

healthwatch
Bath and North East
Somerset



Healthwatch Bath & North East
Somerset

Annual Report 2014/15





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Note from the Manager



Morgan Daly
Healthwatch
B&NES General
Manager

I am delighted to present the second annual report for Healthwatch Bath and North East Somerset (B&NES). The report highlights the work that volunteers and staff have achieved together over the year and reflects on some challenges and future priorities.

This has been a rewarding year for Healthwatch, that has enabled children, young peoples' and adults' views to be heard by service providers and commissioners. We have successfully balanced being independent and also being a key part of the decision making processes as part of the Health and Wellbeing Board. There are two Healthwatch representatives on the Health and Wellbeing Board and each hold a lead role for loneliness and resilience and end of life.

SEAP (Support, Empower, Advocate and Promote) is funded by the Local Authority to provide the NHS complaints function. SEAP works in partnership with Healthwatch and also have a place on the Healthwatch Advisory Group. Healthwatch work this year has included staff reaching out to ensure that seldom-heard communities including the 5,189 carers; 58 Gypsy, Boat dwellers and Travellers and the increasing Black and Minority Ethnic communities have been give the opportunity to tell Healthwatch about their health and social care issues.

Healthwatch has been instrumental in collecting the views of the public on patient transport services and providing information on the newly commissioned patient transport service, reporting back to the Wellbeing Policy Development Scrutiny commission.

Healthwatch has completed our first enter and view visit to the Royal United Hospital NHS Foundation Trust Coombe Ward to view the good practice in place to support patients with dementia. This has been an opportunity for the enter and view representatives to work together and begin to plan future enter and view opportunities linked to the Healthwatch work plan.

Healthwatch has sourced some extra funding from the Clinical Commissioning Group (CCG), to engage with people using a personal health budget and to set up a focus group to hear from them directly about how they are finding the process.

Healthwatch fed back to Quality Accounts for 2013/14 and the Healthwatch Advisory group lead for quality is takes part in the CCG Quality group to feed back on the re-commissioning of services.

We could not do the work that we do without our fantastic team of volunteers and paid staff. An enormous thank you to everyone who gives so much time and energy to improving services for us all.



Note from the Healthwatch Advisory Group



We are pleased to present the second annual report of Healthwatch Bath and North East Somerset.

The health of the people of Bath and North East Somerset is generally better than the national average with 83.9% in good or very good health. There are 28,295 people living with a long term illness or disability and 3.7% of the population have described themselves as carers. Bath and North East Somerset has a growing population with an estimated population of 178,000, as well as a growing population of 15,932 students and 27,506 children age 0 - 14. 3,700 children are living in poverty.

The population of Bath and North East Somerset has become increasingly diverse. The largest growth in population in Bath and North East Somerset has been the growth in the student population. According to the 2011 Census there are now 672 people who describe themselves as Black, Black African or Black British, 1,912 Asian (mainly Muslim, with 140 Sikhs and 535 Hindus). There are 58 Gypsies and Travellers according to the census and a Gypsy and Traveller site has been opened this year.

From the Advisory group perspective hearing people's views and experiences of health and social care has been the main focus of our work. Engagement with communities has been achieved through Healthwatch staff and volunteers attending community events, holding Healthwatch Open Meetings, conducting surveys, focus groups and workshops. Healthwatch has faced some challenges around ensuring that the sample size of the feedback we collect is representative of the wider population.

In 2014/15 the Healthwatch Advisory group took the decision to focus our work on themes taken from the issues heard from the public in order to work with that theme for three months, resulting in a public open event to share our findings. The first themed quarter looked at mental health. Healthwatch collected opinions through surveys and focus groups in seldom heard communities and fed back findings through a well attended open meeting in November 2014. Our volunteer roles were reviewed in November 2014 and there have been no changes to the Healthwatch Advisory Group.





Healthwatch B&NES is here to make health and social care better for everyone, especially those who perhaps face additional challenges. Healthwatch believes that the best way to do this is by designing local services around people's needs and experiences.

Healthwatch B&NES Vision

Communities and people in all their diversity in B&NES can maintain their health and wellbeing, and care for themselves and each other.

Healthwatch B&NES Mission

Healthwatch B&NES will involve local people to help improve health and social care services.

Everything Healthwatch says and does is informed by our connections to local people and Healthwatch expertise is grounded in their experience.

