

Annual Report



2018-19

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If you need this report in an alternative format please contact us on 024 7622 0381 or email yoursay@healthwatchcoventry.co.uk

Achievements this year



More user friendly information resulted from Healthwatch involvement in the drafting of leaflets



350 people received the information they needed about health and care services



Managers and planners heard the experiences of patients/ families about 'Discharge to Assess' and 'Reablement' short term support



The hospital has created a work priority about how patients existing medication is managed on wards after we raised this



Staff involved in Discharge to Assess and Reablement support had their suggestions and issues heard



2167 local people told us about their experiences of a number of different areas of health and social care



Home support/care agencies have shared good practice and developed a learning culture after receiving our recommendations



We provided an alternative patient/public perspective at meetings about plans for health and care services



The environment of a care home has been improved to benefit residents



Users of out of hospital services now have new ways to give their feedback



Those in charge of the service heard the experiences of people using Prescription Ordering Direct and acknowledged issues



ICAS supported people to receive apologies and other outcomes from NHS complaints raised



People were empowered by receiving the information and support to raise concerns about services



All ICAS cases reaching local resolution were upheld or partly upheld



Our volunteers gave a total of 1421 hours to Healthwatch activities this year



More support was put in place to help hospital ward staff to communicate with patients well

Who we are

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen.

People can also speak to us to find information about health and social care services available locally and support for those making a complaint about an NHS service.

Our sole purpose is to help make care better for local people.

People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Gathering views via surveys and discussion groups
- Reaching out to local people
- Linking with voluntary, community and self-help groups

Working with our community

Volunteers from our local community are involved in most areas of our work from visiting services, to supporting individuals, to overseeing the strategy and plans of Healthwatch.

We recruited and trained 6 new volunteers. At the end of the year we had 41 volunteers and of these, 22 were White British and 9

from Black, Asian and other minority ethnic groups and 10 had not stated.

We estimate that our volunteers gave 1421 hours of their time to Healthwatch this year.



How we run

During 2018-19 Healthwatch Coventry was provided by the local voluntary sector consortium Here2Help with our services delivered by four local charities. Here2Help decided to close down by the end of March 2019. Therefore, with the agreement of Coventry City Council a new set up has been put in place with the local charity Voluntary Action Coventry becoming the lead provider for Healthwatch subcontracting Age UK Coventry; Citizens Advice Coventry and Central England Law Centre to deliver specific Healthwatch services or work.

The staff team

- *Samantha Barnett, Assistant*
- *Ruth Burdett, Enter & View & Volunteering Co-ordinator*
- *Kieran Howell, Info Line Supervisor*
- *Varinder Kaur, Contact Point Officer*
- *Ruth Light, Chief Officer*
- *Natasha Ramrous, ICAS Adviser*
- *Louise Stratton, Engagement Officer*

In March 2019 we said goodbye to Natasha and Ruth Burdett when they moved on to other jobs.

From our Chair

I became Chair of Healthwatch Coventry in January 2019. The role appealed to me because the vision of Healthwatch is simple: health and care that works for and is centred on those who use it.

Coventry has a population of over 360,000. It is becoming increasingly diverse as a result of births and migration. In schools, nearly half of Coventry pupils are from Black, Asian and Minority Ethnic (BAME) communities.

Nearly 19% of Coventry neighbourhoods are amongst the 10% most deprived neighbourhoods in England. There are significant differences in health and life expectancy depending on where people live in the City.

Healthwatch Coventry has a track record in gathering the experiences of those who are least heard and taking this information to those who can make changes to NHS and care services.

This year we have carried out a wide range of community outreach to listen to the experiences and views of our local community, focusing especially on our diverse communities and disabled people. Plus our Contact Point stalls reached people using local NHS services as well as community facilities.

We have also done detailed work to capture the experiences of older people who received short term reablement or discharge to assess support through detailed interviews as well as visits to services.

We work hard to ensure that our recommendations do not go unheard and carry out follow up to make sure that work is taken forward, for example our involvement in the community pharmacy steering group taking forward our recommendations about pharmacy.

We are well connected, attending a range of groups that develop strategies and plans for local health and care service so that we can provide insight into what local people think and experience and advocate that organisations talk to the community about their services.

