

Annual Report



2017-18

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Highlights of our year

We helped people to raise concerns about the Blood Taking Service - resulting in shorter waits, easier booking and better information for patients

We gathered the views of 713 people through 48 contact point stands in NHS and community places and used this information to inform our work

Care homes improved privacy and dignity, décor, tidied up and improved dementia friendly design after we visited

Through our task groups patient voices were heard in the setting of NHS Trust Quality goals for 2018-19

Our visits to hospital wards enabled vulnerable patients to have a voice and led to an action plan to improve communication with patients

We estimate that our volunteers gave 1630 hours of their time to Healthwatch this year - we could not carry out our role without this

96 people/families received support in having their voices heard by making a complaint about a NHS service. All those referred to the Ombudsman were taken up as cases.

We produced 7 reports and made 37 recommendations.

Our reports can all be found at www.healthwatchcoventry.co.uk

Intelligence gathered from local people was fed to the Care Quality Commission to inform their inspections of local NHS services, care homes and a review of the Coventry health and care system

Our work to gather the views of 703 people on local pharmacy services was commended at the annual Healthwatch Network awards in July.

And we know that our recommendations have been heard due to the content of the new Pharmaceutical Needs Assessment

373 people had their questions about health or care answered by us. 72 showed they valued our service by returning to use it again.

healthwatch
Network awards

Commended 2017



Our Information line helped people in relation to 268 complaints about the NHS -an increase of 119% enabling people to have their issues heard

Our work featured within two Healthwatch England national publications - about care homes and hospital discharge

Who we are



You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that people are at the heart of care nationally.

We are independent and committed to making the biggest difference to you.

Our purpose

People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

We hear what matters to you and work to make sure your views shape the support you need. People's views come first to us - especially those who find it hardest to be heard.

And we also provide two important services for individual local people:

- Information helpline answering questions about local health and social care services
- Independent Complaints Advocacy Service (ICAS) - support for those making a complaint about an NHS service.

Here2Help

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help and is delivered by four local charities. This

means we use the skills and knowledge of these organisations to support Healthwatch work.

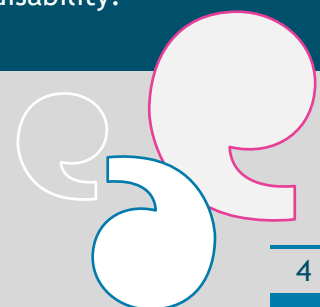
Our priorities for the last year

For 2017-18 we worked on the following issues, which we will report on in this report:

1. Home care - gathering views of service users
2. Getting to outpatient and test appointments - impact of location
3. Continuing Healthcare - developing better patient information
4. Communication with patients on hospital wards (learning disability, sensory impairment, language) on how to meet the need

About our population

Coventry is the 9th biggest city in England and has a growing population which is younger than average (average age of all residents is 33). It is very diverse with 34.4% Black and Minority Ethnic (BME) people and of this 16.3% Asian/Asian British. However, the number of older people is increasing as is the number of years people live with long term health conditions and disability.



From our Chair



The Healthwatch Network is now 5 years old.

In our 5 years we have matured into an important voice for the public, patients, service users, and family carers in relation to our remit of all local NHS and social care services in Coventry.

In 2017-8 we enabled people to have a voice by gathering the experiences of hospital patients, social care service users of home support and people living in residential care.

We looked at issues with the way the health and care 'system' works, such as hospital discharge and raised specific concerns about blood taking services, access to appointments and prescription re-ordering etc.

Healthwatch came into being just after the biggest a shake-up of NHS structures for a generation but things do not stand still. Now Integrated Care Systems are becoming a way to organise how services are commissioned and delivered, focusing on collaborative working. This should have benefits for patients by making services more joined up, but things are at an early stage.

Our Chief Officer has spent considerable time linking with the Coventry and Warwickshire Integrated Care System (also known as the STP) and its new structures.

We rightly ask the question of 'where do patients and the public fit in?' We have been

arguing for engagement with the public, and meaningful involvement in the design of services and the pathways people follow when receiving treatment or care. This agenda will continue in our next year.

As our Integrated Care system covers Coventry and Warwickshire we have been considering the impact of where patients go for services and maintaining close links with Healthwatch Warwickshire.

Our Independent Complaints Advocacy Service (ICAS) has been supported by our Information Helpline to help many people wishing to raise an NHS complaint.

