

Healthwatch Staffordshire

Annual Report



2014/2015



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Note from the Chair

Robin Morrison

Healthwatch Staffordshire has this year continued to face some tough challenges - the result of the Trust Special Administrator process at Mid Staffs NHS Foundation Trust led to services being moved from what is now County Hospital to the Royal Stoke University Hospital site in Stoke-on-Trent, to much public opposition.

We engaged with all parties – Trust, commissioners and protestors – visiting the protest camp, but also taking part in all assurance panels to ensure we were satisfied that the changes were clinically necessary and would be safe for patients.

Another challenge has been that Staffordshire has a financially challenged health economy, and as such was subject to a review.

We have been lobbying hard for the results of this review to be made public, and about the lack of public engagement and communication.

Staffordshire also has some big, trailblazing and potentially controversial commissioning programmes such as the Cancer/End of Life project in the north, and the Improving Lives programme in the east which has recently been let to Virgin Healthcare. We have scrutinised these programmes, supported their public engagement, and raised issues at the Health and Wellbeing Board about how they fit together and the net impact they will have.

Finally, this year was a tough winter for health and social care services, particularly in the north of the county, and we saw the Royal Stoke University Hospital declare a major incident.

As a result of this, our Healthwatch volunteers conducted a survey of patients in A&E which has resulted in our recommendations being endorsed by the Trust and commissioners.

We are delighted that last year we were awarded the “Most Outstanding Healthwatch Team of the Year” by our national body, Healthwatch England.

This was a recognition for all those involved in setting up and delivering Healthwatch Staffordshire and has spurred us on to strive to be even better going forward.



Robin Morrison
Chair of Engaging Communities Staffordshire
and Healthwatch Staffordshire



Note from the Chief Executive

Jan Sensier

Healthwatch Staffordshire has continued this year to extend its services and its reach. Through regular County Council led surveys, we know that we continue to be known by just over 10% of the population, but we have also in 2014/15 engaged through face to face, telephone or surveys with 5,665 Staffordshire residents, particularly focusing on hard to reach communities across the county.

We have done this because of the number and variety of projects we have been involved in – reviewing the equality delivery system for one Trust, the dementia pathway for another, conducting a very comprehensive and widespread review of support for carers, staging public meetings to support communications on the transfer of services, reviewing the complaints processes at another Trust, and working with the Clinical Commissioning Groups (CCGs) to engage the public in their pioneer commissioning programmes such as Cancer/End of Life, Improving Lives and New Models of Care. We also carried out 41 Enter and View visits.

In addition, we have developed new tools and methods for capturing public feedback – we have worked with a local firm to develop our Experience Exchange, which acts both as a service directory and review system.

This has enabled us to date to collect 300 individual pieces of feedback from the public. We match these against the feedback we gain from our Freephone calls and engagement activities.

We have trained all our staff and some volunteers in focus group facilitation and now use focus groups as a prime research method, and for projects we have now developed a system that combines public engagement with setting up a reference panel of public and professionals to oversee the project and ensure it has impact.

We have this year brought the NHS Complaints Advocacy Service in-house, and as well as proving we can deliver a quality and professional service, have also shown how we can make key links with our Healthwatch work to enhance what we can offer clients – for example, a recent case where the complainant also had an urgent housing need which through our Healthwatch contacts we were able to get sorted.

We have collaborated with many organisations across Staffordshire to take forward this work, in particular developing a network of 44 Healthwatch Champion organisations – mainly local voluntary and community sector organisations who help us reach a wider group of people than would otherwise be the case.

This report goes into greater depths to set out the work we have conducted in the last year.

Thanks to all staff, the Board and particularly our fantastic volunteers who do so much on our behalf and really are the unsung heroes of Healthwatch.

Jan Sensier
Chief Executive Engaging
Communities Staffordshire
& Healthwatch
Staffordshire





About Healthwatch

Healthwatch acts as an independent voice of local people, championing quality health and social care. It is our job to argue for consumer interest for all those who use health and social care services.

We are here to make health and social care services better for our local communities. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care services and are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Healthwatch England is the national body that gives a voice to the key issues affecting children, young people and adults who use health and social care services. It will develop an overall view of trends and consumer experiences at a national level based on evidence, strongly informed by local Healthwatch.

Staffordshire is a large county of over 848,000 people (2011 census). It is also a geographically diverse county covering both rural and urban areas. Staffordshire has a more ageing population than the country as a whole, with the number of people aged over 65 increasing

by 25% between 2001 and 2011. Furthermore, an estimated 1 in 5 people in Staffordshire have a life limiting long term illness.

Although the county is predominately white British it is becoming increasingly ethnically diverse. There are an estimated 86,500 people in the county from black or minority ethnic groups, an estimated 10% of the total population (2013, Staffordshire eJSNA).

Staffordshire has 8 distinct districts, each with its own unique identity, concerns and needs covering a total area of nearly 3,000 km². Within these 8 districts we have a wide range of services including: Hospitals, Walk-In Centres, Minor Injury Units, Hospices, Mental Health Services, GP Surgeries, Pharmacies, Dentists, Opticians as well as Residential and Nursing Homes.

Our Vision:

'We want to be the voice of the public for public services across Staffordshire'

Jan Sensier (Chief Executive).

Healthwatch Staffordshire acts as an independent voice of local people, championing quality health and social care. It is our job to argue for consumer interest for all those who use health and social care services in the county.

Through effective engagement to gain service user feedback, we can raise awareness of key issues affecting our local health and social care services and recommend improvements.

Healthwatch Staffordshire is delivered by Engaging Communities Staffordshire (ECS).



ECS is a not for profit community interest company set up to give a voice to the people of Staffordshire, particularly on health and social care services in the county.

We bring public engagement, consultation, consumer advice services and research together in a central organisation to create research and insight to help improve local health and social care services.

Our Mission Is To:

Monitor service delivery through concerns raised, feedback received and our Healthwatch Advisory Group.

Analyse consumer feedback and data to produce research and insight reports.

Challenge commissioners and providers on the quality, access and delivery of health and social care services.

Develop services through public involvement and engagement to ensure the consumer voice is heard.

Our Strategic Priorities:

One of our medium term strategic objectives was to bring the Healthwatch NHS Complaints Advocacy Service in-house and we are pleased to report that following a comprehensive review of this service during 2014, we achieved our objective with the delivery of the service in-house from 1st February 2015 by a dedicated complaints team.

The Healthwatch Staffordshire NHS Complaints Advocacy Service was developed in response to public feedback.

Our Chief Executive, Jan Sensier said of the importance of a simplified approach to complaints:

“People are telling us it’s just too complicated and frustrating to make a complaint about a hospital, GP or care home.”

“So we are taking action in a bid to make sure their voices are heard.”

Healthwatch Staffordshire NHS Complaints Advocacy

From 1 February 2015, ECS started to deliver the Healthwatch Staffordshire NHS Complaints Advocacy Service in-house, having previously commissioned POhWER, and now has a dedicated in-house team of trained Healthwatch Staffordshire NHS complaints advocates.

Complaints advocacy is a specialist service which supports people who are considering or wish to make a complaint about the health care services they receive. The service provides client led support to people who wish to make a complaint about any health care services, care or treatment provided by the NHS including GP, dentist, local hospital, ambulance service or pharmacy.

The Complaints Advocacy Service is client led which means that it is led and controlled by the clients at all times.

The role of an advocate is to support, inform and represent the client, rather than to give advice, make decisions or act in the person's best interests if not instructed to do so.

This means, people can tell us how much support they need which allows the service to be individually tailored to each and every client we support. We also provide direct access to our advocates on our new Freephone number



which means when people contact us, we can help them straight away.

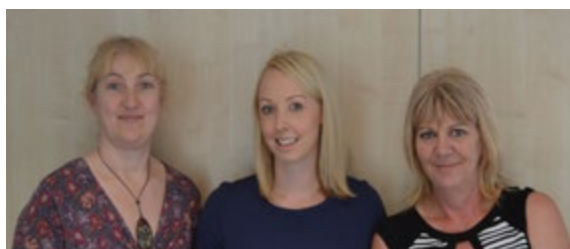
People can be supported in making a complaint on their own or someone else's behalf, including if someone has died.

Advocates provide people with information on the NHS complaints process, help people to write their letter of complaint, attend complaint meetings and support clients who want to access their medical records.

If a complaint remains unresolved by the local service, support and assistance is also provided to help people who want to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

In 2014/15 ECS received 201 new NHS complaints advocacy cases and has seen a systematic increase in case numbers since February 2015 receiving 53 new cases in February to March 2015.

The data that is collected through the NHS Complaints Advocacy Service often provides a useful insight into services that are experiencing difficulties, which enables us to highlight concerns directly with the service provider, to bring about positive change to services.



Our NHS Complaints Advocacy Team:

Joanne Darrant, Elizabeth Learoyd and Jane Steward

2014/15 Priorities

As well as providing a strong voice for our communities to influence commissioning and provision of a broad range of health and social care services, we also seek input from those communities to inform our strategic priorities

and the focus for our key themes of work and projects.

We used a variety of mechanisms to gain this feedback including paper and online surveys, voting at our Annual General Meeting and guidance from the Healthwatch Advisory Group.

Service Integration:

It was a priority for us to explore integrated health services and the transition of services recommended by the Trust Special Administrator following the dissolution of Mid Staffordshire NHS Foundation Trust, given that communities across Staffordshire were substantially affected by the proposed changes.

Following the recommendations outlined by the TSA, there was extensive public concern over the relocation of health services from the County Hospital in Stafford to the Royal Stoke University Hospital (as part of the newly created University Hospitals of North Midlands NHS Trust or UHNM) such as inpatient paediatrics and consultant-led maternity and how this would affect the local population.

The transition of services between the two hospital sites also adds substantial pressure on other areas of the health service including West Midlands Ambulance Service, community services and social care support. The considerable complexity of the local health economy and system in Staffordshire demonstrated the importance to work in collaboration with Healthwatch Stoke-on-Trent in order to gain a greater understanding of the impacts on both communities that are using, and will continue to use, shared health services as part of the new Trust.

The project was conducted to ensure the patient's voice was heard and an independent view of the transition and its impact on the



local population was undertaken. This was done with a view to exploring how such impacts could be alleviated in the context of relocated health services.

Mental Health

Mental health services are high on the national agenda as well as locally. From our engagement activities and other project work around mental health service delivery and service user experience, we have identified several emergent themes including difficulty in accessing services; delays whilst waiting for assessments and referrals; transition from children's to adult services; integration of health, mental health and community services; stigmatisation; crisis support and lack of support services for learning disabilities.

We also gathered input from our Healthwatch Champion organisations who provide support to those using mental health services and ran an appeal through the press and other media for young people to contact us about their experiences of Children and Adolescent Mental Health Services (CAMHS).

This intelligence has been analysed and will inform the specific details and scope of this important project which will be aligned to another of our projects where we are leading on a series of public engagement events for Staffordshire County Council to launch the pan-Staffordshire Mental Health and Wellbeing Strategy which promises to offer individuals the opportunity to see Mental Health become a greater focus in health and social care.

The CAMHS service in South Staffordshire is also under review and we are working collaboratively to ensure our intelligence informs this process.

