

Annual
Report

2014/2015





Contents



Contents	2
Introduction from the Chair	3
About Healthwatch	4
Summary of outcomes	5
Reaching local people	6
Gathering views and working for better local service	8
Influencing decision makers with evidence from local people	12
Healthwatch information service	14
Independent Complaints Advocacy Service (ICAS)	16
The team	18
Our plans for 2015/16	19
Our governance and decision-making	20
Financial information	21
Glossary	22
Registered Healthwatch office and sub contractors	24

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Introduction from the Chair

2014-15 was the first full year for Healthwatch Coventry and much work was done in establishing ways for patients and the public to get information and help from Healthwatch, and to share experiences, feedback and views on their local NHS and social care services.



Healthwatch Coventry is delivered by a voluntary sector partnership of Age UK Coventry, Citizens Advice Bureau, Voluntary Action Coventry

and Coventry Law Centre. The value of this joint approach has become very apparent, adding tremendously to our reach and the intelligence we gather. We are a leader in our approach to working with and integrating voluntary and community groups within our work.

Another of our strengths is that we are one of a small number of local Healthwatch, which deliver the Independent Complaints Advocacy Services (ICAS) as an integral part of Healthwatch work. This enables us to seamlessly connect people into this service from our Information Line and Access Points and via connections with other networks such as Advice Services Coventry.

The case load of Healthwatch Coventry ICAS service is increasing, meaning that more local people have access, but we would still like more people to know about and use our Information Line.

A focus of our work has been on reaching out to people in the communities of Coventry, particularly among some of the more hard to reach, seldom heard groups. We have exercised our Enter and View powers to visit a number of care homes.

We have been active within the City Council's Health and Social Care Scrutiny Board and the Health and Wellbeing Board. As a key member of the latter's Primary Care Task Group we undertook a survey on patients' views of the Quality of GP Services in the City.

We have been working in the context of a fragmented NHS structure and a social care environment where big changes such as the Care Act must be implemented at the same time as significant budget savings by the Council. There have also been national initiatives such as the Better Care Fund programme of work which aims to reduce emergency admissions and re-admissions to hospital via increased care and support in the community.

Such changes mean listening to and channelling the voices of local people is even more important. We look forward to this challenge and working with and for the community in Coventry in 2015-16.

- John Mason





About Healthwatch

Healthwatch Coventry is the independent champion for those using health and social care in Coventry.

We are independent of services (such as hospitals and GPs) and have legal powers including the right to request information and to get a response to our reports and recommendations.

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help (H2H) (see page 24).

Our role is to:

-  Ask people what they think about services to build a picture of where services are doing well and where they can be improved.
-  Influence the planning and delivery of NHS and social care services based on what local people tell us.
-  Provide an information service for local people to get answers to questions about health and social care, understand their rights and find the best source of information and help.
-  Provide information and support for people who are making a complaint about an NHS service (this is called the Independent Complaints Advocacy Service or ICAS).



Contact us

Healthwatch Coventry
29 Warwick Road
Coventry
CV1 2ES
Website:
www.healthwatchcoventry.co.uk

Information helpline and ICAS service

Tel: 024 7625 2011
Just ask email:
info@healthwatchcoventry.co.uk

Central Team

Tel: 024 7622 0381
Email:
yoursay@healthwatchcoventry.co.uk





Summary of outcomes

Some results from our work are:

- Healthwatch Information Access Points enabled 423 carers, people using NHS services, older people and other members of the community to get answers to questions about NHS and social care and share their experiences.
- The hospital Patient Advice and Liaison Service (PALS) has moved back to the reception area of the hospital, and the staff team has been expanded following Healthwatch recommendations about making the service more accessible.
- Improvements have been made to the layout of the hospital site to make traffic flow better, addressing recommendations about access to the hospital. Work has also started to add more car parking spaces for visitors.
- 71 local people have been supported to raise their complaints with NHS organisations including people who would not have been able to raise concerns without Healthwatch advocacy support.
- The perspectives of people who have substance misuse issues/mental health issues and voluntary groups who help support them have been made known to planners and commissioners of services.
- Improvements have been made within care homes environments in response to Healthwatch recommendations.
- The commissioning of mental health services has been added to the priorities for local health and wellbeing overseen by the Health and Wellbeing Board and a review has been delegated to the Adult Services Commissioning Board.
- A new contract for patient transport services has been put in place and additional funding has been put into the service by the local Clinical Commissioning Group.
- The voices of people who are disadvantaged and less heard were channelled through Healthwatch Coventry especially: people who are homeless and vulnerably housed (including those with addiction issues); newly settled Eastern European and Black African communities; and people with learning disabilities.
- The views of local people about the quality of GP services have been presented to managers/planners/GPs as a counter weight to professional perspectives on GP services.





