

Healthwatch Wolverhampton
Annual Report 2016/17



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Message from our Chair



The year has been an important one for Healthwatch Wolverhampton given the ever changing scene in health and social care and the commencement of the new Healthwatch Wolverhampton contract delivered by Engaging Communities (ECS) from 1 April 2016. I was very pleased that the former Chief Officer, Donald McIntosh provided continuity through the initial stages of transition to us as the new provider and wish to thank him for his hard work and commitment shown to Healthwatch Wolverhampton during his time as Chief Officer.

A new Healthwatch Advisory Board was recruited during the year, reflecting the community it serves and I have watched it grow and develop throughout the past 12 months.

Over the past year, I have been particularly pleased with the work we undertook on the issue of mental health, which can be an area that is often neglected. It remains an

ongoing area of focus for Healthwatch in the year ahead. Healthwatch Wolverhampton has developed a positive working relationship with key stakeholders and gained an excellent insight into the key health and social care issues facing the city, which have also been highlighted in the Black Country Sustainability and Transformation plan, of which Wolverhampton is a constituent member.

In November 2016, I welcomed Elizabeth Learoyd to the team as Chief Officer. She has proved to be an excellent ambassador for Healthwatch and has been working to improve relationships with key stakeholders and ensure Healthwatch effectively engages with members of the public throughout the city.

A new Chair for Healthwatch Wolverhampton, Dr Isabel Gillis, was appointed from 1 April 2017 and I wish her every success for the future.

In closing, I would like to thank all of the staff, board members, volunteers, stakeholders and the public for their continued support.

Robin Morrison

Chair- Healthwatch Advisory Board

Message from our Chief Officer



This year has been one of opportunity and change for Healthwatch Wolverhampton, most notably the change in service provider when Engaging Communities (ECS), a local Community Interest Company, took over the service delivery of the contract from 1 April 2016.

The Healthwatch contract is now delivered alongside the contract for the Independent NHS Complaints Advocacy Service for the first time, with advocates from the Wolverhampton Health Advocacy Complaints Service (WHACS) being an integral part of Healthwatch.

The current challenging landscape of health and social care, most notably the Black Country Sustainability and Transformation Plan which looks at transforming the way health and social care services are delivered throughout Wolverhampton means the role of Healthwatch is vital at ensuring people have the opportunity to have their say on future service design and delivery. I am passionate about ensuring there is an ongoing and meaningful dialogue

with the public on all future plans. Having joined Healthwatch as Chief Officer in November 2016, I have had the opportunity to continue the work on priorities identified by the public in Wolverhampton- most notably our project into patient experience at the Urgent Care Centre and our report on GP access across the city.

Over the last 12 months, we have increased our volunteer numbers and enlarged our pool of Authorised Representatives which has enabled us to carry out more Enter and View visits and we are aiming to increase this area of our work in the year ahead.

The commitment and resilience of the staff, partners and volunteers have enabled Healthwatch to continue to produce great work over the last 12 months to ensure the voices of the people of Wolverhampton are heard by those that commission, manage and deliver health and social care services. I thank all of our staff, volunteers and supporters for all of their commitment and continued efforts.

I am looking forward to a year of focused activity as we move ahead towards increasing our impact throughout Wolverhampton and being a strong voice for local residents throughout the city.

Elizabeth Learoyd

Chief Officer



Highlights from our year

This year we've reached 2176 people on social media



Our volunteers help us with everything from surveys and engagement to Enter & View visits



We've recruited 170 new members

We've collected 1,005 survey responses



Our reports have tackled issues ranging from patient experience at the Urgent Care Centre to access to GPs



We engaged with 3163 people and attended 297 engagement events and activities



We've met hundreds of local people at our community events



Who we are

As Healthwatch Wolverhampton, we exist to make health and care services in the city work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.



Some of the Healthwatch team at the Healthwatch tea and chat event held for Mental Health Awareness Week

We are uniquely placed as part of a national network, as there is a local Healthwatch in every local authority area in England, and we can connect with them all.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Healthwatch Wolverhampton is delivered by Engaging Communities (ECS), a not for profit Community Interest Company, set up to give a voice to the people, particularly on health and social care services.

Our vision

Healthwatch Wolverhampton 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 city. 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.

Our mission is to:

- + Monitor service delivery through concerns raised, feedback received and our Healthwatch Wolverhampton Advisory Board
- + Analyse consumer feedback and data to produce evidence 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

Working in partnership

Good working relationships are vital to Healthwatch Wolverhampton, which is why

we are continuing to work hard at raising our profile with local decision makers and developing strong working partnerships throughout the city. We want to be seen as a credible, trusted partner in health and social care throughout Wolverhampton to enable us to have influence and impact in the work that we do for residents of the city.

Some of the decision making forums where we have a voice include:

- + Health and Wellbeing Board
- + Wolverhampton Health Scrutiny Committee
- + Wolverhampton Safeguarding Adults Board
- + Wolverhampton Clinical Commissioning Group Board
- + Local Pharmaceutical Network
- + NHS England Quality Surveillance Group
- + The Royal Wolverhampton NHS Trust Patient Experience Forum



Our Healthwatch Team (from left to right): Danny Cope; Tracy Cresswell; Elizabeth Learoyd; Shooky Devi; Rasham Gill; Sam Hicks and Judith Stroud.

We can
help you...

*Your views on
health and care*



Listening to local people's views



In 2016/17, we engaged with local residents through a variety of methods, ensuring our outreach work reaches people at grass roots level with a focus on localism and community empowerment.

