



Quarterly Report

Year 11, Quarter 3



Overview of Quarter 3

At the start of quarter 3, Healthwatch East Riding of Yorkshire (HWERY) introduced a new Delivery Manager to the team. Following this introduction HWERY advertised the open positions of Primary Care and Youth Project Officer. The successful candidates are due to start at the beginning of quarter 4.

A key focus point during this quarter was to introduce and embed the team, along with the HWERY volunteers, within VCSE organisations throughout the community, with specific focus on coastal communities and isolated populations.

Highlights from the quarter include:

- Involvement in the quality assurance visits at Hull Royal Infirmary.
- Time 2 Volunteer Awards.
- Carers Event at Tickton Grange.
- Continuous community engagements with various support groups.
- The beginning of regular visits to The Armstrong Community Centre.
- Cherry Tree Community Centre & Driffield Foodbank Collaboration.
- Pharmacy Provision collaborative project within Cottingham.

Healthwatch East Riding quarterly performance report

Quarter 23 2023/2024

Healthwatch East Riding are required to evidence activity and progress against each of the following outcomes, which are in line with the statutory functions of local Healthwatch.

Outcome 1 – Community Voice & influence

Key performance outputs (annual)

- Development of an annual workplan
- Produce at least 4 public engagement reports with clear recommendations and evidence they are being listened to and acted upon.
- Produce an annual report.

HWERY will play a central role in enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and care services. HWERY will enable and support local people to understand how the health and care system works, express their views and share their experience. HWERY has a particular role to play in ensuring that the voices of people and communities who are easily ignored or excluded are heard.

Outcome 2 – Making a Difference Locally

Key performance outputs (annual)

- Regularly update annual workplan in response to local views.
- A comprehensive programme of Enter and View visits. To include visits undertaken and outcomes of reports submitted.
- Evidence that reports and recommendations are considered by commissioners & providers. To also include details of any research or investigation ongoing.

HWERY conducts formal and informal research and investigations of high quality, free from outside influence and manipulation, and does not act based on personal motives or those of interested parties but responds appropriately to issues and views raised by the public.

Outcome 3 – Informing People

Key performance outputs (annual)

- Annual survey of the public on HWERY's visibility and effectiveness
- Maintain record of digital engagement and digital & face to face interactions
- Produce quarterly newsletter
- Recruitment of volunteers operating on an outreach basis

Service users, carers and the wider community in the East Riding of Yorkshire have easy access to appropriate support and advice and accurate information to enable them to make informed choices about health and care, for themselves and those for whom they care.

Outcome 4 – Relationship with Healthwatch England

Key performance outputs (annual)

- **Make recommendations to CQC**
- **Provide HW England with local intelligence and insight and respond to requests from HWE to undertake specific work.**
- **Details of any issues referred to Healthwatch England / CQC**

HWERY will work with Healthwatch England to enable people's concerns to influence national commissioning, delivery and the re-design of health and care services. Sharing reports, recommendations and issues identified at a local level enables a national perspective to be developed, incorporating local views from across the network.

Outcome 5 – Strategic Context & Relationships

Key performance outputs (annual)

- **Establishment of an agreed HWERY governance structure and appointment of a governance body.**
- **Establishment and maintenance of appropriate staffing structure.**
- **Representation and participation in Health & Wellbeing Board.**
- **Annual 360° feedback on performance and conduct of HWERY.**

HWERY will work positively and effectively at a strategic level, particularly through its place on the East Riding of Yorkshire Health and Wellbeing Board. HWERY will establish effective working relationships with key stakeholders and share its insight into local health and care services to inform their priorities. HWERY will work with existing networks to form relationships and ensure that the voice of the public is heard and, if needed, establish additional networks to ensure that lesser heard groups are also engaged and listened to.

Outcome 6 – Children Young People & Vulnerable Adults

Key performance outputs (annual)

- **Children, young people and vulnerable adults are represented in all levels of HWERY activity.**
- **All HWERY representatives have sound knowledge of issues affecting children, young people and those who are most disadvantaged.**
- **Capacity and skills to work with these groups.**

HWERY is effective in engaging and involving children and young people, vulnerable adults and particularly those who are most disadvantaged, in HWERY activities.

This report provides an overview of activity during Quarter 3 2023/2024, mapped against these outcomes.

Communications and Engagement

Local Intelligence Reports (Outcomes 1+2)

Within this quarter we have completed three monthly intelligence reports which are shared via a distribution list and uploaded to the website. These reports detail every single piece of intelligence gained within that month and are categorised by service area.

Below is a summary of the three intelligence reports results from this quarter:

The main themes:

GP Intelligence

- Access to services.
- Booking appointments.
- Communication between staff/providers and parents.
- Administration (records, letters, results).
- Caring, kindness, respect, and dignity.

Secondary Care

- Failed discharge.
- A and E wait times.
- Staff's responses and mannerisms when dealing with patient's enquiries.
- Lack of pain relief/medication for patients when the patients request pain relief.
- Lack of bed availability
- Lack of communication

Dental

- Dental access, frequent contacts about not being able to register with an NHS dentist.

Website (Outcomes 3 + 4)

At the start of this quarter HWERY launched the newly designed website. Not only does the website have better performance and accessibility features, it also allows for all users to have a better experience navigating throughout.

We have added functions, such as an option for users to quickly find services local to them by selecting the service type, e.g. Dentist and then entering their postcode. Depending on the users' selection, it will take them to either the NHS, carehome.co.uk or homecare.co.uk with services displayed based on the postcode they entered. Additionally, our new general feedback form is embedded directly into our website and the questions users will be asked will adapt throughout the feedback form in real time based on the information they enter.