Reaching local people

Our engagement priorities

We set priorities to guide our engagement and outreach work. Part of the remit of a Healthwatch is to ensure that people who are less heard and disadvantaged have a route to give their views and feedback on services. This can include barriers to using services.

Therefore, we made sure that those who are less heard and vulnerable were reflected in our engagement priorities:

People who are homeless/vulnerably housed and have addiction problems

These are people with complicated problems who need support from different services and are likely to have other health and mental health issues too.

People from black and ethnic minorities - especially newly settled communities

Coventry is a diverse City and population data shows that there are new communities moving to poorer areas of the City. This year we have focused particularly on Black African Communities and Eastern European communities as well as building links with the lead Refugee support organisation. We also made links with a Chinese carers group - this community is often seen as being hard to reach.

As Coventry has a significant Asian population, we also made links with a

number of support groups for older Asian people and their carers.

People with long term conditions, including their carers

Specific focus on stroke (as there is a review of stroke services underway locally) and Osteoporosis - Healthwatch has raised questions with the service commissioner regarding provision.

Children/young people*

Work has begun to make links with organisations such as Children's Centres, schools projects and we held a session with the Special Needs Information and Support Service.

People who work /volunteer in Coventry but don't live here

Some people use NHS services in Coventry or care for people who use services here, but don't live locally. Through our work gathering views on the quality of GP services we gathered input from some people using the Walk in Centre who worked in Coventry but did not live here. We also gathered views in the outpatients waiting area of the local hospital. Patients come from many different areas to use these services.

Twitter followers: 1159

* Those aged up to 18 years old



Community Connectors

Healthwatch Coventry Community Connectors are a way of helping to gather evidence about what needs to change about local health and care services.

Community Connectors are people who are connected with different communities through their roles in local voluntary, community, faith or self help groups, or some of the local services run by statutory organisations. They act as a link person to Healthwatch Coventry collecting feedback on services and promoting the role of Healthwatch.

Healthwatch has recruited 16 Community Connectors across a breadth of groups covering:

- Homelessness
- Learning disability
- Carers
- Young migrants/refugees
- Eastern European community
- Long term health conditions
- BME communities
- Children/Young People

Chinese Carers Group Healthwatch session



Information Access Points

Healthwatch Information Access Points aim to help the public to:

- Get answers to questions about NHS and care services
- Find out where to get further information or help
- Find out about Healthwatch

We have Information Access Points at the Carers Centre; Sahara (Group supporting mental wellbeing of Asian Elders) and Age UK Coventry., as well as health settings and libraries (Find out more on pp 14-15)

Healthwatch Information Access Points helped 423 people

Healthwatch membership

Healthwatch Coventry has a membership of local people and voluntary groups. 407 members, with 90 (22%) from voluntary and community groups. 27% of members are family or informal carers; and 18% consider themselves disabled.

Ethnicity of membership:

White	58.5%
Black, Asian & other ethnic groups	35%
Not stated	6.5%



Gathering views and working for better local services

GP quality

In order to gather information to feed into a sub group of the Local Health and Wellbeing Board focusing on primary care, Healthwatch asked local people what they thought good quality GP services looked like, in order to help define a bench mark for good quality GP services in the City.

277 people gave their views through two public surveys, guided interviews and four focus groups targeted in two neighbourhood wards with greater health inequality. We also spoke to a sample of GP practice managers



Many ideas about GP quality

We carried out two 'Enter and View Visits' to the local Walk in Centre in order to talk to patients about their experiences, why they used that service rather than their GP and find out the role the service played.