Healthwatch is uniquely placed as a network as there is a Healthwatch in every local authority area in England. Healthwatch organisations have come together regionally in the South West to share what is being heard and this gives Healthwatch B&NES the opportunity to work closely with other Healthwatch. Healthwatch replies to the NHS Trust Quality Account (QA). Working co-operatively with other Healthwatch enables us to share some of the work. Healthwatch B&NES has been working with Healthwatch Wiltshire to reply to the Royal United Hospital NHS Foundation Trust. Healthwatch B&NES is also working with Healthwatch Gloucestershire to reply to the South West Ambulance NHS Trust (QA) and with Healthwatch Wiltshire to reply to the Avon and Wiltshire Mental Health Partnership (QA).

As a statutory watchdog the Healthwatch role is to ensure that local health and social care services, and local decision makers, put experiences of people at the heart of their care. Each quarter Healthwatch collects and collates children, young people and adults' views of their health and social care services and publishes these to service providers, commissioners at the Local Authority, the Clinical Commissioning Group (CCG), NHS England, Quality Surveillance Group and the regulators at the Care Quality Commission and Healthwatch England. The issues are viewed at the Healthwatch Advisory group and decisions are taken to take up themes from the analysis and to undertake more research into the areas of concern.

We aim to:

- Obtain the views of local people regarding their needs for, and experiences of, local health and care services and make these views known
- provide information and signposting about health and social care services
- ensure local people who wish to complain are signposted to SEAP to provide them with the support to enable them to undertake this.



Healthwatch B&NES Strategic priorities

Using the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and the information heard direct from local people, the 2014/15 priorities were to:

- to promote and support the involvement of local children, young people and adults in the commissioning of local health and care services through 'Your care, your way'
- to empower local people to monitor the standard of provision of local health and care services through Healthwatch representation
- to hear from patients, service users and carers about their experiences of their long term conditions and the introduction of personal health budgets, and to identify any challenges faced and feedback to commissioners
- to champion the voice of older people and people with dementia through enter and view visits to residential care facilities and making reports and recommendations about how the care services could or ought to be improved
- to make recommendations to commissioners, to CQC and Healthwatch England
- to provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

The Healthwatch advisory group is made up of:

Diana Hall Hall, Health and Wellbeing Board Representative; Ann Harding, Enter and View lead; Roger Tippings, Quality Lead; Christina Chow, Equality Lead; Vacancy for Children and Young People; Tracy Wilmot, SEAP; Jan Dabbs, Age Uk; Tom Greenwood, Pheonix and Tom Fox Proverbs, Bath Carers' Centre.

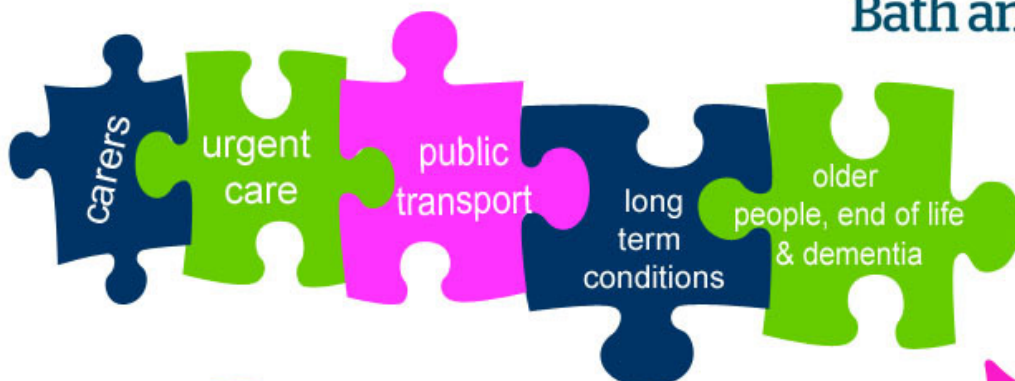




Work Plan 2014/5

healthwatch

Bath and North East Somerset



BME communities, including different religions and faiths
Gypsies and Travellers

lesbian, gay, bisexual, trans or questioning



Engaging with people who use health and social care services



Understanding people's experiences

Over the last 12 months Healthwatch B&NES has seen a 42% increase in engagement with members of the public, receiving over 130 individual comments about local health and social care services.

Healthwatch has an active twitter account with 1,321 followers as well as a Facebook account with 496 friends and 124 likes that is used to share local health and social care information to residents of B&NES and ask for their views.

A Facebook advertising campaign was used to promote the Healthwatch Special Inquiry into Discharge which reached 74,947 people in the area.