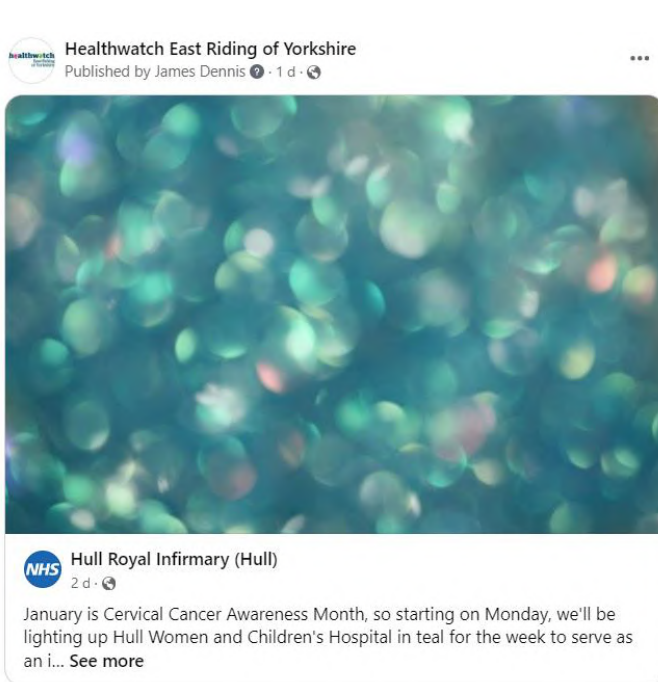
We have further improved the usability and search engine optimisation for all website users, through the use of Gravity Forms. Gravity Forms are an embedded feature within our website that allow us to create and distribute surveys to service users and members of the public via our website. A further feature that we have embedded within our website is TruSEO. This AI controlled feature monitors and advises us on our digital engagement impact.

Social Media (Outcomes 1 and 3)

The social media platform during the last quarter produced 54 individual posts, which were shared over Facebook, Instagram, X and LinkedIn. Over the social media platforms, we reached 4022 sperate newsfeeds.



Our focus this quarter has been to develop and support our growing community and voluntary partnerships through the use of our social media platforms. Upon establishing new community partners, an agreement has been established to share all marketing material throughout our networks. HWERY have created a new Instagram page and reintroduced X to our communications platform. We have implemented a new monitoring platform, called Buffer, to coordinate and organise all social media delivery.



	Target	Q1	Q2	Q3	Q4
Newsletter subscribers		496	496	502	
Newsletter editions		0	0	0	
Website Hits		1519	1588	1739	
Users		556	649	1489	
New users		536	602	1420	
Facebook Followers	900	662	794	688	
Instagram	50	-	-	14	-
X (previously twitter) Followers	1900	1813	1813	1808	
Linked In				22	

Throughout this quarter HWERY have increased website engagement by 129% compared to the last quarter, with 95% being new website visitors. Unfortunately, despite the increase in activity, we have a 13% decrease in Facebook followers, however as the new marketing strategy continues, we expect these to rise beyond previous values.

Engagement (Outcomes 1+2+6)

Primary Care Project Officer

Throughout Q3 Healthwatch East Riding of Yorkshire had a vacant Primary Care Project Officer position.

The HWERY team ensured that all Intelligence, Compliments and Signposting requests relating to primary care was dealt with.

Adult Social Care Project Officer

This quarter the ASC Project Officer supported multiple service users and carers, both self-referrals and people referred by outside organisations, with a variety of issues speaking to services on their behalf and signposting to support them to

resolve their issues. All issues recorded on CRM for inclusion in the monthly intelligence reports.

Case Study – Issue with Memory Assessment Unit (MAU) & GP Surgery

A female Carer was referred to HWERY from Carers Plus due to concerns about her husband. He had seen his GP in August 2022 due to concerns about his memory. GP ordered a scan and referred him to the memory assessment unit (MAU)

Scan results were sent to the MAU and the husband had assessment carried out there but wasn't able to get his results until he saw the Consultant in June 2023. As a result of this delay, he had not started treatment for dementia.

In the meantime, he was diagnosed with cancer and started chemotherapy. He was unable to have medication for his dementia whilst he was having chemotherapy. His Carer let the MAU know when his assessment would be and when he would finish his chemotherapy.

MAU contacted to say that they would be discharging him back to his GP as they didn't know when he might finish chemotherapy. The carer was distraught as she was caring for her husband who was deteriorating due to his dementia, she felt that this would cause unnecessary delay in her husband starting dementia treatment once his Chemotherapy finished.

The carer had also had issues getting an appointment to speak to her husband's GP about his condition, even though she had Power of Attorney, the care navigator said she could not make her an appointment without her husband's authority, or him being there. The ASC Project Officer contacted the Practice Manager to explain the situation and asked for husband's notes to be flagged so that Care Navigators knew that Carer could speak to GP on his behalf.

The ASC Project Officer also emailed MAU to explain carer's anxiety about any delay to her husband's dementia treatment and to ask whether they could keep this gentleman with their service rather than discharging him back to his GP to then refer him to the Community Mental Health Team.

MAU replied insisting it was in the patients' best interests to be discharged back to GP so that they could refer them to the Community Mental Health Team but said that they would review his case again.

In order to put the Carer's mind at rest the ASC Project Officer contacted the Community Mental Health Team to ascertain how long the patient might be waiting to start treatment if they were referred by their GP. The Community Mental Health Team confirmed there was a waiting list, however indicated that if the patient was referred direct by the MAU team that the patient should be able to see a psychiatrist within a few weeks.

The ASC Project Officer contacted MAU to ask them to refer the patient directly to the Community Mental Health Team rather than back to his GP.

The MAU referred the patient to a psychiatrist for assessment for dementia medication once his chemotherapy had finished, and the patient has now commenced dementia medication. The Carer was extremely grateful for HWERY support.

