



healthwatch

Hertfordshire

**Annual
Report**

2019-2020



A selection of images taken during a busy year for Healthwatch Hertfordshire

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Message from Our Chair

As Chair, my contribution to the report is to look at 2019/20 and look at the achievements and challenges encountered during the year. For our reporting purposes, the year ended on 31st March 2020 and I am writing this report in late May 2020. A lot has happened in health and social care in the period between March and May 2020.

We had a general election in December 2019. Whatever one's political views I am sure that many of those involved in health and social care would have been disappointed in the level of debate in the election campaign. The NHS Long Term Plan barely got a mention but if it is to succeed, patients and the public in general will need to be more involved and informed about their own health and the options available. Healthwatch Hertfordshire were part of a national Healthwatch Public Engagement Project on the Long Term Plan, details of which are in this report.

Other projects, such as our work looking at carers' needs and involvement within mental health inpatient settings, and our various coproduction activities are also an important part of ensuring Hertfordshire plays its part in delivering the Long Term Plan.

The future of Mount Vernon Cancer Centre services is of real concern to many in Hertfordshire. We were and are involved in looking at what needs to be done to ensure that the outstanding service provided by the highly skilled and dedicated staff continues, with better facilities than are currently provided at the site.

The structures of the local health services continually change with the Sustainability and Transformation Partnership (STP) transforming itself into an Integrated Care System (ICS) and Integrated Care Partnerships being developed. Healthwatch is heavily involved in holding the (ever-changing) system to account and works closely with the partners in the system including Health Trusts and the County Council. For Hertfordshire residents the performance and future plans of the Trusts are undoubtedly of interest. West Hertfordshire Hospitals NHS Trust and Princess Alexandra Hospital NHS Trust have both been promised substantial investment. Our role is to ensure that all voices are heard and the plans that are developed are sustainable and in the interests of all our communities.

In my report last year, I quoted statistics including one that 55% more patients survive a stroke compared with 10 years ago. On a personal note, my partner had a stroke in November and the prompt arrival of paramedics and an ambulance, excellent emergency treatment at Watford General Hospital and then University College London Hospitals NHS Foundation Trust (UCLH), and quality rehab at Langley House; meant that she has made a full recovery. I can only say thank you to all those involved.

As mentioned earlier, I am writing this report in late May 2020. The pandemic or at least the first wave appears to have peaked in Britain and a relaxation in lockdown is about to begin. There are concerns about future waves and the virus is still surprising experts in how it affects people.

This is not the place or time to comment on how the pandemic has been handled. Every Thursday evening for the past 10 weeks people across the country have rightly come to applaud health, care and other key workers for their contribution and many sacrifices they have made to keep us safe. If anything good can come out of the virus, I hope that care workers are at last given recognition for the essential and skilled service they provide.

The government will be publishing a report on the future of social care. This long awaited and delayed report cannot just be about the financing of care, important though that is. The quality of the service and ensuring that care staff have a proper career structure and support are as important as the method of financing.

Healthwatch Hertfordshire depends on its staff and volunteers, including Board members for the services and impact it makes. We aim to make a difference and it is the hard work and skill of staff and volunteers that ensure we do.

Keep safe.



Steve Palmer, Chair

A handwritten signature in black ink that reads "Steve Palmer". The signature is written in a cursive style and is positioned above a horizontal line.

Steve Palmer Healthwatch Hertfordshire Chair

“I’ve now been Chair of Healthwatch England for over a year and I’m extremely proud to see it go from strength to strength, highlighting the importance of listening to people’s views to decision makers at a national and local level.”

Sir Robert Francis, Chair of Healthwatch England

“Healthwatch are valued partners in our work to improve patient experience and involvement. They have joined us on quality assurance visits over the last year and made valuable contributions to our quality review meetings with providers, including on non-emergency patient transport. They have also helped with our patient engagement work, most particularly helping us to draw up an incentive scheme to support the development of practice patient groups.”

David Evans, Interim Managing Director, NHS Herts Valleys Clinical Commissioning Group



About Us

About Us

We are the independent consumer voice for people using health and social care services in Hertfordshire, helping to shape and improve the quality of those services across the county. As an independent body with charitable status, we are here to make care better and have statutory powers given by central government to make sure that the people's voices get heard, act as a 'critical friend' to organisations that provide health and social care and hold the system to account. Our sole purpose is to help make care better for people.

What We Do

We help people find out about local health and social care services and listen to what people like about services and what they believe needs improvement.

All of our work is based on what people tell us and we encourage people to share their views and lived experiences with us and ensure their voices are heard. We evidence the public's experience of using health and social care services in Hertfordshire and feed this back. We also share their views with those with the power to make change happen and that includes with Healthwatch England, the National body, to help improve the quality of services across the country.

By acting as a 'critical friend' we let people running services – providers, commissioners, government bodies know what service users, and carers want and need from care so they can plan, redesign and improve services. We are commissioned to be independent enabling us to hold providers and commissioners to account. Through evidence gathered, and carrying out visits, we can highlight where services are doing well and where they need improvement.

We also provide an important and highly regarded Information and Signposting Service to help people access, understand and navigate the health and social care system.

Who We Work With

We work closely with partners and stakeholder organisations in Hertfordshire as well as health and social care commissioners and providers. This includes the NHS, the County Council, and three Clinical Commissioning Groups – Herts Valleys CCG, East and North Herts CCG and Cambridgeshire and Peterborough CCG.

We also work with regulators and other commissioners and providers of health, primary care and community care alongside the various voluntary and community organisations to ensure they hear the voices of Hertfordshire residents and consider their feedback when reviewing and improving local services.

As part of the wider Healthwatch network, we share information and contribute to initiatives with Healthwatch England and the Care Quality Commission, which helps us to have an impact across the county.

We also work with other places that Hertfordshire residents get care from, such as hospitals in London and Essex.

Governance

We want to make sure that as many people as possible can share their voice and stories with us and so we continue to take steps to involve the public and volunteers in our governance and decisions about our work.

Our Board of Trustees are all volunteers appointed for having a mixture of skills, which includes lived experience and knowledge of health and social care. They govern our activity and by setting priorities are responsible for the strategic oversight of Healthwatch Hertfordshire. The Board ensures that we use our resources wisely and that we keep to our charitable purpose.

The Board meets six times a year with four public meetings and two strategic sessions for Board members only.