People have been supported to get apologies and solutions to the issues raised such as unfair removal from GP lists. We have had particular success in getting complaints that are not resolved locally considered by the Parliamentary and Health Service Ombudsman. The Ombudsman has also directed response from NHS organisations for our clients.

Thank you to our dedicated team of volunteers who gave so much time to our work this year and to our small staff team for their hard work.

This Annual Report provides a flavour of the work we have been doing in the last year. More information can be found at www.healthwatchcoventry.co.uk



- John Mason

Listening to you



Listening to your views

We gathered the experiences and views of 1530 local people by:

- Outreach activity to talk to people who are less heard or experience barriers to accessing services
- Surveys and discussion groups linked to our work priorities
- Our Contact Points in NHS, public and voluntary sector settings
- Email and phone contacts

Older people

Users of Home Support/care

People who receive care from paid carers to help them to live in their own homes shared their experiences with us. We worked with the Council to reach people who used home support services so that we could interview them about their experiences either in person or by phone receiving a healthy 10% response rate. We collected over 40 hours of lived experiences through our interviews with 28 people. A further 20 people gave us their experiences through self-completion surveys after we got in touch through voluntary groups supporting older people, people with dementia and family carers.

Residents of housing with care

We finished work to track the experiences of people moving due to the closure of housing with care schemes. We fed back our findings to the Council.

We continued to do outreach to Housing with Care facilities including the new Earlsdon Park Village. This enabled us to talk to people who use NHS services and some who need some social care input to support their independent living.



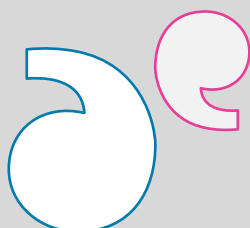
Access to out patient appointments

205 local people gave us their views about the locations for outpatient appointments and tests. Our local hospital has 2 sites - one in Coventry and one in Rugby. This means people from Coventry often travel to Rugby for their appointments or tests. We also hear from people who need to go to other hospitals in the region but have difficulty in doing so.

We promoted our survey through community outreach and our links with voluntary groups as well as in the outpatient departments of the hospital.

Based on what people told us we have called for:

- Appointments to be close to where people live wherever possible
- Patient impact assessment on location if services are out of Coventry
- Improvement to the frequency, connectivity and timing of public transport to get to out of Coventry hospital sites.



What we learnt from visiting services

Care homes

We visited Victoria Manor and St. Martin's Care Homes to give those living there a way to share their experiences of their care. We visit care homes because residents can be vulnerable and not have easy access to talk to an outside organisation.

We spoke to 12 residents and 10 members of staff in depth and carried out observations of life in the homes.

Changes resulting:

- New signage for toilets to protect privacy and dignity of people using them
- Change to décor to make it more dementia friendly by adding contrasting colours
- Removal of clinical waste from an outside area
- Labels added to hot and cold taps to help residents
- Storing equipment away from living areas used by residents.

Hospital Wards

We carried out visits to 9 hospital wards to find out about communication with patients about their care and discharge plans. We focused on patients who needed extra support for communication such as visual or hearing impairment or not speaking English.

We spoke to 72 patients, 24 staff and 11 relatives.

We did this work due to intelligence we had from patients giving examples of where this had not worked well.

As a result of a visit to one ward we raised specific concerns with management about nursing care from comments from patients. This led to actions being taken on the ward.

Our report led to:

- An awareness campaign on current available communication support resources
- Agreement of a central place for resources to be kept on each ward, and this to be communicated to all staff and an annual audit on each ward
- A flag for patients with Hearing Impairment
- New information resources to support communication about discharge planning.

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



Users of local health services

We gathered the views of 713 people through 48 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.

Our Contact Point volunteers also connect people with our other services such as a patient who was having a bad experience with their GP practice and was struggling to be heard. They were helped by our ICAS service. And a relative of a resident in a care home who wanted to understand their rights to reassessment, who was connected to our Information Helpline.

Helping you find answers



Information Service

Our Information Helpline answers questions from local people about NHS and social care services.

It dealt with 373 queries by email, phone and post.

72 people told us that they previously used our service, either this year or in previous years.

Most commonly, people are put in touch with our service by a range of health professionals: NHS Patient Advice and Liaison Services; local voluntary sector organisations; through the partners delivering Healthwatch (VAC, Age UK Coventry, CAB and the Law Centre); and via our website and promotional work.