Healthwatch B&NES produces monthly e-bulletins that are shared through email, our website and social media. Contact details for Healthwatch B&NES are also present in Royal United Hospital Bath NHS Foundation Trust via an advert that is on display on their hospital screen and in the volunteer magazine for the hospital.

Following the work plan priorities that were selected by the Advisory Group, the community engagement for 2014/15 has focused on four main areas: carers; Gypsy, Traveller and Roma communities; care at home services and the Royal United Hospital, Bath.

Carers

In conjunction with B&NES Carers' Support Centre, Healthwatch B&NES has made contact with carers, particularly the Keep Safe Keep Sane group, which is a peer-led support group for people who care for someone living with mental illness. Healthwatch B&NES also now has a member of staff from B&NES Carers' Support Centre on the Advisory Group to feed in the experiences of carers when using local health and social care services.

Healthwatch has gained valuable insight from

the carers it has met.

The following is a summary of the main themes that emerged from our work with carers:

- Many of the concerns raised related to issues around confidentiality and access to information. Some carers feel there is a lack of consideration of the involvement the carer has in the care plan of their relative/family member, and the knowledge and experience they have of the person's condition and overall wellbeing.
- Many carers expressed that collaboration with nursing staff is key in order to provide the highest, most appropriate level of support for their relative/family member.
- Many carers mentioned fragmentation of services and a reliance on carers being experts in order to know what services are available, to push for action and to receive answers.
- Some carers expressed concern and frustration about the "politics of access" and financial viability of services based on what Clinical Commissioning Groups will fund, for example, not all of the mental health services provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are available across the Trust's six geographical areas.

This feedback has been shared with B&NES Carers' Support Centre, B&NES Council, NHS B&NES Clinical Commissioning Group, Sirona Care and Health and other partners through the quarterly Healthwatch reports. A more detailed report was shared with AWP for their information and comment. Healthwatch has met with key members of staff from AWP to discuss the comments raised and better understand the work that the Trust is doing to engage with carers, such as the Carers' Charter.



Engaging with people who use health and social care services



Gypsy, Traveller and Roma communities

Healthwatch B&NES has engaged with Gypsy, Traveller and Roma (GTR) communities, in order to understand which services they use and if they experience any barriers or challenges accessing services. The national charity Friends Families and Travellers has carried out extensive research with GTR communities across the country and has identified that one of the biggest barriers to access is reception staff and administrative processes, such as form filling.

Healthwatch B&NES has been liaising with GTR outreach staff at Julian House, who work closely with the local communities and are supporting movement onto the new permanent site located on the A4. Julian House and Healthwatch B&NES have worked together to produce an 'I need extra help' card, which people from GTR communities can use in order to receive the support they need when accessing services.

Healthwatch has been working with the West of England Traveller Health Network to raise awareness of Gypsy and Traveller health and wellbeing among professionals responsible for the planning and delivery of education, housing and related services and will be taking part in the forthcoming conference running a workshop to highlight the health inequalities and wider determinants of health faced by GTR communities.

Royal United Hospital Bath NHS Foundation Trust

Royal United Hospital Bath (RUH) is the main acute treatment centre for Bath and the surrounding areas, including parts of Wiltshire, South Gloucestershire and Somerset, serving around half a million people. Healthwatch B&NES is keen to build a positive working relationship with the RUH in order to identify best practice within the hospital and help improve areas where patients and the public have concerns.

Healthwatch B&NES and Healthwatch Wiltshire have been working closely around the RUH, including having a quarterly meeting with the Chair of the Trust Board to discuss any feedback or issues that have been raised and find out more about what is happening within the hospital. During March 2015 Healthwatch B&NES and Healthwatch Wiltshire had an information stand in the atrium of the RUH's main building to gather feedback from patients, relatives, visitors and staff about the treatment and care being provided at the hospital. During the week we gathered feedback from around 100 people and gave lots of information out to help spread the word about what Healthwatch does.

A joint report is being produced by Healthwatch B&NES and Healthwatch Wiltshire, capturing the key themes and recommendations from the feedback received. This will be shared with the RUH directly and also its commissioners at NHS B&NES Clinical Commissioning Group and NHS Wiltshire Clinical Commissioning Group. Following this Healthwatch B&NES and Healthwatch Wiltshire are working with the RUH to have a monthly presence at the hospital to continue gathering feedback from its users.