We found that:

- People value GP services being close to home
- Reception staff are key to patients' experience of their practice

- The characteristics of good reception staff are that they are approachable, respectful, helpful and caring
- People have confidence in GPs/practice nurses when they feel they are knowledgeable, listening and compassionate
- For routine matters most people said they prefer to wait to see a GP of their choice
- People were not aware of how to give their views.

We made nine recommendations including:

- That customer service focused training is provided to GP reception staff
- That there are more opportunities for patients to give feedback and views about their GP services
- That Coventry adopts a statement of what a good quality GP service is based on the findings from this work.

We have fed our findings and recommendations to the Primary Care Quality Group of the Health and Wellbeing Board, which is working to improve GP services.

Find out what we found by visiting:
www.healthwatchcoventry.co.uk/gp-services



Mental health services

Through our outreach activities and developing network of Community Connectors, we have gathered feedback about local mental health services and identified a gap/catch 22 for people who have dual issues of substance misuse and mental ill health not being able to access the right services. We have raised this concern with local service commissioners and the Health and Wellbeing Board.

We have made two information requests regarding mental health services asking about safeguards for young people cared for in adult mental health facilities; procedures for home leave; and medication recording.



We gather feedback in different settings

Website hits: 4405

'Enter and View' visits to Care Homes

We have carried out a series of 'enter and view' visits to care homes in Coventry because older people who live in care homes are less likely to be able to make contact with Healthwatch themselves and can be vulnerable. Also, since the Care Quality Commission (CQC) has introduced its new programme of inspections, more local homes have not been meeting their quality standards (find out more at www.cqc.org.uk)

We visit homes in order to see if we would like to live there and look at the environment, activities, food and other quality of life factors.

We visited eight care homes to the end of March 2015; talking to 30 residents and 22 staff.

We ask the managers of homes to respond to recommendations we make and the responses are added to our published reports.

Our reports are also sent to commissioners at the City council and CCG and to the Care Quality Commission.

Reports of our visits can be found at:
www.healthwatchcoventry.co.uk/content/reports-visits-care-homes



NHS complaints handling

Following work by Healthwatch in 2013 and the national campaign led by Healthwatch England we have been talking to local NHS organisations about their NHS complaints processes.

We have shared our experiences of supporting people who are making NHS complaints through the Healthwatch ICAS service; promoted national good practice and called for changes to ensure that people feel the process is easier and achieves an outcome.

- We met with the local Clinical Commissioning Group (CCG) regarding their role in the complaints process and making their information leaflet clearer.
- We raised concerns about the timeliness of responses from the Patient Advice and Liaison Service (PALS) at UHCW after feedback from local people.
- We followed up on nine recommendations made to UHCW resulting in changes to process, information and access being made.
- Following input from Healthwatch Coventry, the Quality Account Task Groups across Coventry and Warwickshire held a session focusing on complaints handling by all local NHS trusts, giving the opportunity to

compare Trusts approaches and share learning.

- We discussed with Coventry and Warwickshire Partnership Trust (CWPT) how we could be involved in a review of their complaints processes.



Access to the hospital

Patient transport services

These have been an ongoing concern because of feedback about the quality of services from patients and delays in re-commissioning a new service. Therefore, last year we referred the commissioning of the service to the Health and Social Care Scrutiny Board of the local council. The Board called the commissioners to a meeting to account for their actions and made recommendations to them.

This year we have continued to gather feedback about the quality of the service and pass this to Coventry and Rugby CCG; we provided comments on the draft specification for the new contract for patient transport services; and took part in discussions about the eligibility criteria once the contract was awarded.



Car parking and hospital site changes

Healthwatch has been following up on recommendations about improving site access and car parking at the hospital made by Coventry LINK in 2012.

This year, the Trust made changes to the drop off area to increase capacity and began work on a phased programme of significant changes designed to improve traffic flow and increase visitor parking.

This work, once complete, will address all of the recommendations made from the survey of people using the hospital site in 2012.

Patient Assessments of Hospitals (PLACE)

We took part in Patient Assessments of the Environment at both the hospital and local mental health inpatient unit, providing the lay representation on these inspections. This proved another useful way for local people to be involved in reviewing the quality of local services.

We gathered the views of 607 people directly and many more through our networks

How we shared information with Healthwatch England

Healthwatch is a network covering England supported by Healthwatch England. This means we can pass information to Healthwatch England in order to help influence national policy.