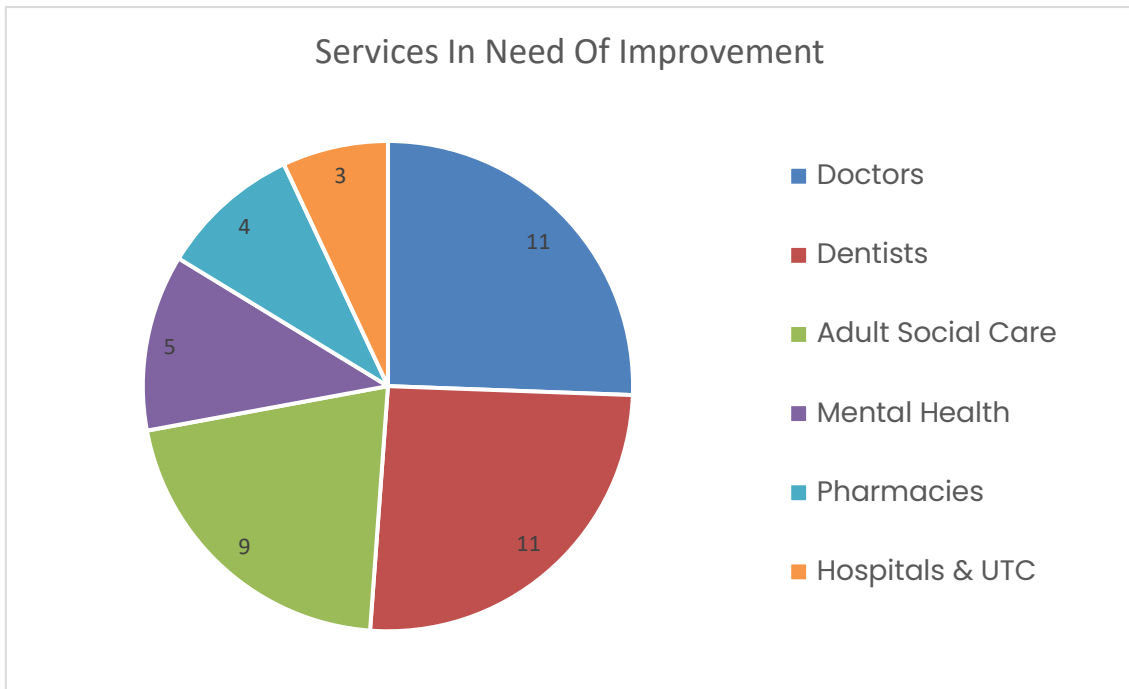
Carer's conference, Tickton Grange

The ASC Officer engaged with around 43 people, gained 14 experiences and 2 people signed up to being contacted for Homecare Project. In addition to carers there were many organisations that HWERY were keen to network with including Alzheimer's activity groups who we already engage with, Brain Health drop ins, Butterflies, Smile, Xyla Health & Wellbeing and the Your Money team from East Riding Council.



When asked which services they felt were most in need of improvement people voted for the following:

Doctors -	11 votes
Dentists -	11 votes
Adult Social Care -	9 votes
Mental Health -	5 votes
Pharmacies -	4 votes
Hospitals and Urgent Treatment Centre's -	3 votes



This led to discussions where some people shared their experiences:

“I find it so difficult to access GP appointments so much so that I dread ever needing to see the GP. ”

“It takes weeks to get an appointment through the online triage system.”

“I’m not happy with the lack of face-to-face appointments. I’ve never even met my GP!”

“I’m very happy with the service at my GP surgery.”

“I was referred for a physiotherapy appointment at my GP surgery. The Physio was so lovely. I felt listened to and respected.”

In November our ASC officer attended Seniors Social Event, and Armstrong Centre along with our Community Service Project Officer.

Time to Volunteer Awards

In October Healthwatch East Riding of Yorkshire along with Hull CVS and Healthwatch Hull attended the Time 2 Volunteer Awards. This year the Awards

took place at the Double Tree Hilton in Hull. A HWERY volunteer, Kyra Barratt, had been shortlisted for an award for her amazing contributions to both HWERY and Healthwatch Hull. The awards were very well attended, and it was good to see so many organisations celebrating volunteers from across Hull and the East Riding of Yorkshire. It was a wonderful event culminating in a moving performance from the Hull Visual Choir, a signing adult choir aimed at bringing the deaf and hearing community together, which they certainly succeeded in doing.



The ASC Project officer also supported multiple service users and carers referred by Carers Plus and East Riding Carer's support service with a variety of issues, speaking to services on their behalf and signposting them to support to help resolve their issues. All issues recorded on CRM for inclusion in the intelligence report.

To find out more about services available at Bridlington Hospital the Adult Social Care officer and Secondary Care officer visited Bridlington Hospital and spoke to the Head of Patient Experience and Involvement, a Senior Nurse and Matron about the kind of issues and information Healthwatch East Riding are hearing about Bridlington Hospital. The meeting was extremely useful. The Senior Matron gave us a tour of all the different departments, wards and services provided by Bridlington Hospital and were impressed by the variety of services available there and impressed by the passion and professionalism shown by the Senior Nurses on the wards.

Secondary Care and MH Project Officer

This quarter, we have focused more specifically on the current discharge issues being faced across the East Riding. By doing this we have assisted on the 'Discharge to Assess' project that was launched at Hull Royal Infirmary. To assist in this project, we carried out structured interviews with patients to allow us to gain more in-depth knowledge about patient experiences. We also took part in special review engagements at Rossmore (run by CHCP) to assess the effectiveness of this project.

Since July our Secondary Care Project Officer has been invited to attend Quality Assurance visits conducted by the PALS team at Hull University Teaching Hospitals. This included visiting different wards at Castle Hill Hospital and Hull Royal Infirmary to assess the care that has been provided. Our Secondary Care Officer focuses on the patient feedback element of those visits. The following wards/areas have been looked at by Healthwatch this quarter: No Criteria To Reside (NCTR – 13th floor), Intensive Care Unit (ICU), Ophthalmology, Paediatrics.

