Patient Experience and Carer Strategy
Communicate, listen, involve
2016/19
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This strategy, with its focus on patient experience and carers, sets out how our staff will deliver the excellent experience for patients that is essential to achieving our vision to deliver **the very best care for every patient every day**.

Patient and carer experience is affected by much of what we do and delivery of this aim requires a broad, cross-cutting approach underpinned by our Trust values of Commitment, Care and Quality. Our values underpin everything we do and we expect our staff to work to these values in the delivery of safe, consistent and high quality patient care.

We recognise that our staff are our biggest asset and that in order to deliver a good patient experience, we also have to ensure a positive staff experience. Our workforce strategy sets out the actions we are taking to support our staff; many of the themes in this strategy also apply to staff as well as patients, volunteers and carers.

This Strategy has been developed with the involvement of patients, volunteers, carers and Trust staff. It has also drawn on national policy and publications aimed at improving patient experience. We have identified 4 priority focus areas to drive improvement in patient experience:

1. Communicate, listen, involve
2. Get the basics right
3. Improve the patient journey
4. Making the best of our volunteers

These priorities reflect the key things that patients and carers told us are the most important to them.

Whilst setting some key objectives, this strategy is not meant to be definitive and we encourage new ideas and creativity from staff and stakeholders in continuously improving patient experience.

The Department of Health defines patient experience as,

“**Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity**”

Department of Health (2003)

### Foreword

This strategy, with its focus on patient experience and carers, sets out how our staff will deliver the excellent experience for patients that is essential to achieving our vision to deliver **the very best care for every patient every day**.

Implementation of this Strategy will ensure that the Trust has a co-ordinated approach to listening to, and learning from, patient feedback and working together with our patients and carers to continually review and improve our services.

[Image of Katie Fisher, Chief Executive]

Katie Fisher  
Chief Executive

[Image of Tracey Carter, Chief Nurse, Director of Infection Prevention and Control]

Tracey Carter  
Chief Nurse, Director of Infection Prevention and Control

[Image of Dr Michael Van der Watt, Medical Director]

Dr Michael Van der Watt  
Medical Director
Introduction

The Trust vision is to deliver the very best care for every patient every day.

This strategy, in line with our Clinical Strategy, Quality Account and Organisational Workforce Development Strategy sets out our plans for ensuring that we build excellent patient experience into all parts of our service.

As an organisation we value the time, energy and enthusiasm which our 400+ volunteers give to us and we recognise the important contribution they make during their, on average, 50,000 hours a year of volunteering time to improve the patient experience.

As a Trust we also recognise the importance of carers and are committed to involving and supporting them to fulfil their vital role.

We want to build on our already strong foundations and through this strategy, together with our volunteer’s and carer’s policies become a recognised exemplar site for volunteering, community engagement and commitment to carers.

Strategy aims and objectives

This strategy sets out our four key priorities to ‘communicate, listen, involve’, ‘get the basics right’ and ‘improve the patient journey’ whilst ‘making the best of our volunteers’.

In order to achieve these priorities over the life of the strategy a number of ambitions have been identified that give more detail to each of the key priorities.

The first 6 – 12 months of the strategy will focus on the how and when; providing a detailed plan for achieving each of the ambitions with a real focus on engaging, listening and communicating with staff, patients, carers and volunteers and agreeing detailed ‘measures of success’.

This strategy applies to everyone under the care of the Trust, their carers and family members and others who are close to them irrespective of their age, their gender, their race, their religion or beliefs, their sexuality or whether they have a disability or sensory impairment.

It is applicable to all Trust employees and volunteers.

There will be ongoing monitoring of patient experience, ensuring we listen and learn from patient feedback.
Framework for delivery of the Strategy

The National Patient Experience Framework identifies eight elements deemed critical to the patient’s experience of NHS Services.

Each of these critical elements maps across to one of the priorities set out in our Patient Experience and Carer Strategy.

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;</td>
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<td>2</td>
<td>Welcoming the involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;</td>
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<td>3</td>
<td>Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;</td>
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<td>4</td>
<td>Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings;</td>
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<tr>
<td>5</td>
<td>Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;</td>
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<tr>
<td>6</td>
<td>Coordination and integration of care across the health and social care system;</td>
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<tr>
<td>7</td>
<td>Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;</td>
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<tr>
<td>8</td>
<td>Access to care with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.</td>
</tr>
</tbody>
</table>

Priority 1: Communicate, listen, involve

Priority 2: Get the basics right

Priority 3: Improve the patient journey

Priority 4: Support and make the best use of our volunteers
What you have told us already

In the development of this strategy we listened to patients, carers and staff; drawing extensively from their experiences. We also used feedback from the results of national surveys, friends and family test, bereavement surveys and other local surveys. We heard…

We heard...
...Speak to us in a language we understand and check we have heard you and understood the information.