- + Our Community Outreach Officers use a collaborative approach to engage with individuals, voluntary groups and community organisations. They focus on specific local community areas of need and develop capacity through recruitment of Healthwatch Champions to support projects and activities locally throughout the city.
- + Our engagement events enable us to raise awareness of Healthwatch and the services we offer
- + We gather feedback to influence health and social care service design and delivery
- + We offer opportunities for real involvement

- + By conducting Enter and View visits into services to observe and gather patient views and experiences, we help inform service improvements

What we've learnt from visiting services

The Enter and View programme provides Healthwatch Wolverhampton with an opportunity to see how a service is run. It also gives an opportunity to hear the views of patients, carers and staff at the point of service delivery.



An Enter and View visit is not an Inspection.

Healthwatch offers a layperson's perspective rather than in-depth formal inspection conducted by the regulatory body, the CQC.

Our Enter and View programme is not a standalone activity. It is just one tool available to us for collecting evidence and feedback and is part of a wider engagement strategy.

We have 19 trained Authorised Representatives who support the Enter and View programme. During 2016/17, we carried out 11 'unannounced' Enter and View visits in Wolverhampton.

Eight visits were to care homes and two to the Royal Wolverhampton NHS Trust.

These were:

- + Royal Wolverhampton NHS Trust (RWT) - Geriatric Department Ward A8.
- + Bentley Care Home
- + Eversleigh Care Centre
- + RWT - Snowdrop Centre (Re visit)
- + Waterside House Care Home
- + Orchard House Nursing Home (Re visit)
- + Lime Tree Court Residential Home
- + Richmond Court Care Home
- + Probert Court Nursing Home



- + Wrottesley Park House Care Home (Re visit)

Reports for all our visits can be found on our website.

Geriatric Medicine Department - Ward A8 - Royal Wolverhampton Trust (RWT)

Ward A8 received a visit during November 2016. The visit was conducted due to

Healthwatch receiving concerns around staffing levels, communication and treatment of patients.

During the visit, Healthwatch observed the surroundings which enabled us to present many findings to the provider such as:

- + An over-bed table was dirty with tea ring stains and had dirty tissues.
- + **Provider response** - the over bed table has been replaced
- + Storage room door left open
- + **Provider response** - the door kept “sticking” which meant it was not closing properly. The door has since then been trimmed to prevent this occurring.
- + A patient lying on a deflated air bed
- + **Provider response** -this was not acceptable - sister to raise with the team and monitor on a daily basis.

The Matron asked to meet with Healthwatch to discuss the matters raised. We met with the Matron and had a very positive meeting, which resulted in the visit having a clear impact on the ward, with our findings and recommendations being taken on board to bring about improved service delivery for patients, visitors and staff.



Snowdrop Centre (Chemotherapy Unit) - Royal Wolverhampton NHS Trust (RWT)



An initial ‘announced’ visit was carried out in December 2015, which highlighted a number of areas for improvement. Healthwatch had received similar concerns around staffing levels at weekends and the temperature of the unit, as patients waiting to be treated had complained of feeling cold, which led to a re visit in January 2017.

This gave Healthwatch the opportunity to see if the recommendations had been put in place since the initial visit.

- + Notice entitled ‘**Re: Important changes to the emergency assessment and admission pathways for our patients**’ should be briefer or bullet pointed and positioned more prominently, not amongst other notices on the wall.
- + Room thermometers should be introduced to the unit and temperatures monitored regularly. A system should be looked into for localised adjustment of the temperature, due to the patient group being treated.
- + GPs should be reminded of the new A&E protocol to avoid unnecessary waiting

and distress for oncology and haematology patients.

The visit was a positive experience, having spoken to staff and family members visiting their relatives. Healthwatch felt no further recommendations were required as follow up actions and information requested had been provided.

Eversleigh Care Centre



This visit was conducted on a Saturday afternoon by 4 Authorised Representatives, as it was a large home with a capacity of 79 residents. The visit was partly observational, which involved the Authorised Representatives walking around the home to better understand how the home operated. The visit also involved talking with residents, staff and relatives.

During the visit, the Authorised Representatives observed findings that were addressed in the recommendations of the report. Some of the findings include;

- + Doors with signage ‘keep locked’ were open.
- + **Provider response** - staff will be reminded in the next meeting and home manager to monitor.

- + There was an overpowering smell in one of the corridors.
- + **Provider response** - This was an isolated incident staff will be notified in the next meeting.
- + Not all staff wore their identification badges.
- + **Provider response** - staff will be reminded in the next meeting and home manager to monitor.

Healthwatch gave the staff at Eversleigh Care Centre the opportunity to meet with us to discuss the findings and to provide a response. It was a challenging meeting with the service provider, but a valuable one as to improve the relationship with the care home.

Healthwatch Wolverhampton made a number of recommendations and requested relevant information, which was provided, therefore no further action was required.

Wrottesley Park House Care Home



Healthwatch Wolverhampton carried out an Enter and View visit, as it had been reported that building work was being carried out in the home and we wanted to

see what impact this was having on the residents. The visit was carried out on a weekend by 3 Authorised Representatives. It was a challenging visit with a number of recommendations put in place. Due to the urgent attention of some of the findings, Healthwatch Wolverhampton informed the Care Quality Commission to help inform future inspections.

The home was contacted for a response to the report, but did not provide one.

Lime Tree Court Residential Care Home

The visit took place during March 2017, as Healthwatch had received some concerns around how the residents are dressed whilst attending external day centres. These issues were raised during the visit and the manager explained how the arrangements work with the residents and staff.



During the visit, Authorised Representatives were most impressed with the operation of the home and how accommodating staff were. The manager explained that a considerable amount of work is being done to make the home dementia friendly.

The home was happy with the findings and did not wish to provide a response before we published the report.

Next Steps

Following our visits, we aim to:

- + follow up any actions the provider may have said they will carry out.
- + share our reports with the CQC, Local Authority, Healthwatch England, local Councillors and publish the reports on our website.
- + raise concerns to the organisation and make recommendations for improvements.