Domiciliary Care

Concerns regarding the provision and quality of domiciliary care services are regularly raised nationally with high profile cases being reported in the news and in special reports.

Domiciliary care has been a frequent topic of research over the last few years, increasingly academic and occupational organisations are trying to establish why domiciliary care workers specifically have such high job turnover and why so many positions sit vacant.

With various national and regional studies being conducted, the main issues with domiciliary care are around the nature of domiciliary care contracts and the terms and conditions of domiciliary care workers, which in turn lead to high staff turnover, short appointments, missed appointments and general lack of user satisfaction.

We know that steps have been taken by providers and commissioners to deal with these issues, but we are still being told by the public that there is dissatisfaction.

We have previously completed a project focusing on service user experience, provider feedback and professional organisations' feedback on domiciliary care provision across Staffordshire with our findings and recommendations being provided to the commissioners of those services.

25% increase in over 65s between 2001 and 2011.

As there is a growing demand for domiciliary care services, an increasing older population in Staffordshire who will be reliant on those services both now and in the future, together with a changing model of care that will further increase demand for services to be delivered



at home, it is vital that we work closely with those in receipt of care as well as the providers and commissioners who are responsible for those care services.

As part of the scoping for this project, we are meeting with the County Council Commissioner for Domiciliary Care services to understand current and future commissioning plans; provision, capacity and quality of services and how those in receipt of care are enabled to inform the decision making and quality assurance processes.

Support for Carers

In addition to the above 3 priorities we also continued with one of our priority areas of work from the previous year and moved on to Phase 2 of our Support for Carers Project.

Following completion of the Phase 1 Report with findings and recommendations, it was used by Staffordshire County Council to inform the development of the support for carers universal service specification and inform market testing workshops.

Healthwatch Staffordshire delivered Phase 2 of the engagement project by going back to the carers groups and 1-1 drop in sessions we had visited in Phase 1 to re-engage with carers and explain to them the outcome of Phase 1 of the engagement project and initial findings.

We also sought to test out with carers the proposed services specification and service delivery hub model which was emerging, to gather their views and feedback and check if these proposals would support their needs. Phase 2 included two focus groups and 10 drop-in sessions across Staffordshire involving 146 carers. Again, the feedback was collated and analysed to inform the production of a comprehensive report with key findings and recommendations.

In March 2015 the Staffordshire Carers Partnership, a group which Healthwatch Staffordshire supports in the role of chair, was presented with the report and its findings were used to inform the final specification and outcomes framework for the commissioning of universal support services for carers in Staffordshire.

Armed Forces Covenant

Early 2015 saw the formalisation by the ECS Board of the recommendation from the Healthwatch Advisory Group that ECS/ Healthwatch Staffordshire sign and endorse the Armed Forces Community Covenant.

This Covenant is the expression of the moral obligation that the Government and the nation owe to its Armed Forces Community. It recognises that members of the Armed Forces have sacrificed some of their freedom and very often are put in life threatening situations. It also acknowledges that families play a vital role in supporting the operational effectiveness of the Armed Forces.

The Government is committed to ensuring that the serving community, its veterans, and their families, do not face any disadvantage when it comes to the provision of public and commercial services. It also recognises that in certain circumstances it is right that they are given special consideration to the most deserving, such as the injured and the bereaved. This is particularly relevant in Staffordshire with the forthcoming return of over 1000 serving personnel and their families to the local area.

**More than 340 new homes
and more than 1000 soldiers
and their families will join
the local community around
Stafford in the near future**



Healthwatch Staffordshire Team

A year on from our last report and we are still growing strong. Our permanent staff now numbers 15 with plans to further strengthen our engagement and research teams with additional staff.

As a team Healthwatch Staffordshire continues to improve and build its knowledge, skills and expertise and several members of staff have been successful in achieving both professional and academic qualifications.

As an organisation we have developed too and have secured a number of accreditations and quality marks including: Mindful Employer accreditation, Dementia Action Alliance and Social Enterprise West Midlands memberships.

We are a Market Research Society Company Partner; have appointed and trained our Caldicott Guardian; and we are currently part way through the completion of the Investing in Volunteers accreditation in which we have involved several of our dedicated volunteers.



Our Current Team:

Jan Sensier

Chief Executive

Aileen Farrer

Office Manager

Sue Baknak

Engagement Manager

Derek Pamment

Enter & View Lead

Sarah Bailey

Volunteer & Engagement Officer

Michael Harris

Communications & Marketing Officer

Ian Wright

Community Organiser

Elizabeth Learoyd

Complaints Advocacy Manager

Jane Steward

Complaints Advocate

Joanne Darrant

Complaints Advocate

Craig Staples

Research & Insight Manager

Deborah Faulks

Senior Research & Insight Officer

Stephen Axon

Senior Research & Insight Officer

Matthew Thompson

Projects & Finance Officer



Engaging with people who use health and social care services

Understanding people's experiences

Healthwatch Staffordshire will only be effective in improving services from the point of view of service users and the communities it serves, if it is embedded in and engages with those individuals and communities at different levels and in different ways.

At Healthwatch Staffordshire we are determined to be good both at giving and receiving information, we must be both a good speaker and a good listener, acting as the eyes and ears of the community and the voice of many people.

Our framework for engagement takes account of:

- Existing engagement networks in both statutory and voluntary sectors
- The full range of our Healthwatch functions and the opportunities for engagement they provide eg. information, signposting and advice service and enter and view activities
- The need to be able to utilise or access a wide variety of engagement tools and techniques
- The potential for people to be involved in different ways depending on the time, energy, skills, experience and commitment they have to give
- The need to be representative and to reach out to service users, those who do not currently use services and the public in general
- The need to engage both with long-term service users and with those who have short/emergency episodes

of care, both in the community and in NHS and social care facilities.

We have developed a range of feedback methods that enable members of the public to easily share their experiences with us on the many aspects of health and social care in Staffordshire and a comprehensive set of literature to inform people how they can contact us and learn more about the role of Healthwatch and how we can help and support them. Below are some examples of these:

Our materials:

Choose Well leaflets which provide key information on vital services in local areas.

Health and Social Care Directories which provide information on a wide range of topics in health and social care across the county including service provider details.

Have Your Say leaflets that highlight the importance of the public providing us with their feedback on experiences in health and social care.

Making Your Voice Count leaflets which explains about Healthwatch and highlights some of our responsibilities and influence as well as how to get involved.





Championing Quality Health and Social Care leaflets which focus on the process of becoming a Healthwatch Champion as well as what is involved in that role.

Information and Signposting Services leaflet which explains some of our other content, including the Directories, Choose Wells and how to contact us for help and advice.

These resources play a key part in our communications and engagement work and have been developed with input and feedback from our Members and Champions in the form of the Healthwatch Staffordshire's reading panel.

A priority for 2015/16 is the further development of our materials and in particular: working with young people to design materials which reflect their needs; and our Champion organisations and individuals to support a range of materials in easy read and other more accessible formats.

Our Healthwatch Staffordshire freephone number 0800 051 8371

is available so that anyone can call us free of charge and speak to someone there and then or request a call back if they need more detailed information or advice.

All members of the team are available and each bring their own area of specialist knowledge and information across the broad range of health, social care and wider services people may need help with.

All calls are logged onto the Customer Relationship Management System (CRM) so that emergent themes and concerns can be identified quickly.

NHS Complaints Advocacy Service freephone number 0800 161 5600 is also available for enquiries from people who may wish to make a complaint about an NHS

service or to receive information and support on the process.

An answerphone service is also available to request a call back from one of the team who will respond within 48 hours. We also offer a free text service – text “Healthwatch” to 60006 with your name and contact details to request a call back.

NHS Complaints Advocacy posters, booklet and inserts have been developed to promote our new service. The booklet contains all the information a member of the public might need to use our service as well as information on how they can make their own complaint.

Our NHS Complaints Advocacy Self Help Information packs are also available to help individuals with making a complaint.



Digital Platforms

As well as printed literature we have continued to develop our digital platforms to provide support to find information, provide feedback, seek advice and review services. These include:

Experience Exchange is part of our continuing commitment to make sure the public can have their voice heard. The online platform and directory lets you search for and provide feedback on hundreds of health and social care services across the county. The service aims to be impartial, free and



anonymous. You can access Experience Exchange via www.healthwatchstaffordshire.co.uk/x2



Experience Exchange posters, flyers and inserts are all focused on ensuring that we are able to spread the message of our online feedback platform, in as many formats as possible. They provide a summary explanation of the service as well as instructions on how to use it.



Experience Exchange has received over 300 reviews in the last year.

Our website provides members of the public with contact information, easy to complete feedback forms, access to Experience Exchange and a Contact Us email.

There are dedicated areas for our NHS Complaints Advocacy Service which provides information and a dedicated email address that goes directly to the complaints team, and for our volunteers – whether that be information about events and activities, reports and projects for existing volunteers or details of our volunteering opportunities for

those who may be interested in volunteering with Healthwatch Staffordshire. The website has recently been redesigned with every effort made to ensure that the user experience is at the heart of its new look. We continue to work with the reading panel to develop the website further.

Our social media activity allows members of the public to easily and quickly provide us with feedback on a variety of topics, this often ranges from making us aware of an interesting news story, local information or feedback on services. We have also used live social media to support several of our public engagement events which has enabled those not in attendance to contribute to the discussions, pose questions to panels and receive answers via Twitter.

Across both the Stafford and Stoke-on-Trent transition events, in total 255 tweets were sent out from the @HWStaffordshire account. During the events we were mentioned by name (@HWStaffordshire) 33 times.

The majority of questions we had asked included the twitter handle in their tweet and in the 24 hours from the beginning of each event our mention reach (audience of people who directly mention us) was 55,000.

We were retweeted 72 times during the events with a retweet reach (audience of retweeters) of over 30,000.

We hosted a large number of public events across the county and have continued the format of Conversation Staffordshire with an event in Staffordshire Moorlands in October with an afternoon drop-in supported by 18 stands from a range of statutory and community sector organisations who provided information.



In the evening the public, local councillors and organisations participated in a Question Time session with a panel of Chief Officers, Senior Managers from the CCG, County Council, North Staffs Combined Healthcare NHS Trust, Staffordshire and Stoke-on-Trent Partnership NHS Trust and University Hospital of North Staffordshire NHS Trust (now University Hospitals of North Midlands NHS Trust - UHNM).

A wide range of questions from the public included provision of district nurses, cancer and end of life proposals, hospital waiting times, capacity at mental health hospitals, supporting people funding cuts, learning disability services, mental health support services, community hospitals, hearing aid commissioning and service engagement with young people.



We are planning a similar event for the Newcastle-under-Lyme area in June 2015.

Our Customer Relationship

Management Software allows us to quickly and efficiently keep a track of our engagement as well as providing us with a method by which to contact hundreds of members and champions at once.

The use of the CRM allows us to send our newsletter, surveys, consultations and information from ourselves and key partners.

How We have Engaged with the public

November saw the conclusion of our large scale public events for the Transition of Services to UHNM following the dissolution of the Mid Staffordshire NHS Foundation Trust.