We also work to help people get the information they need to find their way around NHS and social care services and to feel able to raise any experiences where things have not gone well through the NHS complaints process. Our information services helped 350 people and our ICAS service was very busy working on 134 cases.

Thank you to everyone who has contributed to our work this year including our team of volunteers.



Stuart Linnell (MBE)

Listening to you

BAME communities

We identified that Coventry has a lot of new Black, Asian and Minority Ethnic (BAME) communities and set out to reach people by:

- A focus group was run with an Arabic Women's Group
- Work with Hillz FM a community radio station led to a Healthwatch advert being run and a phone in session answering questions on the radio
- Visiting temples
- Talking to students on English as second language course
- A Healthwatch leaflet was translated into Eritrean by a member of the community
- Meeting new community groups

Men

We know that men are less likely to talk to Healthwatch and take part in our surveys. So we looked for groups and places where men come together for example meeting with a group of 12 men who are on a confidence building course to help them move closer to employment and visiting a bowls group. We also sought out men living in Housing with Care schemes.

Disabled people

- We spoke to parents at a school for children with special educational needs
- We gathered intelligence about the experiences of deaf people via a meeting with a local group
- We spoke to older people who are visually impaired

Contact Points

We gathered the views of 567 people through 50 contact point stands in NHS and community places. These enable people to talk to us about their experiences of using local NHS and social care services. This included a regular stand at the City of Coventry Health Centre - a multi-use health centre hosting a range of NHS services including a Walk in Centre. People who live outside Coventry also use this service.



Contact Point prompts Julek to talk about his concern

Julek spoke to our contact point volunteer who identified that he had an issue that required more support. With his consent we passed his details directly to the Healthwatch Information Line so that they could contact him to help.

Julek had been misdiagnosed over a year ago leading to ongoing issues for him but until he saw our Contact Point at the City of Coventry Health Centre and talked it through with our volunteer he had not taken any action as he didn't feel that there was anyone who would care or help.

Interviews

We carried out a research project to get the views of older people and their families who had received 'discharge to assess' and 'reablement' support after a stay in hospital.

This is support of up to 6 weeks to help people to regain skills and strength or to allow time for ongoing care needs to be assessed away from hospital. It has been introduced so that people can be discharged from hospital more quickly.

We visited and interviewed 47 people who received this short term support either at home or in short term placements in care homes or housing with care flats. We also spoke to staff from different organisations involved in the care. We received an action plan in response in June.



Visits to services

We made 10 visits to 3 care homes to either carry out our established Enter and View visit about the care and choices residents receive or to find out specifically about short term reablement care or short term discharge to assess care.

We visited 6 Housing with care schemes. We introduced a questionnaire at one Housing with care facility for people returning home from hospital to share their experiences.

The views of 20 Day Care service users were gathered by visiting services.

Change you want to see

We heard from 2167 people who told us about their experiences of a number of different areas of health and social care. Here are some examples of the changes that you want to see:

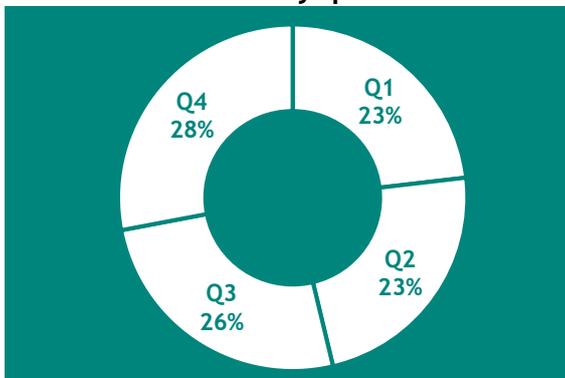
- Better communication in home care/support e.g. of changes to times of visits
- Choice about using services and accurate information to support choice
- Maintenance in housing with care schemes to be done more quickly
- More information and planning for hospital discharge involving patients and families
- GP appointment systems that are more patient friendly
- Some GP reception staff to be easier to talk to
- Greater consistency in home care/support services
- Access to services in a timely way - eg outpatient appointment, tests and GP appointments
- Language needs to be considered in how services are provided
- Access to good quality interpretation services
- Better access to mental health services in a crisis
- Greater continuity of care in the NHS

Helping you find answers

Our Information Service

We helped 350 people through our information helpline service. With 63% of these being helped with how to raise a complaint about an NHS service.