How Healthwatch Wolverhampton has influenced change by carrying out Enter & View visits.

Geriatric Department - Ward A8

“One patient had been in hospital for five weeks and had only met the social worker a week ago. The social worker was to sort out a home package, but said “if I have not made contact in two weeks, please make contact again.” This patient had not received any physiotherapy since arriving on the ward.

After the visit, the provider gave the following response:

“The onus should not have been on the patient to contact the social worker. There appears to have been a communication breakdown. This can be resolved moving forward, as every morning a huddle takes place with nursing, therapy and medical

staff. Sister will reinforce the importance of all members of the multi-disciplinary team explaining the management plan to each patient”.

Bentley Court Care Home

During the visit, the Authorised Representatives observed the ceiling in the dining room appeared to have stains on it.



Following the visit, the provider gave the following response.

“The ceiling that was stained by a water leak has now been repainted”.

Orchard House Nursing Home

The Authorised Representatives observed on arrival that a wall mounted ashtray was full and overflowing.

Following the visit, the provider explained that the ashtray had been emptied and provision put in place to ensure that this is emptied more frequently.

We would like to thank our Authorised Representatives (listed below) for their time and commitment given to the Enter & View programme to make it a success.

- + Dana Tooby
- + Beverly Davis
- + Danny Cope
- + Donald McIntosh
- + Elizabeth Learoyd
- + Jane Emery
- + Judith Stroud
- + Kirpal Bilkhu
- + Mary Brannac
- + Marlene Lambeth
- + Michaila Tope
- + Rasham Gill
- + Raj Sandhu
- + Roger Thompson
- + Sam Hicks
- + Yusuf Shafi
- + Sheila Gill
- + Shooky Devi
- + Tracy Cresswell

Provider and Commissioner Information **healthwatch**
Wolverhampton

Enter and View visits



www.healthwatchwolverhampton.co.uk Phone: 0800 470 1944



Our Enter and View leaflet for providers and commissioners is available upon request.

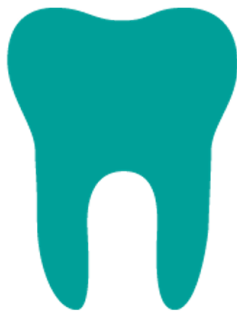




*Helping
you find the
answers*

contact his doctor for the last three to four months and each time he phoned they told him that no appointment slots were available. He had even visited the GP surgery to try and make an appointment without success. We provided support by explaining options available and he decided that he wanted us to help him to change to a different GP surgery. Healthwatch provided support to him during this process to get a positive result.

- + A lady phoned Healthwatch about her dental treatment, as she had two fillings that had broken away from her gums. The dentist told her she needed a dental consultant to fix the problem and that it could cost up to £1,000. She wanted information on how to make a complaint for herself and we provided her with this information through our advocacy service to enable her to self-advocate. We also were able to signpost her to the Law Society, as she wanted information about pursuing legal action.



them and they said they appreciated it and would contact the service.

Improving access to health and social care services

To help locals access any health and social care services they need, we have worked closely with Wolverhampton Information Network (WIN). WIN shares Healthwatch values in making it easier to promote health services designed for local adults, children, young people and families and people with special educational needs and disabilities. Recently, we had the opportunity to meet with one of their network facilitators to make suggestions on how the design of their website could be adapted to ensure it is accessible to everyone. The website is accessible through this link:

<http://win.wolverhampton.gov.uk/> We will continue to work closely with this team to further improve health and social care service access.



Website

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. We are constantly looking to improve our website to make vital information and signposting more accessible and engaging.

From the period of 1 April 2016 to 31 March 2017, our website was visited 1,165 times.

Anyone can access our website by through this link:

<http://www.healthwatchwolverhampton.co.uk>

The site is built with user accessibility in mind and provides multiple points of entry for site visitors. Various components of the website allow for users to access more easily content that is placed front and centre.

A useful section of our site includes information and signposting, which provides information on a wide range of services and web links to other useful sites.

Experience Exchange



We have also developed 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 voices heard. You can access the Experience Exchange through the following link:

<http://x2.healthwatchwolverhampton.co.uk/>

It lets you search for and provide feedback on hundreds of health and social care service providers in Wolverhampton. It works as a digital directory for health and social care in Wolverhampton as well as offering an unbiased and independent platform for people to leave feedback on the services that they have received.

In 2016/17, we received 50 public reviews of health and social care services on our Experience Exchange.



This is the main menu of the Experience Exchange showing just eight of the 12 categories of services available for you to choose from on the website.

Social Media

Our multiple social media channels continued to grow throughout the last year and by far our most active is our Twitter platform with 1,389 followers, 27,444 Tweet impressions, 1,344 profile visits and 36 mentions. It is one of our most effective methods to disseminate information.

Engagement and Promotions

We use a range of engagement and promotional opportunities including presentations to community groups, drop-in sessions, local events and meetings with groups and stakeholders to update them on service developments and provide information.

Our website hosts a calendar of local events on health and social care topics or services. Signposting services provide people with information about how to access other services, for example by helping people to understand how they can make a complaint

and giving advice on what to do and who they need to contact.

Newsletter

Throughout the year, we have produced a quarterly newsletter which is used as a communications tool and is used to disseminate information to our Healthwatch Members, the wider public and other stakeholders, keeping them informed of all planned activities, projects, current issues and much more.

Our newsletter has gone out to over 395 people via email and we also publish it on our website.