Engaging with people who use health and social care services



Care at home services

Since Healthwatch B&NES started it has received comments from the public about care at home services. Here is a summary of the key points people have raised during 2014/15:

- Care staff attend at different times each day, which means clients are unable to plan their days and/or coordinate their care at home with other services, such as community transport.
- It is important that care plans are used and kept up to date. Care staff rarely visit the same client each day, so in the absence of an up to date care plan, clients are having to relay their personal information and details about their condition each time a new member of staff attends.
- Both residents and health and social care professionals have raised concerns about the provision of care at home services in rural parts of B&NES, with particular reference to the Chew Valley. It is felt that existing care at home contracts do not cover travel time, which is a deterrent for service providers in more rural areas where journeys to/from and between visits will take longer.

This feedback has been shared with the lead commissioner of care at home services for B&NES Council and NHS B&NES Clinical Commissioning Group. Healthwatch B&NES in partnership with the B&NES Voluntary Sector Service held a session with care providers to discuss current provision and how it could be improved in the future. The information collected by Healthwatch B&NES, and the feedback from the session with care providers will be fed into the 'Your care your way' review of community healthcare services which is taking place currently.

This review will help to shape community healthcare services from April 2017 when the current contract ends.





Healthwatch Bath and North East Somerset Enter and View lead: Ann Harding

Healthwatch Bath and North East Somerset has nine authorised Enter and View representatives. An Enter and View Planning Group was established in spring 2014 and since then there have been three Enter and View visits to Hospital wards and care homes in Bath and North East Somerset:

- Royal United Hospital Coombe Ward
- Culverhays Nursing Home Bath
- Treetops Care Home Keynsham

The reports from these visits and care home managers' responses can be found on the website. www.healthwatchbathnes.co.uk.

The purpose of the Enter and View visit to Coombe Ward was to identify good practice that can be celebrated and shared with others, and to identify any issues which concern service users, their relatives or the Enter and View representatives.

This Enter and View work in care homes is part of an on-going programme being implemented by Healthwatch Bath and North East Somerset to understand the quality of residents' experience within local care homes; particularly where residents have, or could be expected to have, dementia.

Enter and View visits are identified for Enter and View by:

- concerns around safeguarding and a subsequent B&NES Council invitation to visit and report on a care home independently
- seeking a balance between new build ('state of the art') and specialist provision or older care homes
- identifying concerns that have been raised about a care home through Healthwatch research
- placing an emphasis on the care of elderly people with dementia
- managing a balance of visits to the small family owned care homes or local/regional providers and large (national) providers of care for elderly people.

The enter and view visits have found a number of emerging themes where improvements could be made; for example, increasing the provision of meaningful activities for residents. All enter and view reports are sent to the CQC, Healthwatch England and local authority commissioners.



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

Healthwatch B&NES uses the Well Aware directory of groups and organisations offering health and wellbeing services, support organisations, activities and groups as the Healthwatch information and signposting function. Well Aware is an online database with a free phone telephone number for people who do not have access to the internet. Well Aware gives access to specialist information on learning difficulties, low vision resources, mental health, employment and men's health and wellbeing issues in easy English, and has Google translate and browse aloud functions.

Well Aware covers the Avon and Somerset area, thus providing information about services in neighbouring areas which may be of relevance to B&NES residents. 257,038 people accessed the Well Aware website during 2014/15 across this wider area.

Well Aware has had leaflets distributed by Wiltshire Farm Foods across the area and has regularly attended local groups and communities across B&NES to raise awareness of information and signposting support.

The top five areas searched for were:

- mental health
- dementia
- befriending
- gardening
- counselling.

In February 2015 a new website was launched for Healthwatch B&NES with an interactive feedback centre. Every statutory health and social care service is listed on the website and people visiting the site can review services and leave feedback on their experiences. The website links to the CQC website displaying recent CQC inspection reports.

This will help people to make informed choices about services and provides another opportunity for people to leave feedback on services using the same indicators as the Friends and Family Test.

Taking part in Jogging the journey: Alcohol awareness day





Influencing decision makers with evidence from local people

Healthwatch B&NES produces a quarterly report detailing the issues and concerns heard from local people. This report is shared with Healthwatch England, Care Quality Commission, NHS England and the Quality Surveillance Group, CCG and the Commissioning Support Unit, NHS Trusts and service providers including the Patient Advice and Liaison Service and support agencies.