We share our reports and recommendations and priorities regularly.

Where we find that we cannot make progress on issues locally, we escalate them using the Healthwatch England escalation process. We have not needed to do this, this year.



Healthwatch members hear about hospital site plans



Influencing decision makers with evidence from local people

Taking patient and public voices to service planners

We work hard to put the information and feedback we gather from local people to use to influence how local NHS and care services are delivered and planned.

In March 2015 we published a report highlighting the concerns regarding local services local people had highlighted to us and setting out actions we would like to see from service commissioners and providers. This report will be considered by the local Health and Wellbeing Board, which oversees the strategy for health and wellbeing in Coventry.

Healthwatch has two representatives on the Health and Wellbeing Board: our Chair and Chief Officer, so that we can argue for the interests of patients and the public at this strategic level.

We also have a Steering Group volunteer who is a co-opted member on the Health and Social Care Scrutiny Board of the local Council. This Board reviews the effectiveness of the commissioning and delivery of health and social care services. Therefore, our presence acts as another route for involving local people in service commissioning.

For example:

- Healthwatch Coventry flagged concerns about mental health services gathered from feedback from service users and local groups;
- Public Health carried out a Mental Health Needs Assessment process into which we fed information;
- The Health and Wellbeing Board recommended that there is a review of service commissioning carried out by the Joint Adult Services Commissioning Board.

Consultations

This year we have fed into one national and three local consultations to enable the voices of people in Coventry to be heard. These were:

- Making changes to the NHS constitution
- Closure of the Aylesford intermediate care facility in Coventry
- Coventry and Rugby CCG commissioning priorities
- The Coventry Dementia Strategy





Early warning of concerns about services

An important part of our role is to provide one of the routes to give an early warning of concerns with NHS or care services to those who commission and regulate services them and to sharing intelligence with organisations providing services.

The Care Quality Commission (CQC) is the Regulator of health and social care services. We have set up regular communication meetings and channels so that we can share our work and intelligence about services. When the CQC is going to carry out an inspection of a service they ask the local Healthwatch for any information they have about it and for a hospital inspection they also hold local listening events. In March 2015, the CQC carried out an inspection of University Hospital Coventry and Warwickshire (UHCW) and Healthwatch Coventry had discussions with the CQC prior to this inspection.

Also, if through our ICAS or other work we identify an individual or a service where there may be a risk of harm, we raise this immediately with the CQC and with the service commissioners.

Regular meetings are also held with NHS Trusts and NHS commissioners and with representatives from social care services in order to share information about services gathered from local people and Healthwatch visits etc.



Official work	Number	Responses received
Information requests	7	<ul style="list-style-type: none">- No response received from 2 requests- Partial responses for 2 requests- Full responses to 3 requests
Number of reports published	7	Containing 27 recommendations regarding local services or service commissioning
Referrals to Scrutiny Board	1 was ongoing	The Scrutiny Board followed up on this
Recommendations made to the Care Quality Commission to undertake a special review	0	None required



Healthwatch information service

We run a telephone and email information service to answer questions from the public about local NHS and social care services and put people in touch with the best sources of help.



Topics of Healthwatch information service enquiries:

Service Area	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014	Jan-Mar 2015	TOTAL
GPs	32	16	13	21	82
Hospital services	21	18	15	20	74
Social care services	7	5	2	6	20
Dentists	5	6	3	5	19
Other primary care service	1	1	5	1	8
Mental health services (adult)	0	0	3	5	8
Mental health services (children)	0	0	1	3	4
Ambulance Services	0	2	1	4	7
Community Health Services	1	0	2	0	3
Clinical Commissioning Group	2	0	0	0	2
Other	13	21	11	6	51
Total	82	69	56	71	278

In order to reach local communities who might not use this service we set up Information Access Points in local libraries and six key NHS and community settings.

Our Information Access Points run on a rota at the hospital and Walk in Centre and local libraries. Age UK Coventry, the Carers Centre, Sahara and Foleshill Children's Centre also run Access Points.

423 people have received information or been put in touch with the best source of help through our Information Access Points this year (NB this service started part way into the year).

