chief Executive



Frankie Walsh
Youth Engagement Officer



Nuray Ercan
Operational Manager



Jo Wilkinson
Project Coordinator



Tom Barrasso
Strategy and
Partnerships Manager



Alice Lovell
Team Support Assistant



**Priya
Vaithilingam**
Research Manager



Paul Regan
Comms and Engagement
Officer



Jane Brown
Quality Manager



Natalie Stone
Finance and Resources
Officer



Amy Stanton
Senior Administrator



Volunteering

We could not do what we do without our volunteers. In fact, we cannot 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. We are constantly developing the way we support our volunteers, and are continually looking for new opportunities for people to get involved.

Volunteer Review

This year, volunteering has been a large area of focus for us. We have completed a significant review of our entire volunteer programme including how we support, recruit, and train our volunteers. Some of our achievements are:

Processes and Documentation

- Completed an audit of the original workforce
- Set up a new volunteer database
- Revised all policies and procedures, and developed a volunteer handbook



Data and Feedback

- Amended our data collection processes for contract monitoring
- Updated our procedure, and forms, for collecting patient feedback at events



Recruitment and Training

- Designed, and implemented, new induction sessions
- Developed 'how to' guides and training materials
- Designed an accessible training course for people with learning disabilities



New Volunteer Roles

- Created 5 new roles: Community Ambassadors, Event Volunteers, Talk to Us Volunteers, Digital Volunteers, and Research Volunteers
- Developed bespoke training, and resources, to support people in these roles



Comms and Marketing

- Designed and implemented a volunteer newsletter
- Submitted, and won, a bid for marketing materials
- Distributed marketing materials at events



Training Volunteers with Learning Disabilities

As it's vital we represent as broad a range of voices as possible, we also want to have a wide range of volunteers with different needs and abilities. Our Learning Disability Service Watch Group identified that more work needed to be done to ensure that people with learning disabilities could volunteer with us. We therefore decided to use their talents with our Enter and View work.

Looking closely at our existing training, and working with professionals and groups, we expanded and redesigned what we were doing to better support people with learning disabilities to become Enter and View Authorised Representatives. This included meeting with Healthwatch Redbridge to look at the training and support they had developed for volunteers with learning disabilities as well as working with specialist trainers to adapt these materials to make them specific to our volunteers needs. Using existing networks and contacts, we were able to encourage people with learning disabilities to sign up for our pilot in Bishop's Stortford.

Working in partnership with Bishop's House Day Service, we trained 5 eager volunteers. All of our training documents, presentations, and tools are in easy read and we have delivered the course over three days to ensure that it is as accessible as possible for those involved.

Just before our first Enter and View visits to dental practices in Bishop's Stortford in February 2018, we also provided a half day refresher training course. All 5 of our trained volunteers took part in our visits and contributed to the recommendations. A couple of the volunteers are now also looking to be Event volunteers with us.

They have all been on their first visits, and have brought an additional dimension to our Enter and View work.



How to get involved

There are many different opportunities to get involved with us at Healthwatch Hertfordshire. Whether you would like to feedback your own personal experience, represent us at events, or help us to gather other people's views, we have a role for you.

If you would like to enquire about one of our exciting new volunteering opportunities please visit our website and complete an online contact form at: www.healthwatchhertfordshire.co.uk

or contact us on:

Phone: 01707 275978

Email: info@healthwatchhertfordshire.co.uk

Holding Us to Account: Stakeholder Panel

Patients and users of health and social care services should influence all the work we do. Our board is made up of volunteers, and our Stakeholder Panel's most important job is to hold our board to account.

Our Stakeholder Panel should be made up of a broad range of experiences, but should always talk from the service user's perspective; we believe that this year our Stakeholder Panel has achieved this.

The Stakeholder Panel has several functions including holding our board to account. Where appropriate, they can question decisions made by our board and should challenge the outcomes we are achieving. They should also act as a sounding board when we make future decisions about our priorities, and they should also provide an insight into the challenges that are being faced by users of health and social care across the county.

The Panel has been focussed on ensuring that its membership is truly representative of the complexity within the health and social care system, and the variety of patients that use their services. The panel have therefore been looking to expand their membership to include representation from LGBT communities, young people, and those working with Mental Health services.