This quarter we have seen the launch of a new project by Healthwatch East Riding and Healthwatch Hull based on the recent CQC inspection on HUTH maternity

services. The project is to review the maternity services in response to the recent inspection and look at what has arisen from it. So far, we have visited parent and child classes to gather patient experiences. In the next quarter we plan to hold engagements in the Women and Children's hospital at Hull Royal Infirmary to gather a more in-depth knowledge on the following areas: prenatal care, labour and delivery, and postnatal care. The report for this project will be finished and distributed by the end of next quarter.

Following the new maternity project, Healthwatch have been invited to also attend the specialised Women and Children's assurance visits ran by HUTH. These visits occur once a month and allow us to gain patient feedback of the services.

Further regular engagements attended include: Castle Hill Hospital, more specifically the Queens Centre. Our Secondary Care officer attends this engagement every 4 weeks, with the help of our volunteers. In this we speak to patients and provide feedback and signposting.

Community Services Project Officer

Community Support Groups

In this quarter, the Community Services Project Officer has been active in the community, visiting multiple different charity support group meetings. In October, the Project Officer, along with a volunteer, engaged with members of Alzheimer's Society Support groups in Goole and Beverley. From these engagements, common themes emerged, such as poor support following a dementia diagnosis, as one patient described it as being "like left dangling on a bit of string". However, it was great to see the valuable work that Alzheimer's Society does in bringing people affected by dementia together to share tips and experiences.

Other support groups attended include visits to Carer's Plus in Bridlington (pictured below), Parkinson's UK, and Age UK in Brough (also pictured below, with Wendy Mitchel delivering a talk on life with dementia). Whilst at the Age UK group, HWERY heard how residents in Brough, Gilberdyke, and Howden have difficulties

accessing healthcare appointments, specifically to the Memory Assessment Service and the Jean Bishop Integrated Care Centre in Hull. This information was shared with Jane Evison who runs East Riding Community Transport services, in hopes that the feedback can lead to improved access to much needed services.



Community Equipment Services

In October, the Project Officer accompanied Healthwatch Northeast Lincolnshire in visiting the Grimsby Assisted Living Centre to compare community equipment services across the Humber region. It was a great opportunity to tour the facilities and compare those to a previous visit of AJM Wheelchairs services, who provide for Hull and East Riding residents. During a tour of the Grimsby centre, HWERY saw how this service assesses patients, provides and maintains equipment (wheelchairs, hoists, walking frames, home adaptations etc.) and collects, cleans, and recycles the equipment for future use. With approximately 8,000 community patients across North East Lincolnshire, the Assisted Living Centre works to ensure

that 98% of patients receive an assessment within 4 hours of their referral to the service. This compares with a target of a 12 weeks between referral and assessment for AJM's Wheelchair Service for residents of the East Riding.

Graham Stuart Meeting

On the 18th of November, the Project Officer attended a forum with Graham Stuart MP and the Parkinson's UK Hull and East Riding Committee (pictured below). The Project Officer was also pleased to meet Dr Tom Mace at this forum, who is a Consultant Physician in Elderly Care and is the Clinical Lead for Frailty Services at the Jean Bishop Centre. At the forum, it was heard how East Riding residents with Parkinson's would like access to a service similar to the Jean Bishop Centre that the residents of Hull have. This centre provides multidisciplinary-led care, in that the patient is at the centre of the care they receive by many professionals, such as occupational therapists, speech and language therapists, and physiotherapists. In contrast, East Riding residents must go to each specialist separately to get the care they need. The group also made Graham Stuart aware of a lack of support for carers of people with Parkinsons, and therefore requests that social and emotional support for carers be considered as part of the holistic package offered to the patient. HWERY were pleased to support this group and their requests to the Beverley and Holderness MP, and look forward to monitoring the developments.



The Armstrong Community Centre

Also in November, the Community Services Project Officer and Adult Social Care Officer visited The Armstrong Community Centre in Beverley. The morning session involved engaging with people using the café as a warm space, and in the afternoon The Armstrong Centre hosted a senior's group, in which people over 65

are invited for a free meal. Healthwatch engaged with 32 people at this group and found it a positive experience for spreading awareness of HWERY, as well as taking patient experience feedback. Both project officers will be returning to this group in February to follow-up with some members, and to provide more opportunities for older residents to give their feedback.