“Over the past 12 months the Hertfordshire Health Scrutiny Committee (HSC) has once again benefitted from the information and insight provided by Healthwatch Hertfordshire (HwH). Committee members can rely on HwH to put forward the patient, user and carer perspective based on current evidence. This helps HSC in challenging the NHS in an informed and constructive way.

More specifically HwH contributed to our December 2019 meeting when we looked at East and North Hertfordshire NHS Trust (ENHT):

- In relation to the Phlebotomy service, members wanted to congratulate HwH for its report which dovetailed with the Care Quality Commission (CQC) inspection findings.
- Members heard that patients were content with the access to the front of the hospital where the Phlebotomy area was located but would support input from HwH to enhance access to the area.
- HwH was able to substantiate the improvements in patient experience reported by the Trust at committee.

In March 2020 HSC looked at non-emergency patient transport services (NEPTS):

- HSC was able to draw on the findings of a HwH survey to verify the statements made by NEPTS officers at the committee. Members heard that the survey provided positive feedback regarding NEPTS. Whilst some patients had highlighted they had not received the service and had to re-apply through the appeals process. This enabled councillors to ask additional questions of the officers.

Other scrutiny activities where HwH has supported HSC include discussion on the proposed move of the Moorfields Eye Hospital; Mount Vernon Cancer Service developments; Princess Alexandra Hospital relocation; and support at the Overview & Scrutiny Committee (OSC) annual Integrated Plan scrutiny. HwH provided a well-received short written summary of the work of HwH to members earlier this year to clarify member understanding of HwH.

The planned agenda item to look at the work of HwH in detail has had to be postponed due to Covid-19. We look forward to hearing about HwH at a future meeting post Covid-19.

As chairman of HSC I particularly value the regular meetings with the HwH Chair and Chief Executive. At these meeting we discuss respective work programmes and how HwH data can inform the scrutiny and especially the questions that councillors raise. I look forward to resuming our regular contact and HwH attendance at scrutiny post Covid-19.”

Seamus Quilty, Chair of Scrutiny at Hertfordshire County Council

Our Year in Focus

It has been a busy and varied year for Healthwatch Hertfordshire with activity developed to reflect a shift in our strategic direction. Our key roles of representing the voice of the patient, signposting and holding the system to account all remain central to our work, but we made some changes to our approaches. Our remit covers all of Hertfordshire, all its population and its health and care services, so we prioritised.

We decided we needed to:

Be more strategic – as an example of this, you can see the work we have done locally to engage communities and patients about the NHS Long Term Plan on page 12 and the issues that people felt were most important across the whole system. We hold regular meetings with health and social care leaders to raise similar issues of strategic concern, also covered later in this report.

Carry out more research – central to our success as an organisation is our rigorous and nationally recognised research work. Through expert staff and robust methodologies endorsed by research partners such as the University of Hertfordshire and Healthwatch England, we can be confident of our research findings and recommendations.

Gather more evidence – in the report you'll read about our research & engagement programme, enter and view work (for example in acute trusts) and see powerful case studies from our signposting service. Strong evidence ensures we don't assume what the key issues for patients might be.

Focus on outcomes – all of our work looks to improve outcomes, such as changing the way services are delivered or how patients are involved. Our coproduced work with carers and Hertfordshire Partnership University NHS Foundation Trust (HPFT) illustrates this. Looking at carers' needs and involvement in psychiatric inpatient discharge the work focuses on practical outcomes ensuring carer involvement and developing tools to support carers.

Generating more revenue – Healthwatch Hertfordshire receives most of its funding from Hertfordshire County Council as part of our contract to deliver out statutory duties, fulfil our statutory roles, and provide our core services. However, budgetary pressures on the Council has meant reductions to our income. We have made significant cost savings though more important has been our drive to raise revenue from elsewhere. Over the year commissioned work has come from Clinical Commissioning Groups, Acute Trusts, Public Health, NHS England and through partnership working funding bids with the University of Hertfordshire.

Reaching more seldom heard groups – to represent the views of patients and communities on health and social care services, we want to hear as wide a range of views as possible especially from those whose voices may be heard less often. To assess the effectiveness of Annual Health Checks for patients with learning disabilities, our work focused on hearing the views of patients themselves to hear about their experiences.

In this report, you will see all these approaches in action; dealing with issues of national or long term importance, focused work with communities whose perspective is less often heard, working in partnership and raising revenue. Central to our work remains hearing the patient voice and making recommendations to help improve services locally.

Highlights from Our Year



568 people shared their health and social care story with us through focus groups, our signposting service and at events around the county.



Our Signposting Team spent over **456** hours providing support and information via text, call or email to the people who contacted us for help.



3,698 members received our free newsletter either digitally, through the post or via audio.



We received **136** compliments from the public and partners.



We attended **21** Chair and Chief Executive meetings with providers and commissioners.



We attended **40** different Boards and Committees on a regular basis, equating to **307** volunteer hours.

“Throughout the Sustainability and Transformation Partnership (STP) planning for new ways of integrated health and care delivery, we have found Healthwatch Hertfordshire a great source of advice and hugely helpful in presenting the views of patients, people and family carers to improve services.”

Iain MacBeath, Director of Adult Care Services at Hertfordshire County Council and Sustainability and Transformation Partnership (STP) Co-Lead for Hertfordshire and West Essex



**How We've Made
a Difference:
Research and
Engagement**

Involving the Public in the Long Term Plan

Thanks to your feedback, the NHS should now have a stronger focus on involving the public in changes to community and online health services.

In December 2015, the Department of Health published its Mandate to NHS England (NSHE) setting out the Government's strategic ambitions for the health service up until 2020/21.

As part of this, the Mandate outlines a series of expectations around performance which are refreshed on an annual basis. In 2019, the Department of Health and Social Care aligned their expectations with the NHS Long Term Plan. NHS organisations were then asked to come up with a local plan explaining how these priorities will be delivered locally.

What is the NHS Long Term Plan?

The **Long Term Plan** sets out what the NHS wants to do better. This includes:

- Helping people live healthier lives;
- Investing more in technology and community services;
- Getting better at looking after people with cancer, mental health, dementia, lung and heart diseases and learning disabilities, such as autism; and,
- Improving the support people need to age well and to have a strong start in life

You shared your views and ideas on how local services could invest in the right support for our community. By sharing these views and your experiences, you ensured our local NHS plan incorporated your needs and wants for the next decade.

What you told us:

You want future services to provide choice and flexibility of care that centres around individual needs.