Number of issues heard 2014/15: 135

Number of issues heard 2013/14: 95

(Increase: 42%)

Leading theme(s) 2014/5 (these are themes that were recurrent throughout the year, or emerged from more than one quarter's feedback data):

Healthwatch B&NES heard about a perceived need for improved signposting to community support and care services from primary and secondary care settings.

Well Aware is designed to improve this kind of signposting, and so we are promoting this in all of our work during 2015/16.

Healthwatch has produced several reports and recommendations this year to effect change; all our reports are shared with Healthwatch England including a combined response to the Healthwatch England national initiative on unsafe discharge in August 2014.

Healthwatch reported on our Young Healthwatch 'Being Me' event that was held in October 2014 and included a circus skills workshop, cooking sessions, information and activities from the Children's Weight Management Services, blog writing and social media take over and plenty of opportunities for young people to have their say and tell their story. The recommendations from the report show a greater need for support for young people's mental wellbeing.

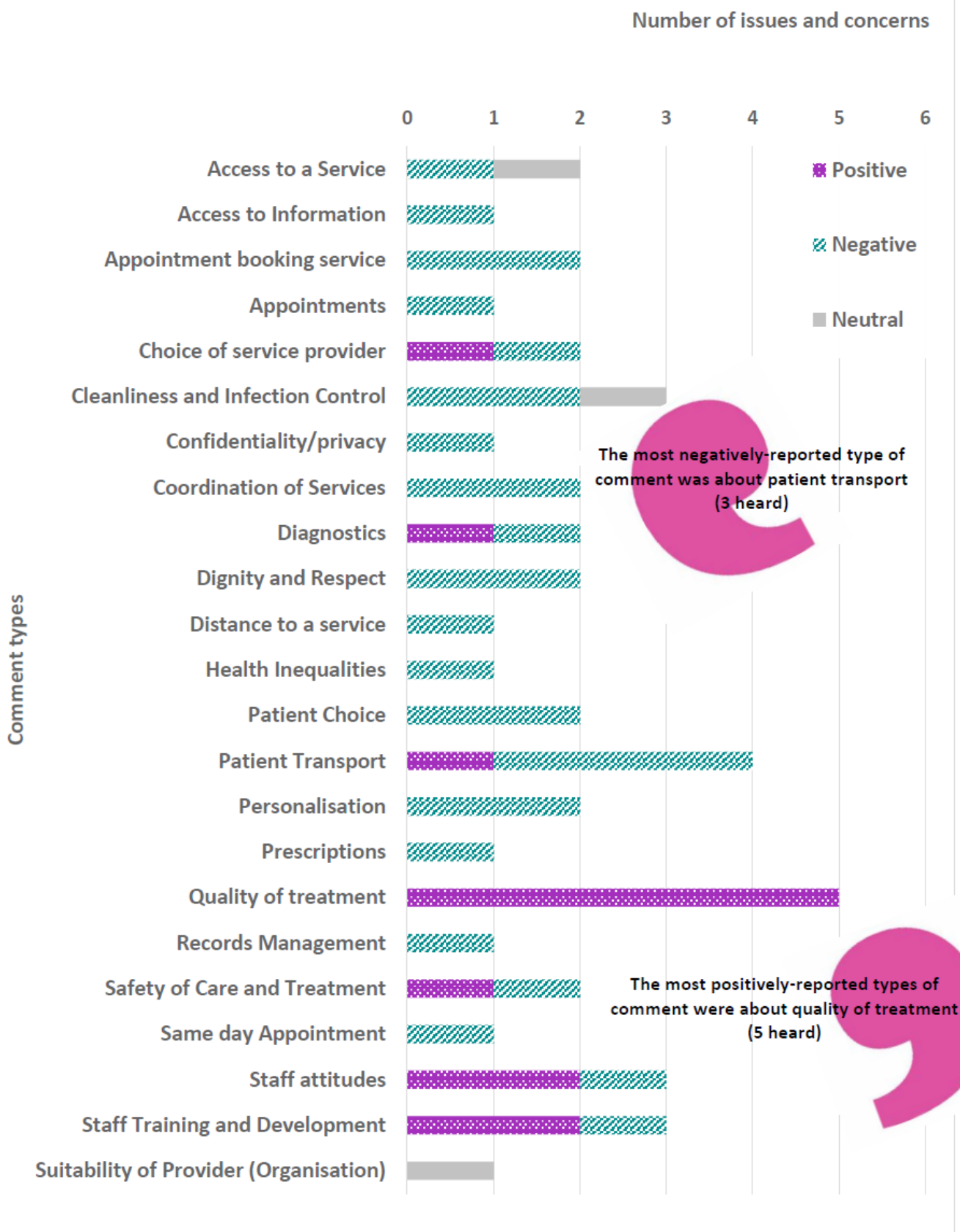


Producing reports and recommendations to effect change



The graph below displays the issues and concerns that Healthwatch B&NES heard in Quarter four, between January and March 2015, which is typical of the quarterly reports that Healthwatch disseminates to commissioners and service providers.