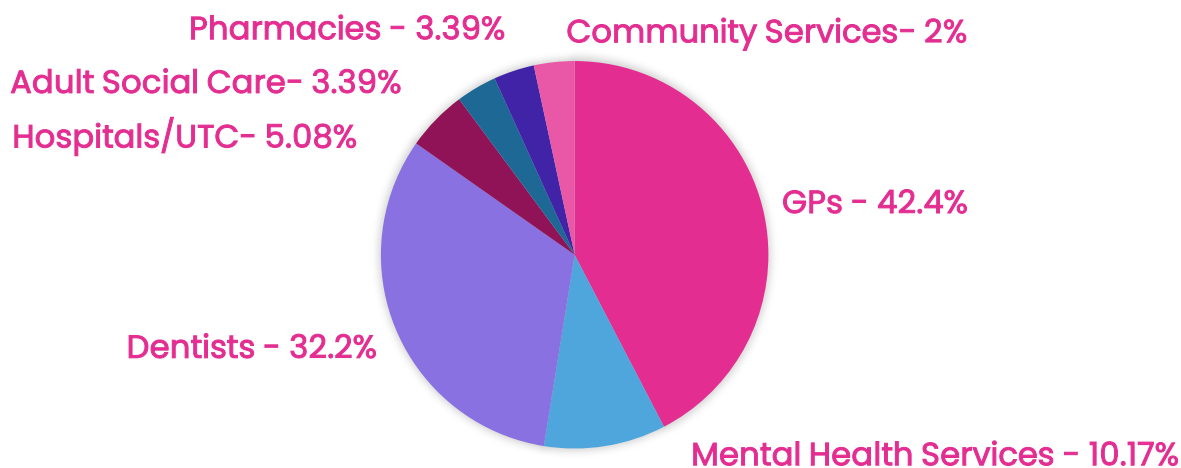
The Community Conversations Event

The Community Services Project Officer joined the Delivery Manager in attending the Community Conversations event, held at The Hinge Centre in Bridlington. This event was filled with organisations which support the local community, and it was a great opportunity to network and find potential partners. Amongst some of the organisations were The Bridlington Diabetes Support Group, Carers Plus, British Red Cross, Social Prescribers, Cruse Bereavement Support, and Samaritans. As the event was open to the public, HWERY were able to speak to residents of Bridlington about their concerns regarding health and social care services, and we engaged with 70 people on the day. One member of the public told us that, despite taking the same diabetes medication for years, he is now unable to get slow-release insulin from the pharmacy. For 12 weeks this insulin has been out of stock on the NHS prescription, even though it is available to buy privately. The resident told us how the lack of slow-release insulin requires him to take more of his other medication, and that it is having a knock-on effect on his mental health. Whilst this gentleman is able to cope relatively well with the lack of medication, he says that some people in the homeless community he works with are resorting to self-medicating without it. Below are the results of the question we posed to Bridlington residents.



When asked “which services do you find the most difficult to access?” the public voted:

SERVICES VOTED MOST DIFFICULT TO ACCESS



Love Driffield Foodbank

Q3 saw the end of the weekly visits to the Driffield and Wolds Foodbank, which had continued for 14 weeks. These visits were important for building and maintaining relationships with people and organisations which support the local community. In addition to The Cherry Tree Centre’s drop-in advice centre, other organisations that use the foodbank space include the Your Money team, Specsavers, Police Community Support Officers, and Yorkshire in Business. HWERY were able to support the Cherry Tree Centre’s advice service by taking feedback from clients about any services they have used, as well as signposting to other places, for example Cloverleaf Advocacy Service for NHS complaints. It is hoped that the partnership between HWERY, and Driffield foodbank and Cherry Tree Centre will continue to grow, and that the Project Officer will still visit, albeit less frequently. In the long-term it is planned that a volunteer can take the place of the Project Officer, providing signposting services and engaging with foodbank users, which will keep HWERY informed with any issues arising in Driffield.

Future Engagements

Coming up in the next quarter, the Project Officer aims to visit more foodbanks across the East Riding of Yorkshire to gather more intelligence on the effect of the

cost-of-living crisis on residents. In addition to continued visits to support groups, such as Age UK, it is hoped that Healthwatch will be welcome at “Warm Spaces” to engage with residents there. At the end of Q4, the Healthwatch East Riding of Yorkshire’s Community Partnership event will take place, with the aim of having these organisations to sign up to become our partners.

Travel Vaccination Case Study

TW rang Healthwatch East Riding to report issues regarding her daughter’s treatment at Practice 3 GP surgery in Bridlington. TW’s daughter had booked a 3-month trip to Thailand and needed the appropriate vaccinations before leaving. Through government travel advice and the NHS website, TW identified that her daughter would potentially need vaccines for rabies, typhoid, hepatitis A, cholera, and a combined polio, diphtheria and tetanus (DPT) vaccine.

At the initial contact, TW had been told her daughter would need to get the vaccines done privately from West Hill Pharmacy. Following this advice, TW paid a £20 deposit for a consultation at the pharmacy to be told the total bill for vaccines would be £627. TW told us that she accepted the rabies triple vaccines are not provided by the NHS and agreed to pay a separate £180 for these, however, according to the NHS website, the other required vaccines should be provided by the GP practice. The website still states that:

“The following travel vaccines are available free on the NHS from your GP surgery:

- *polio (given as a combined diphtheria/tetanus/polio jab)*
- *typhoid*
- *hepatitis A*
- *cholera*

These vaccines are free because they protect against diseases thought to represent the greatest risk to public health if they were brought into the country.”

It was at this point that TW informed HWERY of her daughter’s situation – she had just over two months before her daughter was set to travel, however TW was reluctant to pay hundreds of pounds for vaccinations which should be free.

HWERY contacted Practice 3 to gather more information about the situation. The practice manager informed us of the procedure patients must go through to access the vaccinations.

- Patients request a travel form, in which they specify the areas they will be travelling to and duration of the visit etc.
- A nurse studies the form and creates a plan for the vaccines, as some can take weeks to become effective after administration.
- An appointment is made to see the nurse to have the vaccines.

After HWERY passed on this information to TW, her daughter went to Practice 3 and asked for a travel form to fill out and was refused again due to the surgery “no longer doing them”. The patient replied that the practice manager said that you are, to which the receptionist gave her a travel form. A few days later, the patient received a text from the surgery saying that they are not doing vaccines “due to capacity” and to go to West Hill Pharmacy.

HWERY then asked for support and information from the Public Health Consultant as we believed these vaccines to be a part of the GP contracted services. From this, we received a letter from The Clinical Director of Bridlington PCN, who explained that Practice 3 have always offered travel vaccinations, specifically the DPT vaccine. However, Dr Reddy explains that this service is of “low clinical priority” due to the recent pandemic, and that there is a limited portion of their nurses’ time each month set for these requests.

This letter was shared with TW, who tried again to access this service for her daughter, who at this point was due to leave in 8 weeks’ time. Finally, the patient was able to book an assessment with a nurse and make appointments to receive the vaccinations. It was found that she did not need all of the vaccines that the pharmacy had quoted TW £627 for, as the patient was up to date with tetanus and diphtheria vaccines. TW’s daughter said the nurse was “lovely” and gave her plenty of advice around avoiding malaria and other diseases.

Without the involvement of HWERY, the patient would have been left with little choice but to pay £807 to have the vaccines done privately, despite not needing them all. However, TW’s daughter got her vaccines from Practice 3 on time and has since enjoyed breakfast with elephants in Thailand as a result.