When asked what would be the biggest change you'd like to see to help you stay healthy, you said (in priority order):

- 1. Timely access to help and treatment, noting long delays for some services in particular:** "I was diagnosed with ovarian cancer and had to wait for many weeks before my operation, even though in the meantime I had to go to A&E because of bleeding... [There] definitely should be faster response times after diagnosis."
- 2. Staying in your own home as long as it's safe to do so**
- 3. Being seen as an equal partner in decisions about your care and treatment**
- 4. Better technology:** "I worry about how data is managed, especially when you hear about how many times it is lost, misplaced, or given to the wrong person by accident."

People with long term conditions highlighted a strong feeling of disparity between services.

"I would like my healthcare to focus more on my wellness rather than my illness."

"My opinion should matter but it doesn't."

"Above all, I would like to be listened to and given time and options for my health choices."

They listened...

“We very much welcome the findings of the Healthwatch report, which raises a number of issues which are critically important to people’s experiences of health and social care in Hertfordshire and West Essex. To secure a healthier future for residents and develop high quality, sustainable services, we must work in partnership with the people we serve. We will ensure that the report is shared with the clinicians and professionals responsible for transforming services across our area and ask them to respond to its findings and conclusions.”

Beverley Flowers, Joint Hertfordshire & West Essex Sustainability and Transformation Partnership (STP) Lead Officer



Your voice at a National Level

Through the national network of local Healthwatch, **85,000** people’s views were shared. Your views counted towards that.

Because people across England have spoken up about the improvements they want to see, Healthwatch have been able to shape the NHS’s objectives nationally, by making recommendations to the Government. Recommendations included:

- Sending a strong message about involving people in NHS decision making
- Make NHS targets more meaningful for people
- Reassert the focus on the NHS being the world’s largest learning organisation
- Build public confidence in new technology
- Listen to what people want from the future of the NHS workforce

The Government has published updated objectives for the health service, which take into account these recommendations and outline what it wants the NHS to achieve over the next 12 months.

More information can be found here:

<https://www.gov.uk/government/publications/nhs-accountability-framework-2019-to-2020>

Improving Health Outcomes for People with a Learning Disability

Did you know that research has shown that people with learning disabilities have a lower life expectancy and poorer physical and mental health outcomes compared to the general population, and that Annual Health Checks were introduced to help reduce this inequality? (**Learning Disability Mortality Review (LeDeR), 2019**)

What is an Annual Health Check?

Annual Health Checks are for people aged 14 or over with a learning disability. GP practices provide the checks in order to reduce premature mortality and improve health outcomes. The checks identify undiagnosed medical conditions and implement preventative measures such as screenings, vaccinations and blood tests.

To help address any disparity locally, we coproduced a questionnaire with our Learning Disability Service Watch Group (LD SWG)* which focused exclusively on hearing people's experiences of Annual Health Checks and understanding barriers to the uptake of appointments. The questionnaire supported Hertfordshire County Council's (HCC) annual survey to adults with learning disabilities, concentrating on the wellbeing of people with learning disabilities.



The Purple All Stars

What we found:

With the help of statutory organisations, learning disability nurses and local support groups, we engaged with **491** service users, carers and support workers:

138



People spoke to us face to face through their local Learning Disability Forum

353



People completed the questionnaire – either online or via hard copy

265



People who completed the questionnaire were service users

20%



Of service users who completed the questionnaire were aged 14-17 years old

86



GP practices across the county were analysed as part of this work

*The Healthwatch Hertfordshire Learning Disability Service Watch Group ran until 2018

Of the respondents who completed the questionnaire, **69% (242)** had received an Annual Health Check since May 2017 and **31% (111)** have never had an Annual Health Check.

Positive experiences reflected the friendliness and patience of clinicians.

“The attitude of the doctor was very friendly, supportive and helpful.”

However, concerns were raised about the quality of Annual Health Checks. Issues regarding quality related to the length of appointments offered, affecting the comprehensiveness of Annual Health Checks.

“The doctor didn’t do all the checks.”

Few GP practices provided information in easy read and/or communicated with service users in a way that was accessible for them.

“I was given information I did not understand.”

Some GP practices did not allow service users to bring support with them and in some cases, staff in supported living accommodation refused to accompany service users.

“I wasn’t allowed to bring support with me.”

Where respondents have not had an Annual Health Check, largely this was because they were not aware Annual Health Checks existed, and/or because they had not been offered an appointment by their GP practice.

“I never knew my child could have an Annual Health Check, I never knew they existed!”

A small number of service users questioned the importance of having an Annual Health Check and/or noted barriers such as time or confidence.

“I don’t see how an Annual Health Check is going to help me.”

Those aged 14-17 years old were less likely to have an Annual Health Check. For those who had, they were given greater choice in terms of appointment time and clinician.

As part of the Hertfordshire Learning Disability Strategy, HCC is working with services to improve the uptake and quality of Annual Health Checks. Our work aims to inform how this can be achieved by evidencing lived experiences of how Annual Health Checks work in practice.

The full report will be published later this year.

Working Together as Equals: Coproduction in Action

Patients are why the NHS exists, so it makes sense that a collaborative relationship between the NHS, carers, third sector and communities is what we want to achieve.

What is coproduction?

Fundamentally, coproduction is when public services are not solely governed by service providers and professionals, but rather that service users, carers and communities work in an equal partnership, sharing responsibility in the development, design and delivery of services.

What helps build this collaborative relationship?

- Recognising people as assets – equal partners with value to add
- Two way reciprocal relationships where everyone feels valued and rewarded
- Having shared ownership and responsibility for the development, design and delivery of services by relaxing boundaries
- Service providers acting as facilitators for change, rather than just providers of services themselves



We, like you, think this collaborative relationship is crucial in helping to make services better, and in turn improving people's experiences within Health and Social Care. So, we have been using our national knowledge and experience of how coproduction works best, and working with our NHS and Social Care partners to enable good practice locally – along with patients, carers and community partners too of course!

This year we have some coproduction projects to celebrate and we have provided three examples of this:

Helping Improve Support for Carers

Carers have bravely been sharing their experiences around caring and supporting a loved one being admitted to and discharged from a mental health inpatient ward. Through this work, carers highlighted that at these crisis points, it is even more crucial for information and support to be personalised, concise and explained when the service is not working the way it should – something that was lacking in the information currently available online and in leaflets provided by the Trust.

We have been supporting Hertfordshire Partnership University NHS Foundation Trust (HPFT), the local mental health Trust, to review their resources and support for carers. Working in partnership with carers, service users and representatives from organisations such as Viewpoint, Carers in Herts, Guideposts and Turning Point we wanted to understand how they feel the Trust can support and involve them particularly within psychiatric inpatient services.