Contacts by quarter



The top three ways that people heard about us were via: our website/online; through our outreach, leaflets, promotional materials; and via health professionals.

“Very easy to contact”

Most common themes of enquiries:

The main issues that affected the people who got in touch with us were:

- 1) Concerns about medical care
- 2) Problems getting a diagnosis or unhappiness with a diagnosis
- 3) The nursing care that people received
- 4) The way that staff and services communicated with patients (from GP receptionists to hospital consultants).

5) Challenges that people have accessing services, or people asking how they would be able to get services because they did not know.

“Thank you ... following your guide helped”



Examples of how we helped

Julian’s partner Mark had recently come home from Hospital. Mark’s health conditions have made it increasingly hard for him to get around. The costs of taxis, to get Mark to hospital, were too much for Julian.

We let Julian know about the non-emergency Patient Transport Service which can take patients with mobility issues to medical appointments.

We also provided information on applying for disability benefits if the health conditions are likely to be permanent, as this could help cover the costs of getting around.

Karina called us because her husband Jeung had been sectioned within a mental health unit. Karina felt that he was getting worse and had complaints about the care he was getting. The most important thing for Karina was to get Jeung home.

We let Karina know that Jeung had a legal right to an Independent Mental Health Advocate, whose job is to ensure Jeung understands his rights and receives the right support. An advocate could apply to a tribunal, which would decide if Jeung could go home.

After discussing options, Karina wanted to talk to the Drs. We also explained how our Independent Complaints Advocacy Service (ICAS) could help and that she could get in touch at later date if needed.



Joy looks after her husband who has to attend regular hospital appointments as he has a condition that affects his memory. When they go to the hospital she struggles to get staff members to keep an eye on him when she needs the toilet or to get a drink whilst they are waiting. She wanted our help in understanding whether anyone could help during these visits.



We called the volunteers desk at the Hospital, and they explained that if Joy went to them they would help with this.

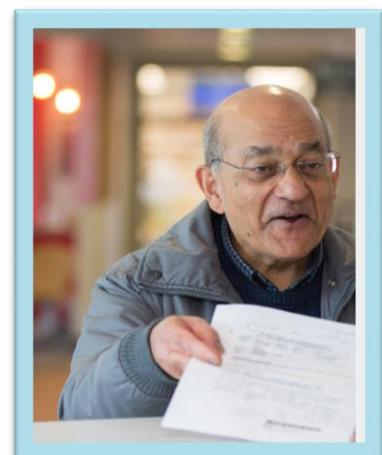
We also suggested sources for financial support (welfare benefits) and that a social care assessment and carer's assessment could look at support for her as a carer.



Palvinder needed to have regular check-ups at the hospital to monitor one of his health conditions. The hospital would always send an appointment letter. But these letters stopped. Palvinder assumed that this meant that the doctors had decided that they didn't need to see him anymore.

Then out of the blue he got a letter inviting him to an appointment and when he phoned the hospital he discovered that the department had made a mistake and had stopped sending repeat appointments. Palvinder was unhappy and wanted to raise this issue.

We helped Palvinder to raise his complaint with the hospital by providing information about the NHS complaints process, including materials such as a draft complaint letter.



**Names have been changed and pictures are for illustration only*

Independent Complaints Advocacy Service (ICAS)

ICAS gives person centred support to those who are making a complaint through the NHS complaints process.

We had 100 referrals and of these 59 were opened as cases and 12 received one off advice; some cases continued from the previous year, meaning 134 cases were worked on. 10 clients lived outside Coventry.

Our support activities included:

- helping people to be clear about the outcomes they want from complaints
- drafting complaints letters with clients
- attending meetings related to the complaint with the client
- referring people to other help

Local resolution

12 cases reached a local resolution in the complaints process. All received a positive outcomes. 4 of these complaints were upheld, and 8 were partly upheld. We advocated for clients at 5 local resolution meetings.



Ombudsman cases

8 cases were sent to the Parliamentary and Health Service Ombudsman (PHSO).