Projects

HUTH Quality Assurance Visits (Outcomes 1, 2 + 6)

The aim of this project is to work with the quality assurance team at Hull University Teaching Hospitals Trust (HUTH) to gather patient's experience at Hull Royal Infirmary and Castle Hill Hospital. The engagement process will be conducted over several months, with our focus on measuring the impact of changes as outlined in the action plan. Following CQC's visit in November 2022 they have made recommendations to the hospital for areas of improvement and from this the hospital have compiled an action plan which details the progress made to date. This quarter, Healthwatch East Riding have assisted the assurance team in the following departments: NCTR (13th floor), ICU, Ophthalmology, and Paediatrics.

D2A Transformation Programme (Outcomes 1, 2 + 6)

This programme (led by HUTH, City Health Care Partnership, Hull City Council, and East Riding of Yorkshire Council) aims to design and deliver improved discharge pathways in Hull and the East Riding of Yorkshire over the next 12-months. Healthwatch have been identified as a key stakeholder in supporting delivery of this ambition.

The working group focuses on improving the person's (and carer's) experience of hospital discharge from HRI and seeks to ensure that those experiences help inform the development of the Discharge to Assess pathway. The group meet for one-hour on a fortnightly basis.

The main focus is on how discharge from hospital can be improved.

A questionnaire has been carried out to gain information regarding people's past experiences regarding their discharge. Follow up interviews after the questionnaires has also been carried out. Two of the interviews were carried out by our Secondary Care Project Officer. The interviews were led by one of the health and care providers in Hull and the East Riding of Yorkshire. People had the option to attend online or in-person, at the offices of the care provider of their choice.

People will be asked to select from the list of providers below: Choices and Rights Disability Coalition, British Red Cross, Carers Support service, Healthwatch East Riding.

We have also had the opportunity to go onto the 13th floor at Hull Royal as well as Rossmore (the two wards included in the D2A programme) to gather the experiences of the patients on the ward first hand.

Maternity Project (Outcomes 2+3)

This quarter we have seen the start of Healthwatch East Riding and Healthwatch Hull's joint project around maternity services at Hull University Teaching Hospitals Trust following the recent CQC report. So far in this project we have gathered patient experiences by visiting parent and child classes. The aim of this project is to carry out a follow up inspection to see the actions that have risen from the CQC inspection. The report for this project will be finished and distributed by the end of the next quarter.

Core20PLUS5 Community Connectors (Outcomes 1, 2 +6)

This quarter HWERY have been exploring health inequalities in coastal communities. The primary goal for this project is to join up with new young volunteers (ages 16-25) and train them to be Community Connectors. It is the role of a Community Connector to gather information relating to how people feel coastal communities are negatively affected by their rurality, as well as collecting the patient voice of other young people, with specific interest in epilepsy, asthma, diabetes, mental health and oral health. This project is in collaboration with Healthwatch North East Lincolnshire and North Yorkshire.

Cottingham Pharmacy Provision (1, 2 + 6)

Healthwatch East Riding of Yorkshire was approached by the East Riding Public Health team with the hope of collaborating resources with the aim of investigating Pharmacy Provision in Cottingham, following the closure of their flagship Boot store in November 2023. The role of HWERY is to gather the information from residents of Cottingham to either support or deny the hypothesis that pharmacy provision is inadequate. Results and presentation at the Health and Wellbeing board will be within Q4.

NHS Dental Contracts (Outcome 2 + 6)

During quarter 3, Healthwatch (East Riding / Hull) were involved in the review of bids for new NHS dental contracts in Pocklington, Bridlington and Hull.

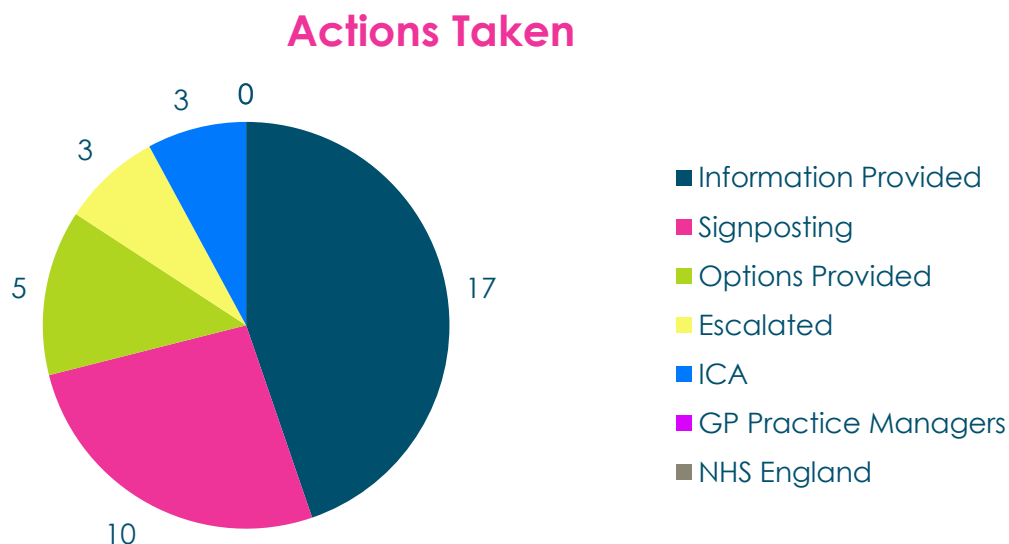
Our role was to evaluate the bids against the service specification for patient involvement.

Bidders were expected to explain how they intend to listen to patient feedback and how they will use this to inform service improvement. They were also expected to detail how they would communicate with and involve patients in decisions about their care and treatment. We were required to score the answers in line with set criteria and provide a rationale of how we produced those answers. Following this, we attended a consensus meeting whereby we discussed our rationale, compared scores with other evaluators and agreed a final score for that element of the bid.