...Introduce yourselves so we know who you are and what you do.

...Do not use complicated words or medical jargon when explaining things to us.

...Keep our families and carers up to date with information about us to stop them worrying.

We heard...
...Treat us, our families and carers with respect and dignity and listen to what we have to say.

...Think about our carers and provide them with comfort and support if and when they may need it.

...Make parking easier for us especially when we have a disability.

...Carefully vet the professional standards of agency staff especially at night.

We heard...
...Keep to the allotted time you have given us to attend for our appointment, test or procedure and do not cancel our operation.

...If there are delays with appointment times just tell us - we prefer to know than be left wondering and worrying or getting frustrated and angry.

We heard...
...Involve the volunteers in more activities and free up the nurses to concentrate on the complicated caring.

...Try to match volunteers to an area that they will be of most help and feel they are making a difference.

...Include volunteers as part of the team not an add on.

Priorities for the next three years

The involvement of stakeholders in determining the priorities and ambitions for the next 3 years, and what actions will be of most benefit to most patients, is critical. The priorities identified in this strategy have been developed to reflect the Trust’s vision to deliver the very best care for every patient every day.

The fourth priority, volunteers, recognises the unique contribution that volunteers make as they bring a wealth of experience and give their valuable time to support and enhance patients, carers and the public’s experience of our hospitals. We are committed to working in partnership with all stakeholders individually and as
communities; involving, listening and communicating with them to shape and develop our services with a fundamental goal of delivering our vision.

Each of our Priorities will be supported by a number of ambitions that all staff and volunteers are expected to adopt and engage in.

Priority 1 – Communicate, listen, involve

Communication among healthcare team members influences the quality of working relationships, job satisfaction and has a profound impact on patient safety, quality and experience.

Patients, carers, volunteers and staff have told us that the communication they experience is at times unclear, fragmented, confusing, contradictory and overly complicated.

The ability for staff and volunteers to communicate clearly and form effective, productive relationships is essential if our vision of providing the very best care for every patient every day is to be achieved; and are therefore required skills and behaviours for everyone working in all areas of the Trust.

In order to deliver this priority we need to focus on a small number of ambitions that can be achieved and fully embedded into everyday practice by all staff.

<table>
<thead>
<tr>
<th>Ambition</th>
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<tr>
<td>To develop a “Communications First” programme of organisational development that focuses on staff, patient and volunteer communication, internally and externally and across organisational boundaries.</td>
<td>To improve the quality and quantity of all written patient and carer information and correspondence and benchmark the materials against current best practice standards.</td>
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<tr>
<td>To engage and involve our communities (Patient Panel Healthwatch, Patient and Public Involvement Panel, CCG Patient and Public Forum etc) with implementation and evaluation of specific patient experience and carer initiatives.</td>
<td>To improve the use of patient and carer feedback on their experience of care and treatment through triangulation of data and better demonstrate and communicate service improvements as a result.</td>
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Priority 2 – Getting the basics right

There is a need to get the basics right for the benefit of staff, patients, carers and volunteers. The fundamental basics for patients and carers may be attention to their hygiene, nutrition, pain control and communication needs and for staff it is keeping patients safe and free from harm.

We need to make sure the basics are being delivered and maintained for every patient, every day by skilled and competent staff and volunteers who have been appropriately trained and developed for the job that they do.

In order to deliver this priority we need to focus on the physical and emotional wellbeing of patients and carers and respect their needs and preferences.

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<td>Patients will be monitored on a regular basis and their individual nutrition, comfort and personal needs and preferences attended to by appropriately trained and competent staff.</td>
<td>Patients and carers will be treated with dignity and respect at all times and their emotional, cultural, spiritual and/or religious needs and values provided for.</td>
<td>The care environment will be conducive and reasonable adjustments made to meet the needs of patients with physical or learning disabilities, speech or hearing problems and difficulties understanding English.</td>
<td>Carers will be encouraged to actively participate in patients care and their knowledge, skills and experience recognised.</td>
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Priority 3 – Improve the patient journey

The patient journey may be a matter of hours attending for a minor procedure or investigation to a number of weeks following an emergency admission, months or years for patients with long term conditions, or a serious health condition and could be the beginning or the end of their life. In every instance it is our duty to provide the very best care for every patient every day regardless of how, when or why they are in receipt of our services.

