

# **END OF YEAR PERFORMANCE AND IMPACT REPORT 2019/20**



April 2019 to March 2020

Published May 2020

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# Introduction to Healthwatch Trafford

This report has been produced by Healthwatch Trafford. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services; whether it's improving them today or helping to shape them for tomorrow.



Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Trafford. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Trafford people tell us.

We also produce quality, expert checked guides and information to give the people of Trafford the ability to navigate the health and care system. We provide direct signposting, online information and engage with local communities at events and by other means to ensure we reach those that need our help.

We have produced several reports in the past covering many elements of health and social care in Trafford. These can be found on our website at <https://healthwatchtrafford.co.uk/our-reports/> or by contacting us directly using the details on the back cover.



## Introduction to this report

In late 2018, the independent report commissioned by the Greater Manchester Health and Social Care Partnership initiated a year- long exercise looking at how GMHW could work more effectively together through the sharing of priorities, equalisation of funding and rationalisation of contract periods.

The recommendations in the report were proactively followed through by the ten Healthwatch and also Healthwatch England. Despite a great deal of work, however, little has progressed. You can read [the report on our website](#).

The independent researchers found, following consultation with commissioners, that Healthwatch Trafford was: -

1. Seen as an independent monitor of services who bring another perspective
2. Seen as confident to challenge on the basis of the evidence
3. That HW Trafford was heard and influence felt particularly around quality checks
4. That Healthwatch 100 was well regarded (this has now been adopted by all GM Healthwatch)
5. The involvement of young volunteers was seen as an innovative method for reaching the views of their peer group through Youthwatch Trafford.

There were, of course challenges, not least our work with diverse communities and social care and in 2019, we sought to remedy this perceived deficiency.

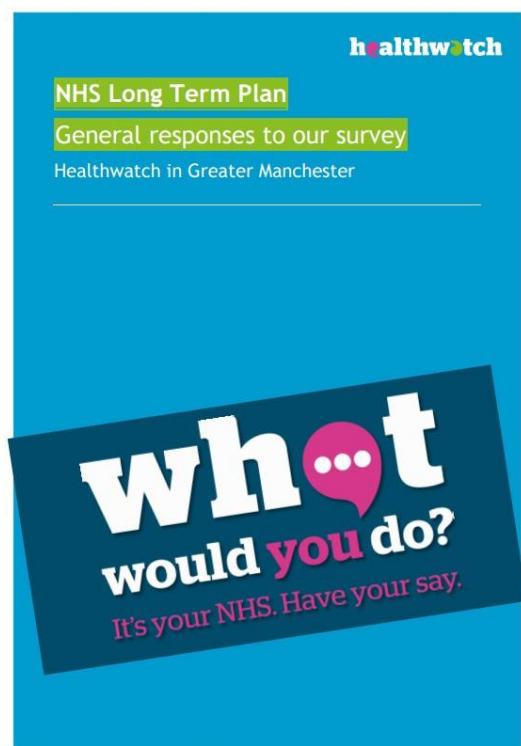
However, we are pleased to report on our new Trafford arrangements for progressing issues that we raise with the Clinical Commissioning Group (CCG) whereby we meet on a monthly basis to share information and to discuss progress on a variety of topics.

## How this report is structured

- [In part 1](#) we demonstrate our outcomes for 2019/20.
- [In Part 2](#) we discuss our workplan for 2019/20 - its successes and failures
- [In Part 3](#) we look at the work of our volunteers
- [In Part 4](#) we discuss our current governance processes and how we would like to move forward into 2020/21.
- [Part 5](#) introduces our draft workplan for 2020/21 upon which comments and suggestions from stakeholders are always encouraged.
- [Part 6](#) - Healthwatch Trafford's representative role