144 people with a complaint about an NHS or social care service were helped by the Information Service



How Healthwatch Information Service helps

A caller was concerned about quality of mental health services they had received. The Healthwatch Information Line provided information about the complaints process and as the caller was vulnerable a proactive referral was made to the Healthwatch Independent Complaints Advocacy Service (ICAS), so that they could receive advocacy support in raising their complaint.



How Information Access Points help

A client with a diagnosis of Dementia who due to memory difficulties had not been following the daily prescribed dosage of their medication had made contact with Age UK Coventry. A request was made in writing by Age UK Coventry Advocacy to the GP to review package of care to incorporate a medication prompt. The GP responded to concerns through a telephone call where the manner was impolite and impatient with an expectation of the Advocate to remove the out of date Blister packs from the property. The Advocate advised the GP that it was not within the remit of the role to coordinate medication, which was met by an inappropriate response. Healthwatch signposted the Advocate to the GP Practice manager, so that they could raise a complaint regarding the inappropriate manner of the GP.



No. of people we gave information to face to face: 428

No. of people we gave information to by phone or email: 273



Denise (centre) and access point volunteers Dot and Jane



Independent Complaints Advocacy Service (ICAS)

Healthwatch Coventry offers free, independent, confidential advice and support to people in making complaints about NHS services.

Topics of complaints we have supported

NHS Service	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total
University Hospital Coventry & Warwickshire (UHCW)	7	10	11	2	30
Other hospitals	1	0	2	0	3
Adult Mental Health	3	6	5	2	16
GPs	4	4	0	2	10
Dentists	0	0	1	0	1
Community Health Services	0	1	0	1	2
West Midlands Ambulance Service	1	0	0	2	3
NHS Continuing Healthcare	1	0	1	3	5
British Pregnancy Advice Service	1	0	0	0	1
	TOTAL				71



Outcome of those resolved locally

Outcome	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Total
Refused to accept: time limit exceeded	0	2	0	2	4
Provided support & client decided to proceed themselves	1	2	3	4	10
Provided support and client decided not to proceed with complaint	5	1	3	4	13
Upheld	2	1	2	2	7
Partly Upheld	0	1	0	1	2
Not upheld	2	0	0	2	4



Referred to Ombudsman

Ten complaints have been referred to the Parliamentary and Health Service Ombudsman (the final stage in the NHS complaints process) six of these are still awaiting an outcome, one was upheld and three were not upheld.



Changes to services

There have been specific ICAS cases which have led to changes in policy in NHS Trusts. For example:

- Revision of security procedures at hospital following a recent ICAS case.
- One hospital has revised its training process regarding the treatment of people with mental illnesses who present with other issues.



An ICAS case story

ICAS was approached by a couple who had a pre-existing complaint concerning their son. He had been taken from the ward by security guards, who he claimed, took him to the gates of the hospital in a wheelchair and tipped him on to the pavement. He was a man with serious depression. ICAS was able to assist them with arrangements for a local resolution meeting. ICAS attended the meeting with them and had a productive discussion with the facilities manager and the head of security. They both apologised for the incident, and as a consequence of the meeting the hospital agreed to review its procedures regarding security, and also to examine whether further training could be put in place, given that the guards are working specifically with people who can be very vulnerable.



The team

Volunteers

A big thank you to everyone who has volunteered their time for Healthwatch this year

We recruit and train new volunteers continuously and due to changes in circumstances we also see some volunteers move on. At the end of the year we had 58 volunteers and of these, 67% were White British and 33% from Black, Asian and other minority ethnic groups.

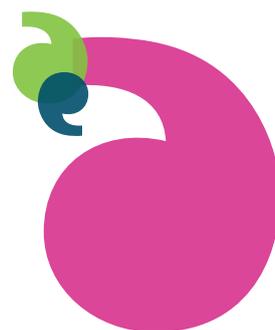
Our volunteers give many hours of their time to Healthwatch activities and without their contribution it would not be possible to do all that we do. Some people volunteer as Authorised Representative volunteers and some on our Steering Group.

We also have volunteers supporting our information access point work, admin volunteers, quality volunteers and we are actively recruiting Community Outreach Volunteers.