Of these and cases already with the Ombudsman 2 cases were partly upheld, 3 were returned for further local exploration and 1 was considered out of time.

The remainder are still being investigated.

We supported a complaint partially upheld by the Ombudsman regarding a young person being wrongly placed in an adult psychiatric unit and a financial remedy has been offered, which is very rare.

Outcomes from our help

ICAS support has led to many positive results for people as well as changes in services:

- A full and unreserved apology from NHS Trust for a surgical procedure that was undertaken without consent
- A quicker date for heart surgery
- Medication re-prescribed after it was stopped for an alternative version
- Incorrect charges (and a penalty notice) for dental treatment dropped by the NHS Business Services Authority and an apology from the dental practice concerned
- We mediated between two NHS Trusts to obtain information surrounding an investigation into how a patient was able to come to harm following a stay in hospital
- 13 apologies in relation to 15 elements of a complaint made to and NHS trust. This related to communication, practices and processes (including patient safety) and record keeping.
- A GP surgery wrote to a government body asking them to consider new medical evidence about a decision about a person's ability to drive

Examples of how we helped

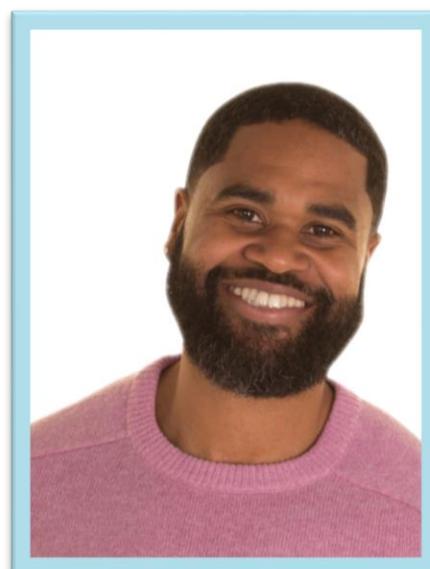


Maliha had suffered from serious mental health issues and wanted to be allowed to remain on her GP practice register although she was moving into supported accommodation a few metres outside their catchment area. The surgery refused.

We supported Maliha to raise a complaint to the Practice based on recent changes to guidelines that permit a GP to allow retention of patients from outside their usual area. The GP has also been reminded that they should make 'reasonable adjustments for health services' under the Equality Act. As a result Maliha has remained on the GP surgery's list.

Sami sought advice from ICAS regarding events he witnessed when his partner gave birth. The baby was born with an injury and Sami believed that this could have been prevented. The Trust concerned had offered a meeting after the birth but Sami felt this had not addressed their concerns sufficiently. We helped with a complaint and a response has now been received from the Trust which has partially upheld the complaint and offered an apology. Sami advised us that he would not have been able to proceed with the complaint without ICAS support due to the complexity of the complaints process and because English is not his first language.

Lewis wanted help with a complaint about hospital nursing care. He had a fall whilst a patient which should have triggered a patient safety investigation and the results of this should have been shared. This had not happened. ICAS supported Lewis to raise a complaint and reminded the Trust concerned that they should share the findings of any investigations into falls on hospital wards. The Trust responded with an acknowledgement that the standard of care Lewis received fell below expectations and offered an unreserved apology. The Trust also provided Lewis with a copy of the investigation report into the fall and it is evident from this that lessons have been learned and improvements made, which will protect other patients in a similar situation.



**Names have been changed and pictures are for illustration only*

Making a difference

How your experiences are helping influence change

Prescription Ordering Direct

We continued to put forward user's concerns with this telephone service for ordering repeat prescriptions run by Coventry and Rugby CCG.

People told us about problems which included the time taken for calls to be answered, people not being informed they have a choice about using the service and misinformation.

We asked for better information to be available and service issues to be addressed.

This has led to:

- Better quality information through our input into a new leaflet
- Work with the Scrutiny Board of the City Council which requested Coventry and Rugby CCG attend 2 meetings to discuss the service and patient concerns
- Acknowledgement that some things had not gone well
- Plans to review the service and asking Healthwatch to be involved



Care home makes changes

Following our enter and view visit and report a care home organised garden maintenance; cleared a bathroom being used to store equipment and did work to talk to residents about what activities they would like.