Feedback and Signposting

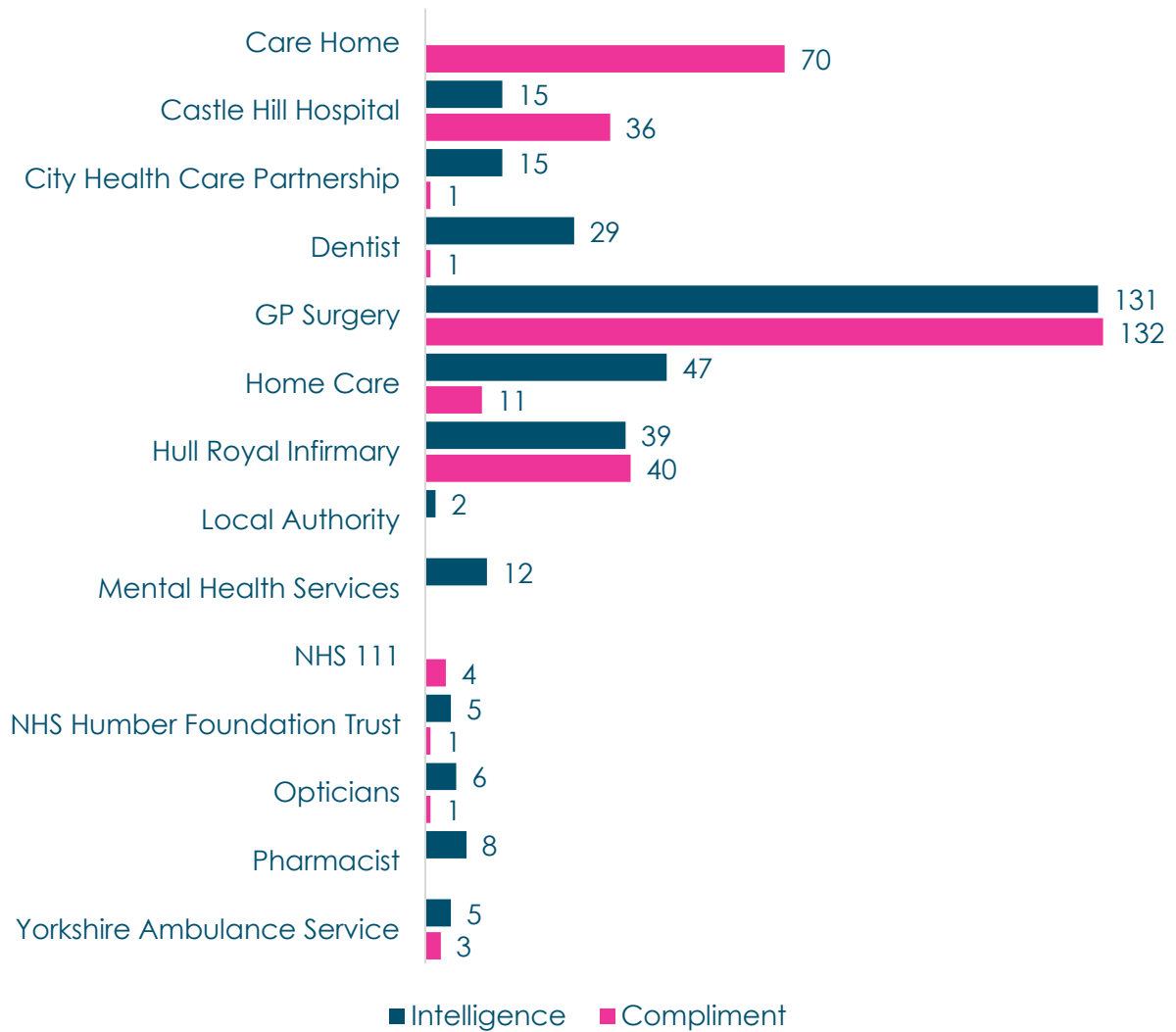
Information and signposting (Outcomes 1, 2, 3 +6)

During quarter 3, we provided information and signposting advice to (Some people were signposted to more than one place).



The graph below highlights the services that were mentioned (some people commented on more than one service.)

Provider Themes



Volunteering (Outcomes 1+2+6)

HWERY currently have 18 Volunteers who completed 90 hours of volunteering this quarter. We have also received an application and had 3 expressions of interest.

This quarter our read right volunteers have evaluated and provided feedback on 3 documents:

- ERSAB Draft User Engagement & Communication Plan
- York & Scarborough Hospitals NHS Alternative patient choice information for leaflet, website and text messages
- ERSAB annual report and easy read annual report.

Further opportunities have been offered for Enter & View, supporting HWERY at various public engagements including Carers Event and Driffield Foodbank, helping with administration tasks and speaking to people about the homecare they receive.

Volunteer Training

Volunteers have been offered numerous training opportunities during this quarter to support them in their role and upskill, including opportunities to take Level 2 online courses including Counselling Skills, Understanding Autism and Mental Health First Aid with We Find Any Learner.com.

Volunteers have taken part in:

- NHS passport Adult Safeguarding Training including Equality, Diversity & Inclusion and Safeguarding Adults & Children.

Volunteer Christmas Meeting/Party

In December we celebrated our volunteers by organising a Christmas meeting and party. The volunteers were invited to Centre 88 where Healthwatch East Riding staff gave a presentation about the work the team have been involved in and projects that we are working on. Volunteers were invited to get involved with future engagements and suggest ways in which they would like to get involved in

the next year. A buffet was provided and volunteers got to meet new members of the team.

Enter and View – Update (Outcome 2)

In November the HW Delivery Manager and Adult Social Care Officer visited Elizabeth Homes in Howden, a home for older people. Unfortunately, no volunteers were available to attend. The visit went very well, and the report is in the process of being completed.

Enter & View reports have been completed for Bethia Cottage and Foxglove Care, 14 Wawne. The homes have responded with their responses to the proposed recommendations and the reports are now on the Heathwatch East Riding website.