We held 3 events in Stafford, Stoke-on-Trent and Leek and worked closely with colleagues from Healthwatch Stoke-on-Trent in facilitating public engagement in these events. Robin Morrison, Chair of ECS/Healthwatch Staffordshire expertly chaired a panel of senior executives and Medical Director from UHNM, Clinical Commissioning Group, Staffordshire and Stoke-on-Trent Partnership NHS Trust and facilitated the public Q&A sessions with questions from the floor and via the live Twitter feed after a presentation was given by Mark Hackett, Chief Executive of UHNM.

Questions and concerns raised focused on many issues for all communities involved including transport, ambulance transfer of patients, specific service for Parkinson's, paediatrics and eye surgery; parking and signage; capacity and recruitment of nurses; communications and joined up systems; local delivery of care in rural communities and the development of localised clinics for maternity, eye and skin conditions and renal services.



Joint working and collaboration with Healthwatch colleagues across the region has continued across a range of our projects



including our GP Appointments Project which saw us working closely with Healthwatch Shropshire, Telford & Wrekin and Stoke-on-Trent.

The project was identified with Healthwatch England based on evidence that waiting times to see GPs are rising and some patients are experiencing waiting times of two weeks.

This project has seen Healthwatch Champions carrying out surveys with patients in doctors' waiting rooms to find out about patient experience of accessing their GP.

Over 200 people gave their feedback about their experiences and this information is being used to give a picture of how easy it is to get a GP appointment across the region and not just in one area.

Wide reaching engagement and consultation work that incorporated surveys, focus groups and public events was undertaken for Burton Hospitals NHS Foundation Trust regarding the future of Sir Robert Peel Community Hospital Day Case Surgery services in Tamworth.

Following the completion of the work and production of our report and recommendations, the Trust's Board recommended that any decision be deferred for 6 months from December 2014 to June 2015 and the day case theatre remain open in the interim.

Deferring the decision gave the Trust more time to see if it can keep the day case theatre open by increasing activity.

Over the 6 month period the Trust implemented a full action plan including marketing services to GPs and ensuring local patients are being offered the choice of using the service.

In addition to our large scale events and consultations, we deliver a wide range of

drop-in sessions where members of the public come and talk to us, receive information about our services and provide their feedback. They can also find out how they can be involved as a Healthwatch Member and get details about our volunteer Champion roles.

Working with colleagues from Healthwatch Derbyshire, we have held drop-ins at Burton Hospital and spoken to a large number of patients from both the Staffordshire and Derbyshire areas about their experiences as well as raising awareness of Healthwatch locally.



The now familiar Healthwatch stand and displays have travelled the length and breadth of the county with attendance at public events, community and voluntary sector events and activities; awareness week events; community days; summer shows and fayres, libraries, leisure centres, shopping centres and supermarkets.

We have spoken to hundreds of people to promote our services, given out information, gathered feedback, signed up Members and Champions and recruited people to be involved in our project work and consultations.

Our engagement team have also delivered presentations to a wide range of audiences including community groups, colleges, universities, multi-faith forums and groups, service user groups, carers groups, Rotary and



business groups to promote our services and raise awareness of Healthwatch.

Our Community Organiser Ian Wright works to proactively support local communities through fostering strong relationships and developing community projects. This year has seen him working in the Glascote Heath area of Tamworth, talking to residents about the area they live in, both their loves and their concerns.



This process has unearthed many people who have a strong desire to form a resident group to tackle projects they themselves have highlighted, that may not necessarily be addressed by other means.

This form of 'bottom up development' where residents focus on what they consider to be an area's specific shortfalls and then try to do

something to improve it, is the main ethos of our work.

Over several months, partners including the local church, community centre, primary school, police and Tamworth Borough Council became involved and supported projects including the development of community gardening and vegetable plots.

Our community engagement work is supported by Community Engagement Leads who have a geographical and thematic interest area and a priority for 2014/15 was to strengthen our engagement with seldom heard and hard to reach communities.

Our Community Engagement Leads include: Elizabeth Jarrett, Katy Warren, John Cotterill, and Hester Parsons.

We have worked with Brighter Futures, a not-for-profit housing association which helps local people who need support to live independently. Through this relationship the role of Community Engagement Lead for hard to reach individuals and communities has been developed with a focus on engagement around mental health, gypsy and traveller communities, homelessness and rough sleepers.

Our Community Engagement Lead for hard to reach was informed of an issue around GPs in Lichfield and the support given to the homeless and rough sleepers in the area. While on an outreach shift with the rough sleepers team we were informed that two GPs in Lichfield would not accept patients who do not have a registered address, this obviously has an impact on a range of vulnerable individuals including rough sleepers.

While the GPs would not take on patients without an address, they would provide treatment on an emergency basis. The issue of restricted service access is made worse



as without a GP many homeless and rough sleeping people cannot access benefits and in turn cannot access accommodation.

By working with our the wider Healthwatch Team, we have been able to begin the process of resolving this issue.

Engaging with Young People

Engaging with children and young people has been a top priority for us this year and we have worked hard to develop robust mechanisms for future engagement through a partnership approach, particularly in light of the closure of youth services across the county. We have worked with a number of organisations including Staffordshire County Council, Fire and Rescue Service, Police, Entrust, Staffordshire Council of Voluntary Youth Services and others to ensure a joined up approach to future youth participation and engagement activities.

Further work is being undertaken on this to ensure we get the model right and we will be recruiting an Engagement Co-ordinator in 2015 to lead on taking this work forward together with the development of Youth Healthwatch Staffordshire.

Alongside this development work we have collaborated with organisations working with and supporting young people and recruited several of those partners as Healthwatch Champion organisations. Organisations we have worked with include:



Newcastle-under-Lyme College



Staffordshire University



Keele University



Stafford College



Westwood College



Staffordshire Council of Voluntary Youth Services



UpRising

In January we began the process of working with both UpRising and the Staffordshire Council of Voluntary Youth Services to develop Stafford's first ever National Youth Debate. We teamed up to give young people aged 16-25 the chance to engage with local MPs on the subjects that matter to them. Topics were focused around health and social care concerns, with youth mental health being highlighted. Other questions raised included education, apprenticeships, community diversity, youth services and the armed forces.

The event took place in the County Council Chamber and as an organisation we hosted a stand and spent the first part of the evening gathering the views of young people on a



range of health and social care issues at both a local and national level. This was followed by a lively and interactive Q&A session chaired by our Chief Executive Jan Sensier where questions from young people were put to the panel of 6 Parliamentary Candidates. In total the event was attended by over 30 young people from a wide range of backgrounds and feedback following the event was positive.

“Very interesting and helpful. Gave me a lot of information on each party and how they would help the community”

“Informative, interesting and very worth attending”

“Very interesting to see what parties thought. Nice to see the support for the army”

In North Staffordshire we made concerted efforts to set in place mechanisms to engage with students as part of the wider plan to develop a Youth Healthwatch.



We were delighted to welcome Newcastle College as a Healthwatch Champion. Working with the large Health and Social Care Department in supporting us to gather the views of students, for example about our literature and promotional materials as well as promoting the Healthwatch role amongst students.

We will build on this further by working on projects with a small group of students.

Similar work has taken place with Staffordshire University where we have publicised volunteering opportunities to students and the University is actively promoting Healthwatch.

We are aware of plans for the NHS to review its You're Welcome initiative which is a set of standards for young people covering access and experience of services. We developed a short survey which we trialled with some students at Westwood College, Leek and which we will use further in this current year to inform the NHS review.

Working with Keele University student placements team, we registered for medical student placements and were very pleased when a second year medical student chose Healthwatch Staffordshire for his 8 week placement.

He attended a variety of events, training sessions, public consultations and meetings to inform his work and broaden his understanding of the wide range of health and social care services across Staffordshire as well as the importance of patient engagement and involvement in service change and development.

In March of this year we began the process of developing a student reading panel with the above universities and colleges, although in its early stages the hope is that at the start of the academic year we will have a group of students aged 16-21 that will help us shape our engagement activities and communications.

We recognise the importance of engaging with a wide range of young people to ensure we can effectively represent their views on health and social care.

Steps taken for over 65s

In Staffordshire, we are acutely aware of our ageing population and the future growth of



this demographic and the related pressures that will ultimately place on our health and social care services. It is therefore essential that we continue to engage effectively with our over 65s population.

Many of our projects and priorities have involved consultation and engagement with our older communities and we have developed very strong relationships with community and voluntary sector organisations and groups who provide services and support to those communities so that we work collaboratively on our engagement activities. Many have also joined us as Healthwatch Champions including Alzheimer's Society, Approach, Age UK, Older Peoples Advocacy Alliance and Staffordshire Neurological Alliance.

During Dementia Awareness week we worked closely with Dementia Action Alliance, Age UK, Approach and Alzheimer's Society to make sure we developed engagement initiatives around the week.

Just under a quarter (23.7%) of unpaid carers in Staffordshire are over 65 years old.

The Support for Carers engagement work gave us a great opportunity to engage with older people particularly as in Staffordshire just under a quarter (23.7%) of unpaid carers are over 65 years old. This gave us very important insight into the issues older carers were facing as some were trying to balance many responsibilities including caring for older relatives, looking after grandchildren as well as holding down a job.

Healthwatch Staffordshire was asked by UHNM to complete research into their Dementia Care Pathway. By talking with carers on a number of individual wards in the hospital, we gathered patient and carer experience to form recommendations on improving the service. The project involved using in depth interviews with patients, carers and service users to explore the experience of using dementia services at the hospital and also in the wider community at dementia cafes and support groups.

As part of the work a Dementia Steering Group was set up by the hospital to take forward the recommendations and one of our most active Champions, Joan Buck was approached to join the group as a representative. Joan continues to work with UHNM to improve services for people with dementia.

Our Engagement Team have also represented Healthwatch on various groups including the Older People's Forum and given presentations to groups including Age UK and 50+ Forums to provide information and gather feedback and experiences of services.

Those who are working or volunteering in Staffordshire, but do not live here

Because so many health and social care users may work or volunteer in Staffordshire and live elsewhere, we rely heavily on our information and signposting work to ensure that they have the correct information.

Our Choose Well leaflets are produced by us to contain information on where the nearest A&E, Walk In Centre, Minor Injuries Unit or late night opening pharmacies can be found dependent on area.



We also have good relationships with other Healthwatches and health and social care organisations in surrounding areas, so that should we be unable to help an individual due to catchment issues for example, we can signpost them on to the relevant Healthwatch or other organisations.

There is a great need for effective collaboration with neighbouring Healthwatch organisations and we have been particularly keen to ensure effective joint working to ensure that feedback on services is shared and service users who live in neighbouring areas are signposted to the appropriate support services.



We have worked closely with Healthwatch Derbyshire and referred cases to each other

when the person needs additional support but lives outside our respective areas and have close working arrangements with Healthwatch Stoke-on-Trent and regularly refer queries and requests for information to each other.

We have begun the process of building relationships with Healthwatch Cheshire East around the cross border usage of Macclesfield Hospital by many Staffordshire residents in the north of the county.

In December Healthwatch staff and volunteers visited Queen's Hospital, Burton to promote Healthwatch and provide opportunities for patients and visitors from both Staffordshire and Derbyshire to comment on health and social care services.