The screenshot shows the top half of a newsletter. At the top left, it says 'Edition: Winter 2016/17' and 'Produced: Quarterly'. The Healthwatch Wolverhampton logo is on the right. Below the logo are social media icons for Twitter (@HWWolverhampton) and Facebook (HWWolverhampton). The main content area has a green header with the text 'Your voice counts' and 'Why speak to Healthwatch Wolverhampton?'. Below this is a list of three bullet points. To the right of the text is a photograph of a group of people with their hands stacked together. Below the list is another green header with the text 'You can get involved' and 'We are recruiting volunteers...'. Below this is a paragraph of text and a photograph of three people. At the bottom of the newsletter, there is contact information: 'Email: info@healthwatchwolverhampton.co.uk', 'Tel: 0800 470 1944', 'Web: www.healthwatchwolverhampton.co.uk', and 'Healthwatch Wolverhampton | 1st Floor, Regent House | Wolverhampton | WV1 4...'

In an effort to help us keep in touch with the local community and ensure we are communicating regularly, in February 2017, we decided to replace our newsletters with

e-bulletins, which will be sent out every 6 weeks. Our first e-bulletin was sent out in May and we hope to increase our readership by promoting our e-bulletin through our Champion Organisations throughout the city.

Information leaflets, booklets and posters

Over the last 12 months, we have been redesigning our Healthwatch information leaflets, so that our information is more comprehensive and easily accessible. We ensure that our printed and digital information is fully accessible and reflects the population of Wolverhampton.

This information includes:

- + Our Healthwatch information booklet which sets out the services and signposting information we offer. A comprehensive booklet for our Have Your Say, Experience Exchange, Complaints Advocacy and Volunteer leaflets.
- + Our NHS Complaints Advocacy Booklet is designed to make simpler the complicated and often confusing topic.
- + Our promotional items are our way of providing members of the public with reminders of our company and our work, as well as other information in a useful or engaging way.
- + We use pop-up stands and other eye catching physical displays to draw attention to our various engagement events and activities.

A woman with dark hair, wearing a grey sweater over a white collared shirt, is smiling and looking towards the left. She is sitting at a table with a white tablecloth. In the background, there are several colorful posters or notices pinned to a white wall. A large purple circle is overlaid on the left side of the image, and a large yellow circle is overlaid on the bottom right side. The text 'Advocacy support' is written in white, italicized font inside the purple circle.

*Advocacy
support*

NHS Complaints Advocacy delivered by Healthwatch Wolverhampton

This year marks the end of the first year where Healthwatch Wolverhampton has successfully delivered the statutory NHS complaints advocacy service in-house, with the Wolverhampton Health Advocacy Complaints Service (WHACS) being delivered by a Healthwatch Advocate. With the service now fully embedded within Healthwatch, it provides Wolverhampton residents with direct access to information and support when making a complaint about the NHS.



Over the last 12 months, we have received **106** new referrals for advocacy support and taken over **753 calls** to our advocacy Freephone number from people wanting support with their NHS complaint. Our dedicated advocacy Freephone is answered by advocates, so people have access to someone who is trained to answer questions, give advice, understand individual needs, signpost to other services and provide continuing support. We work closely with other community and voluntary sector organisations and have an established database of contacts to refer clients on to additional support services. We are pleased to provide a high quality, person-centred service that is recognised through our achievement of the Quality Performance Mark (QPM) accreditation, which is a nationally recognised advocacy

accreditation for delivering high standards of advocacy support.

Our advocates have helped people to achieve positive outcomes with their NHS complaints. Through supporting people to make complaints, we have helped to highlight where problems exist in NHS services across Wolverhampton and ensure people get their voices heard when things go wrong to ensure that they can bring about positive change and service improvements. We have also been able to use anonymised data and insight from the advocacy service to inform our other Healthwatch functions, including our Enter and View programme.

Through advocacy support, we have been able to empower people and ensure people have their voices heard.

Our advocates provide resources and support to help people to self-advocate by using one of our specially designed Self Help Information Packs. Where people do need more intensive support, advocates give tailored one to one support in person.



What our clients say...

Case study: A client contacted Healthwatch WHACS advocacy service, as she was unhappy with the care her mum received whilst in hospital and the manner in which the family were informed of her death. The family were very distressed and needed support to make a complaint. The advocate attended the client at their home to take instructions and was able to spend time explaining the complaints process and supporting the family. The family asked the advocate to draft the letter of complaint, which was sent to the hospital. The complaint was investigated and upheld by the hospital Trust, who offered the family an apology and confirmed they would implement the recommendations they had identified as a result of the investigation into the complaint to avoid the same thing happening in future to other relatives of patients receiving end of life care. The client was satisfied with the outcome and felt that they had been listened to and made a difference for future families facing a similar situation.

With our clients being at the heart of everything that we do, we continually ask for feedback on our advocacy service to help us improve and develop the service to meet people's needs. Here are a few examples of what our clients have said about the advocacy service:



“My advocate provided our family help and support that we needed at a very difficult and stressful time. She was efficient and thorough in putting together our report/ complaint, explaining things as we completed them. Thank you so much. I would certainly recommend this service, as it was a thorough service that provided all the help and support you need in this situation.”

“My advocate came to a meeting with me. It was nice to know someone was on your side to give you support. I felt able to speak with my advocate with me.”

“I found my advocate very kind and helpful. It is a very good service for people with disabilities when you have problems or concerns over services you are receiving.”



*Making a
difference
together*

Have you
visited
Care Home
Rel
What was it like?

How your experiences are helping influence change

GP Access Survey

In 2016/17, in support of our priority on GP access, we conducted a research project throughout the city. Access to GPs in Wolverhampton has been a recurrent theme in the patient feedback data we have received. In response to this, we devised a survey to capture patients' views and experiences of their GPs. From December 2016 to February 2017, our dedicated staff and volunteers surveyed **379 patients** from GP practices across the city.