A member of the group said:

"It has been fascinating to listen to other people's experiences and to share my own. Getting a better understanding about how to work together with the service to improve things for carers and service users. On a personal level I decided to take part in this group to try to improve things within the service for others. My child and I have been involved with the service for 7 years and things haven't always been as we would have liked or as they should be. But being part of this I would like to think I can continue to make things better for new people coming into the service."

Hertfordshire Partner University NHS Foundation Trust said:

“Healthwatch have been doing some excellent coproduction work with [HPFT] around support for carers. As we go forward it is really important to involve Healthwatch because they not only bring their expertise and experience locally, but can bring good practice from across the region with their role.”

Connected Lives Gateway

Hertfordshire County Council’s Adult Care services are currently reviewing their access points and services on offer. As part of this we have been facilitating discussions between carers, third sector organisations and Adult Care Services on what they would like to see, and what they would change. The goal is to coproduce a service that “prevents, reduces or delays eligible need”, helping the public voice to be at the centre of design and delivery. The programme will run until April 2021.

West Hertfordshire Hospitals NHS Trust (WHHT): Improving Patient Care through Coproduction

To build on the successes and learning from the current WHHT patient and public involvement model, we have been working with WHHT to create a culture of coproduction within their involvement and engagement work.

This exciting fresh model brings about a new Coproduction Board, whose role is to oversee coproduction across the Trust, providing opportunities for WHHT to work in partnership with the wider system and third sector organisations.

WHHT can also connect with local people and their lived experiences by paying particular attention to seldom heard groups, equality and diversity. Unfortunately, but understandably the launch of the Board was postponed due to Covid-19, however we look forward to restarting the work soon.

“Healthwatch Hertfordshire has supported us in the role of ‘critical friend’ during another very important year for West Hertfordshire Hospitals NHS Trust. We found their advice invaluable as we engaged our local communities in discussions about plans to redevelop our hospital estate.

Their input into the development of our five year (2020-2025) strategy by attending our workshop and following up with suggestions added insight to this key piece of work.

We have also worked with Healthwatch Hertfordshire on a coproduction project, which was paused when we needed to focus our attention on responding to the Covid-19 outbreak.

We look forward to resuming this work and on benefitting from their expertise as we embark on a new hospital redevelopment engagement programme which will be largely via digital platforms due to restrictions on public gatherings.”

Louise Halfpenny, Director of Communications at West Hertfordshire Hospitals NHS Trust

Herts Pride 2019



In August we had the pleasure of holding a stall at Herts Pride. Now into its sixth year, Herts Pride is an annual festival organised by Hertfordshire LGBTQ+ Health and Wellbeing CIC, which celebrates inclusivity, diversity and taking pride in who we are as a community. It was an opportunity for us to speak to a wide range of people, sharing with them information about Healthwatch Hertfordshire, but more importantly, hearing from people about their experiences of accessing and using services.

At the event we asked **55** people:

Have you ever felt worried about sharing your gender identity or sexual orientation when accessing health or social care services?

Of those who identified as LGBTQ+ **62%** (34 of 55) said that they worry or have worried about disclosing their gender identity or sexual orientation to a health or social care professional recently. Reasons included, fear that health or social care services would assume, stereotype, judge or not accept them for who they are; a worry that the information would be shared without them knowing and affect them negatively.



The remaining **38%** thought health and social care services were there to support them, and are often approachable and accepting of the LGBTQ+ community.

In contrast, of those who identify as heterosexual or cisgender (21), **100%** said this was not an issue, primarily because they are represented in society, meaning they do not fear discrimination from health or social care services.

Enter and View

What is Enter and View?

Healthwatch Hertfordshire (HwH) has a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of our statutory functions and allows us to identify what is working well with services and where they could be improved.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes for both individual services as well as system-wide.



Case Study: Lister and New QE11 Hospitals

Why we carried out the visits

We carried out these Enter and View visits in July 2019 to check progress since visiting in March 2018. At the Lister Hospital, this was to Phlebotomy (blood testing) and the Macmillan Cancer Centre, as these were the areas where the most recommendations had been made previously. At the request of the East and North Hertfordshire NHS Trust (ENHT) and the East and North Hertfordshire Clinical Commissioning Group, HwH also agreed to visit the Urgent Care Centre at the New QE11.

The focus for the visits was to speak to patients to gather first hand and current feedback on their experiences at both hospitals.

Altogether we spoke to **44** patients and made recommendations for each service, which included some refurbishment work, better patient information and improved waiting times.

What we found

Good practice:

- Patients were very complimentary of the Phlebotomy service and the care they received in the Lister Macmillan Centre
- Good volunteer support in the Lister Macmillan Centre was noted by patients and the HwH Authorised Representatives
- The check-in experience at the Urgent Care Centre QE11 was again rated good

Areas for improvement:

- The long waiting times in the Lister Macmillan Centre
- The environment and information available in the Phlebotomy Centre
- Collecting patient feedback in the Phlebotomy Centre

We made seven recommendations covering the areas for improvement and in response received a comprehensive action plan from the Trust, which we shared with commissioners.



**How We've Made a
Difference:
Holding to Account**

As part of our commissioned role, we hold the system to account from the service user and patient perspective.

Health and care commissioners and providers must make available certain information on request and acknowledge our concerns, reports and recommendations by responding to us explaining what actions they will take, or why they are not taking action. Though we have statutory powers at our disposal, we rarely need to use these as commissioners and providers generally value our involvement and feedback and respond to our points openly and positively.

Our approach to holding to account includes regular meetings with health and Ccre leaders assessing key initiatives and changes, with us highlighting issues raised by the patients and public. We attend Boards and Committees across the system to ensure the patient/service user perspective is considered at Board level.

Our role can be strategic – for example helping to ensure commissioners and providers kept patients aware of significant Adult Community Services changes in the west of Hertfordshire and minimised any potential service disruption. Sometimes we raise a broad performance issue for example at our meetings with Adult Social Care, we considered the performance of providers across the care system. The issues might be broader still: in 2019 risks of a 'no deal' Brexit were raised on a regular basis with the NHS.

Sometimes our involvement is at an early stage of potential change. With the proposed change to overnight provision at the Urgent Care Centre at the QE11 hospital, we were able to canvas patient views and later chaired the public meeting on the proposals, providing independence and ensuring community voices were heard.