We have conducted a series of activities with Healthwatch Stoke-on-Trent around the transition of services at University Hospitals of North Midlands NHS Trust.

This collaboration was important because Staffordshire and Stoke-on-Trent residents are using the same services and working together provided us with a broader picture of patient experience from activities and research.

As the University Hospitals of North Midlands NHS Trust have multiple sites and have service users not just from Staffordshire and Stoke-on-Trent, but also from many of the surrounding counties, we arranged all aspects of our engagement, research and the production of reports around the idea of collaboration, fostering good relationships and sharing information.

We have also engaged with Healthwatch Wolverhampton in relation to services at Cannock Hospital (now part of the Royal Wolverhampton NHS Trust) and are developing collaborative working arrangements.



Engaging with Disadvantaged and Vulnerable People

In 2014 we were asked by South Staffordshire & Shropshire NHS Foundation Trust (a local mental health trust), to conduct research aimed at developing practical recommendations to improve user experience.

Our work with South Staffordshire & Shropshire NHS Foundation Trust saw us reach 123 participants

The research was built around understanding the experiences of individuals from the 9 protected characteristics. This work mostly took the form of focus groups, in total we reached 123 participants through the work, many of the focus groups targeted specific service user communities such as South Asian women suffering from mental health issues in East Staffordshire.

We also worked very closely with Healthwatch Shropshire and Healthwatch Telford & Wrekin to deliver focus groups with rurally isolated individuals, something which we also touched upon with our University Hospitals of North Midlands NHS Trust service transition focus groups.

Mental health has been a long standing priority for us and we have worked closely with Staffordshire County Council and CCGs on public engagement events to launch the Mental Health and Wellbeing Strategy.

As part of Healthwatch England's 2014 Special Inquiry into patient experience of discharge, we conducted research which focused on three key vulnerable groups; the elderly, those

with mental health problems and people who are homeless or rough sleepers.

The general feedback from service users was that those who are in need of additional support are often discharged before they are ready. Some patients were discharged unsafely when they were sent home after only the immediate physical problems that they were admitted for were assessed.

There was not a broader holistic assessment of their underlying physical or mental health needs, such as dementia, mental health issues, homelessness or additional medical concerns.

We encouraged Healthwatch England to emphasise that systems must be actively and consistently implemented to ensure that a holistic assessment takes place, to determine whether a patient is safe to be discharged and whether the appropriate follow on care and support that they need is in place.

Healthwatch Staffordshire also supported the engagement of service users in the Equality Delivery System Phase 2 review and assessment process with the then Mid Staffordshire NHS Foundation Trust.

Ian Wright is our Community Organiser, working under a Cabinet Office scheme, he enhances our engagement with a focus on specific local community areas of need to conduct listening events; gain feedback from residents about their local area and services; develop capacity through the recruitment, training and development of community champions to support projects and activities locally as well as the establishment of local drop-in sessions where residents can talk about their experiences and provide feedback on public services.

The current focus for these activities is Glascote Heath, Tamworth and Eton Park,



Burton. Through this work, we have been able to support projects such as a local gardening project, as well as gaining a greater insight into the health and social care experiences of these communities, and spread the word about Healthwatch.

Engaging With Seldom Heard

At nearly 3000km² Staffordshire is a very large county, made up of gentle hilly regions, large reservoirs and wild moorlands in the north with an area of natural beauty in the south. It's people are equally as diverse, this is why it is so important for us to be able to make sure that we provide a voice for all of our communities.

We have a fantastic group of Champions, volunteers and regular contributors who we know we can call upon to help us represent the people of Staffordshire. There are however those who are not easily reached and who may not feel that their voice is being heard.

Because the term seldom heard can mean such a wide range of unique issues we have focused on: carers, young people, gypsy and traveller communities, those who are homeless or rough sleepers; and those with complex needs as well as the many individuals in Staffordshire who are in employment who may not be able to easily give time to go to engagement events or take part in consultations.

In order to engage and support these many groups we decided to develop a dedicated resource, in partnership with Brighter Futures, a local charity with far reaching experience of those who need additional support. We formed the role of Community Engagement

Lead for Hard to Reach and Seldom Heard with a county-wide remit.

From feedback received and concerns raised, we have seen the following themes emerge:

Restrictive Self Care
Family Homelessness
Barriers to Healthcare
Lack of Primary Care Access
Service Closure Impact
Self Help Techniques
Mental Health Taboos
Maternity Access
Learning Disabilities
Mental Health Stigma
Crisis Prevention
Workplace Discrimination
Smoking and Substance Misuse
Availability of Care
Youth Homelessness
Rough Sleeping
Barriers to Education

In 2014 we undertook research work around the Supporting People Initiative. Through this work we engaged with a wide range of individuals including older people, young people at risk, victims of domestic violence, those with learning disabilities, those with mental health problems, substance misuse problems, the homeless, offenders and frail elderly.

This work led to us making a series of recommendations around the prevention of crisis and issues following our assessment of the impact of funding cuts.

Last year Healthwatch Staffordshire made Support for Carers one of our main priorities, this lent itself to work we conducted with Staffordshire County Council on a major review of support services for carers.

We were already aware that many of our traditional engagement methods would face



extra obstacles when it came to creating meaningful relationships with carers. For example after holding meetings with small representative groups of carers and carer organisations we found that although many carers would have been consulted via surveys previously, this may not be the best method by which to engage with them as the nature of caring makes it quite difficult to collect their views in a consistent way.

We developed many different methods such as case studies, telephone interviews, focus groups and drop-ins. Thanks to this multi-methodological framework we were able to engage with over 224 carers and 19 professional organisations, supplemented by information gathered from Staffordshire County Council on young carers.

“With the ongoing support of Healthwatch Staffordshire as a ‘critical friend’ we hope to maintain this approach to continually involve Carers in the co-production and performance monitoring of the Carers Hub in the future.”

Shelley Brough (Commissioning Manager Carers & Wellbeing Staffordshire County Council)

Staffordshire hosts one of the largest and most diverse prison populations in England, with a total prison population of just under 7,000 individuals. Healthwatch Staffordshire has responded proactively to a number of letters from prisoners and supported them to find an appropriate way forward with their healthcare requirements. Since the launch of our own in-house NHS Complaints Advocacy Service in February we have provided a fresh approach to support for this community. We have been working with Social Care leads and NHS England to look at ways in which we can influence health and social care provision

and meet the needs of the prison population. We recognise that a strong focus on health and wellbeing is an essential prerequisite to rehabilitation.

Staffordshire has a prison population of just under 7,000 individuals across 7 prison sites

Latterly we have in partnership with NHS England agreed to lead bi-annual focus groups in each prison to inform their quality visit process and their commissioning. These are proving to have a real impact, are effecting change and are well received by the prison community.

Enter & View

There are times when it is appropriate for Healthwatch Staffordshire to see and hear for ourselves how services are delivered. These visits are called Enter & View and use our statutory powers. A team of specially trained volunteers visit a service, make observations, collect people's opinions and produce a report. Visits can be announced or unannounced.

Healthwatch Staffordshire boasts a very strong and proactive Enter & View programme. Visits can take a number of forms. We work closely with our local acute provider and undertake a series of planned visits to review services.

We are also working with the local scrutiny teams and with neighbouring Healthwatch organisations to provide assurances on the safe transition of services following the dissolution of Mid Staffordshire NHS Foundation Trust.

Additionally we also use the Enter & View programme to proactively respond to public concerns and complaints as well as to look for



and to promote good practice. The majority of nursing home visits are undertaken to understand complaints raised either through Experience Exchange or through the Freephone but are now increasingly being informed through the NHS Complaints Advocacy Service.

With 31 Authorised Representative volunteers this is a busy programme and we are immensely grateful for their continued and loyal support. All volunteers undertake a wide range of training including mental health awareness, privacy and dignity, dementia and safeguarding training as well as bespoke Enter & View training and skills sessions.

We have run our programmes on three separate occasions over the past year and include practical assessments and peer review. This year we have introduced sensory awareness training with additional courses run in conjunction with Guide Dogs and DEAFvibe.

Our programme this last year has included 41 planned visits across all sectors and has also supported wider pieces of work around Accident and Emergency and GP Access.

The visits are driven predominantly by the public voice whether this is through our online feedback platform. Experience Exchange, our Freephone or social media feeds or through our extensive network of Champions and Champion organisations and engagement activities.

The second major category of visits are to provide assurance whether this be to Health and Wellbeing Boards, local scrutiny teams or to local governing bodies. These visits are often part of a planned programme of work. Other visits have been following formal complaints and to observe and celebrate good practice.

This latter point is, in the opinion of Healthwatch Staffordshire, very important as all too often it is easy to focus on the negative and not to encourage good practice. We are now working with the Care Home Managers Network Quality Forum to encourage learning and good practice.

All of our visits are required to have a clear purpose and evidence base before they are developed.

We have conducted 41 Enter & View visits:

- 10** to Acute Hospital Wards or Departments
- 31** to Care or Nursing Homes

The reasoning behind conducting the visits was as follows:

- 11** from public concerns
- 2** to observe good practice
- 14** for assurance purposes
- 6** based on general feedback
- 8** follow up visits

Our escalations include:

- 3** directly to CQC
- 5** to the Quality Team at Staffordshire County Council
- 1** raised as a safeguarding issue
- 3** one to one meetings with homes
- 1** issue referred to Public Health
- 8** meetings with the Care Quality Commission



All Enter & View reports are shared with CQC, the relevant provider and with Council Quality teams but in some cases we have had discussions with the Council's Quality team to seek resolutions and in one case we asked Public Health to get involved so that we could progress a vaccination programme.

We found a safeguarding issue which led to a successful outcome and engagement of the appropriate services.

In all cases there was an opportunity for providers to comment on and respond to our reports and of course we follow up our recommendations either through one to one meetings or through follow up visits.

The programme is supported by our Healthwatch Advisory Group, a volunteer led and chaired committee that holds the programme to account and asks those important "so what" questions.

We are not complacent and a key aspect of our own quality improvement is to constantly review both the training and the programme and to look for new ways of applying our statutory powers, including future programmes looking at discharge, prison healthcare and communication.

One home presented concerns from the outset with an obviously neglected exterior. The home had a strong smell of urine and an acrid smell of deodoriser. Despite this the residents had no complaints about their care or about the staff. The cleanliness and fabric of the building and the level of investment in maintenance was a significant concern and this was escalated to CQC who have now completed a follow up visit. The home has agreed to act on our recommendations.

A home which is part of a larger group was visited and Authorised Representatives were

concerned at the likely follow through of our recommendations. This issue has been escalated to, and discussed with, the relevant commissioner and Council Quality Review team and compliance has been assured.