Following the data gathering and analysis, a report was completed identifying key themes of both positive and negative aspects of patient experience:

- + **73% of patients surveyed rated their overall experience of their last visit with their GP as either good or very good.**
- + **28 % of patients surveyed did not know how to contact an out-of-hours GP service when their surgery is closed.**

- + **69% of patients surveyed were not aware of the complaints process within their GP surgery.**

Some of the recommendations we made included:

- + Effectively publicise extended opening hours and provide patients with information on alternative services including pharmacies and the Urgent Care Centre.
- + Ensure that all patients are given a choice of where they are to be referred in accordance with the Choice agenda.
- + Offer a range of ways to book GP appointments.

Some of the feedback we received concerned the availability of British Sign Language interpreters for Deaf patients, as we received feedback of poor patient experiences. As a result of this, Healthwatch is working with the University of Wolverhampton's Faculty of Social Sciences in the next 6 months to undertake a research project on access to healthcare across Wolverhampton for the Deaf community.

You can read the full version of our report here on our website:

<http://www.healthwatchwolverhampton.co.uk/wp-content/uploads/2016/03/GP-Access-Report.pdf>

We have now sent our report to the Wolverhampton Clinical Commissioning Group for their comment and will conduct a follow up on our recommendations within the next 12 months to monitor the impact of this report.

Urgent Care Centre Survey



**West Midlands
Doctors Urgent Care**

Part of the **vocare** group 

Due to the steady rise in demand for walk in centres and Accident and Emergency services in Wolverhampton, the Clinical Commissioning Group (CCG) developed a new service specification for an Urgent Care Centre (UCC) which came into force on 1 April 2016, delivered by a company called Vocare. This new plan resulted in a purpose built facility at New Cross Hospital site and involved the relocation of services from Showell Park, one of the two walk in centres in Wolverhampton.

Healthwatch Wolverhampton approached the CCG with a research proposal to review the patient experience of users of the Urgent Care Centre. The research method chosen was a face-to-face survey to focus on the quality of service delivery and meeting the needs of patients.

Healthwatch staff and volunteers surveyed patients at the Urgent Care Centre throughout February and obtained 187 survey responses.

The data was analysed and a report produced outlining key findings and recommendations. A copy of the report is available on the Healthwatch Wolverhampton website.

Some of the key findings from our report included:

- + Over half of those surveyed (97) said that they came to the Urgent Care Centre because they had contacted their GP and couldn't get an

appointment, with a further 32 patients whose GPs were closed.

- + 63% were referred to the Urgent Care Centre by another service and over half of these were from the NHS 111 service.
- + There were high levels of overall satisfaction from patients with the service received when they attended the Urgent Care Centre.
- + 73% of patients surveyed stated they were waiting two hours or less to be seen by a Doctor at the Urgent Care Centre.



In our report, based upon a full analysis of all of the data and views captured, we made several recommendations to the provider for service improvements. Some of the recommendations we made included:

- + The pathways for urgent care are clearly identified and communicated to the general public, so that services can be accessed appropriately to meet the needs of the patient.
- + More is done to encourage GP registration, including further research

into the barriers to access for those who are not registered with a GP.

- + Information on the triage system is improved, for example with posters and leaflets. This information could include how patients are prioritised, answering the following questions: To what extent is this based on clinical need? Are children given higher priority? Are NHS 111 appointments seen first?
- + Linkages between the Emergency Department and the UCC triage systems, so that patients understand whether they will have to wait twice.
- + Signage be improved, as follows:
 - To differentiate between the Emergency Department (ED) and the UCC;
 - In the lift, indicating which floors are for the ED and UCC;
 - At the old A&E building, providing directions to the UCC;
 - At the entrances to the hospital site;
 - To make the lettering on signs bigger, to improve visibility and readability.

Our report, including the recommendations, was sent to Vocare and the Wolverhampton Clinical Commissioning Group for their comments:

“Thank you very much for this most informative and full report, it gives an insight into some of the things which definitely need attention. I appreciate the

summary and the recommendations”.

Pat Roberts- Lay Member for Public and Patient Involvement Wolverhampton CCG

“Many thanks for the comprehensive evaluation of the UCC at New Cross Hospital; I have found the report very useful in moulding services and changing some processes to respond to the comments within the report. As highlighted, waiting times are the key theme and this then in turn affects the view of facilities within the reception area.

We have taken on board the findings and are still looking at more ways to improve the level of care available to the people who visit the centre.

The findings of the evaluation are available on the Vocare website and the on-line questionnaire can be accessed on the UCC website.

Once again, many thanks for the time and effort spent undertaking this evaluation”.

Sean Coleman-
Clinical Support
Manager,
Wolverhampton
UCC



We will follow up on our recommendations during 2017/18 to see what impact they have made and whether Healthwatch should undertake further research in this area.

Working with other organisations

Wolverhampton Safeguarding Adults Board (WSAB)



Healthwatch Wolverhampton is a member of the Wolverhampton Safeguarding Adults Board (WSAB), providing a lead on adult safeguarding arrangements across the city through overseeing and coordinating the effectiveness of the safeguarding work of its member and partner agencies. We contribute to the work of the Board's committees to provide assurances that safeguarding practice is person-centred and outcome-focused.

During 2016/17, we continued to support the Board with a commissioned research project with adult service users to gain further insight into their experiences of safeguarding. A copy of the report can be found on our website:

<http://www.healthwatchwolverhampton.co.uk/wp-content/uploads/2016/03/FINAL-Safeguarding-Experiences-Report-WSAB-15.09.16-1.docx>

The WSAB endorsed the recommendations in the report and enlisted our services to set up a Safeguarding Reference Group made up of adults who have been through a safeguarding enquiry.

The purpose of the group is to allow for our city's experts by experience to have their say and influence the work of the Board in Making Safeguarding Personal (MSP). Healthwatch will continue with this work in 2017/18.