“Thanks for your email and the very good information”

Most common themes of enquiries:

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

- 1) The quality of medical care that people had received eg incorrect treatment
- 2) People who either had problems getting a diagnosis or weren't happy with a diagnosis
- 3) The way that staff and services communicated with patients. This ranged from GP receptionists to hospital consultants



- 4) Issues with accessing services, this could be how to find a GP service or people finding that the services are making it hard for them to get the help that they need
- 5) People who had issues with medication, whether this was medication that didn't work or a medication mistake.



NHS Complaints

Our information line helped people with 268 complaints about the NHS, an increase of 119% on last year.

We help by

- Explaining how the complaints process works, what to expect and which service or services are involved
- Identifying people who need extra support to raise their complaint. If they do we link them with our ICAS service
- People who feel confident to raise their complaint receive an information pack including a template complaint letter
- We let people know about their rights - eg waiting times set out in the NHS constitution and any other ways to get their issues resolved
- We let people know they can come back to us at any point.



Examples of how we helped local people*

Jamil was struggling to get a child (a relative) he was looking after registered with a GP. The local GP practice was saying that he didn't have the right legal documents to register the child.

We gave Jamil information about how to make a complaint and we saw that the bigger issue was Jamil needed to get the right legal documents. So we signposted Jamil to two different organisations including one that offers free legal advice over the phone, so that Jamil could move forward.



We helped Sue understand her rights to receive an outpatient appointment within 18 weeks (as set out in the NHS Constitution) and that she could speak to the local Clinical Commissioning Group to find an alternative provider who could provide the treatment quicker as she had been waiting over 20 weeks.



Terry can't leave the house as he has both mental health and physical health conditions. He contacted us because he wasn't getting the support he needed. We listened to him and saw that as well as needing help with getting the right care he also needed help with debts and problems with housing.

We made referrals to both the Coventry Law Centre for specialist advice on getting the right care, but also to a Coventry Citizens Advice project helping people with housing issues. This meant the Terry got the help he needed.

Florin got in touch with us to look at what help he could get as he was supporting a vulnerable relative. Florin's relative Diana had a serious health condition and had experienced long delays in treatment impacting on her health. Both Florin and Diana had no support. Diana's housing wasn't suitable for them to live in. All of these issues meant that Diana's mental health was getting worse.

We linked Florin to our complaints advocacy service adviser for support in raising a complaint about Diana's hospital care. We referred Florin to two teams at the Coventry Law Centre for help with care issues and housing. We also provided Florin with details on how to get help with benefits and income during this time including a direct line for a specialist Citizens Advice project to get this help.

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

Independent Complaints Advocacy Service (ICAS)



We provide the local NHS Independent Complaints Advocacy Service giving person centred support to those who are making a complaint through the NHS complaints process.

We had 104 referrals and of these 75 were opened as cases; 8 received one off advice; 7 did not proceed (either because they were outside time limits or it was decided that the complaint was not possible); 9 could not be contacted after being referred; and 5 had appointments booked in the 2018-19 period.

In addition 21 cases have been carried over from the previous year. The total number of cases being worked on was 96.

12 clients lived outside Coventry, mostly in the surrounding areas of Warwickshire and Solihull, with 2 people resident in Staffordshire.

Local resolution

26 cases reached a local resolution in the complaints process: 6 were upheld, 19 were partly upheld and 1 was not upheld. We advocated for clients at 11 local resolution meetings.

Ombudsman cases

15 cases were sent to the Parliamentary and Health Service Ombudsman (PHSO) and all were considered for investigation. This represents a significant success for ICAS as the PHSO is extremely restricted in the numbers of cases they can take on.

2 were upheld in full, 5 were partly upheld, 1 was not upheld. The remainder are still being investigated.

One case is being taken up by the Complex Case Team at the PHSO as it involved multiple trusts and providers. This does not happen very often and is an especially important outcome given that the Trusts involved had not upheld the complaints and had not made any changes to their practice.

Our help has enabled local people to:

- be supported and empowered to take their complaint/s forward
- feel reassured that their complaints will be taken seriously
- gain confidence in exercising their legal rights to complain
- obtain information on further support available via signposting to other services such as bereavement support/counselling and specialist groups for specific conditions
- take action independently to make their views known such as by using the Care Quality Commission 'Share your Experience' finder.



"You have been a vital role in the process for people like me who have no idea what the (complaints) process ... Thank you once again for all your help and effort with our case."