Our Enter & View Authorised Representatives for 2014/15 included:

Alison Cullen
Angela Du Preez
Ann Langdale
Ann Price Bland
Berni Wilkins
Brenda Constable
Caroline Goodfellow
Chris Ralston
Cyril Burton
Derek Hoey
Frances Carr
Garfield Hardisty
Garry Hill
Glenys Robinson
Harold Finch
Harry Ferguson
Ian Hawksworth
Iris Nock
Isabel Ford
Jack Barber
Julie Whitehouse
Katheryne Sallah
Lesley Harrison
Maggie Matthews
Michael Allen
Pam Smith
Rhavi Bhakhri
Sandy Turner
Steven Riddle
Val Chapman
Val Emery





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

As part of our Engagement Strategy we rely on a wide range of methods of Information and Signposting to help the public navigate the health and social care system.

- Providing a first point of contact for individuals, voluntary and community groups
- Providing information about Healthwatch, it's activities and opportunities for involvement
- Distributing a range of information leaflets, brochures and directories to raise the public profile and awareness of Healthwatch and promote it's services.
- Meeting with groups of people in local areas or with an area of interest/need
- Meeting with stakeholders to update on Healthwatch activities, seek involvement and/or escalate issues of concern
- Holding promotional stands at community events, in public places and at stakeholder engagement events
- Presenting to stakeholder groups and communities of interest
- Attending meetings to represent Healthwatch and provide public views and feedback on services
- Supporting local district drop-in facilities

- Attending local events with a focus on recruitment of volunteers
- Raising awareness of Healthwatch through our Enter & View activities with independent and statutory providers of services and service users
- Providing updates, feedback and outcomes of surveys, consultations, enter and view, escalated issues, special inquiries and complaints.



At Healthwatch Staffordshire we are always looking for new ways to get our information out to members of the public who may need our services.

As mentioned in the section on engagement we have a wide range of written materials as outlined above.

As a standard policy we are committed to providing additional accessible resources for members of the public. We are happy to produce alternative language, simple and easy read formats and other considerations on request.

We have also worked to develop a wider range of digital services for our public.



Experience Exchange is part of our ongoing commitment to make sure that the public can have their voice heard. It lets you search for and provide feedback on hundreds of health and social care providers in Staffordshire. It works as a digital directory for health and social care in Staffordshire as well as offering an unbiased and independent platform for people to leave feedback on the service they have received.

In the last year we have received nearly 300 Experience Exchange reviews.

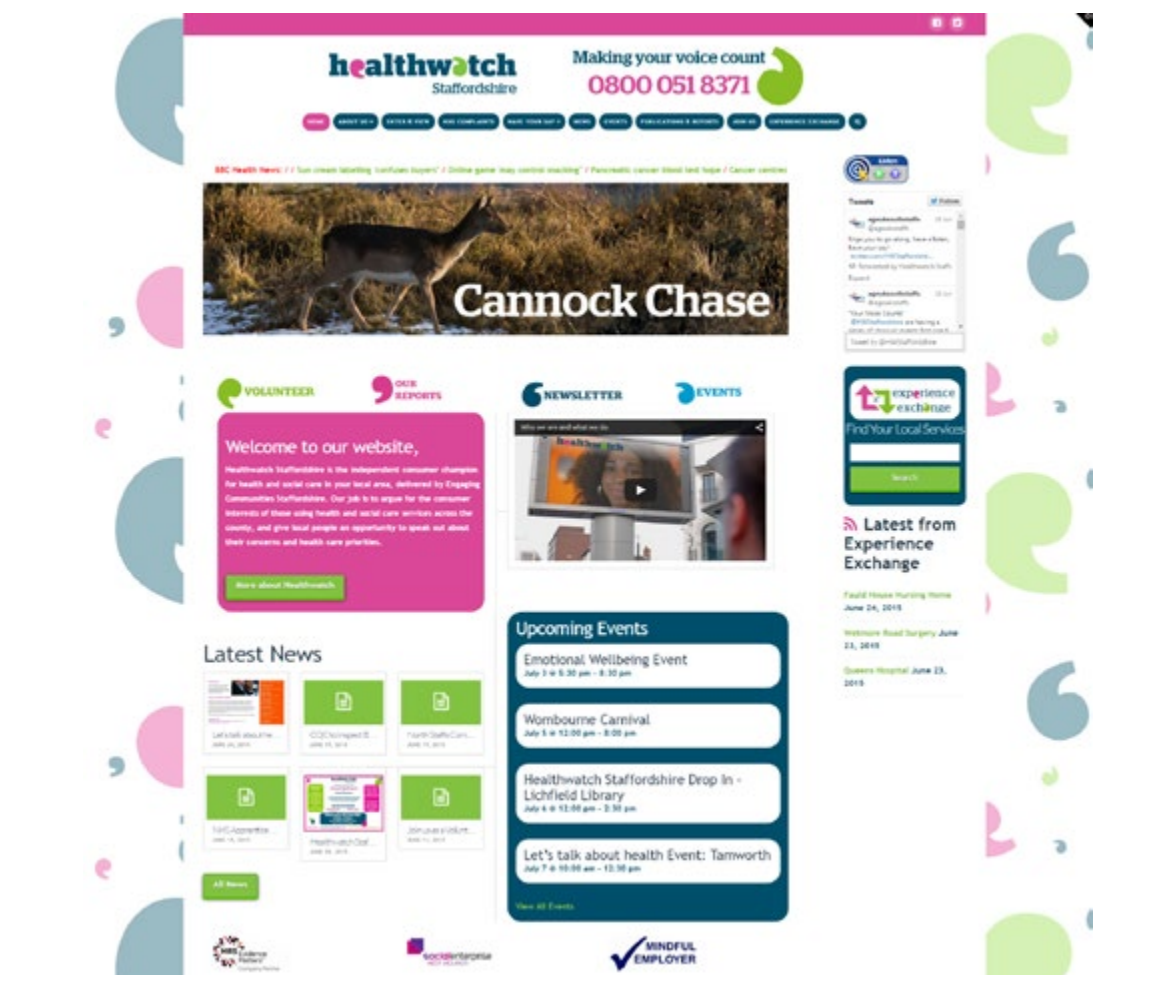
Healthwatch Staffordshire received a serious complaint via Experience Exchange from a relative of a patient who had recently passed away.

We contacted the reviewer quickly and set about progressing a resolution. We contacted the Trust concerned and began mediating between the two parties.

Soon we were able to achieve the desired outcome and set up a meeting directly between the relative and the Trust to discuss the complaint, this led to a de-escalation of the complaint and we achieved the desired outcome and further improved our own relationships with service users and providers.

Our Website is a first point of contact for many who are trying to find out more about us, looking for specific content or trying to make contact with us.

As part of our efforts to be a leading Healthwatch in the exciting realms of digital, we are constantly looking at improving our website, this has culminated in the recent redevelopment of the site, which we hope





will make vital information and signposting more accessible and engaging. Features of the website include:

Dedicated and dynamic sections for news, reports and materials, simple to use feedback forms, online booking and event systems, online forums as well as simple methods to provide feedback on our work and news.

Social Media

At Healthwatch Staffordshire we have multiple Social Media channels, by far our most active is our Healthwatch Staffordshire Twitter, this platform has over 1,600 followers and is one of our most effective methods to disseminate information. During our public events surrounding the transition of services within University Hospitals of North Midlands NHS Trust we used social media to encourage members of the public to discuss the changes as well as tweet in messages and questions for the event.



Newsletter

At the time of last year's annual report our Newsletter was produced and sent out via the Mail Chimp website. A practice that offered a simple method by which to convey regular updates to our membership.

Since December 2014 we have moved towards a more engaging and creative approach of a single monthly newsletter produced as a full digital magazine, we have regular sections on everything from staff changes and updates, Enter & View, health news as well as updates from relevant partner organisations.

The newsletter now goes out to nearly 2000 individual email addresses and is distributed and promoted by our partners.



Our Engagement

As an organisation we are very active when it comes to attending, organising and promoting events, consultations and other public focused activities.

We have received feedback from Members and Champions that it was sometimes difficult to keep track of all our activity, especially as we got towards the summer months. We took this feedback and developed two new features, one is that as of January all of our Newsletters have the middle page spread dedicated to a two month events calendar and secondly included as part of our website redesign an events section which works alongside our CRM to make event booking simpler.

Even though we are constantly striving to develop new ways to provide information and signposting, our Freephone number is still one of our most active communication methods with the public. We have a wide range of expertise in the office as well as a great deal of information at hand so we are usually well equipped to provide information or signpost on to one of the many organisations in both Staffordshire and nationally who provide dedicated services, support and information.

Our Healthwatch Freephone number received a call from an individual who was concerned



that their family member was having trouble getting to the Stoke-on-Trent based Royal Stoke Hospital from their home in Stafford.

The family member concerned was an elderly individual who had recurring treatments at the County Hospital site, after receiving the call we were able to progress the issue to University Hospitals of North Midlands who we have worked with to highlight issues concerning transport between the sites.

We also use our public events to provide Information and Signposting services, our approach to community engagement, participation and involvement is focused at local level through our Community Engagement Leads (CELs).

CELs use a collaborative approach to engage with individuals, voluntary groups, organisations and other stakeholders via a range of methods including public events, to develop thriving local networks that will enable people to receive information as well as provide their feedback to us.



We are supported by Healthwatch Staffordshire Champion Organisations who

disseminate our information and leaflets to their networks and members.

To show our thanks to our committed Champion Organisations we have developed the special Healthwatch Staffordshire Champion Organisation Logo.



This logo is available for Champion Organisations to use on their websites, material and other content to show that they support Healthwatch Staffordshire and our work.

In order to make the process of sharing our information as simple as possible we have developed our custom branded leaflet holders which can be provided along with a pack of leaflets as part of our distribution network.

Many of the above materials and efforts are influenced and shaped by our volunteer reading panel, a group of individuals and organisational representatives, who help us continue to improve all aspects of our communications. The group consists of both lay members and professionals and is growing in line with our work.





Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Late last year Healthwatch Staffordshire began a piece of work titled Consultation on the Future of Day Case Theatre at Sir Robert Peel Community Hospital in Tamworth.

The consultation took place over 6 weeks and included paper and online surveys, email and telephone exchanges, focus groups and public events. In total we managed to consult nearly 400 people.

The initial public reaction to the consultation paper was largely sceptical with figures and information provided being questioned by the public.

People were unconvinced about the reported decline in numbers which contributed to the decision to consult on the closure of the service, the public also raised questions on the proposed delivery of certain specialist services, the planned strategies for GP and community services, which they indicated there had been no evidence of.

The service users voiced their concerns and felt that there was not enough information provided and representation from the Trust, CCG and the Borough Council throughout the process.

From the concerns a number of key themes were raised:

Referrals

GP, Consultant and from outside Tamworth

Transport

Poor Public Transport Links, Community Transport Capacity

Level of Service Delivered

Exceptional, Friendly, Clean, Successful, Staff Skill

Impact on Other Services

Impact on reducing demand further, Closure of Services

Service Coordination

Bad experiences, Poor Communication, Impersonal

GP+ and GP Capacity

Scepticism, Worry and Anxiety, Not Suitable

Tamworth Hospital History

Promised General Hospital, SRP passed between trusts

Wider Context in Tamworth

Growing Population, Elderly and Young population

Reconfiguration of Trust

Impact on choice, Is Good Hope still a choice?

After we presented our findings our Chief Executive, Jan Sensier was contacted by local and regional press about the work.