Issues of concern can also be at an operational level, recent examples include complaints handling, enhancing support for patients with learning disabilities and plans to address a service requiring improvement after a CQC inspection.

“The relationship we have with Healthwatch Hertfordshire is a really valuable one. We work with them on a range of engagement and quality assurance matters in East and North Hertfordshire and their role as a partner and a critical friend cannot be underestimated.

Some of the ways we worked with Healthwatch Hertfordshire in 2019/20 included stakeholder engagement about potential service changes, as well as quality assurance visits to the provider organisations which deliver services to thousands of patients in our area.

Healthwatch Hertfordshire also continue to ensure the concerns and feedback raised by patients and their families about local services are raised with us, which makes a huge contribution in bringing the health and wellbeing interests of residents to the fore.”

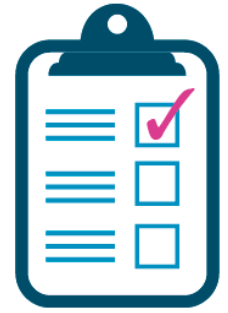
Beverley Flowers, Director of System Transformation and Integration, Hertfordshire and West Essex Integrated Care System (Chief Executive, NHS East and North Hertfordshire CCG until 31 May 2020)

Review of Important Specialist Cancer Centre

We have been supporting the Mount Vernon Cancer Centre Review led by NHS England Specialised Commissioning.

East and North Hertfordshire NHS Trust run the Mount Vernon Cancer Centre from a site in the London Borough of Hillingdon. It is a standalone Cancer Centre and serves a population of over 2 million people in Hertfordshire, South Bedfordshire, North West London and Berkshire.

Many of the buildings are not in a good state of repair, and there are a number of concerns about the long term clinical sustainability of the Cancer Centre despite the high quality and safe treatment provided.



How were we involved?

1. We are a member of the Programme Board set up to develop options and review data.
2. We are a member of the NHS England Communications group that is leading the public engagement process.
3. Our Chair was part of the Independent Clinical Review Panel in July 2019 with leading clinicians from other parts of the country.
4. We promoted the patient and public workshops and online survey to gather patient experience that took place from July to September 2019.
5. We participated in the scoring and evaluation process for a new a cancer specialist provider to take over the running of the Cancer Centre (key recommendation from the Clinical review).

During 2020/21, we will continue to support the review as they evaluate public feedback (including a public consultation) and consider future options.

“The trust is once again delighted to confirm its support for the work of Healthwatch Hertfordshire in providing an independent advocacy, information and support service for health and care patients and public across Hertfordshire. We have continued to work well in partnership to support our patients and public constituents access our services and have the best possible health care experience.

We are delighted to enjoy a positive working relationship on a mutual recognition of respective responsibilities and pressures. We are grateful to all the staff at Healthwatch Hertfordshire for their continued support and appropriate challenge. In particular, we valued Healthwatch promoting and supporting the patient voice as part of the strategic review of the Mount Vernon Cancer Centre.”

Rachael Corser, Director of Nursing and Infection Prevention & Control at East and North Hertfordshire NHS Trust (ENHT)

Reviewing Complaints Handling for Hospital Trust

Following on from our independent qualitative review of complaints handling at West Hertfordshire Hospitals NHS Trust (WHHT) and the subsequent joint review with Herts Valley Clinical Commissioning Group (HVCCG) last year; WHHT asked Healthwatch Hertfordshire (HwH) and HVCCG to carry out a revisit 12 months later in January 2020. The purpose was to assess how they embedded learning into the new processes and how recommendations from the Quality Assurance visit have helped to improve the quality of complaints responses.



Following the previous independent review of WHHT complaints, we made seven recommendations resulting in a scenario based exercise.

The objectives were to:

- Review a sample of written complaints made to WHHT across the Trust
- Review and compare these with the final response letter sent by WHHT
- Identify any areas of good practice and areas of improvement within the final response
- Identify any consistency and any differences between services
- Score the sample against all seven recommendations identified by HwH and agreed by WHHT

The meeting which included key WHHT and HVCCG staff, a patient representative and a HwH representative was very positive with frank and open discussion resulting in a number of new ideas to take forward to further improve the quality and handling of complaints responses.

Improving Quality for Elderly Care Patients

The elderly care wards, 9A and 9B, at the Lister Hospital (East and North Hertfordshire NHS Trust), have been on a year-long quality programme to achieve the 'Quality Mark' from the Royal College of Psychiatry. One of the requirements was for a Healthwatch representative and a Trust non-executive director to visit the wards during a mealtime to complete an environmental checklist and to sample the food.

Our support to the project started in 2018 when we made initial information gathering visits to the wards. Combined with data from patients and staff we then produced action plans for each ward. In December 2019, we followed up with another visit to provide feedback on their progress and outcomes.

Also in June 2019, the Trust received further funding from the Royal College of Psychiatry for two more wards – Pirton specialising in Strokes and Ashwell Frailty – to participate in the Quality Mark Involvement Programme and they asked us to carry out the visits with a non-executive Trust Board member. As a result, action plans are now in place and quality improvement targets set for the year.

We have been delighted to support the Trust in their drive for quality improvement on these wards for elderly patients.



**Helping you Find
the Answers**



Our Signposting Service

We provide a free and confidential signposting service online and over the phone to help you navigate the health and social care system within Hertfordshire. What this means is that if you have a query about a NHS or social care service, we can direct you to the most appropriate place or places to help. This includes any questions you might have about what to do if things go wrong.

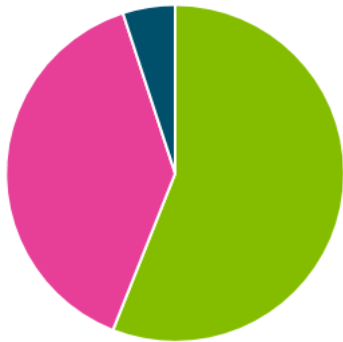
As part of this, with the permission of the people who use this service, we use the information and the anonymised experiences they gave us to help make those services better. We share with the service providers and commissioners: good practice, gaps in services, as well as pointing out some bad practice where we think improvements can be made. We are able to do this so effectively because we are an independent charity – not part of the NHS or social care services.

People often call us after they have done everything they can, which can often mean their situation is unique, complex, or involves multiple organisations. We do our best to give callers anything and everything they might need to deal with their problem ranging from organisations' contact details, to information about patient rights, to talking you through how the NHS or social care complaints processes work. Whatever it is, we want to help.