Time to Change

Healthwatch has been focused on Mental Health over the last 12 months and it remains an ongoing priority. Over the last year, we have worked collaboratively with an organisation called Time to Change, which is an organisation focusing on a social movement to get people talking about Mental Health. Time to Change aims to tackle stigma and discrimination through talking and listening to people with lived experience of mental health issues. Our vision as Healthwatch Wolverhampton is to work towards a society in which people's health and social care needs are heard, understood and met, therefore we saw real synergies in working together with Time to Change.



We have worked collaboratively with Time to Change and have facilitated a joint event involving local networks, which was hosted by the Wolverhampton Voluntary Sector Council (WVSC). The event took the format of a campaign meeting to:

- + connect with Time to Change Champions, other people with a lived experience of mental health problems and relevant organisations;
- + listen to and act on the views of service users regarding local health and social care;
- + be inspired by work already being carried out to improve attitudes and behaviours towards people with mental health problems; share ideas for future activities.

One of the expressed outcomes from the meeting was the service users' need for more information/clarity around changes happening in community mental health provision. In response to these needs, we organised an event on 9 May during Mental Health awareness week- bringing together the City of Wolverhampton Council commissioners of mental health services, the lead Mental Health Commissioner from the Wolverhampton Clinical Commissioning Group, and Starfish- the new provider of community-based preventative mental health services in Wolverhampton. During the event, presentations were delivered and then there was a Question and Answer session, enabling people to have an open dialogue to get all of their concerns answered. We were joined by a representative from the West Midlands Mental Health Commission to provide a regional context to developments in the sector.

Our collaborative working will continue into next year and beyond and we already have activities planned for 2017/18.

Joint Strategic Needs Assessment (JSNA)

The JSNA is a process for identifying the current and projected health and wellbeing needs of a local population. Healthwatch is a member of the JSNA Steering Group, reporting to the Wolverhampton Health and Well Being Board. As a key partner organisation, we contribute to an understanding of the needs of local people and aim to improve services to make a real difference to the population and communities in Wolverhampton. In addition to the overarching JSNA, the Steering Group looks at topic specific issues.



In 2016, an assessment report was produced for children and young people with special educational needs and disabilities. Healthwatch influenced the engagement processes with stakeholders, encouraging wider dissemination of information and opportunities for participation using our local networks and contacts.

Information Sharing Group (Regulated Services)

The Information Sharing Group was established as a multi-agency group between the Care Quality Commission (CQC), the Clinical Commissioning Group (CCG) and the City of Wolverhampton

Council (CWC) to share intelligence about regulated services, such as care homes, and promote service improvements.

In 2016, Healthwatch was invited to the membership of the group to provide soft intelligence and qualitative information directly from our community networks. Our feedback has informed the work of our partners' regulatory, operational and commissioning activities and, in turn, the shared intelligence has helped to shape our Enter and View programme to bring about improvements in care delivery.

How we've worked with our community

We have been committed to supporting young people gain valuable skills and experience in the workplace. We have worked in partnership with Juniper, an independent training provider that helps young people move forward with their lives, to offer young people 12-week work placements within Healthwatch Wolverhampton.



Working with Ryan - One of our office volunteers

Ryan joined Healthwatch in November 2016. His main aims were to gain office experience to support him within his

course. Ryan was enthusiastic and eager to learn from the outset. Ryan's confidence flourished during his 12 weeks with us. He learned how to prioritise his work,



organisation and ICT skills, communication skills, and how to work in a team- just to mention a few. Ryan's overall aim was to gain office experience, however on going out to events, he enjoyed working with the public and engaging with them. He had found a hidden skill.

Ryan Wilkins



Tracy Cresswell standing with Mayor Roger Finley accepting Healthwatch's award from Juniper.

Healthwatch worked with Juniper throughout Ryan's placement. Below is a

comment from Louise Downey, Progression Co-ordinator from Juniper:

“We would to say a big thank you to Tracy and her team for providing Ryan with a fantastic 12-week opportunity in gaining valuable work experience and allowing him to explore several different aspects of the role. As a thank you to Healthwatch, Tracy attended our celebration event at Juniper Training and received a certificate presented by the Mayor, to thank her and the team for providing these fantastic opportunities for our students. We look forward to continue to work with Healthwatch in the upcoming months”

Involving local people

Healthwatch Wolverhampton relies on its committed volunteers to help deliver the work we do and engage with the communities across Wolverhampton. Here are two of our volunteers explaining why they give up their time to volunteer with us:

Susan Bem

“I first learned about Healthwatch from attending a carers meeting at Bantock Park earlier this year.

It gave me a lot of insight into the NHS and how you can receive help and advice on things like being steered in the right direction for help with mental health issues, local self-help groups, help by

professionals in complaints regarding doctors or hospital treatments, advice on how to improve lifestyles, to name but a few. Healthwatch produces a number of surveys targeting all ages to find out what the reception and treatment is for people attending doctors, hospitals, clinics and treatment centres, asking their views and input into making improvements to their previous experiences, collating the information enabling them to make improvements' to the services we all get. Also meeting with other organisations discussing how to make future improvements in care for the elderly in later life.

Since I have been a volunteer there have been various venues i.e. West Park, Fire Station, Colleges where interaction with the public has been very helpful finding out people's experiences over their lifetime. I have found volunteering rewarding, informative and a sense of accomplishment helping to help steer the NHS in a better and positive direction for the future.

Without the help of Healthwatch the NHS would not be aware of people's true experiences of the services they operate.”

Beryl Hough

“Working for Healthwatch as a volunteer gives me so much satisfaction especially when meeting and listening to the community about their views relating to health issues. Healthwatch is totally committed, listening to the good and not so good issues they have experienced and wherever possible helping them to achieve their goal.”

What opportunities do we have for volunteers?