She said: "We were asked to seek the views of residents and our consultation highlighted the strength of feeling in Tamworth."

"It also brought to light new information, which we are pleased is being carefully considered."

We passed these messages on and the Trust then recommended that plans to close the service should be delayed.

"It shows that the public does have a voice and that NHS leaders will listen."



“It also illustrates the value of our work as a health watchdog.”

The promise to postpone the closure and conduct a full action plan was met with enthusiasm and interest. Deferring the decision will give the Trust more time to see if it can keep the day case theatre open by increasing activity.

Over the following six months, the Trust committed itself to implementing a full action plan designed to boost activity at the facility, including marketing services to GP practices and ensuring local patients are being offered the choice of using the service.

Mark Powell, Director of Operations at Burton Hospitals NHS Foundation Trust said:

“We launched the consultation on closure because activity at the theatre has declined rapidly over the last five years due to changes in medical practice and a reduction in non-complex day case procedures.”

“But we’ve listened carefully to local people and feedback from the consultation shows many patients feel they aren’t being given the choice of using the hospital’s day case theatre. If we can turn this around and increase activity by around 50 per cent, then keeping the day case theatre open might be a viable option.”

November 2014 saw the conclusion of our large scale public events for the Transition of Services within University Hospitals of North Midlands NHS Trust.

UHNM commissioned Engaging Communities (ECS) with support from Healthwatch Staffordshire and Healthwatch Stoke-on-Trent to run a series of three discovery roadshows designed to help the public to better understand the changes happening to local services, and to voice any concerns, issues and suggestions they may have.

In the run up to the events we made an effort to ensure as many people knew about them as possible. We were represented on both radio and television as well as coverage in newspapers including the Express and Star, The Sentinel, Leek Post & Times, Biddulph Chronicle and Staffordshire Newsletter. We also provided a live tweeting session alongside the Stafford and Stoke-on-Trent events which saw us reach tens of thousands of people.

At each event, a presentation was given by Mark Hackett, Chief Executive, UHNM followed by a Q&A session supported by an expert panel with an independent Chair.

At the Stafford event there was a heavy focus on transport between the two sites, as well as whether there are enough ambulances to cope with the transfer of patients. Community care was also a key talking point along with specific services for Parkinson’s, paediatrics and eye surgery.

In Stoke-on-Trent many of the themes were the same, transport and the ambulance services featured heavily in the questions asked, however concerns took on a very local feel as residents of the area around the huge Royal Stoke site asked questions about parking and capacity.

Questions then turned toward what could be done to improve the experience of visiting the hospital and whether or not charities and volunteers were being properly utilised to support patients.



Issues raised at the Leek event included patient communications, the complexity of the systems currently in place and a major theme of what can be done to ensure local care is a priority, especially in rural communities.

The suggestion to develop localised clinics was made including maternity, eye, skin and renal services.

The public welcomed the opening of GP surgeries on Saturdays in response to winter pressures, however they did make the point that the change needed to be publicised more widely and they hoped the Saturday service would become a year round service.

All three events were a success, and on the whole the most asked questions were focused around patient transfers, transport and parking, location of services and systems integration.



Our Research & Insight team provided UHNM with a report which included analysis, findings, theming and commitments as well as recommendations from not only the public events but also the UHNM Reference Advisory

Group, Support Stafford Hospital liaison meetings, focus groups and surveys.

More recently representatives from UHNM met with us to discuss how the recommendations in the report were being acted upon and how Healthwatch could support the delivery of these.

Consequently the next phase of the engagement and research activities will focus on the services that are being relocated and ensuring that the patient voice is heard in order to mitigate any impact service users may experience.

A prime example of the efforts to involve patient views in the delivery of local care services is the work around paediatric services, where our report indicated there was substantial opposition to any changes amongst the population of Stafford. UHNM have committed to involving the public via patient forums, open days and reading panels.

Through our efforts service users and representatives from UHNM discussed altering appointment times and the opening hours of the rapid access clinic and agreed that these would be reviewed so not to clash with school timetables.

Putting local people at the heart of improving services

We are represented on the North Staffs Clinical Priorities Advisory Group, North Staffordshire CCG Quality Committee, Patient and Public Involvement Steering Group and the Patient Congress. In this way we keep abreast of commissioning proposals and opportunities for our members to be involved.

We have developed excellent working relationships with colleagues in the CCG and the Commissioning Support Unit, enabling us to effectively fulfil our role as a critical friend in a way that the CCG respects our views and



input and takes seriously our involvement in commissioning proposals.

In this way, the CCG proposal to no longer provide hearing aids for age-related mild to moderate hearing loss hit our radar long before it became national news.

In order to understand the issues for patients, we worked closely with two Healthwatch Champion organisations, one a national charity with a local branch and the second a local charity run entirely by volunteers. As well as widely publicising the proposals we undertook our own survey collecting 52 responses over 10 days.

Our formal response to the hearing aid proposals urged the CCG to take advice from our Healthwatch Champion organisations as experts in their field and to carry out further research and engagement.

52 hearing aid survey responses collected over 10 days

We were pleased that the CCG acted on this advice and during the months which followed our Community Engagement Lead was able to check progress and thinking, through the relationships we have developed and attendance at meetings. Throughout the process we kept in touch with our Champion organisations.

Whilst the final outcome was not what our Champion organisations would have wished, the commissioning decision was amended to include provision for some moderate hearing loss subject to assessment, which will help some people.

More recently, working with the CCG, we have taken action to inject a patient voice into their plans to develop new models of care. Using

our networks, we convened a round table discussion with patients and community groups, and gained the CCG's agreement to attend and explain their plans. We have written to the CCG with the feedback from the round table discussions we convened.

The CCG expressed their gratitude for the way in which we were able to feed in at an early stage such rich patient and public feedback.

The CCG are listening to us and are using our feedback to inform their next stages of development.

It is important that commissioners look at ways to integrate services and reduce hospital demand, but we have been able to ensure the patient voice is central in taking these challenges forward.

These pieces of work have also been critical in raising the profile of Healthwatch with commissioners locally. The following feedback to our Community Engagement Lead from the CCG sums up the way in which our relationships have developed:

“A sincere thank you for the wise and honest support and challenge you have provided for our CCG. This has helped us develop our patient and public engagement with a genuine sense of partnership”

The winter of 2014/15 has been difficult for the NHS, and in particular for A&E departments which have seen unprecedented demand.

“Major Incidents” were called, including at the Royal Stoke University Hospital as it fell significantly short of achieving its 4



hour targets, resulting in widespread public concern.

In January we began the process of gathering patient experience of the Royal Stoke University Hospital Accident and Emergency Department. The work took the form of 460 surveys collected from inside the A&E, we asked members of the public what their experience of A&E was, their consideration of other medical services, their previous experience of A&E and also key demographic characteristics.



The outcome of this work was that we were able to make recommendations aimed at relieving future issues around winter pressures. Our recommendations included the implementation of a “fast track referral system” including the ability for GPs to book patients in, for patients to bypass triage thereby reducing double handling.

We also recommended that Royal Stoke University Hospital need to ensure that they indicate waiting times clearly.

During our A&E Survey we spoke to 460 patients, 60% of patients questioned had been referred to A&E

The surveys took place between the hours of 8am and midnight for two weeks and would have been an impossible piece of work for us without our volunteers.

We have often relied on our volunteers in the past but this concerted effort represents a massive commitment and level of dedication from our volunteers. In total 22 individuals gave up their valuable time to help us conduct the surveys and ensure that we had a presence at the A&E.

How we support our representative on the Health and Wellbeing Board to be effective

Our representative on the Staffordshire Health and Wellbeing Board is our own Chief Executive Jan Sensier. Jan represents the patient's voice in her role amongst representatives from a wide range of Staffordshire organisations including the NHS, public health organisations and local health organisations.

Jan has been heavily involved in the economy review being undertaken by KPMG. As the KPMG work was commissioned by the Trust Development Authority, Monitor and NHS England, it is the considered view that this should be led by the Health and Wellbeing Board.



There have been significant resources and time committed to meetings by Healthwatch



Staffordshire. In these meetings Jan has been pushing about the lack of public engagement, and the need for this to be included in the final report.

Jan has also escalated concerns about the whole process and how this is being taken forward across the country with Healthwatch England, which then prompted a discussion across all the Midlands Healthwatches with Healthwatch England in July.

As a result, Healthwatch England are looking to commission a report based on the various experiences of local Healthwatches to present to the Department of Health.

Jan has raised concerns about the investment currently being made in hospitals at a time when community services need investment. As a result, the Health and Wellbeing Board agreed to help influence UHNM money to be spent on community services, although to date we are only aware of £1m being invested in this way.

Through her membership, Jan has played an active part in the wider Board programmes now being set up and is also a member of the intelligence and localities sub-groups, as well the provider engagement task and finish group.

Jan has raised concerns about the lack of progress in implementing the KPMG recommendations, and to this end Healthwatch Staffordshire have written to the joint chairs of the Health and Wellbeing Board, and we are currently working with Healthwatch Stoke-on-Trent to raise concerns with NHS England about this.

Jan is also supported by the Healthwatch Advisory Group who receive presentations and Health and Wellbeing Board papers for comment and feedback as part of their regular meetings.

Working with others to improve local services

Healthwatch Staffordshire enjoys a strong relationship with CQC and provides information to inform the CQC visit programme in primary, secondary and tertiary healthcare as well as social care.



Information is drawn from a very active Enter and View programme, Experience Exchange, NHS Complaints Advocacy, focus groups, the wide network of Champions and Champion organisations, our Freephone, Digimind and our social media feeds, as well as our comprehensive programme of engagement events and activities.

In addition to meeting monthly to promote information sharing we meet with the local inspection leads on a quarterly basis to discuss themes and concerns.

This is a real opportunity to influence work programmes and to avoid any unnecessary overlap or duplication.

Our close co-operation has enabled us to influence CQC's risk assessments of individual providers and in some cases fast track visits as well as to work with inspectors where we have unsubstantiated concerns or doubts about a particular provider.

Additionally, Healthwatch Staffordshire attends and supports listening events and has provided comprehensive portfolios for each of the major providers.



To date we have had a total of 327 cases raised on our Healthwatch Staffordshire CRM

We have no record of any providers or commissioners not responding to us upon an information request and we have escalated matters directly to the CQC on 4 occasions within the last year.

All of our Enter & View reports are sent to Healthwatch England, Local Councils, CQC, the service provider and are also made available to members of the public via our websites dedicated reports section.



www.healthwatchstaffordshire.co.uk

Our CRM software gives us the ability to easily escalate cases and issues to Healthwatch England should the need arise.

Through our various communication methods we have raised issues to Healthwatch England concerning initiatives such as Experts by Experience as well as the KPMG report and the Citizens Assembly.

We received notification of the imminent closure of an NHS Dental Practice based on the residential campus at Keele University and were concerned at the apparent short notice of closure; lack of information about alternative provision of services within the locality; were there plans for the re-commissioning of an

alternative provider for the service on campus; and what engagement with patients had been undertaken.