This year staff spent **456 hours and 45 minutes** signposting

Who is contacting us?



56% Service User/Patient

39% Patient Relative/Friend/Carer

5% Professionals

What are people calling about?



1 Seeking help with navigating the complaints system



2 Sharing their negative experiences of staff conduct



3 To raise their frustration with technology and processes – long appointment delays and administrative errors



4 Difficulty in getting heard and supported by health and social care professionals



5 Seeking help with understanding how services work together and what that means for them

How did they hear about us?



Internet search



Contacted us before



Word of mouth



HwH outreach talk/stall



HwH member

Case Study - Funding Request Decision: Reversed

An individual contacted us because they were experiencing severe joint pain. Their consultant had told them that they needed to apply for funding from their local clinical commissioning group (CCG) for an exploratory medical procedure to find out what was causing the problem. The family had the impression that this was a 'formality' and the individual subsequently attended a pre-op assessment.

However, they were shocked to receive a letter from the CCG refusing funding for the procedure. The family did not understand why the funding was not available. The individual called us for signposting support after the consultant stated there was nothing further they could do and discharged them back to their GP.

We identified with the caller that they need to present a stronger case reflecting their actual circumstances. We therefore suggested that they work with their GP to appeal the funding decision.

A month later, the individual responded to say:

"[Signposter] advised me on the best way to deal with the situation, and to cut a long story short, thanks to their advice and the action of our lovely GP, funding has now been approved. Thank you."

Case Study – Care Home Closure: What Next?

We got a call from an individual after they received a letter from their relative's care home asking them to attend a meeting about 'the future' of the home. As the caller did not live in Hertfordshire and the meeting was at short notice they were unable to attend. They were concerned about the news and messages resulting from the meeting.

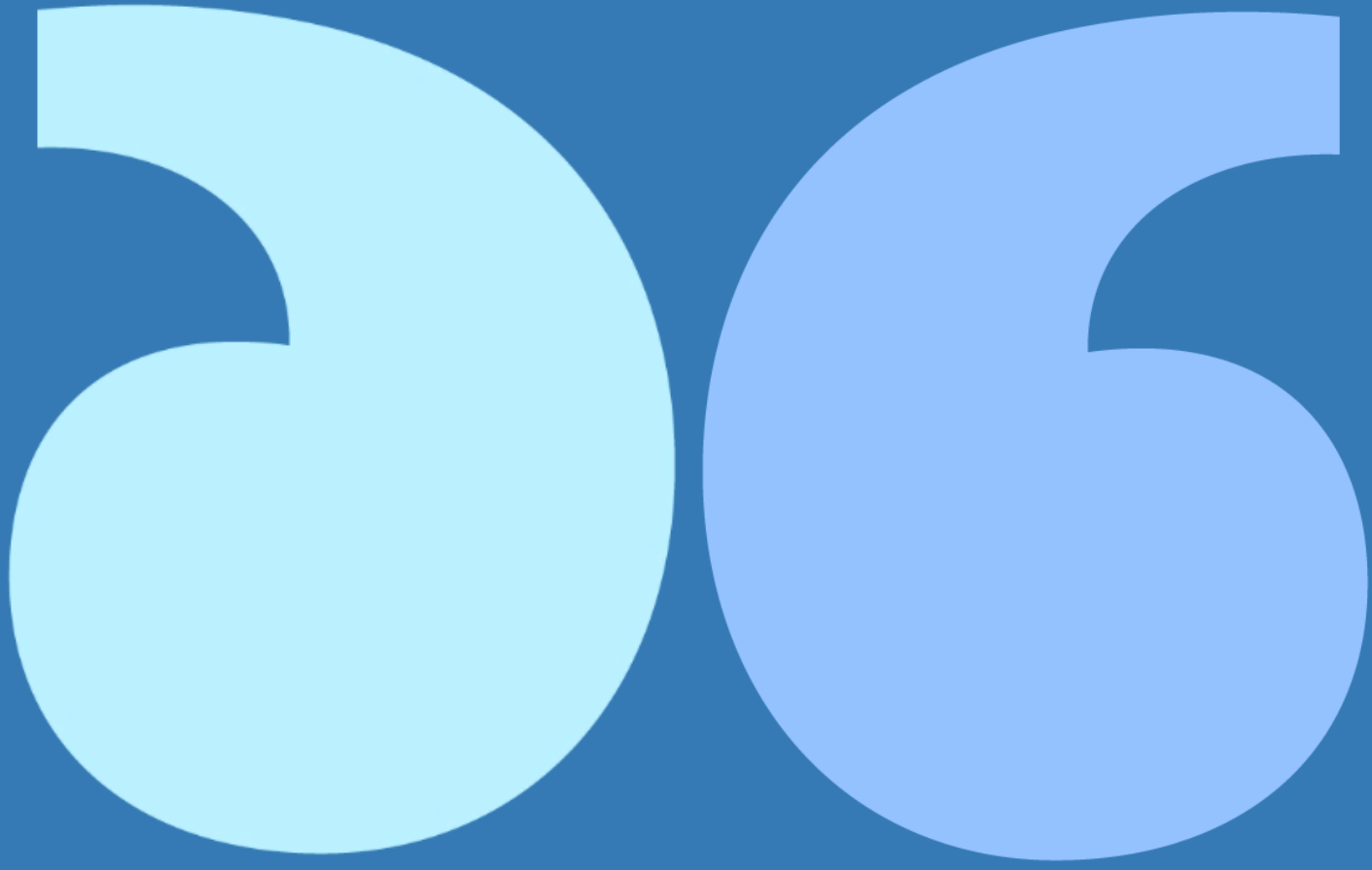
They had already guessed that the outcome might be closure of the care home and wanted information about how they move residents on in these circumstances. They particularly wanted to know who would be responsible for the relative's care transfer.

We found out that their relative is not self-funded, and that some (if not all) of their care is funded by Hertfordshire County Council. Once this was clear, we signposted them to the Adult Social Care team to discuss the process.

We later heard from the individual to say that their experience with Hertfordshire County Council and the care transfer was really positive.

Healthwatch England also got in touch to say they had received the following feedback about our service:

"I just wanted to say how impressed I am with Healthwatch Hertfordshire. Not only have they dealt with my query but have responded quickly and were very understanding. As I do not live in Hertfordshire but have relatives in care homes in the area it is reassuring to know I have somewhere to go if I have any concerns."