This year we were fortunate enough to have not one, but two co-chairs elected to chair our Stakeholder Panel. A massive thank you to Kevin and Linda who have shown fantastic commitment to the Panel, and to the work that we do. In addition to chairing the panel, they have attended our board meetings to feedback the views of the Panel, hear from our board, and share ideas about our future strategic direction.

We would also like to take the opportunity to thank all of our stakeholders that have taken an interest in our work; both those that have attended Stakeholder Panel meetings, and those that have shared their views in other ways.



The Healthwatch Network

The Healthwatch Regional Network

We are proud to continue to chair the Regional Healthwatch Network meeting which all local Healthwatch in the East of England are invited to attend.

Representing the patient voice across the region, this network is key for sharing learning to benefit patients and communities across the East of England. Our staff also had the opportunity to meet with colleagues in other local Healthwatch to learn from each other on matters such as revenue generation and research.





Compliments

We are extremely proud of all the hard work our board, team, and volunteers do!

Here is a small selection of the compliments that we have received this year from members of the public, and the professionals that we work with:

“Many thanks for your speedy response, I really do appreciate your turn around speed”

A Healthcare Professional

“That was really helpful. I know I can come back to you anytime. Thank you so much.”

A Member of the public on our signposting service

“Your tweets are legendary. You get it just right.”

A Healthcare Professional

“Five stars out of five. You have been excellent!”

A Member of the public on our signposting service



“What a powerful blog! You are so brave to share this with the world with such creativity and courage”

A Healthcare Professional

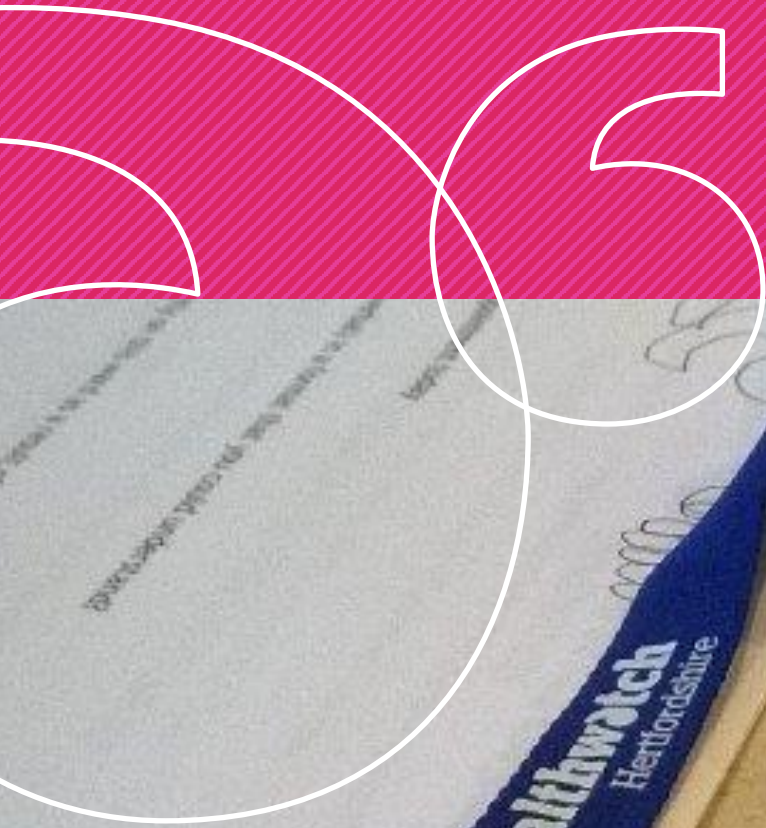
“How very well organised it [the Board meeting] is and how much confidence your ethical approach to good governance inspires”

A Member of the Public

“I have to say, Healthwatch Hertfordshire's use of Easy Read in general has always been excellent”