We wrote to NHS England requesting this information and received a very prompt response giving details of:

1. Their engagement with the Dental Practice to ensure all patients were aware of the forthcoming closure and displaying posters with details of other local providers and the North Staffordshire Dental Helpline.
2. The work undertaken with two other dental practices to ensure they could accommodate all patients who attended the Keele Dental Practice so no patients would be left without a local NHS dentist as a result of the closure.
3. NHS England's intentions not to re-commission a dental practice at this site as it was their belief that there was adequate provision in the neighbouring dental practices to treat these patients.

We also contacted the Students Union at Keele University asking that if any students encountered difficulties in accessing an NHS dentist to contact Healthwatch Staffordshire on the Freephone contact number.

Our research reports are available via our website at:

www.healthwatchstaffordshire.co.uk





Case Study One

NHS Complaints Advocacy

Healthwatch Staffordshire Advocacy Service received a referral through a mental health charity who asked us to support a client to make a complaint about the difficulties he was experiencing in accessing suitable mental health treatment, and also treatment for his ongoing physical health conditions.

When we met the client, he explained he suffered with mental health problems in addition to serious neurological conditions, which affected his balance and hearing. We were able to support him to make a complaint about his healthcare treatment as the client was not receiving adequate care and support which meant he was having regular falls.

Whilst supporting the client, it was identified that the case raised concerns about appropriate housing as the client needed a change of accommodation as his current address was not suitable to accommodate his health conditions.

We were able to make a referral directly to the Borough Council and outline the difficulties the client was facing, and ask them to review the case and provide more suitable accommodation. Consequently, the Borough Council listened to the concerns raised by Healthwatch and provided the client with supported living accommodation which met all of his needs and was a more suitable environment for him to live in.

The role of an NHS complaint advocate is to provide people with support so they can become confident to find their voice, speak up and get heard.

Since February, we have helped over 53 clients with their NHS complaints. The feedback received highlights how important people find the support they get from using this service:

What the clients had to say:

“I found the support that I received from my advocate to be excellent. My advocate explained what was happening at every stage of my complaint and helped me to achieve the outcome I was seeking. My advocate was supportive and compassionate throughout my case and I really appreciated the support and kindness shown to me at such a difficult time, thank you so much. “

“I believe I would not have been able to go and make my complaint had it not been for the support given to me by my advocate. They made what appeared to be a very confusing process to be very clear and the help was invaluable. “

“Thank you for helping me to raise the concerns about my care at hospital. I believe the changes that have been outlined will ensure other patients do not encounter the same problems that I had to which is a very positive thing.”



Case Study Two

Orthotics Campaign

In 2014 we received a user experience as part of our work with children and parents. We began the process of making links with a local campaigner advocating the need to improve orthotic services.

Whilst this campaigner had worked very closely with the CCG and had been able to influence changes to their commissioning strategies, she was concerned that through her campaign she had learned that her concerns were echoed nationally by other parents.

We worked with her to gather a range of information, evidence and patient stories to back this up and to escalate the concerns to Healthwatch England, urging them to take action at the national level.

Healthwatch England in turn escalated our concerns to NHS England, and were able to attract the interest of the Head of Patient Experience.

As a result, we put the local campaigner in touch with NHS England, who in February convened a national workshop to take evidence from the local campaigner, other parents who had joined her National Campaign for Orthotics, orthotists, CCGs and other related professionals.

This is resulting in an action plan to be developed to share the good practice that has taken place in North Staffs CCG to improve the access, timeliness and quality of orthotics provided to children, which in turn can help prevent more expensive medical intervention later in life.

We also used social media to help promote the campaign tweeting a picture of the “elephant boots” supplied to her son which was widely retweeted.

We have absolutely raised the issue nationally and given it a high profile within NHS England – the commissioners who attended the workshop are now much more aware of concerns and the lack of service, and the action plan will be designed to improve services to patients, and ultimately to prevent young people having to undergo more intrusive and painful medical interventions.

The campaigner from The Orthotics Campaign, through whom we first learnt of this issue, will this year be speaking at our Annual Conference along with Neil Churchill, the Head of Patient Experience from NHS England to whom the issues were escalated and who is co-ordinating the national action plan.





Our plans for 2015/16

In what will be our third year of providing the Healthwatch service in Staffordshire we anticipate an exciting and challenging period.

Our key focus and priorities for the coming twelve months are around consolidating the many successes from last year, as well as moving towards new horizons and opportunities.

The continued monitoring of the impact of service changes particularly in Stafford and Stoke-on-Trent will play a large role in our continued work, as we ensure that our now established relationships with the public, user groups and service providers continue to flourish. We will renew our efforts to put the voice of local service users at the forefront of health and social care in Staffordshire.

Taking forward work on domiciliary care, one of our priorities will begin in the near future and although it is certain to be a challenging subject to develop our work around we are keen to make sure this issue is given the focus it deserves.

We have already begun the processes of setting up a Youth Healthwatch and getting more young people involved by utilising new methods of communication and engagement.

To support this function we have recently developed the role of Engagement Coordinator who will support our community engagement and take on the task of developing a dynamic Youth Healthwatch Service in Staffordshire.

Reaching more sections of the community is another objective we have already begun to address by taking our public Board meetings out to different parts of the county and making them more of an engagement event with a listening session at each of these so we can hear first hand any public concerns or issues.

The newly designed format of a public Board meeting includes features such as guest speakers and listening sessions with members of the public prior to the meetings commencement. We also encourage local groups and organisations to get involved.

Last year's winter pressures had a huge impact on Staffordshire and many of its surrounding areas, based on the wealth of feedback we received from the public about their concerns, combined with the work we have already done on the topic, we hope to be in a better position to help the system to prepare for winter pressures 2015/16.





Whilst we have made solid progress in our efforts to focus on mental health in the last year, we hope to go even further. Promoting the new strategy and also identifying recommendations for improving access to services.

For example our role in supporting the development of a local patient and carer council at South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

We will also continue to raise the issues of the need for strong public and staff engagement in tackling the tricky health and social care issues facing the county at the local Health and Wellbeing Board.

We are continuing to strengthen our cohort of volunteers with targeted recruitment campaigns and the development of our new volunteer complaints advocate role to support

our advocacy service which provides client led support and assistance.

The NHS Complaints Advocacy Service offers a wide range of services from self-help, signposting and information, through to full advocacy casework.

The addition of a volunteer complaints advocate role has seen us looking for committed people to train as volunteer advocates to empower people to have their voice heard on Healthcare in Staffordshire.

Volunteer Advocates are expected to take an active role in contributing time to our active engagement schedule by attending events across Staffordshire to promote the advocacy service.

The ongoing work to achieve our Investing in Volunteers Accreditation later this year will also show our commitment to best practice in supporting our volunteers.

Investing in Volunteers (IiV) is considered the quality standard for good practice in volunteer management and we aim to achieve it in order to benchmark the quality of our volunteer management and involvement, prove and improve the effectiveness of our work with volunteers and enhance Healthwatch Staffordshire's reputation further.

Working towards Investing in Volunteers accreditation:





Our governance and decision-making

The ECS Board

Healthwatch Staffordshire is delivered by ECS, a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximize our impact on engagement with the shared ethos to:

Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.

Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of cross county data.

Involve people in ways that are both efficient and effective.

ECS is governed by the ECS Board which holds ultimate accountability for the delivery of the Healthwatch service in Staffordshire and with a wider range of responsibilities including:

- Sets and refreshes the vision and strategy for ECS
- Overall responsibility for the company, its finances, staff, volunteers, business plan and future development
- Public accountability for delivery of ECS contracts, including Healthwatch and Complaints Advocacy
- Responsible for performance management of the company
- Champions for the voice of the public in the delivery of public services

- Spokespeople for the company, responsible for communications strategies and stakeholder engagement
- Ensures ECS is an exemplar of best practice, promoting the ECS model at a regional and national level.

The ECS Board is led by our Chair, Robin Morrison and supported by Non-Executive Directors, namely: Lloyd Cooke, Frances Beatty, Will Taylor, and Yvonne Buckland.

All Board members were recruited in 2012 through open public competition.



Healthwatch Advisory Group (HAG)

The Engaging Communities Staffordshire Board is supported by the Healthwatch Advisory Group (HAG).

The HAG was also recruited through an open process. The HAG works alongside the Board to provide a steer on public concerns and Healthwatch Staffordshire priorities and projects.



The Healthwatch Advisory Group plays a pivotal role in the governance and decision making of Healthwatch Staffordshire. The group was developed to provide a voice that represents the public of Staffordshire in order to ensure clear feedback to the Board.

It is the Healthwatch Advisory Group's responsibility to:

- Provide a steer on Healthwatch priorities, the Enter and View programme, and identify key public concerns.
- Advise the Healthwatch representative to the Health and Wellbeing Board, giving a steer on public concerns.
- Receive reports on community engagement and communications activity, and giving a steer on future plans.
- Be consulted on ECS commercial work to demonstrate there is no unmanageable conflict of interest.
- Contribute to the Healthwatch Annual Report, and input to the Healthwatch responses to consultations.

The group listens to volunteers and the public and provides advice on Healthwatch priorities, the Enter and View programme, community engagement activity and ensures there is no conflict of interest or reputational risk in proposed ECS subscription work.

The key to their effectiveness is being the eyes and ears of the public, and representing their views and concerns.

This may be expressed by reviewing and commenting on the Health and Wellbeing Board papers, or representing a particular

group, or concern. An example of the former is being instrumental in ECS signing up in support of the Armed Forces Community Covenant, and an example of the latter is requesting that ECS make representation to NHS England in support of a closed GP surgery in Burntwood.

The group exercises a governance function and makes sure that Healthwatch Staffordshire adheres to the core principles of confidentiality, respect, feedback, transparency and influence.

The group is chaired by Jack Barber, and is made up of the following members: John Bentley, Susan Adey, Brenda Constable, Steve Dunne, Isobel Ford, David Loades, Maggie Matthews, Bob Rankin and Caroline Goodfellow.

The group meets bi-monthly, and the agenda covers both written and verbal reports, in depth thematic items, and hearing from the geographically based engagement leads as well as any other points of interest raised by the Healthwatch Staffordshire team.

You can find details of upcoming public Board and HAG meetings on our website
www.healthwatchstaffordshire.co.uk

How we involve lay people and volunteers

At Healthwatch Staffordshire we acknowledge the importance of volunteers in every stage of our work and offer flexibility for involvement so that our Members and Champions can take up a variety of opportunities to both support and inform our work programme.



Formal roles include membership of the HAG and Authorised Representatives but to support our work and to ensure that Healthwatch Staffordshire is truly representative of its communities and puts those communities at the heart of informing and influencing health and social care service provision in Staffordshire, we have developed the role of Healthwatch Champion.

Healthwatch Champions can be either individual volunteers who are active in their local community or organisations who represent the public in health and social care. By using their knowledge, experience and contacts Healthwatch Champions are volunteers who act as the voice of the local community.



Our Champions support a much broader range of roles and activities to suit them and the time they have available. These include:

- Be the eyes and ears of local people and raise issues of concern
- Make recommendations on how to improve local services
- Tell people about Healthwatch and encourage them to become involved
- Promote Healthwatch events and projects to local people
- Liaise with other people/groups involved with engagement work

- Attend meetings, groups and events as a Healthwatch member, representing your own views based on personal experience
- Talk to patients about their experiences of using health and social care services
- Visiting health and social care providers, as part of our Enter & View portfolio and activity
- Actively support the development of effective local district Champion networks.