"Thank you so much for today, you were wonderful I can't imagine how I would get through this without you"

Improving NHS complaints handling

We feedback what ICAS clients tell us about their experiences of how NHS organisations deal with their complaints and this resulted in:

- A Trust reducing the time taken to make responses
- A Trust working on how it will keep people informed of investigations that fall outside the complaints process, such as Mortality Reviews and Serious Untoward Incident (SUI) investigations
- Improvements to GP practice complaints handling meaning the direct line of the Practice Manager is now available to every complainant



Outcomes for individuals

- An internal review of the way in which the A&E triage system is used after the non-diagnosis of an early stroke
- A commitment to change working practice and increase in staffing following a death in hospital
- Apology from an Eye Hospital for service failings
- Apology from GP after unfair removal from patient list and invite to re-register
- Apology from GP and correct referral to an out of area eating disorder service which had previously been denied
- Unfair costs of podiatry treatment withdrawn.



Bill contacted ICAS for support in making a complaint about failings in care and excessive waiting times for a hip operation. The hospital did not uphold the complaint. We then helped Bill take the complaint to the Ombudsman. The Ombudsman upheld the complaint in full and directed the hospital to:

- issue a meaningful apology
- review its policies on transfer of care between clinicians with the objective that the transfer of care does not delay treatment unduly
- make a payment to the client of £2500.00 (maximum amount possible) in recognition of ‘physical and mental distress’ caused by failing to provide timely treatment in line with recognised waiting time guidelines.



Jenny acts as a full-time carer for her partner and was not getting a response to complaints raised with their GP practice. Letters were not acknowledged. Our letter also went unacknowledged by the Practice. We contacted the Practice Manager directly. Now a full apology has been received and a local resolution meeting was held at the client’s home.

Suman was distraught when her GP practice de-registered her following an allegation of unreasonable behaviour. We pointed out to the GP practice that they had not followed guidance as they had not issued a warning and did not do anything to attempt to restore the professional relationship/explore alternatives to ending it. As a result, Suman was able to stay as a patient at the practice.

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

Making a difference



How your experiences are helping influence change

Raising concerns voiced by local people

Blood tests

Local people told us that a new booking in system for blood tests at the hospital was not working very well and was adding delays. We met with managers to talk about what could be done and to feedback what people had told us.

This had an impact as a number of changes were made to the queuing system, an advertising campaign about all the places people could get Blood Tests was run and a new online booking system was launched.

Treatment intervals for Macular Degeneration

We heard from patients that some were not getting their appointments at the macular clinic at the right times and that it might be those using the Patient Transport Service who were most affected. So we made an information request to the Coventry and Rugby CCG to highlight the concerns and ask for information about how the CCG assured itself that patients were seen at the correct clinical intervals and if those using patient transport could access clinics being run on Saturdays and Sundays.

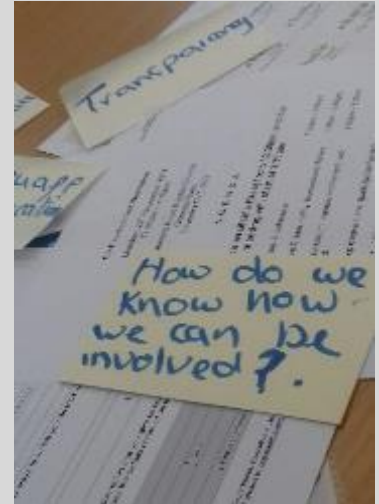
We received a response saying that the CCG had met with the Trust and that actions were taken to make sure patients got the correct information that patient transport was available at weekends.



Prescription Ordering Direct

We heard concerns from local people about the Prescription Ordering Direct (POD) service for ordering repeat medication. We made 2 information requests to raise issues and ask for more information about plans for POD.

Unfortunately, we have not had all of our questions answered and the CCG does not seem to be hearing the concerns we raise.



Pharmacy services survey



We worked to make sure the views of the 703 people we gathered about community pharmacy services were heard. We took part in a Steering Group for the new local Pharmaceutical Needs Assessment to ensure that the recommendations we made were addressed.

This led to agreement that work is needed to promote the existing services available from community pharmacies. And that there must be joined up planning for locally commissioned pharmacy services as there are opportunities to build pharmacy more clearly into a number of care pathways. A Steering Group has been set up to do this work.

The Health and Wellbeing Board oversees the Pharmaceutical Needs Assessment.

Better information

Healthwatch members looked at an information leaflet and draft fact sheets aimed at explaining Continuing Healthcare to the public.

They made suggestions about what would make the information easier to understand. We fed this information back to Coventry and Rugby CCG which runs the process for assessing people for Continuing Healthcare.