Better Information

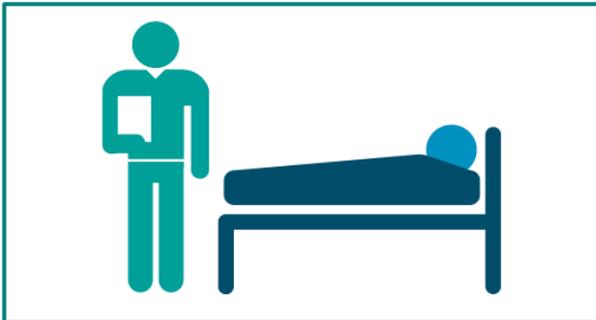
People often tell us that they do not receive information in a way which they can understand. We also see many information resources which organisations have spent time and money producing but that do not hit the mark, as they are too hard to understand.

So we often provide comments in order to help make information accessible and relevant for local people. This year our volunteers and staff looked at:

- Draft leaflet about pharmacy services
- Draft Easy Read leaflet aimed at service users with more profound learning disability and autism regarding the Transforming Care Register
- 4 draft documents aimed at explaining Continuing Healthcare to the public

Hospital wards

In 2017-18 we carried out visits to hospital wards to find out about communication with patients, especially those who have extra communication support needs such as hearing impairment



This year UHCW developed a plan of action to address our recommendations including:

- An internal awareness campaign about the resources the Trust has to help with communication
- Developing a flag on records for patients with hearing loss so that patients are more easily identified
- Using the findings in work to develop the Trust's approach to the Accessible Information Standard
- Promotion of the role of the learning disability liaison nurses to address confusion about their role

Good Engagement

We worked with NHS organisations to promote gathering experiences and views from patients and the public and using this to help improve services.

Our Good Engagement Charter - a 9 step plan for better ways to get feedback and input, was adopted by Better Health, Better Care, Better Value partnership; Coventry and Warwickshire Partnership Trust and was promoted by Coventry and Rugby CCG.

We worked with those leading a new patient group as part of a programme of change for community health services. This resulted in a clearer role for this group and a better way for staff to gather feedback from patients/service users as changes started to be put in place.

We also fed into the draft Communications and Engagement Plan as a way of promoting good practice.

Home support/care

Our project to gather feedback from people who used Home Support also known as Home Care gathered the views of 48 people, mostly by visiting them and interviewing them in their own homes.

Our 7 recommendations were fed back to Coventry City Council resulting in:

- Healthwatch running a session at the forum for home support providers to reflect on findings and discuss good practice
- We saw evidence that Council and providers have taken on most of our recommendations and were open to continuing change
- Actions to ensure providers respond to any complaints better
- Checks on providers via the council's monitoring schedule



Community Pharmacy

Following our survey, report and recommendations about community pharmacy services, a new Community Pharmacy Steering Group was set up by Public Health.

We found that the public were not very aware of all of the services that could be accessed via pharmacies. As pharmacies were seen as trusted community based services there were opportunities to think about their role in supporting health and wellbeing.

The group has worked on a promotional campaign and plans to bring together planners to consider the future role of community pharmacy in Coventry and Warwickshire.

Plans for service changes

We took an active interest in an ongoing review of Stroke services by going to workshops and taking part in a prioritisation session for rehabilitation service plans. We very much hope that the delays in taking plans forward can be overcome soon by the local CCGs.



Through our co-opted place on the Board for the local Sustainability and Transformation Partnership we make sure we understand plans for the future of NHS services and put forward a patient/public perspective.

Being a voice at strategic meetings

We go to meetings and forums to represent the interest of patients and the public. We are often the only lay/volunteer representatives at these meetings which gives us a valuable

perspective that is different from managers and clinicians.

Our Chair, supported by our Chief Officer, sits on the local Health and Wellbeing Board, a multi-agency group responsible for the strategy for promoting the wellbeing of local people.

Our Steering Group members go to a range of other groups too and report back. This has included Scrutiny Board 5, the Safeguarding Adults Board and Care Quality Commission (CQC) forums. They receive support including information to join up work from our Chief Officer.

Healthwatch England

We and other local Healthwatch feed intelligence gathered in our local area to help Healthwatch England identify national themes to raise with NHS England, the Department of Health and government ministers.