## PART1 – Our outcomes for 2019/20

1. We produced the Trafford General Report which could be used as evidence in consultation in relation to the proposals around the introduction of the Urgent Care Centres. We are supportive of this initiative and hope that it will reduce A&E attendances.
2. We are disappointed that our 2017 report on Ascot House and feedback from patients' relatives has not resulted in improvements in performance, as indicated by our follow up work. Whilst intermediate care in people's own homes is a new focus, this does not in any way diminish the need for effective bed based intermediate care.
3. Our survey of the NHS @ 70 anniversary in 2018 showed gaps in people's knowledge about continuing healthcare, NHS funded nursing care or Personal Health Budgets and we hope that this will be addressed in 2020 and beyond. We have highlighted poor performance in the number of Personal Health budgets introduced in our bi-monthly performance reports to the CCG.
4. As mentioned previously, Manchester Metropolitan University are submitting an academic paper for publication based on the findings from our CFS report.
5. Our work on the NHS Long Term Plan which we were commended upon by Healthwatch England at our national conference. Healthwatch was the single biggest contributor to the plan.
6. Our work with Healthwatch England in relation to a research governance framework to give partners confidence in our work covering ethics, data protection safeguarding representation and methodology.
7. We have become associate members of Greater Manchester Mayor's Disabled People's Panel.
8. We have been very disappointed that the CCG's mental health partnership group has not met in recent times.
9. We recognise the challenges which are faced by Trafford CCG but we are, nevertheless, disappointed at the number of changes and cancellations that were made to pre-arranged meetings, often at very short notice.
10. We have pointed out throughout the year the need for sufficient welfare rights advice in the fight against poverty and we hope that the new Poverty Strategy will



pick up on this as well as our 2018 'From DLA to PIP' report which demonstrates how difficult it is for people to navigate a very complex system.

11. We recommended in our Phlebotomy report that out of hours provision would be welcomed by patients, as would taking bloods in General Practice and maintaining some level of drop-in service. To date none of these recommendations have been taken up.
12. We are well underway in a Healthwatch England project to improve the consistency of reporting across the whole network so that partnership organisations such as NHS England, the National Institute of Care Excellence and the Care Quality Commission among others can have confidence in using our reports when making policy, commissioning and other decisions.
13. Looking forward, we were pleased to be involved in developing the Trafford Locality Plan and even more pleased that the CCG agreed to our suggestion for the need for an 'easy read' document.

## **PART 2 - Our 2019/20 Workplan**

- 1 We continued through our various activities to engage with our community across the four neighbourhoods of Trafford. The main means of doing so were through our website, drop-ins, visits to community groups, and surveys.
  - Our [healthwatchtrafford.co.uk](https://healthwatchtrafford.co.uk) website visits numbered over 50,000, with our most popular page being our guide to '[How to get seen by a doctor](#)'.
  - More than 2,250 people and organisations follow us on twitter, giving a combined total of 13,4000+ impressions in the last year.
  - Direct contact through phone/email to the office. We have received 52 complaints and concerns about services which we have assisted with, as well as over 100 people that we guided to the organisations and resources they needed via our signposting service.
  - Through our drop-ins at local libraries, community centres and hospitals, and our talks to local community groups (55 engagement activities in total) our Champion volunteers helped us to engage with nearly 1,500 people. Their experiences of local health and care are captured within our website's service review centre for all to see - including the services themselves - and have contributed to a number of projects throughout the



year, both for us and our partners, also allowing us to develop project ideas for the coming year.

- During 2019-20 we visited seven community groups in Trafford. Our trained Champion volunteers delivered our 'Introduction to Healthwatch Trafford' talk and encouraged attendees to discuss their experiences of health and care. From these visits, we learned:

#### What is working well?

- Specific GPs' support for their patients: attendees were often very positive about their experience of being helped by their GP.
- Phlebotomy: some attendees prefer the new system of being able to book appointments to the old walk-in system.
- Pharmacies: Ordering prescriptions at chemist, with free delivery.
- Social services good at providing adaptations / equipment needed to continue living at home.
- Emergency and urgent care is good at Wythenshawe and Trafford General.

#### What could be improved?

- Phlebotomy: the length of time it takes to get through on the new booking line; issues for people for whom English is not their first language, especially older generation; a general feeling that blood testing should return to GP practices
- GP receptionists - many comments about their interpersonal skills.
- Worry about waste of resources - unable to return equipment to the hospital e.g. walking frames, crutches; provided with too much equipment e.g. dressings which go to waste.
- Appointments: getting a GP appointment, waiting for a referral appointment, waiting in the waiting room for an appointment which is delayed, cancellations - especially from centralised booking centres for secondary care in general.
- GP access in Old Trafford - unhappiness with moves to Brooks Bar and North Trafford Group practices since the closure of Ayres Rd surgery