Authorised Representatives

Our Authorised Representatives at the end of the year were:

Sharifa Ali
Gaile Allen
Elsie Beaumont
Amina Brooks
Nick Darlington
Elaine Gray
Anne Harrison
Diane Jones
Frances Lindsey
Sheila Marston
John Mason
Maggie McHale
Clair Roberts
David Spurgeon
Tom Stone
Angela Timms



The staff team

- Ruth Light, Chief Officer (37 hours)
- Louise Stratton, Engagement Officer (18 hours)
- Kerry Vieira, Volunteering Co-ordinator (24 hours)
- Samantha Barnett, Assistant (30 hours)
- Kieran Howell, Info Line Supervisor (30 hours)
- Denise Proctor, Access Point Worker (18 hours)
- Alan Thomas, ICAS Adviser (37 hours)
- Rob Allison, H2H Contract Manager



From left to right, Alan, Rob, Denise, Kieran, Ruth, Kerry, Sam and Louise



Our plans for 2015/16

Opportunities and challenges for the future

The political aspirations for the NHS and social care are becoming clearer now that the election period is over. The NHS 5 year plan remains the framework with proposed legislation focusing on 7 day working, integrating health and social care, improving access to GPs and mental health services.

Therefore in Coventry there will continue to be a focus on, improving primary care, mental health services and preventing emergency admissions to hospital through integrated working (the Better Care Fund).

Another local challenge is that the hospital is running at capacity and delayed transfers of care at discharge are increasing. A&E performance against waiting time targets has not been good.

For social care services there will be both the implementation of the Care Act and significant reductions in City Council budgets for social care services meaning a series of consultations and service changes.

We will continue to work to ensure that the voices and experiences of the communities of Coventry have an influence on the delivery and strategy for services.

Proposed priorities for the focus of Healthwatch Coventry work in the coming year are:

1. Primary care quality
2. Patient transport services
3. Mental health services
4. Changes to social care services
5. Services for frail and vulnerable older people

Healthwatch Coventry Steering Group members - see page 20



“My thanks go to members of the Steering Group for their contribution and to the staff for their hard work”

-John Mason



Our governance and decision-making

Healthwatch Coventry is delivered by the Here2Help voluntary sector consortium, and is delivered by four local charities. This means we use the skills and knowledge of these organisations to provide Healthwatch in Coventry.

Here2Help Board

Has the overall responsibility for the safe and effective delivery of Healthwatch against the requirements of the Grant Aid Agreement from the City Council. It ensures the accountability of four Here2Help members for effectively delivering Healthwatch work.

How we involve lay people and volunteers

Healthwatch Coventry has a Steering Group made up of individual local people and local voluntary organisations. This sets the strategy and direction of Healthwatch work: which health and care services Healthwatch Coventry covers with our activities and makes sure that good practice is followed. It also approves reports and recommendations; use of enter and view powers; whether to make a referral to overview and scrutiny committee or anywhere else.

Steering Group meetings are held in public. Decisions are published via the minutes of the Steering Group meetings.

Steering Group members (appointed September 2015):

- Gaile Allen
- Steve Banbury, VAC
- Sue Bent, Law Centre
- Penny Collard, Here2Help
- Surinder Dhillon
- Julie Faulkner, CAB (to Dec 2014)
- Ed Hodson, CAB (from Jan 2015)
- Anne Harrison (to March 2015)
- Karen Keates
- Sheila Marston, AIMHS
- John Mason (Chair)
- Christine McNaught, FWT- a Centre for Women
- Des Patalong
- Moira Pendlebury, Age UK Coventry
- Dennis Saunders
- David Spurgeon
- Debra Walton, Grapevine

Operational decisions

Operational staff, under the guidance of the Healthwatch Chief Officer (who may also seek the input of the Chair on potentially contentious issues), are delegated decision making regarding matters such as:

- the detail of what information to request and from whom
- the scheduling and organisation of enter and view visits following a Steering Group decision
- ongoing referral of issues and intelligence to commissioners and regulators.