We have a whole range of opportunities for volunteers. From helping us to spread the word about our work, to representing us at meetings, reading and reviewing information and visiting health and social care services on our behalf.

The people that we help and support come from a variety of different backgrounds, different cultures and have a wide range of needs. That is why we seek volunteers with different experiences and skills.

The roles available are:

- + Enter and View Authorised Representative
- + Community Engagement Representative
- + Office/ Administrative volunteer
- + Researcher
- + Reading panel member
- + Volunteer Advocate



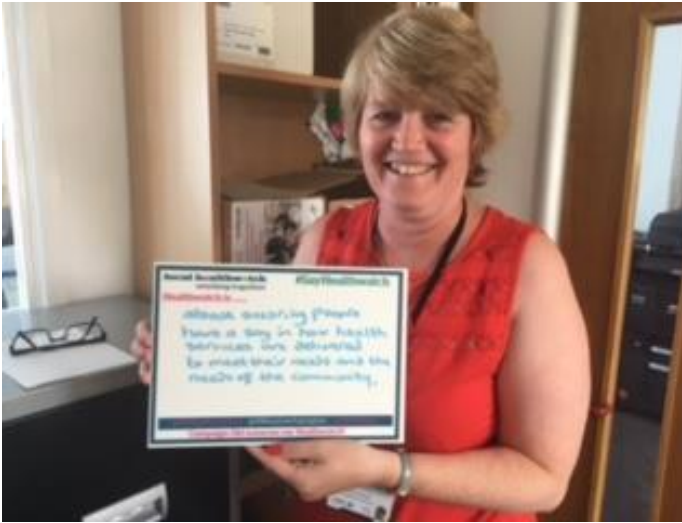
We are committed to ensuring our volunteers are supported and feel valued and are proud to hold the Investing in Volunteers accreditation. This is the UK quality standard for good practice in volunteer management. We have an ongoing commitment to our volunteers - and potential volunteers- to demonstrate just how much they are valued and what an impact they have on the work Healthwatch Wolverhampton does.



*It starts
with you*



#ItStartsWithYou



Healthwatch Wolverhampton receives hundreds of calls throughout the year from people needing support, information and advice. We also receive requests for support when we are out in the community doing outreach engagement work. Here are a few examples of the issues we have supported people with.

Case study one

A relative contacted Healthwatch to raise concerns around the experience their parent was receiving in a care home. The patient had been placed into the care home for respite care for six weeks after a fall at home.

The concern raised was that the respite was only for six weeks and the patient had only got one day left and no care package had



been set up for discharge. The family had tried to contact the social worker but they were off sick. They were informed that it could take up to two weeks to allocate to another social worker.

Another concern raised was how the patient had been left in their own urine and faeces. Healthwatch raised a safeguarding concern and also alerted the Care Quality Commission. Healthwatch also put in a plan to carry out an Enter and View visit.

Healthwatch contacted the social worker to see what was happening with regard to the care package being set up. The social worker informed Healthwatch that there was a delay as the family had put in certain criteria. The care agency was looking for care but could not give a timescale to the social worker.

Healthwatch contacted the patients GP with regard to district nurses going to the patient when they were discharged home, and also discussed whether the GP could also visit the patient at home, which the GP confirmed they were happy to do. Healthwatch contacted the relative and informed them of the conversations that taken place with the social worker and GP. The relative thanked Healthwatch for everything that had been achieved.

Case study two

Whilst engaging at an event at the Bob Jones Community Hub, we were approached by a care worker who informed us about a family who were not being supported properly and were struggling as a result.

Our Community Outreach Officer agreed to contact the family and arranged a visit to obtain more details. The gentleman was paralysed and bed bound. His wife was his carer; however, she had been involved in a car accident which resulted to her having back problems. Due to the property being damp he was constantly getting infections and on a number of occasions he had been admitted into hospital.

The family felt they were being ignored and not supported around his health, care and housing needs.

The gentleman's bed was in the lounge and as the doors were not wide enough to use a wheelchair, there was no access to garden. The toilet was also not accessible as it was not wide enough for him to use.

As a result of the visit, we made a referral to the carer's team and also contacted the Independent Living Service about the lack of support being provided. As a result of this, the family were referred to One Voice Advocacy for support.

One Voice explained how they helped:



"I was forwarded the referral from Healthwatch about a client. The gentleman is virtually housebound and stuck in bed. The main issues were that he lived in a three-bedroom home with his wife and son and that he was staying in his bed in the living room. The other issues concerned the damp in the existing walls and the facts that his wife was having to sleep upstairs and the gentleman

downstairs in a hospital bed. When I came on board I found out there had been no work done by the Aids and Adaptations team because the assessment had not been completed. We were able to refer the gentleman to the Sheltered Housing Scheme manager and he was high enough up the list to be awarded one of the new three bedroom bungalows that had just been built".

A carers assessment was also carried out to resolve the remaining issues about providing suitable equipment to support the family.

Case Study three- Issues around prescriptions

A patient came to Healthwatch after being signposted by the Citizens Advice Bureau. They wanted to share their experience that they were having within the practice regarding their prescriptions as the practice was not prescribing them with the medication that the consultants had prescribed.

Healthwatch worked with the patient as to the best course of action for them to take and the patient decided they wanted to make a complaint so advocacy support was provided. There were a number of meetings that took place with the practice manager, the GP, the patient and Healthwatch. We supported the patient by being the link between the practice and the patient and we engaged with the practice on improving communication channels.

The outcome of this case was positive as the communication greatly improved between the patient and practice and the patient has now obtained open access to future appointments and has resolved the prescription concerns they had.

*Our plans
for next
year*



What next?