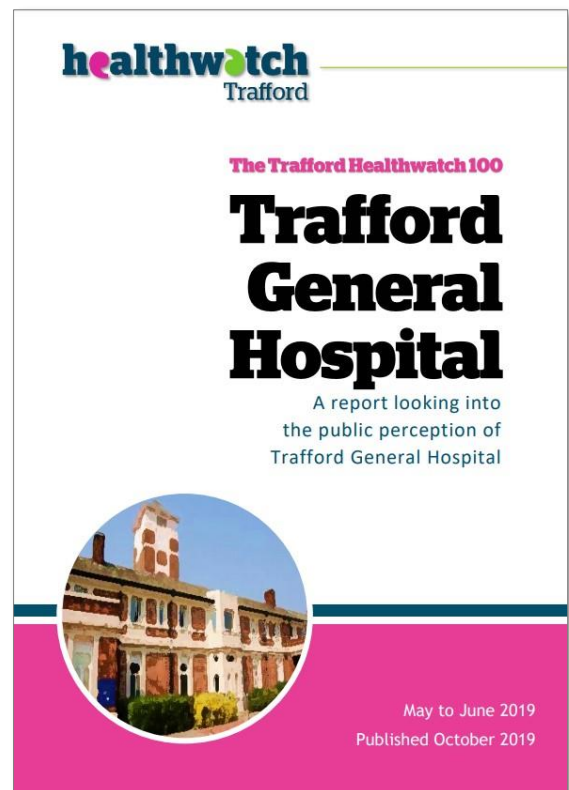
- This is a relatively new method of information-gathering for us and we hope to build upon this informal-yet-structured group discussion style for 2020-21, increasing the number of talks/focus groups attendances and swifter responses to the issues raised within the groups.

Our activities have been slightly curtailed this year by our office move in December 2019 and our response to the coronavirus, but we're proud that our service kept running throughout. Our staff have worked extremely hard at adjusting to new surroundings and overcoming the problems associated with a major office move.



- 2 Healthwatch 100 is our ongoing panel of 340+ local residents who've signed up to participate in our rolling programme of quickfire surveys about key topics of interest. During 2019/20 we produced six reports on the findings of Healthwatch 100 surveys.

- **Trafford General Hospital report:** As ever, in our experience, one of the major challenges remains communication. The language used is often a barrier and it really pays to say things as simply and straightforwardly as possible. The need for two-way communication and feedback remains of the highest priority. The public were generally very supportive and impressed with the hospital, although there were lots of misunderstandings about what services the hospital provides. Some even thought the hospital was being run down where, in fact, nothing could be further from the truth. There were also misconceptions about what the hospital provides, even among patients who had recently attended for appointments. One of the biggest misconceptions was that maternity services were still provided. We felt that there should be publicity about what the hospital provides and where the best place to go for problems might be. Particular audiences to aim for include parents of school age children and minority groups. We also felt that there should be new ways of educating people on what an Urgent Care centre is and reasons why it may or may not be suitable for various illnesses or 'emergencies'.



- **Star Service report:** We asked Trafford residents to nominate their local health & care 'star services' and the feedback we had was that staff in all services should be friendly and helpful to patients as this is really appreciated particularly when people are in situations where they are anxious worried, or afraid. It would be appreciated if staff providing excellent service were recognised by their Trusts and this information made public. Also, the provision of relevant and useful information to patients is helpful and makes them feel educated and informed. Being well-informed has a huge positive effect on patients' perceptions of the service they receive. Overall, there was much praise for local health and care services.
- **Appointment booking report:** We looked at people's experiences of making appointments. Responses showed that Trafford residents faced some barriers in booking appointments, particularly to see a GP, with difficulty getting through on the telephone and waiting times being two of the biggest issues expressed.