Our Volunteers



Valuing our Volunteers

Currently, Healthwatch Hertfordshire has **39** active volunteers within the following roles:

- **Members of the Board of Trustees:** who are collectively responsible for governance and organisational oversight
- **Enter and View Authorised Representatives:** supporting us through projects and conducting monitoring visits to services; examples this year included the Lister Hospital, the New QEII and St Albans City Hospital
- **Representative Volunteers:** representing the patient voice at a decision-making level – they attended over half of the Boards and Committees that we sit on across the county this year
- **Engagement Volunteers:** helping to promote Healthwatch Hertfordshire by holding stalls at events such as Stevenage Day, giving talks to community groups, and maintaining a regular presence through our 'Talk to Us' stall at Lister Hospital

Through our volunteers' dedication, hard work, skills and expertise, we have continued to raise our profile within Hertfordshire communities. Our volunteers have gathered feedback on patient experiences and have enabled us to improve services in our holding to account role.

We are, however, constantly reviewing, learning and thinking of new ways for our volunteers to engage with us and at the beginning of the year, we undertook a review of our volunteer roles. As part of this review it was decided that the Community Ambassador role, which we were piloting in a number of parts of the county, would be discontinued.

Our regular bi-monthly volunteer newsletter is always well received and is a great resource for our volunteers. Through the newsletter we ensure volunteers are kept updated on all things Healthwatch Hertfordshire, including upcoming project work, opportunities to get involved, training and open surveys.

As highlighted in last year's annual report, in 2019 we launched our Equality and Diversity training; essential for both staff and our volunteers. We worked with a local and experienced trainer to tailor the half-day training to ensure that as well as giving a broad knowledge base, it also aligned with our values and behaviours. The training is interactive and covers various relevant situations that staff and volunteers may experience whilst undertaking our organisation's valuable work.

We at Healthwatch Hertfordshire have prioritised equality and diversity as it is fundamental to our purpose; we have therefore made a commitment that all new and future volunteers attend Equality and Diversity training.



Volunteer Keith engaging with Stevenage Day 2019 visitors



Volunteer Kerosé at our Equality and Diversity training

“The Group clearly really enjoyed our Equality and Diversity training session. You covered a lot of content in a really accessible way. The examples resonated for everyone regardless of age and experience. It also drew a lot of comments from the Group who went on to share their responses – which is just what the Group is there to do. There were plenty of tips about approaching similar difficult situations and things for people to reflect on.”

As in previous years, we also held our annual Volunteers’ Celebration Event to coincide with National Volunteers’ Week, and in 2019 this took place on 5th June. At this event we celebrated the huge contribution our volunteers make to the organisation as well as updating the group on the volunteer review and plans for the future.

We would like to thank all our volunteers for their hard work and dedication throughout the past year; Healthwatch Hertfordshire would not be able to thrive without them.



Volunteer Sally and Chair Steve at our Volunteer Event 2019

Meet a Volunteer: Sweenie Gunasekera

I joined Healthwatch Hertfordshire in 2016 after hearing about them through the North Herts 50+ group, which I have been a member of since I retired from Inland Revenue (HMRC). After learning about the wonderful service they provide to our local communities, visiting the website and reading their reports, I wanted to start volunteering with them straight away. I enjoy talking to people and feel very passionate about the NHS, so I thought training as an Enter and View Authorised Representative would be a good opportunity to give back to my local community.



I have done several visits with the Enter and View Team since I started, but the visit to the Macmillan Cancer Centre and Phlebotomy in Lister Hospital in July 2019 was inspiring. As my sister back home in Sri Lanka was just diagnosed with Multiple Myeloma, this visit was very special to me. Talking to cancer patients, listening to their experiences, and talking to the staff and volunteers to gather information was a highlight of my volunteering career.

This was my second Enter and View to Phlebotomy at Lister Hospital and I was very happy to find that following our last report, they now have more staff, and waiting times have been reduced. I love to see the real impact that my and Healthwatch Hertfordshire’s work has had to improve services.

Outside of my volunteering role, I enjoy gardening, travelling and cooking. I also attend flexibility and swimming classes several times a week to keep fit and healthy.

“Healthwatch continues to be a valued partner to Hertfordshire Partnership University NHS Foundation Trust (HPFT) as both a critical friend and ally in ensuring the people of the county receive great care. Their approach is always to work with us to ensure we are continually improving and providing the best services to the population of Hertfordshire”

Dr Jane Padmore, Executive Director of Quality and Safety at Hertfordshire Partnership University NHS Foundation Trust

Meet a Volunteer: Meg Carter

Having worked extensively in social care, volunteering with Healthwatch Hertfordshire has been a great opportunity for me to extend my knowledge of health and social care services with the fresh perspective of independence.

I am one of a group of trustees. We work together as Board members with an overview of the work and development of the organisation and individually contribute in a number of different ways.

My particular interest more recently has been to ensure that as volunteers we can be effective in representing Healthwatch as an independent organisation in a number of different forums. For example, I have represented Healthwatch at the Hertfordshire NHS Community Trust Board meetings and I am currently doing so at West Hertfordshire Hospitals NHS Trust. This also includes some input as a stakeholder representative with the hospital redevelopment programme.

To be effective in this context I must be ready to challenge as well as ready to applaud while always clear that Healthwatch holds the system to account from a service user perspective. Key for me is to try and ensure that the service user remains at the centre of public sector planning. Part of what I bring to this is my passion for clear communication and importance of asking "what will this proposal/decision mean for the service user and what will they make of it?" While issues are often complex sometimes there is a need to challenge impenetrable language!

I have many other interests, a large black Labrador ensures plenty of walking, often with friends. I enjoy good times with the family and seize any opportunity for time by the sea.



Meet a Volunteer: Roger Beeching

On retirement as a Hertfordshire County Councillor, I wanted to put my knowledge and experience to good use. Having specialised in Health and Social Care Scrutiny and being keen to find a volunteering role, I approached Healthwatch Hertfordshire as I felt my experience would fit well and bring benefits to the work that they do.

I was keen to get involved in their governance and strategic direction and become a Member of their Board of Trustees. I was also interested in volunteering in the community so that I could spread the word about the valuable work of Healthwatch Hertfordshire, offer support and direction and at the same time get feedback from the public. In many ways similar to my role as a County Councillor.