Patients, carers, volunteers and staff have told us that they can experience long waits to be seen in the outpatient and emergency or urgent care setting. The discharge process for patients can be delayed due to a lack of preparation and planning when equipment, support services or medicines are required to make the discharge safe. Patients and their families have not always received the best care at the start and the end of life.

In order to deliver this priority ambition we will focus on the coordination and integration of care and the transition and continuity for patients accessing our services.
Priority 4 – Making best use of our volunteers

Volunteering within the Trust is ‘woven’ through all elements of this strategy reflecting the contribution volunteers will make to achieving our priorities and ambitions and provide our local communities the opportunity to contribute their unique skills, experiences, and expertise to our organisation.

In conjunction with our external partners, organisations and communities we will continue to support patients and carers whilst in our hospitals, either as inpatients or outpatients.

In order to demonstrate that we are ‘Making best use of our volunteers’ the following ambitions will be committed to:

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<td>To develop a recruitment campaign within the Trust and across West Hertfordshire that increases the number of volunteer placements during the day, evenings and weekends ensuring that volunteering is open to ‘all’.</td>
<td>To support all our local communities to access volunteer recruitment and training opportunities where appropriate and beneficial.</td>
<td>To define and facilitate a broader range of external partnerships that promote and involve volunteer activities and events within our local communities.</td>
<td>To develop the WHHT volunteer ‘brand’ and promote this in recruitment materials, websites, Twitter, Facebook and other social media.</td>
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Achievement of these ambitions will ensure that we have a robust and interactive volunteer management system which works with staff and other partners to support the engagement of volunteers across the Trust and local communities and weaves care around the patients, carers and the volunteers themselves.
Leadership, governance and implementation

Implementation

A number of actions to improve patient experience are already progressing within the Trust but clearly there is still much room for improvement.

Delivery of the Patient Experience and Carer Strategy is set out within the Implementation Plan and progress will be measured against the delivery of milestones and key national and local markers and monitored through the Patient Experience Group.

Our intention is to empower our patients to share their assessment of the delivery of our services. We will clearly communicate what standards patients and users can expect when using our services and involve them in the planning and development of these services, giving particular consideration to our hard to reach groups and younger patients to ensure their voice is heard. We will use different methods of patient involvement and engagement, including co-production and experience based co-design. We will use a variety of communication methods including our website, statements in new and existing leaflets and information boards in the hospital.

Measuring our success

The success of the strategy will be measured using a number of ‘success measures’ as detailed in appendix 1. Information sources used by the Trust to monitor progress include those listed below.

- Friends and Family Test recommender score and free text comments.
- Complaints / PALS / Compliments themes and trends related to patient and carer experience.
- Local and National Survey results.
- Healthwatch Feedback.
- NHS Choices comments.
- Patient Led Assessment of Care Environment (PLACE) audit results.
- National reports and inspections that make reference to patient and carer experience.

These measures will also be monitored as part of the Trust integrated performance reports.
Governance

The Patient Experience Group will oversee the delivery of this Patient Experience and Carer Strategy and associated implementation plan. It will report to the Trust Board via the Safety and Quality Committee on a bi-annual basis and provide reports on overall progress with individual improvement programmes.

To ensure the views of patients, carers and the public are represented membership of the Patient Experience Group includes patient representatives from the Patient Panel and HealthWatch.

The public will be able to view progress against the Patient Experience and Carer Strategy Implementation Plan and key milestones through our website.
### Implementation plan and measures