We also learnt that there was a need for better information for and training of staff in the community so that they can pass on information to patients.

Hospital discharge review

Patients have been experiencing issues related to hospital discharge locally and lots of work has been done by NHS organisations aimed at improving the flow of patients into and out of the local hospital and reducing delays.

We ran a seminar to look at the patient's journey to discharge to see how patients had been included in the plans and processes. We involved different agencies including voluntary sector groups.

This highlighted that organisations do not always communicate effectively between themselves, with voluntary sector organisations or with the patient and their family carers. More effective handovers between organisations/services are needed.

Organisations may be describing how *it should work* rather than the actual reality for patients. We collected relatively few examples of how the various organisations involved within discharge process check that it is working from the patient's point of view or from the perspective of other organisations.

How we worked 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 recruit new volunteers continuously for our roles of Authorised Representative; Contact Point volunteer; Information Line volunteer and lay Steering Group members.

We recruited and trained 7 new volunteers. 4 of them have become Authorised Representatives and 3 are in the process of becoming so.

At the end of the year we had 50 volunteers and of these, 31 were White British and 12 from Black, Asian and other minority ethnic groups and 7 had not stated.

We estimate that our volunteers gave 1630 hours of their time to Healthwatch this year.



Working with Healthwatch England

Our work featured within two Healthwatch England publications:

- *What's it like to live in a care home? Findings from the Healthwatch network*
- *What happens when people leave hospital and other care settings.*

Working with CQC

We have regular contact with representatives from the Care Quality Commission to share information about NHS and social care services, including our findings and reports.

We provided input into the future plans for the how the CQC inspects services by attending joint groups and responding to their consultations.

The CQC inspected 110 services in Coventry this year. The intelligence we collect helps them to identify where to go or what aspects of care to focus on.

There was also a review of how older people experienced NHS care, hospital discharge and social care support in Coventry. Our work around hospital discharge and the information we gathered from organisations about their approaches was fed to the CQC.



Representing interests of the public in service planning

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 and unique perspective that is different from professional 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 to the rest of the group. They receive support including information to join up work from our Chief Officer.



Inputting into new ways of organising services

We spent a lot of time linking with the Coventry and Warwickshire Sustainability and Transformation Partnership (STP) - known as Better Health, Better Care, Better Value.

This was year two of their work to develop local services to reduce variation, improve quality and operate within budget.

We go to STP board meetings as an observer.

We have continued promote our Good Engagement Charter as a sound basis for STP engagement activity with local people.

Our messages are starting to be heard as amendments were made to the recent Engagement Strategy based on our input and the Good Engagement Charter has been included.

We also argue for patients to be at the centre of planning through more of a co-design approach. The NHS tends to be top down, where as being patient centred would bring more results.

We responded to a call for views on plans to re-organise services for Stroke patients, raising concerns gathered from local people about access, transport and resourcing of physiotherapy and other therapy services.

What next?



The context for our work in the next year will be continued pressures within local NHS and care services, some of which find it difficult to recruit the level of staffing needed to meet demand for services. The funding

challenges within the NHS and social care continue.

Work to develop new local approaches to providing services carries on through Better Health, Better Care, Better Value Coventry and Warwickshire. This has been slow to show tangible changes for patients and the public, but it is likely that some plans will reach the stage of having conversations with local people or formal consultation in the coming year.

Under the 'Out of Hospital' strand of this work there is a shift to organising services around 'clusters' meaning there is an emphasis on

location - the way services are co-ordinated in locations and the health needs and inequalities people who live in different locations have and how to address these. It is important that these clusters make sense from a patient and resident point of view.

This is the background to our work programme. As always we look at the feedback we have received from local people to identify issues needing further input from us. Our aim is to ensure that through our work the voices of local people are heard, especially those who are least likely to be listened to or whose needs may not be addressed.

We have our funding confirmed for one year, meaning that unfortunately we cannot develop a longer-term plan for our work and services at the moment. This is a restriction on our approach.

We have set the following priorities for our work in 2018-19:

Our Work Programme Priorities 2018-19	
1. Gather views of people who have received 're-ablement support' after a stay in hospital	This can be provided either in a care home setting or at home and aims to support continued recovery
2. Gather views of people about respite care (time off for family carers)	To find out about if people think this meets the needs of the cared for person and their family carer(s)
3. Visits to care homes to talk to residents about their experiences of care	To focus on choice, control and quality of life factors
4. To identify how 'Out of Hospital services' are involving patients/public in service planning and design	This is a new contract and approach to providing joined up care to enable people to live in the community and not need emergency hospital admissions
5. Take part in strategic groups to represent the interests of patients and the public	Task Groups for NHS Trust Quality Accounts; Pharmacy Services Steering Committee; Better Health Better Care Better Value Board; JSNA Steering Group

Our people



Here2Help

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help. The 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 the four Here2Help members delivering Healthwatch work.