Further Enter & View visits are planned in February/March 2023.

Homecare Project

Healthwatch East Riding are currently carrying out a Homecare Project. Speaking to people who have paid for care services in their own homes arranged for them by East Riding Council. The ASC officer and volunteers have spoken to a number of people and gone through a questionnaire with them to assess whether they feel the care they receive supports their wellbeing, whether their care helps them to remain independent, if they feel listened to and involved, and that the support they receive meets their outcomes.

HWEY staff have spoken to people at engagements across the East Riding to ascertain whether they meet the criteria and if so if they would consent to be contacted.

HWEY ASC Officer has also contacted a number of Community Care Services and East Riding Carers Support and Community Wellbeing Teams to access more individuals who are in receipt of paid for care at home.

Relationship with Healthwatch England (Outcome 4)

During quarter 1 HWERY attended and presented at a regional event sharing examples of best practice in collaboration with Healthwatch North East Lincs, Hull and North Lincs.

During this period, there were no requests for case studies be shared at a localised level.

We continue to keep HWE and the CQC involved in the work of HWERY by sharing with them our intelligence reports and responding to requests for information.

Other Activity

Meetings attended (Outcomes 1, 2, 3, 4, 5 + 6)

Healthwatch East Riding attend a variety of meetings with local stakeholders. This provides a chance for us to keep groups updated on the work of Healthwatch East Riding and to update them on the feedback we are receiving from the public. Meetings also ensure information is gathered from relevant groups and allow us to stay connected with partner agencies and the public. Meetings also assist us in identifying engagement and collaborative working opportunities.

The meetings we attend also provide an opportunity for us to develop and maintain good relationships with other agencies. This enables us to fulfil one of our most important objectives; to influence those with the power to make change happen and help ensure that local services improve to better meet the needs of local people now and in the future.

Meetings attended during the quarter were a mixture of providers and commissioners. Meetings attended by the team include:

Local

Meeting	Summary/Outcome
Health and Wellbeing Board	Better care Fund Programme, Update on the Joint Health & Wellbeing Strategy (JHWBS), Joint Strategic Needs Assessment (JSNA).
Health and Wellbeing Scrutiny Meeting	Agenda items included – Coastal inequalities

	Community diagnostic centres Health protection update
Safeguarding Adults Board	Role is to update and inform ERSAB of any emerging safeguarding trends and themes.
HW and HUTH Liaison meeting	Feedback from intelligence report and update from Leah Coneyworth.
ER Carers Advisory Group meeting	Discussion on how carers are currently being supported and what can be improved.
East Riding Place Primary Care Advisory Group	The group makes recommendations for internal delegations for Primary Medical Service-related decisions, thus supporting those individuals in the exercise of their responsibilities by consensus decision making.
East Riding SEND Development and Improvement Board	Sharing updates from other services/organisations and community groups that support children and young people with SEND needs and their carers within the East Riding.
GP Patient Engagement Meeting	Update on issues in the primary care network
Bridlington Health Forum	To listen to feedback about health services in Bridlington
D2A	Contributing patient voice to the re design of the discharge to assess programme.
York and Scarborough Patient Experience Steering Group	Discussion around current issues and updates regarding these hospitals
Dementia Friendly Communities Meeting	A number of organisations and East Riding Teams met to start to work towards making communities across the East Riding more Dementia friendly.
Co-Production Meeting	Professionals from a number of organisations including ERYC, ICB, Inclusion North, Healthwatch East Riding along with service users attended to discuss how to make services more collaborative and person centred and support local service users to have a better life.

VCSE Meetings	Voluntary & Community Sector organisations meeting with East Riding Council professionals
Humber PACE 5 Year Forward Plan	Professionals from Humber Teaching NHS Foundation Trust together with HWERY ASC Officer worked on the easy read version of Humber's PACE 5 year forward plan.
Meeting with ERYC regarding homecare services in the area.	Professionals from ERYC working with HWERY to deliver a questionnaire to service users in receipt of home care services commissioned by ERYC to help gain feedback through a neutral organization to help ERYC to improve homecare services.
Patient Experience Sub-Committee	Hull University Teaching Hospitals Trust discuss patient issues and themes
Humber NHS Teaching Foundation Patient & Carer Experience Forum	Professionals and service users
Dementia Delivery Group	
Learning Disability Partnership Board	
ERSAB Show & Tell Planning Meeting	Discussed
East Riding Autism Partnership Board Meeting	
PACE & QI Strategy Working Group	
Urgent and Emergency Care Mental Health Steering Group	Discuss the ongoing issues with accessing emergency mental health services. Healthwatch have only attended one of these meetings this quarter.

Regional

- Regional Healthwatch manager's meeting
- Yorkshire and Humber Regional Healthwatch England Meeting

Plans for Quarter 4

- Begin REN research ready communities project alongside the ICB and HEY Smile Foundation, with the aim of getting more VCSE misrepresented communities involved in health and social care research.
- Establish Healthwatch HUB within Bridlington food bank.
- Continue links with the Driffield community through monthly visits to the foodbank.
- Co-present Cottingham pharmacy provision results with East Riding Public Health at the Health and Wellbeing Board.
- Present and take part in East Riding's Cost of Living Deep Dive.
- Establish links with the Humber Cancer alliance with the aim of gathering healthcare access issues.

Additional Contract Requirements

Progress against Specified Performance Targets

Key indicators

	Q1	Q2	Q3	Q4	Total
Direct Enquiries	119	173	220		
Engaged via research/investigations	178	192	107		
Engaged via promotional activity	304	893	503		
Volunteer Numbers	18	18	18		
Young HW Volunteers	1	1	2		
Volunteers Hours		74	90		

Enter and View Recommendation Revisits	2 3	2	2		
Public Engagement Reports	1	5	6		
Annual Report	1	-	-	-	1