#### Priority 1 – Communicate, listen, involve

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<th>Achieved so far</th>
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| To develop a “Communications First” programme of organisational development that focuses on staff, patient and volunteer communication, internally and externally and across organisational boundaries. | Communication training sessions on Management Core Skills development days.  
NHS Elect ‘Improving the Patient Experience’ study days delivered to Trust staff.  
Doctors surgeries held in AAU to improve communication between patients / carers and staff.                                                                 | Fully developed ‘communications first’ OD plan.  
Attendance of Out Patient Department and Admin and Clerical staff on Improving the Patient Experience study days (using NHS Elect model approach September – December 2016). | 1. The number of complaints received regarding care and treatment as part of the CLIPs reporting and learning process. e.g. Communication of information by staff to patients and carers and patients and carers feeling that they did not have confidence and / or trust in the staff providing care. |
| To improve quality and quantity of all written patient and carer information and correspondence and benchmark the materials against current best practice standards.                                                                 | Baseline assessment of Accessible Information standards.                                                                                                                                                           | Incorporation of the Accessible Information standards into all new information for patients and carers.  
Work towards achievement of the NHS England Information Standard certification.                                                                                                           | 2. Our national patient survey results for improvement in scores for sections on:  
- Doctors  
- Nurses  
- Overall e.g Patients understanding information provided by nurses in response to questions and nurses not talking in front of patients as if they were not there. |
| To engage and involve our communities (Patient Panel Healthwatch, Patient and Public Involvement Panel, CCG Patient and Public Forum etc) with implementation and evaluation of specific patient experience and carer initiatives. | PLACE assessments completed.  
Kissing it Better weekly activities.  
Hospital Radio involvement in Patient Stories and ‘live’ from children’s ward broadcast.  
Patient Panel and PPI Panel work plan.                                                                                                                                  | 3. Compliance with the introduction and implementation of the Accessible Information Standards.                                                                                                                                 |
| To improve the use of patient and carer feedback on their experience of care and treatment through triangulation of data and better demonstrate and communicate service improvements as a result. | Procurement of a FFT (friends and family) provider contract for 2016/18.  
Audit activity schedule drafted.                                                                                                                                                                                                 | Develop a Carers survey and database.  
Annual report on patient experience.  
Establish a Service and Quality Improvement Panel, a sub group of the Patient Experience Group.                                                                 | 4. The staff FFT response rate for improvement in questions regarding sense of well-being and support from managers.                                                                                                                                 |
|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                 | 5. The number of FFT responses from patients and carers.                                                                                                                                                                                          |
## Priority 2 – Getting the basics right

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| Patients will be monitored on a regular basis and their individual nutrition, comfort and personal needs and preferences attended to by appropriately trained and competent staff. | Test Your Care (TYC) audit programme rolled out Trust wide. | Implementation of Safety Thermometer for Nutrition. | 1. Trust wide audit results for:  
- Improvement in Test Your Care  
- Increased number of areas achieving the Purple Star accreditation  
- Increased number of referrals to Carers in Hertfordshire  
- Improvement in response rate and positive comments from patients with a LD  
- Improvement in response rate and number of positive comments from bereaved relatives. |
| | Fundamentals of Care group established. | Ward accreditation scheme pilot in three clinical areas. | |
| | Royal College of Paediatrics and Child Health (RCPCH) SAFE project. | | |
| | Ward Accreditation Scheme pilot. | | |
| Patients and carers will be treated with dignity and respect at all times and their emotional, cultural, spiritual and/or religious needs and values provided for. | Carers Policy developed and launched. | Support group for staff carers to be established. | |
| | Compassionate End of Life Care Strategy and Implementation Plan developed. | Development of the ‘This is Me’ booklet in Critical Care. | |
| | Schwartz Rounds. | | |
| The care environment will be conducive and reasonable adjustments made to meet the needs of patients with physical or learning disabilities, speech or hearing problems and difficulties understanding English. | Purple Star for Learning Disability accreditation achieved by Cardiac Cath Lab and Day Surgery at SACH. | Purple Star accreditation assessments for other areas Trust wide. | |
| | ‘Let me See you Hear you’ Panel established. | PLACE audit improvements progressed Trust wide. | |
| Carers will be encouraged to actively participate in patient’s care and their knowledge, skills and experience recognised. | Carer support groups established for family and carers of critical care patients and Starfish ward. | Pilot an adult Voluntary Carer Support team on Bluebell and A&E. | |
| | | Training for volunteers in Carer Awareness. | |
| | | | 2. National patient survey responses for improvement in care, specifically ‘The Hospital and Ward’ and ‘Your Care and Treatment’ sections e.g the level of noise at night from patients and staff causing disturbance, amount of privacy offered to patients, staff doing everything to help control pain, response times to the patient buzzer, staff working well together and not contradicting each other and explanations about surgery. (risks/benefits/expectations) |
| | | | 3. Improvement in PLACE audit results e.g. Dementia friendly, nutrition and estate elements. |