A Social Care Professional

Our Finances



Our Finances

	2017/18 (£)	2016/17 (£)
Income		
Funding HCC	376,593	466,593
Interest received/Other	2,510	3,270
Less: Grants Allocated	-500	-500
Total Income	378,603	469,363
Employment Costs		
Wages & Salaries	329,664	301,010
Employer NI	26,492	24,026
Temporary Staff	2,795	11,717
Pension costs	17,621	17,870
Life Assurance	2,111	1,512
Recruitment	1,620	890
Staff Expenses	5,523	6,029
Staff training & Welfare	6,429	8,243
Total Employment Costs	392,255	371,297
Governance & Office Costs		
Rent	19,251	17,615
Storage	1,832	1,375
Depreciation	4,326	4,019
Computer costs	3,795	4,777
Telephone & Fax	6,066	5,693
Software	2,529	492
Insurance	1,439	3,032
Repairs & maintenance	2,218	3,132
Sundry	176	117
Refreshments	1,952	1,790
Subscriptions	603	291
Membership fees	313	156
Bank charges	59	10
Total Governance & Office costs	44,559	42,499

	2017/18 (£)	2016/17 (£)
Other costs		
Enter & View training	3,527	2,829
Members expenses	5,474	5,364
Total Other costs	9,001	8,193
Legal & Professional		
Consultancy fees	7,095	2,625
Accountancy fees	1,080	1,100
Solicitors Fees	3,309	288
Other legal & professional	4,411	5,409
Total Legal & Professional costs	15,895	9,422
Engagement & Communications		
Advertising & PR	5,107	23,824
Stationery & printing	8,404	9,173
Postage	775	432
Website	9,892	2,940
Public Engagement	2,228	10,114
Refreshments	330	1,190
Room Hire	2,207	1,340
Newsletter	2,933	10,335
Total Engagement & Communications	31,876	59,348
Total Annual Expenditure	493,586	490,759
Deficit for year	-114,983	-21,396



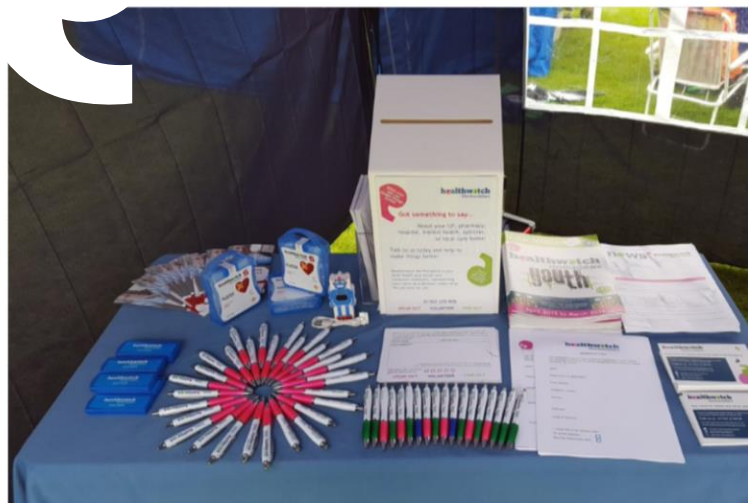


Revenue Generation

To ensure we are a sustainable organisation, and to ensure that we can continue to represent patients and service users across health and social care, we have been working towards generating additional revenue this year.

Following a 20% reduction in our budget for 2017-18, we are currently managing to deliver the same level of service by using our reserves. However, we won't be able to continue doing this forever. We have therefore begun to think about how we could generate additional income by charging for some of the services that we offer. We are fortunate enough to have a very skilled and diverse team who provide a range of services from research and engagement projects, to training and supporting other organisations.

Whilst our reduction in funding does pose a significant challenge, we are not alone. The NHS, local authorities and many other Healthwatch are also experiencing similar funding reductions. Therefore, while it is a challenge, it is not one that our partner's colleagues will be surprised by, or one that we are facing alone.



This year we have drafted a revenue generation strategy and have done a lot of thinking about: the services we can charge for, how we can increase our operational capacity, and (perhaps most importantly) how we can ensure that our values come first. Representing patient voice, challenging health inequalities, and championing our ethical and values based culture will always be our first priority.

We look forward to developing our capacity to generate additional revenue in 2018/19, and we are excited about the new opportunities this could open for us.



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.



healthwatch
Hertfordshire

1 Silver Court
Watchmead,
Welwyn Garden City
Hertfordshire
AL7 1LT

Registered Charity Number: 1158089

Tel: 01707 275978

Email: info@healthwatchhertfordshire.co.uk

Web: www.healthwatchhertfordshire.co.uk

 @HwHertfordshire

 HealthwatchHertfordshire