Financial information

INCOME		£
Funding from local authority to deliver local Healthwatch statutory activities		239,000

EXPENDITURE

Payments to subcontractors	237,000
H2H Insurance	1,548
Total expenditure	238,548
Brought forward 2013/14	-134
Carry forward 2015/16	318

Subcontractors:	
VAC - voice	120,444
CAB - information helpline	42,164
Law Centre - ICAS	43,384
Age UK Coventry - Information Access Points	19,156
VAC - contract management/H2H secretariat	11,852
	237,000

VAC - voice & influence:

Payment from H2H	120,444
Salaries	89,430
Staff costs	413
Publicity	5,809
Volunteer costs	1,356
Other direct costs	3,267
Management & overheads	19,232
Total expenditure	119,507
Brought forward 2013/14	-538
Carry forward 2015/16	399

CAB - information line:

Payment from H2H	42,164
Salaries	30,069
Contribution to phone line	3,015
Other office costs	399
Volunteers costs	2,252
Management & overheads	6,732
Total expenditure	42,467
Brought forward 2013/14	-613
Carry forward 2015/16	-916

Law Centre - ICAS:

Payment from H2H	43,384
Salaries	40,797
Staff costs	1,880
Interpreter costs	2,383
Management & overheads	6,928
Total expenditure	51,988
Brought forward 2013/14	7,930
Carry forward 2015/16	-674

Age UK Coventry - access points:

Payment from H2H	19,156
Salaries	14,567
Staff costs	714
Publicity	410
Management & overheads	3,060
Total expenditure	18,751
Brought forward 2013/14	1,217
Carry forward 2015/16	1,622

An additional £5,276 was also spent on publicity from funds held by VAC on behalf of Healthwatch.



Glossary

Authorised Representatives	Healthwatch volunteers who are trained and approved to visit NHS and social care premises
BME	Black and minority ethnic person or communities
CQC	Care Quality Commission: regulator of health and social care providers in England. It inspects services to see if they meet certain standards
Clinical Commissioning Group (CCG)	Clinical Commissioning Group: body with responsibility for proportion of local NHS budget
Commissioner	Organisation/officer with responsibility for buying health or social care services for the local population and for monitoring the quality of the service provided
Coventry and Warwickshire Partnership Trust (CWPT)	Provider of mental health, learning disability, and substance misuse services for Coventry and Warwickshire plus community health services for Coventry
Engagement	An over arching term for activities to gather views, opinions or feedback from patients or the public
Enter and View	Term for one of the Healthwatch powers: to go to certain NHS and social care premises to see how services are being run
Grant Aid Agreement	Type of funding agreement providing funding via a grant
Health and Social Care Scrutiny Board	Committees of the local council made up of local councillors that look at health and social care delivery
Health and Wellbeing Board	Led by the Local Authority to develop a strategy for local health and wellbeing and to set priorities for local joint work across health and social care
ICAS	Independent Complaints Advocacy Service: service to support people making a formal complaint through NHS complaints processes
Information request	Healthwatch has the power to request information from service commissioners and providers and to get a response
NHS England	Responsible for aspects of NHS services including GPs and the commissioning of some specialised health services and health and social care policy implementation
Ombudsman	Parliamentary and Health Service Ombudsman provides the top level for the NHS complaints process and the Local Government Ombudsman for complaints regarding local authority services





PALS	Patient Advice and Liaison Service - based in NHS Trusts to provide help to people with current concerns about their treatment, care or service
Public Health	Department of the local council and Public Health England - both work to improve the health and wellbeing of the population either locally or nationally
Quality Account	Document produced by NHS Trusts annually to set out and report on quality priorities regarding their services
Social Care	Services organised by the local council to provide support to vulnerable, disabled and older people who need support to live their lives; for example support to live at home or residential care
UHCW	University Hospitals Coventry and Warwickshire. Trust providing hospital services in Coventry and Rugby
WMAS	West Midlands Ambulance Service -provides emergency ambulance, patient transport service and the NHS 111 phone line service





Registered Healthwatch office and sub contractors

Healthwatch Coventry
c/o Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2ES



Grant-holder: Here2Help

Voluntary Sector Consortium (trading as Here 2 Help)
c/o Voluntary Action Coventry
29 Warwick Road
Coventry CV1 2ES



Sub contractors:

*Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2ES*

*Coventry Law Centre
Oakwood House
St Patricks Road
Coventry
CV1 2HL*

*Coventry Citizens Advice Bureau
Kirby House
Little Park Street
Coventry
CV1 2JZ*

*Age UK Coventry
Alvyn Smith House
7 Warwick Road
Coventry
CV1 1EX*

We will be making this annual report publicly available by 30 June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee, 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.