We signed up to take part in work organised by Healthwatch England to ask people about the ideas within the new NHS Long Term Plan - what matters to you and what should the NHS do.

Working with the CQC

We have regular contact with representatives from the Care Quality Commission (CQC) to share information about NHS and social care services.

The CQC inspected 96 services in Coventry this year. The intelligence we collect helps them to identify where to go or what aspects of care to focus on. This included an inspection of our local hospital and mental health/community trusts.

Some of our topics of discussion with UHCW included the CQC's inspection findings including 'Must dos' regarding maternity and urgent and emergency care.

Looking ahead

The last year brought a number of changes: we moved offices, recruited a new Chair and saw two of the staff team move on.

From April 2019 Voluntary Action Coventry became the lead provider for Healthwatch Coventry taking over from Here2Help the Voluntary Sector Consortium which had held this role since Healthwatch began. This change came about when Here2Help considered its future and decided it was best for it to close. We have worked to make this a seamless handover in Healthwatch and the organisations delivering the different elements of Healthwatch work remain in place.

Our funding is confirmed for one year until 31 March 2020. We must therefore plan with this in mind by picking priorities we can deliver within this period.

Within health and social care the context for our work remains plans for change to NHS structures and delivery and the missing plans for the future of social care - as there is no sign of the social care Green Paper.

Locally and elsewhere, the developing Intergrated Care Systems are the new

arrangements for organising the NHS. Local plans are moving forward focusing on how the many organisations which provide and commission health services can be brought together. Plus the future delivery of NHS services addressing the elements of the NHS Long Term Plan.

The involvement of patients, service users, family carers and the wider public within plans for the future of NHS and care services in Coventry is really important. So far there has not been enough of this or the intention has been there but the engagement exercise has been rushed. We will continue to advocate good quality engagement as patients/public can very much help provide the answers to how service should be delivered.



- Ruth Light
Chief Officer

Strategic priorities

1. Social care service for adults - care homes
2. Improving information - information in a way people can understand
3. Ensuring people are at the heart of changes to the NHS highlighted in the NHS long term plan
4. Developing social media reach
5. Reaching BAME communities

Our people

How we involve the public and volunteers in decisions

Healthwatch Coventry has a Steering Group responsible for setting the strategy and direction of Healthwatch work. It is made up of 8 individual local people, 3 local voluntary organisations and the subcontracted organisations delivering Healthwatch work.

The Steering Group makes decisions about: which health and care services will be covered by our activities; reports and recommendations; use of Enter and View powers; whether to make a referral to Overview and Scrutiny Committee etc. Decisions are published via Steering Group minutes.

More information about Healthwatch Coventry governance and decision making is available at www.healthwatchcoventry.co.uk/about-us

Our Authorised Representative volunteers

An up to date list of our Authorised Representative volunteers can be found at www.healthwatchcoventry.co.uk/content/whos-who



Our Steering Group members:

Individual members

Hakeem Adedaja	from 1/1/19
Taruna Chauhan	to 31/12/18
Nobby Clarke	to 7/8/18
Apollo Economides	from 1/1/19
Carol Fawkes	to 5/2/19
Karen Keates	from 1/1/2017

Stuart Linnell (MBE)	Chair from 1/1/19
John Mason	Chair to 31/12/18
Des Patalong	from 1/1/2018
Dennis Saunders	from 1/1/2018
David Spurgeon	to 31/12/18
Edward Devane	Co-optee

Voluntary sector members

Steve Banbury	Voluntary Action Coventry	to 12/2/19
Sue Bent	Coventry Law Centre	to 31/3/19
Andrew Collis	Involve Coventry	from 1/1/19
Ed Hodson	Citizens Advice Coventry	to 31/3/19
Samantha Keogh-Collins	Grapevine	from 1/1/19
Marcia Jarrett	Tamarind Centre	to 31/12/18 31
Derek Rawle	Koco Community Resource Centre	to 30/10/18
Michael Garrett	Age UK Coventry	to 31/3/19
Christine McNaught	FWT	from 1/1/19
Sue Ogle	Voluntary Action Coventry	from 12/2/19