Graph 3: Issues and concerns by comment type





Putting local people at the heart of improving services

Healthwatch is part of the Clinical Commissioning Group's re-commissioning programme 'Your care, your way' which will be re-commissioning children and young people and adults' community health services in the near future.

Working with others to improve local services

Healthwatch has made recommendations to Healthwatch England to find out more information on the national inquiry into Child and Adolescent Mental Health services (CAMHS) on behalf of service users in B&NES.

Healthwatch England alerted Healthwatch B&NES to a national debate on CAMHS in the House of Commons on 3 March 2015 and Healthwatch alerted our MPs urging them to listen and take part on behalf of the young people in their constituency.

Healthwatch and advocacy conferences

In October 2014, The Care Forum hosted a Healthwatch conference looking at common issues across the four areas in which it provides local Healthwatch. The day provided an excellent opportunity to look at the areas of Healthwatch people sometimes know less about: Advocacy; information and signposting and children and young people's services.

The NHS England Area Team gave the keynote speech on working in partnership with Healthwatch on commissioning for quality.

In February 2015, The Care Forum hosted a conference all about advocacy and was very pleased to welcome Katherine Rake, Chief Executive of Healthwatch England, as one of the keynote speakers.





Case Study One

Narrowing Inequalities: Extra Help Cards

Healthwatch B&NES introduced an ‘extra help’ card for Gypsy, Roma, Traveller and Boater people during late 2014/15 which is designed to reduce inequalities faced by people from these communities. The cards allow the carrier to identify discretely cultural preferences when using health and social care services. In addition, the cards are printed with Healthwatch contact details to ensure that the carrier can quickly feedback on their experiences and obtain signposting and advocacy.

The development of this resource was informed by the views of people from these groups, which included accounts of discrimination and insights into barriers that lead to a reluctance to access to health and social care services.

Impact

Embarrassment surrounding cultural preferences, low levels of literacy and other culturally-specific factors will be reduced by the use of this card, resulting in greater uptake of health and social care services. This in turn can be reasonably expected to result in improved health outcomes for Gypsy, Roma, Traveller and Boater communities. We know that health outcomes for people from these communities are often extremely poor. As such, even small improvements in the uptake of services can be expected to result in significant overall gains in health outcomes.

Public Health theory, for example, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (Wilkinson and Pickett 2009), postulates that there are ‘pernicious effects that inequality has on societies’. As such, by working to reduce this inequality over time, it can be reasonably expected that Healthwatch will bring benefit to the health of all local citizens.

Providing a support service via the Healthwatch telephone number enables people from Gypsy, Roma, Traveller and Boater backgrounds to provide immediate feedback and access signposting and advocacy support, including during experiences of perceived discrimination. The card has only been live in B&NES for a short period of time, but we have already recorded one example of our support services being accessed by someone of Gypsy, Roma, Traveller or Boater heritage via the details provided on the card, suggesting that this intervention will result in significant impact during 2015/16.



Case Study Two

B&NES Hospital Patient Passport

Healthwatch research has been used to create a ‘patient passport’ system for use in the Royal United Hospital, Bath. The indicators within the associated CQUIN align with recommendations set out in the Healthwatch discharge report 2014/15.

Impact

The passport will ensure that discharge is planned earlier and more effectively; it will encourage meaningful involvement of patients and carers in decision-making; transport and pharmaceutical provision can be configured to meet the needs of patients; and patients will be able to find out more about self-care, and be signposted, before they leave hospital.

Based upon the research conducted by Healthwatch, we believe that preventable readmission will be reduced by this intervention (for example, evidence provided to Healthwatch in our discharge report 2014 by complaints advocacy services identified ‘a common theme of premature/inappropriate discharge from... acute services, often with very serious outcomes including emergency readmission’).

It is also projected that the earlier planning of discharge will reduce stress for patients, carers, families and staff, improving customer satisfaction of clients and the job satisfaction and retention of staff.