Lay people and volunteers also represent Healthwatch on a variety of official groups, bodies and committees including the South Staffordshire CCG and North Staffordshire CCG Clinical Priorities Advisory Groups. As well as North Staffordshire CCGs quarterly Individual Funding Request Meetings, monthly Quality Committees and bi-monthly Patient Congress Meetings. We are also represented at East Staffordshire CCG at their Patient Board. We have a presence at the Health Select Scrutiny Public Accountability Sessions.

Finally we are represented at Staffordshire County Council on their Personal Health Budget Steering Group and Staffordshire Carers Partnership and at Staffordshire and Stoke-on-Trent Partnership NHS Trust at their monthly Independent Review Panel for Complaints.

Through our monthly Newsletter we also promote opportunities for lay person/ volunteer involvement in our activities and wider representative roles including:

- Recruiting for our reading panel which has previously seen lay members and volunteers play a key role in topics such as the road signage around hospitals and the readability of our materials.



- Encouraging attendance at our public Board meetings so that individuals can share their views and get more involved with our activities.
- Open invitations to take part in our surveys, ranging from annual assessments of our engagement to the design of our literature and website.

When governance decisions are to be made we consider it vital that lay members and volunteers be involved in the process. While the Board has overall responsibility for any major decisions, including contracts, finances, staff, business plans and future development it uses feedback from the Healthwatch Advisory Group to inform its decision making processes.

We've already told you something about our HAG and the work they do to ensure that lay people and volunteers have a voice and are involved in our governance. In the last year we have gone further to develop Healthwatch Staffordshire into an organisation that puts lay people and volunteers at the heart of its processes and work.

Healthwatch Staffordshire has begun the process to achieve the Investing in Volunteers accreditation. Investing in Volunteers is the UK quality standard for good practice in volunteer management.

We want to ensure that Healthwatch Staffordshire is amongst those organisations that ensure best practice when it comes to our volunteers.

We began the process at the start of 2015, and are now at the point where an action plan will be drawn up to fulfil the standards required.

As well as staff, we also have three Champions who are involved in the process.

District Network Meetings provide opportunities for Champion organisations and individuals to check in with our Community Engagement Leads. These events serve as an opportunity not only for Healthwatch to update its Champions, but also for new information to be shared via presentations or open discussion.

Our 2014/2015 Annual Conference is designed to give us an opportunity to share all of our work and achievements as well as set out the future direction for Healthwatch. It also provides an opportunity for the public, Members and Champions to meet with us, share their views and have an input to our work.



The reading panel we developed in order to help shape and hone our promotional, information and signposting and marketing materials, got together as a small group of individuals with a broad range of experiences, knowledge and interests in order to give feedback on our work.

So far the reading panel has influenced everything from the images we use on flyers to the development of our new website as well as taking on a more focused role to help us develop our accessibility on the website and other work.

A wide range of feedback has been provided by this group, often on topics that require real



life experience such as disability, caring or illness.

Of course we also have the mainstay of regular updates via the Healthwatch Staffordshire Newsletter, frequent volunteer and Champion surveys and open meetings across the county.

Organising all of the different methods of inclusion and involvement is no easy task, that's why it is important that we have clear guidelines to ensure that everyone on the Healthwatch Staffordshire team, be they paid staff, Champions or Members are working together to ensure the best outcomes for the public of Staffordshire.



Training:

At Healthwatch Staffordshire we believe that providing high quality and frequent training is one way that we can show our volunteers how much we value their help.

These training sessions not only provide new skills and outlooks for our volunteers but also give them the opportunity to learn more about us as an organisation and to become more involved with our work.

Our training programme includes:

Induction Training

The induction training is the first step to becoming a Healthwatch Champion. It gives our new volunteers the information required to fulfil their role. It also gives the volunteers information on us as an organisation. It allows volunteers to explore what roles are

available to them as a Healthwatch Champion, as well as an opportunity to meet the ECS/ Healthwatch team.

Equality and Diversity

This training is given as part of the induction training. It explores what equality and diversity means and why it is integral to the work we do as an organisation. It gives the volunteers the ability to ask questions and voice their opinions in a safe environment and allows us as an organisation to ensure that we are inclusive. Staffordshire as a county is extremely diverse and we want to make sure that we reflect this.

Enter and View Training

Enter and View training is for those volunteers who wish to take on the role as an Authorised Representative. Authorised Representatives are volunteers who visit health and social care providers with a view to looking at issues that have come to our attention. The training culminates in an assessment and a peer review as well as a report writing element as the role requires a report to be completed after every visit.

Dementia Awareness

Our dementia training is facilitated by Approach Staffordshire to give volunteers a greater understanding about people living with dementia and also person centred care.



“The training courses are very good. The newsletter is good and Enter and View is exceptional.”

-Healthwatch Staffordshire Champion



Mental Health Capacity Act & Deprivation of Liberties Safeguards

This training is facilitated by Staffordshire County Council. It gives an explanation of the core principles of the Act and how the legislation is used in practice. It also looks at restraint, restriction and deprivation of liberties safeguards.

Adult protection Awareness Training

This training is also facilitated by Staffordshire County Council and gives information on how to recognise vulnerable adults. It also goes on to explain the 6 categories of abuse and how to recognise when abuse is occurring.

My Guide Training

This training consists of a basic introduction to sight loss awareness and sighted guide techniques which can be used in practical situations.

Deaf Awareness Training

This training consists of an introduction to hearing loss awareness and some practical examples of how to speak to someone with hearing loss or complete deafness. The programme is delivered by DEAFvibe.



Representation Training

This training is for volunteers who support us at events and represent us at meetings. It gives them the tools to carry out their role(s) effectively and to understand what we expect when we attend an event/ meeting. This training is facilitated by our Community Engagement Leads.

MRS Focus Group Training

We have recently added this to our portfolio of training for Champions. Many of our projects involve focus group work and attending the training allows Champions to get involved in other areas of our work and at the same time enhance their own skills.

Learning Disability Training

We have had training facilitated by an organisation called Rockspur, a service user led organisation who work with and support people with learning disabilities. This training gives information about working with people with learning disabilities and also guidance on improving communication and recognising signs of abuse.



Mental Health Capacity Act Training

Delivered by South Staffordshire Network for Mental Health, the session gives information on the five core principles of the act and the assessment process for establishing capacity. It provides information on when restraint and restriction may be lawful under the act and when this may deprive a person of their liberty. The training also goes on to explain roles, bodies and powers that support the MCA.





Financial information

| INCOME | | £ |
|---|--|----------|
| Funding received from local authority to deliver local Healthwatch statutory activities | | 512,480 |
| Additional income | | 0 |
| Total income | | 512,480 |

| EXPENDITURE | | £ |
|-----------------------|--|----------|
| Direct staffing costs | | 296,702 |
| Direct delivery costs | | 128,573 |
| Governance | | 32,477 |
| Office costs | | 59,811 |
| Total expenditure | | 517,563 |

| DIFFERENCE | | £ |
|---|--|----------|
| Total difference | | -5,083 |
| Net balance brought forward from 2013/14 | | 24,166 |
| Money carried forward to reserves for 2015/16 | | 19,083 |



Contact us

Get in touch

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Facebook: Healthwatch Staffordshire

Twitter: HWStaffordshire

We will be making this Annual Report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

Printed copies will be available at our Annual Conference to be held on the 8th July and may also be ordered via our freephone number.

Digital copies will be available on our website www.healthwatchstaffordshire.co.uk and will also be circulated through our partner organisations.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Glossary of Terms

9 Protected Characteristics: Protected Characteristics are personal characteristics protected by law including: Age, Disability, Gender Reassignment, Marriage and Civil Partnerships, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation.

AR: Authorised Representatives are Healthwatch Staffordshire Champions who have undergone specialised training to be able to undertake Enter & View visits at a range of locations.

Caldicott Guardian: A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

CAMHS: Child and Adolescent Mental Health Services are specialist NHS services. They offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

CCG: Clinical Commissioning Groups are responsible for implementing the commissioning roles as set out in the Health and Social Care Act, they commission Health and Social Care Services.

CEL: Community Engagement Leads help to represent the Healthwatch Staffordshire brand across the county. They undertake engagement activities in geographical areas and on specialist topics.

CIC: Community Interest Company is an organisation that uses its profits for public good.

CPAG: Clinical Priorities Advisory Group. CPAG makes recommendations to NHS England's Directly Commissioned Services Committee on the commissioning of direct services.

CQC: Care Quality Commission was established in 2009 to regulate and inspect health and social care services in England. It was formed from three predecessor organisations.

CRM: Customer Relationship Management software allows us to easily provide information to our contacts, Members and Champions.

CSU: Commissioning Support Units support Clinical Commissioning Groups by providing business intelligence, health and clinical procurement services, as well as back-office administrative functions, including contract management.

Domiciliary Care: Help and care provided in the patients own home to enable them to live more independently.

ECS: Engaging Communities Staffordshire is the not for profit Community Interest Company that delivers the Healthwatch Staffordshire Contract.

Equality Delivery System: The Equality Delivery System is designed to support the NHS in providing fair services to patients.



HAG: Healthwatch Advisory Group. The HAG supports the Engaging Communities Staffordshire Board and provides guidance on Healthwatch priorities as part of ECS governance.

Healthwatch England: Healthwatch England is the national independent champion for consumers of Health and Social Care.

Investing in Volunteers: Investing in Volunteers (IiV) is the UK quality standard for good practice in volunteer management.

KPMG: KPMG is a leading provider of professional services including audit, tax and advisory services.

Mindful Employer: Mindful Employer represents our commitment to good practice and support when it comes to employees who declare mental health issues.

Monitor: Monitor is the sector regulator for health services in England, Monitor's job is to make the health sector work better for patients.

MRS: Market Research Society is a research association that encourages best practice and ethics in research.

NHS England: NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS.

Orthotics: Orthotics is the medical speciality concerned with artificial devices that aid in the support of a jointed part of the body.

PHSO: Parliamentary and Health Service Ombudsman make final decisions on complaints against the NHS.

Q&A: Question and Answer.

Seldom Heard: Those who may experience barriers to accessing services and may otherwise not be represented.

SEWM: Social Enterprise West Midlands is a network for Social Enterprise organisations.

SSoTP: Staffordshire and Stoke-on-Trent Partnership NHS Trust provides community health services and adult social care in Staffordshire and health services in Stoke-on-Trent.

TDA: Trust Development Authority provides support, oversight and governance for all NHS Trusts.

TSA: Trust Special Administrator is appointed by Monitor to take control of an NHS Trust's affairs in cases of financial or service unsustainability.

UHNH: University Hospitals of North Midlands NHS Trust provides services at both Royal Stoke University Hospital and County Hospital sites.

You're Welcome: You're Welcome is the national initiative to develop quality criteria to ensure a "young person friendly" delivery of services.



Making your **voice** **count**



0800 051 8371

www.healthwatchstaffordshire.co.uk