Our finances

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

EXPENDITURE

Payments to subcontractors	237,000
H2H Insurance	1,618
H2H audit contribution	510
Total expenditure	239,128
Brought forward 2017/18	620
Carry forward 2018/19	492

Subcontractors:

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

VAC - voice & influence:

Payment from H2H	
Salaries	90,730
Staff costs	1,061
Publicity	2,887
Volunteer costs	955
Other direct costs	2,709
Management & overheads	19,232
Total expenditure	117,574
Brought forward 2017/18	322
Carry forward 2018/19	2,548

CAB - information line:

Payment from H2H	
Salaries	29,724
Contribution to phone line	1,749
Other office costs	180
Volunteers costs	2,250
Management & overheads	8,416
Total expenditure	42,319
Brought forward 2017/18	916
Carry forward 2018/19	1,071

Law Centre - ICAS:

Payment from H2H	
Salaries	34,408
Staff costs	1,815
Other direct costs	234
Management & overheads	6,927
Total expenditure	43,384
Brought forward 2017/18	1655
Carry forward 2018/19	1655

Age UK Coventry - contact points:

Payment from H2H	
Salaries	14,042
Staff costs	0
Publicity	0
Management & overheads	6,106
Total expenditure	20,148
Brought forward 2017/18	1,681
Carry forward 2018/19	689

Glossary

Accessible information standard	Tells organisations how to make sure that patients, service users and their carers, can access and understand the information they are given
Authorised Representatives	Healthwatch volunteers who are trained and approved to visit NHS and social care premises
BAME	Black, Asian and minority ethnic person or communities
Care Quality Commission (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)	Body with responsibility for spending and overseeing a 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
Contact Point	Name for a Healthwatch Coventry stall in an NHS or community setting designed to gather feedback from local people and provide information about Healthwatch
Continuing Healthcare	Name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having an ongoing health need
Coventry and Warwickshire Partnership Trust (CWPT)	Provider of mental health and learning disability services for Coventry and Warwickshire, plus community health services for Coventry
Discharge to assess	The name for short term care in Coventry to help people regain strength, mobility and independence following illness or being in hospital or for a short term care of up to 6 weeks whilst future care needs area assessed and put in place.
Duty of Candour	Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress
Engagement	An overarching term for activities to gather views, opinions or feedback from patients or the public Healthwatch Coventry Good Engagement Charter can be found at www.healthwatchcoventry.co.uk/engagement-charter
Enter and View	Term for one of the Healthwatch powers: to visit certain NHS and social care premises to see how services are being run

Healthwatch England	National body supporting local Healthwatch and utilising the evidence local Healthwatch gather for national policy campaigns
Health and Social Care Scrutiny Board	Committee 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, setting 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
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
Providers	Term for organisations which provide/run NHS or care services eg a hospital or a care home
Public Health	Department of Coventry City Council working to help people and the local population to stay healthy and protecting them from threats to their health
Reablement	Short-term NHS and social care support for individuals to help them to be as independent as possible after an unplanned hospital stay or illness and remain living at home, avoiding moving permanently into a care home
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
Sub contractor	We have used this term to refer to the delivery partnership with working agreements, which delivers Healthwatch Coventry. This is made up of Voluntary Action Coventry, Age UK Coventry, Coventry Citizens Advice and Central England Law Centre.
Sustainability and Transformation Partnership (STP)	The NHS and local councils are developing and implementing shared proposals to improve health and care in every part of England. One aim is to join up care. The Coventry and Warwickshire Sustainability and Transformation Partnership is now branded as 'Better Health, Better Care, Better Value'
Trust	A Trust (or NHS Trust) is an organisation within the English NHS providing healthcare services for residents such as hospital services, mental health services or ambulance services
UHCW	University Hospitals Coventry and Warwickshire. Trust providing hospital services in Coventry and Rugby

Registered office

Healthwatch Coventry
Voluntary Action Coventry
27-29 Trinity Street
Coventry
CV1 1FJ

Sub contractors:

Age UK Coventry and Warwickshire
7 Warwick Row
Coventry
CV1 1EX

Central England Law Centre
Oakwood House
St Patricks Road
Coventry
CV1 2HL

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

We will be making this annual report publicly available by 30 June 2019 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.