Case Study Three

Health and Wellbeing Network

The B&NES Health and Wellbeing Network is a provider network that is open to all providers with an involvement or interest in health and wellbeing issues. Feedback from the network meetings is given at the Health and Wellbeing Board and the agenda for the Network meetings is often informed by the agenda for the upcoming Board meeting, giving the Network meetings a powerful sense of relevance and purpose and ensuring that the wider provider perspective is considered by the Health and Wellbeing Board in its deliberations.

Over the last year topics covered by the Health and Wellbeing Network included:

- **The Clinical Commissioning Group's five year plan. Breakout workshop groups discussed prevention and self-care and care for frail older people.**
- **Tackling loneliness and social isolation.**
- **'Making Every Contact Count'.**
- **Co-production and Making it Real.**

The overarching aim of the network is to improve joint working and collaboration across the whole health and wellbeing system through: sharing innovation and good practice and facilitating provider input into service planning and improving information access and awareness of provision. To achieve this we also deliver awareness sessions and other events in addition to Network meetings. One example of this activity is the awareness session we ran on the implications of the Care Act and Care Certificate on care providers in March 2015.

We try to maintain a solution focused approach in our meetings, identifying actions that can help in addressing gaps in service and barriers to access which the network identifies. Over the coming year we want to build on the information we gathered through our network meetings, revisiting what we heard, hearing about what has happened as a result of the meetings and developing new ideas in collaboration with providers and other stakeholders.



Work plan priorities 2015/16

healthwatch
Bath and North East Somerset

BME communities, including different religions and faiths

gypsies and travellers

lesbian, gay, bisexual, trans or questioning



Twerton
Twerton West
Whiteway
Whiteway West
Fox Hill North
Radstock
Chew Valley (rural access)

Enter and View:
care homes

monthly e-bulletins
quarterly newsletter
website updates
informative posters and leaflets
patient story leaflets
social media

Our governance and decision-making



Healthwatch Bath and North East Somerset Advisory Group

The Healthwatch Advisory group is responsible for the strategic direction, operational priorities and planning for Healthwatch Bath and North East Somerset. They identify areas that require further research and set up sub groups to undertake the work, or make use of the Community Pot budget to task a voluntary group to undertake the work.

The group also agrees how to communicate with the Health and Wellbeing Board and signs off the annual report to Healthwatch England.

The Healthwatch Bath and North East Somerset Advisory Group has been set up to include volunteers to lead on:

- Enter and view
- Children and young people
- Equalities
- Quality
- Health and Wellbeing Board

Others invited to the table are representatives of carers, Age UK, The Carers' Centre, advocacy through SEAP and the Clinical Commissioning Group volunteer Patient and Public Involvement representative.

The Advisory Group has been meeting monthly and members of the public are encouraged to attend and give information to the group through the public submission. Each quarter works on a theme identified from the issues received and culminates in a public event to report on the theme and shared learning gathered through the quarter. Themes have included mental health in November 2014 giving the public the opportunity to feed into the mental health inpatient service review and Healthwatch fed into the consultation and the Equality Impact Assessment. The March 2015 open meeting looked at the Bath and North East Somerset enhanced medical services review of Primary Care 'preparing for the future'.





In 2014/15 Healthwatch Bath and North East Somerset has continued to support an increased and diverse cohort of volunteers. The volunteer support team and development staff have been out in the community promoting Healthwatch Bath and North East Somerset and encouraging people to get involved. Healthwatch Bath and North East Somerset currently has a team of 19 volunteers across the three roles:

- 14 Champions
- 4 Representatives
- 9 Enter and View Authorised Representatives

The list of Champions is ever growing, providing Healthwatch with vital links to a network of a diverse range of groups within the community and providing those groups with a point of access to have their views and experiences recorded. Additionally we have focused on recruiting from a wide demographic in order to ensure that our volunteer base is a true reflection of the local community. Volunteers have attended patient participation groups and various community groups including Peasdown Annual meeting, meetings with community groups including the Black Families support group and Bath Parkinson's group to promote Healthwatch Bath and North East Somerset and hear local people's views.