Highlights for me while working with Healthwatch included giving talks to raise awareness about the charity at various groups such as Parish Councils, Service Clubs and Church Groups. Also meeting people at markets and summer fairs. As a member of the Board of Trustees, I helped to arrange and pilot a new Community Ambassador network. Unfortunately, this approach didn't deliver the anticipated community engagement but did give some valuable lessons to the team regarding the way forward. Board meetings were always enjoyable listening to colleague's ideas about progressing the organisation and having my say when I thought I had a useful contribution to make.

My motivation since a teenager has always been not to criticise but get involved and see if I can make changes from the inside.

Outside of volunteering my interests are mainly drawing, painting and recently my garden and 15 grandchildren.





Finances



Finances and Resources

To help us carry out our work, Healthwatch Hertfordshire is funded by our local authority, Hertfordshire County Council. More detailed information on our finances is provided in our annual accounts. The County Council allocated Healthwatch Hertfordshire £377,000 for 2019/20.



Holding to Account and Representing the Patient Voice

£88,000



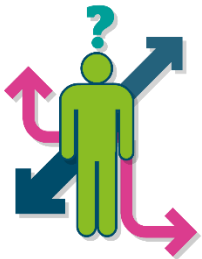
Research and Engagement

£150,000



Communications

£64,000



Signposting

£92,000



Governance

£27,000

Healthwatch Hertfordshire's total expenditure for 2019/20 was £421,000. The headings above link to the sections in this Annual Report and where our money has been spent.

Although this expenditure figure exceeds income from the County Council, we also received money from other resources and used a small amount of reserves this year.





Our Plans for Next Year



Message from Our CEO

Writing a forward looking piece in the Annual Report creates something of a challenge in these uncertain times, both in terms of what our focus should be and how we go about undertaking our work. None of us could have predicted the impact of Covid-19 on our lives both personally and in the workplace.

The here and now...

To begin, though, I must begin with the now – the commitment shown and work undertaken by the NHS, Social Care and the Voluntary sector has been amazing. Words such as courageous, professional, selfless and uplifting are all apt. The public and patients have responded with gratitude, appreciation, courage and fortitude, despite the fear and anxiety felt and the impacts on physical and mental health.

For us, at Healthwatch Hertfordshire, we did not of course, face anything like the challenges faced by front line staff, but we needed to adapt very quickly to a new world. Instead of hearing views of patients, our role focused on getting messages out quickly, providing clarity to interpret guidance as necessary and ensuring patients knew we were still here to help. The Research and Engagement Team became a very effective Communications Team. Everyone adapted very quickly and positively to the need for new approaches, turning homes into workplaces, managing signposting cases differently, running governance and operations virtually.

Looking Forward

This need for adaptability and responsiveness needs to be part of our planning and approaches. As I write this piece, lockdown is easing, and with this change comes more freedom and more uncertainty. The NHS and Social Care is moving to the next phase of managing the pandemic and address more routine care and learn lessons for future waves.

More widely over the next year we need to be cognisant of the longer term impact of the pandemic on people's physical and mental health particularly as we face a weakened economy and greater unemployment.



Geoff Brown, Chief Executive

We will be restarting our Research and Engagement work paused because of the pandemic. This includes our Health and Wellbeing Families project in Stevenage, our work on discharge from inpatient psychiatric wards, and the work of the health of veterans. Also paused but with a strong impetus to resume is our work on coproduction: at West Hertfordshire Hospitals NHS Trust; to support access to social care for the Sustainability and Transformation Partnership (STP) around personalised care. The need for coproduction is unchanged but the methods will need adapting to suit social distancing.

As we move towards greater resumption of non-emergency care, we will start to hold the system to account from a patient perspective. How well Covid-19 was managed, how has it affected other services and how patient views can enhance learning from the pandemic. Already our latest surveys are designed to provide evidence to improve our understanding.

Our signposting services provide support for the individual and learning for the system too. Patient experiences over the last months will be vital sources of evidence over the next year. Increasingly we will look at themes and trends as well as managing each case. Problems may be about systems or partnerships rather than an isolated incident and we can gain learning across the system.

It is important to consider that running the business will be a challenge too. Our work includes involving very vulnerable people for whom face to face meetings are no longer feasible. Our governance has adapted well but we need to ensure they are robust. Mundanely, but fundamentally, our office is now too small for us all to fit in when social distancing is required.

However lockdown helped us as well as challenged us. The pandemic has provided positive opportunities to reflect – could we do more things virtually, challenging us to think why we spent a couple of hours or more commuting every day, helping us to reconsider whether our work life balance was good. An immediate task for us is to review ways of safe, modern working. The same applies to the NHS and care – why would someone need to spend hours going to and waiting at a hospital for a meeting with a consultant which might only last minutes...

“Hertfordshire Community NHS Trust (HCT) and Healthwatch have continued to work closely together over the past year. Attendance at our Public Board Meeting and relevant subcommittees is valued as it enables feedback, challenge and discussions about any themes from contacts that Healthwatch has received; ensuring that HCT can take prompt action to resolve concerns as well as informing the development and innovation of new services.

Healthwatch continues to bring the voice of patients, users and carers into our services, supporting us to continually improve patient experience.

We have appreciated the support of Healthwatch over what has been, and continues to be, unprecedented times in the NHS”

Clare Hawkins, Chief Executive at Hertfordshire Community NHS Trust

Thank you!

So challenges and uncertainties ahead, but I would like to end on a positive note remembering our strengths and passing on my thanks to everyone.

Firstly although Healthwatch Hertfordshire is a relatively small organisation, we have been credited with punching above our weight on a number of occasions. This is a recognition of our role and strengths.

We have an excellent team who demonstrate the values of Healthwatch on a daily basis; they are supportive and compassionate. Their work embodies an organisation that is influential, independent, credible and one looking to address health inequalities. Their work is to the highest standards and their commitment brilliant. They are also very flexible and adaptable demonstrated over changes in the last year and again through the response to the pandemic. Thank you, team.

Thank you also to our Chair and Board who bring strong, effective, insightful governance to the organisation to ensure we have the strong, ethical business that is Healthwatch Hertfordshire. Thank you to our volunteers for their key roles and patient insight and for partners in the NHS and Social Care, the Voluntary Sector and across the Healthwatch Network for their positive inclusive approaches.

To conclude though, as I say every year, the final thank you must go to the people of Hertfordshire who have given their views to help us try to improve health and care across the county and beyond.

A handwritten signature in dark ink, consisting of the initials 'GB' followed by a long, sweeping horizontal line.

Geoff Brown
Healthwatch Hertfordshire Chief Executive

Get Involved!

healthwatch Hertfordshire



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