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

We use a scoring system to help prioritise issues for consideration for our work programme.

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

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

Steering Group members:

Gaile Allen	Co-opted (to Dec 17)	Michael Garrett	Age UK Coventry from Feb 18
Hakeem Adodja	Co-opted	Ed Hodson	CAB Coventry
Steve Banbury	Voluntary Action Coventry	Marcia Jarrett	Tamarind Centre
Sue Bent	Coventry Law Centre	Karen Keates	Individual
Taruna Chauhan	Individual	John Mason	Individual (Chair)
Nobby Clarke	Individual	Jim McCabe	Age UK Coventry to Dec 17
Penny Collard	Here2Help Board (Observer)	Des Patalong	Individual
Kyla Craig	Grapevine	Derek Rawle	Koco Community Resource Centre
Apollo Economides	Co-opted (Jan 18)	Dennis Saunders	Individual
Carol Fawkes	Individual	David Spurgeon	Individual

The staff team at March 2018

Ruth Light	Chief Officer	Kieran Howell	Info Line Supervisor
Louise Stratton	Engagement Officer	Varinder Kaur	Contact Point Officer
Ruth Burdett	Enter & View & Volunteering Co-ordinator	Natasha Ramrous	ICAS Adviser
Samantha Barnett	Assistant	Rob Allison	H2H Contract Manager

Our finances



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

EXPENDITURE			
Payments to subcontractors	237,000	Subcontractors:	
H2H Insurance	1,618	VAC - voice & influence	120,444
H2H audit contribution	433	CAB - information helpline	42,164
Total expenditure	239,051	Law Centre - ICAS	43,384
Brought forward 2016/17	671	Age UK Coventry - Contact Points	19,156
Carry forward 2017/18	620	VAC - contract management/H2H secretariat	11,852
			237,000

VAC - voice & influence:	
Salaries	92,069
Staff costs	550
Publicity	6,823
Volunteer costs	1,011
Other direct costs	2,847
Management & overheads	19,232
Total expenditure	122,743
Brought forward 2016/17	1,105
Carry forward 2017/18	322

CAB - information helpline:	
Salaries	29,762
Contribution to phone line	3,000
Other office costs	321
Volunteers costs	2,349
Management & overheads	6,732
Total expenditure	42,164
Brought forward 2016/17	916
Carry forward 2017/18	916

Law Centre - ICAS:	
Salaries	34,747
Other direct costs	1,710
Management & overheads	6,927
Total expenditure	43,384
Brought forward 2016/17	1,655
Carry forward 2017/18	1,655

Age UK Coventry - Contact Points:	
Salaries	14,015
Staff costs	596
Publicity	0
Management & overheads	4,078
Total expenditure	18,689
Brought forward 2016/17	1,214
Carry forward 2017/18	1,681

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
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)	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
Community Connector	A link person with Healthwatch connected with different communities in Coventry through their roles in local voluntary, community, faith or self-help groups
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 and signpost people to information they need
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 a 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
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 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
Healthwatch England	National body supporting local Healthwatch and utilising the evidence local Healthwatch gather for national policy campaigns
Here2Help	Here2Help (H2H) is the trading name of Voluntary Sector Consortium, a consortium of local voluntary organisations which holds the grant to deliver Healthwatch Coventry

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
Information request	Healthwatch has the power to request information from service commissioners and providers and to get a response
JSNA	Joint Strategic Needs Assessment - identifies the health and care needs of the local population to inform the planning and commissioning (buying) of health, well-being and social care services
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
Pharmaceutical Needs Assessment (PNA)	A document published by the Health and Wellbeing Board to assesses the need for pharmacy service in a location
Quality Account	Document produced by NHS Trusts annually to set out and report on quality priorities regarding their services
Serious Untoward Incident (SUI)	Something which happened in NHS care that was not expected or should not have done so and needs to be investigated to understand how and why this happened and what lessons can be learnt
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
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

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29 Warwick Road
Coventry
CV1 2ES

Grant-holder: Here2Help

Voluntary Sector Consortium (trading
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Sub contractors:

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We will be making this annual report publicly available by 30 June 2018 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.

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.