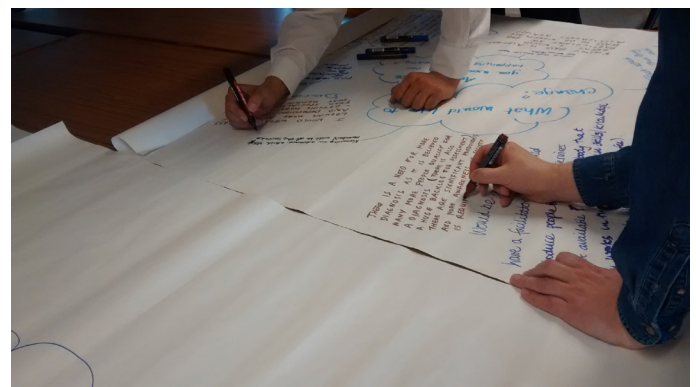
In order to ensure our volunteers are fully equipped with the skills and knowledge they need to carry out their role successfully, Healthwatch Bath and North East Somerset has provided the following training:

- Introduction to HealthWatch
- Representing Healthwatch
- Enter and View training

Representatives have informed Healthwatch Bath and North East Somerset of what is current and important at numerous boards across the health and social care sector enabling staff to identify themes and initiate enquiries. The Royal United NHS Foundation Trust was flagged up by volunteers as a place to have a stand to reach patients and their families. Volunteers were involved in a week long information stand and ward visits on site. Information gathered there provided the basis of a substantial report which can be found on our website www.healthwatchbathnes.co.uk

During the year, Healthwatch Bath and North East Somerset volunteers conducted enter and view visits to Coombe Down ward at the Royal United Hospital, Treetops nursing home and the Foyer of The Royal United Hospital. All reports are published on the website when finalised. Enter and view volunteers have also taken part in Patient Lead Assessments of the Care Environment for the Royal National Hospital for Rheumatic Diseases.

Healthwatch volunteer training and support is well embedded and has been continually reviewed and improved in response to feedback from volunteers. Questionnaires, surveys and evaluation forms have been used to inform service improvements. In March 2015 an organisation wide workshop including staff, volunteers and trustees gathered a wealth of views and feedback to create a well consulted agreement on principles in volunteering.





As well as the core training which volunteers have received this year Healthwatch Bath and North East Somerset has also offered a range of additional training and awareness raising sessions to enhance skills and build confidence.

These include:

- Deprivation Of Liberty Safeguards and Mental Capacity training
- Champion and Representative Refresher training
- How to Run a Focus Group training
- Deaf Blind Awareness
- Carers Awareness
- Dementia Awareness
- Autism Awareness
- Equalities training
- Safeguarding

Volunteers have also been offered Safeguarding training provided by Sirona Health and Social Care.

Support has been offered to volunteers throughout the year both individually and as a group. Volunteers receive updates in the form of e-bulletins (printed or in an accessible format for those who do not use email) quarterly monitoring reports and local information. Group support has been offered bi-monthly in alternate venues around the area to provide equality of access.

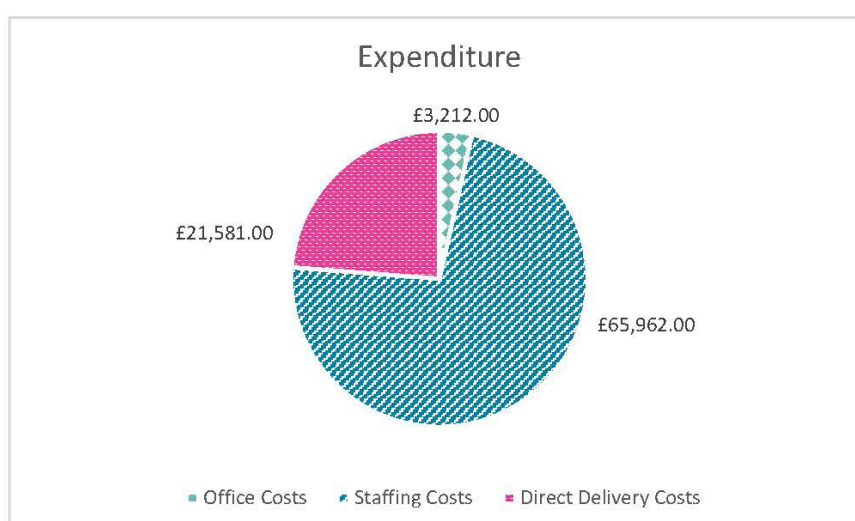




Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		82000.00
Additional income B/Fwd Year 1		8307.00
Total income		90307.00

EXPENDITURE		
Office costs		3212.00
Staffing costs		65962.00
Direct delivery costs		21581.00
Total expenditure		90755.00
Balance brought forward		-448.00



Contact us



Registered Office:

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

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

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

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