## Priority 3 – Improve the patient journey

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<tbody>
<tr>
<td>Improving access to out patient and planned care.</td>
<td>Out Patient Improvement Project established and implementation commenced.</td>
<td>Implementation of Improvement plan.</td>
<td>1. National patient survey responses for improvement in the ‘Admission to Hospital’ section e.g number of patients given enough privacy and dignity when being examined or treated, planned admission date changed by the hospital and length of time spent waiting for a bed on a ward.</td>
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<td>Virtual Fracture Clinics established.</td>
<td>Referral to Treatment Time (RTT) and Cancer Standards recovery plan.</td>
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<td>Consent to Treatment roll out of new forms.</td>
<td>Review of Transport for patients.</td>
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### Priority 3 – Improve the patient journey

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<td>Improving emergency care pathway.</td>
<td>Emergency Care Improvement Plan implemented led by Emergency Care Taskforce including appointment to Patient Safety Officer role in Emergency Department and development of Advanced Nurse Practitioner role in unscheduled care. New Frailty Service commenced.</td>
<td>Implementation of Improvement Plan. Referral to Treatment Time (RTT) and Cancer Standards recovery plan. Review of Transport for patients.</td>
<td>2. The number of complaints received regarding: - Issues concerning admission to hospital - Problems with hospital discharge - Delays in treatment/appointment in outpatient department - Cancelled appointments or clinics. 3. The number of patients who would recommend our outpatient and emergency care services to family and friends. 4. National patient survey responses for improvement in discharge as a result of the SAFER discharge project, specifically: - Involvement in decisions about discharge - Length of time taken to be discharged - Information about medicines and any side effects, written and verbal - Involvement of family - Discussions regarding the need for special equipment or adaptations - Information on who to contact if worried post discharge. 5. Achievement with the End of Life care strategy priorities and ambitions.</td>
</tr>
<tr>
<td>Improving discharge.</td>
<td>SAFER discharge project piloted in elderly care. ‘Home before lunch’ initiative.</td>
<td>Roll out of SAFER discharge principles across all in patient wards. Improve timeliness of take home medications before discharge. Expansion of Patient Lounge. Implementation of the Choice Policy. Continue progress with the Improvement Plan.</td>
<td>2. The number of complaints received regarding: - Issues concerning admission to hospital - Problems with hospital discharge - Delays in treatment/appointment in outpatient department - Cancelled appointments or clinics. 3. The number of patients who would recommend our outpatient and emergency care services to family and friends. 4. National patient survey responses for improvement in discharge as a result of the SAFER discharge project, specifically: - Involvement in decisions about discharge - Length of time taken to be discharged - Information about medicines and any side effects, written and verbal - Involvement of family - Discussions regarding the need for special equipment or adaptations - Information on who to contact if worried post discharge. 5. Achievement with the End of Life care strategy priorities and ambitions.</td>
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<td>Work with partners to integrate care.</td>
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### Priority 4 – Making best use of our volunteers

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<tr>
<td>To develop a recruitment campaign within the Trust and across west Hertfordshire that increases the number of volunteer placements during the day, evenings and weekends ensuring that volunteering is open to ‘all’.</td>
<td>Bespoke recruitment campaign for volunteers commenced. Volunteer database upgraded and updated.</td>
<td>Training programme for volunteers. Development of volunteer profiles to match volunteer to an appropriate ward / department / service.</td>
<td>1. A year on year increase in number of volunteers. 2. The number of volunteers receiving an appraisal. 3. The retention rate of volunteers. 4. The number of areas supported by a volunteer. 5. Compliance with mandatory and bespoke training for volunteers. 6. The increase in frequency of delivery of activities by volunteers Trust wide e.g. Kissing it Better activities log, involvement of local schools and colleges in patient activity events.</td>
</tr>
<tr>
<td>To support all our local communities to access volunteer recruitment and training opportunities where appropriate and beneficial.</td>
<td>Volunteers and Work Experience Policies updated.</td>
<td>Appraisals for volunteers. Listening events with volunteers.</td>
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<tr>
<td>To define and facilitate a broader range of external partnerships that promote and involve volunteer activities and events within our local communities.</td>
<td>Patient Panel contributing to national and local patient experience focused audits (PLACE, Audiology). Attendance at and regular presentation to Herts Valley Clinical Commissioning Group (HVCCG) Patient and Carer Forum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To develop the WHHT volunteer ‘brand’ and promote this in recruitment materials, websites, twitter, Facebook and other social media.</td>
<td></td>
<td>Agree volunteer brand.</td>
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