Throughout the year, we receive thousands of contacts from residents of Wolverhampton outlining concerns, feedback and providing insight into health and social care services. We rely on people to talk to us and **have their say** on services as this information helps us prioritise our work programme for the year ahead to ensure we can focus our resources to create the biggest impact.



Our priorities

Setting priorities for our work is essential to ensure we focus our limited resources on the most important areas of health and social care in Wolverhampton.

We use a variety of sources to gather information to help set our priorities for the year ahead, collating the entire year's feedback, using insight from our advocacy service and looking at strategic priorities set by stakeholders. We also look at whether a particular issue is already being dealt with effectively elsewhere, whether the issue is already impacting those suffering inequalities, seldom heard or potentially vulnerable groups and whether Healthwatch Wolverhampton can make a difference.

To help support our decision making process in deciding where our work should focus in 2017/18, Healthwatch Wolverhampton conducted a "listening tour" of Wolverhampton throughout January, February and March. We toured different locations throughout the city and asked people about their experiences of health and social care services in Wolverhampton. This helped us build a picture of what services are working well, where there are problems and what people are really concerned about.



Collating all of our insight including the listening tour information, and reviewing it alongside all data collected throughout the year, helped the Healthwatch Advisory Board set the following 5 priority work areas for 2017/18:

- 1) Oral Health/ Dentists
- 2) Primary Care/ GPs
- 3) Acute Care- Accident and Emergency Department at New Cross Hospital
- 4) Social Care Assessments
- 5) Children and Adolescent Mental Health Services (CAMHS)

Strategic priorities also have drawn our focus onto ensuring we are providing a voice for the young people of Wolverhampton. One of our strategic priorities for 2017/18 is to establish a Youth

Healthwatch for children and young people in Wolverhampton up to the age of 25.

With the complex and ever changing landscape of the health and social care services and the move towards a more integrated system, Healthwatch has an important role to play in ensuring people understand what developments and proposals are being made to enable them to have a say on how services should be designed and commissioned in the future.

Wolverhampton is part of the Black Country Sustainability and Transformation Plan (STP) and our strategic focus for the year ahead is to ensure there is meaningful and ongoing public engagement on the STP plans for Wolverhampton, to give people a voice, and ensure they are at the heart of all decisions being made about the future of health and social care services.

In addition to working on our priorities, throughout the year, Healthwatch undertakes research and projects into a wide variety of other topics to ensure we



are responsive to feedback from the public. We will continuously listen to the insights we receive from Wolverhampton residents to help inform our ongoing work plan throughout the year.

We welcome input from local residents who wish to put forward a priority work proposal.





Our people

Our people



Healthwatch Wolverhampton is delivered by a dedicated staff team who each have clearly defined roles. We are a small team with a big job to do so we value support from our dedicated volunteer champions, champion organisations and Healthwatch Advisory Board, made up of local residents who volunteer their time to act as a governing body to Healthwatch Wolverhampton.

Decision making

Healthwatch Wolverhampton 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 maximise 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 city wide 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 Wolverhampton contract and wider portfolio of service delivery. The ECS Board is led by our Chair, Robin Morrison and supported by Non-Executive Directors namely: Lloyd Cooke, Frances Beatty, Will Taylor, Yvonne Buckland and Executive Director Jan Sensier.

Healthwatch Advisory Board (HAB)

The Healthwatch Wolverhampton Advisory Board was established in April 2016 when ECS was awarded the Healthwatch Wolverhampton contract.

The remit of the Healthwatch Advisory Board is to support the ECS Board to ensure good governance in the delivery of our Healthwatch service and ensure there is a robust voice for the community.

Members of the Healthwatch Advisory Board comprise of local Wolverhampton residents.

In 2016/17 board members were:

- + Robin Morrison (Chair)
- + Sheila Gill
- + Dana Tooby

- + Michaila Tope
- + Leah Burgess
- + Yusuf Shafi
- + Jane Emery
- + Frances Beatty (as ECS link board member)

The Healthwatch Advisory Board has established itself over the last 12 months and has been effective in its role to provide strong governance to ensure the effective delivery of Healthwatch Wolverhampton. We have seen a turnover in membership over the last 12 months with the departure of Leah Burgess, and also Frances Beatty. We thank them both for their valued contribution to the Board over the last year.

We move forward into 2017/18 with a new Chair of the Advisory Board following the successful recruitment of Dr Isabel Gillis, who was appointed as Chair on 1 April 2017. We thank Robin Morrison for acting as interim chair and are pleased to confirm that he will remain on the Board as a valued member.

The Healthwatch Advisory Board has a specific remit set out below:

- + Decides on Healthwatch priorities, and Healthwatch activity such as the Enter and View programme, informed by public feedback and consultation
- + Advises the Healthwatch representative to the Health and Well Being Board



Dr Isabel Gillis

- + Receives reports on community engagement and communications activity, and decides future plans
- + Is consulted on Wolverhampton based income generation work to ensure there is no unmanageable conflict of interest
- + Steers and signs off the production of the Healthwatch annual report and any Healthwatch response to consultations
- + Represents Healthwatch at public engagement and strategic meetings
- + Acts as a spokesperson for Healthwatch, agreeing press releases as appropriate
- + Follows up on Healthwatch reports to ensure impact

Minutes of previous board meetings are published on our website here:

<http://www.healthwatchwolverhampton.co.uk/board-minutes/>

Our finances



Financial information

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	194,289
Additional income	0
Total income	194,289
Expenditure	
Operational costs	17,104
Staffing costs	163,492
Office costs	13,784
Total expenditure	194,380
Balance brought forward	-91





Contact us

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Address of contractors:

Healthwatch Wolverhampton is delivered by Engaging Communities (CIC) - Registered office-Suite 2, Opus House, Priestly Court, Staffordshire Technology Park, Stafford, ST18 0LQ.

How we are making this report available:

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our Local Authority.

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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