- We took part in the Healthwatch England national campaign #SpeakUp2020, designed to find out people's experiences in health and social care in the last year. We created our own version of the survey to give us more in-depth information and shared its findings with Healthwatch England. The survey closed at the end of March and a report will look at the findings later in 2020.
  - We also used our Trafford Healthwatch 100 to feed into surveys conducted by other organisations, such as the Maternal Mental Health campaign from Healthwatch England and the Long Term Plan from NHS England.
- 3 We continued our successful partnership working with the other local Healthwatch in Greater Manchester.
- Following reports of lengthy waits for diagnosis and receipt of treatment, we worked jointly with other Greater Manchester Healthwatch to produce a report on Child and Adolescent Mental Health Services (known as Healthy Young Minds) delivered by Pennine Care in Greater Manchester. Broadly speaking better support was needed for those using CAMHS. Whilst people were happy with professionals, the referral process, time to wait for an appointment, availability of ongoing support, and transition in services from young person to adult were unsatisfactory. This took the provider (Pennine Care) eight months to respond to and although the biggest contributor to this work was Trafford, the feedback only related to other boroughs, presumably because of the Trafford contract ending and the service moved to Manchester University Foundation Trust. Healthwatch Trafford first drew attention to this service three years ago when they gave detailed feedback to the Trust.
  - Another large piece of work undertaken by all GM Healthwatch related to Healthwatch England's request for work to be undertaken in relation to the NHS Long Term Plan. We were told that Healthwatch was the biggest single contributor. Healthwatch Trafford undertook focus groups and surveys in relation to Autism and Cancer, whilst other GM Healthwatch concentrated on learning disabilities dementia, cardiac and a general view of the proposals. The final report was shown to the GM Health and Social Care partnership and we have a detailed response from them attached to the copies available online. It was also shared with Healthwatch England. The report acts as a companion piece to the NHS plan.
  - A staff member was seconded to our office for one year in order to support improvements in research practice across Greater Manchester Healthwatch. In the first six months of the secondment visits were made, supported by Healthwatch England, to all local offices to demonstrate and discuss the new Research Governance Framework. The Framework aims to improve research practice amongst Healthwatch and was developed by the network. Alongside this work the secondee has been attending relevant meetings and networking events to spread details about Healthwatch and talk about some of our key joint work - the Long Term plan in particular. The groundwork has been laid for a project on improving the information and contact system (CRM) used by Greater Manchester Healthwatch, but this is still ongoing.

- 4 Under the Health and Social Care Act 2012, local Healthwatch have the power to enter and view any publicly funded health or social care service (except children's social services). Our focus for 2019/20 has been on visiting local care homes, and we met our objective to view ten over the course of the year. Led by our Development Worker, our trained enter and view volunteers (known as authorised representatives) made observations, spoke to residents and care home managers and reviewed the results of surveys we conduct of relatives in advance of our visits. A report on each Enter and View visit is produced which is sent to Trafford Overview and Health Scrutiny Committee, Healthwatch England, the Care Quality Commission (CQC), Trafford Clinical Commissioning Group (CCG), Trafford Council's All Age Integrated Commissioning Team and Corporate Director of Nursing, and the care home provider.
- In the past, we have had an opportunity to discuss our recommendations from enter and view visits with health and care representatives and the CQC at the Joint Quality Improvement Committee (JQI). Unfortunately, this committee has been stood down and although we understand that the terms of reference are being reviewed, we strongly urge Trafford Council to reinstate the committee as there is no equivalent forum to raise issues for improvement or share identified good practice.
  - We carried out Enter and view visits on care homes in the area, making recommendations to the services to improve the experience for residents (the details of which can be found [in Appendix 6](#)).
  - We will take the opportunity of looking at the impact of our visits in early 2020 in discussion with the Trafford Local Authority. One option might be to conduct more Dignity in Care visits - we undertook six in 2019 at the request of TMBC- these are less rigidly prescribed and could afford an opportunity to visit more premises whilst conducting Enter and View on an as-needed basis in response to feedback we gather from Trafford residents over the year.
- 5 Each year we are grateful to be supported in our work through a second-year intern from the University of Manchester. In 2019 the intern looked at 'Adult social care: The experience of adult residents eligible for social care following a needs assessment by Trafford Borough Council'. Based on the case studies we identified through this work, we had discussions with the Local Authority and had hoped that an action plan could be formulated based on some of the initial findings, but this has not yet materialised.
- 6 On occasion, it can take some time for the impact of our reports to be seen. We were interested to learn that the Manchester Metropolitan University is in the process of submitting an academic journal paper based on the survey data collected to create the Chronic Fatigue Syndrome report we produced in early 2017.

Our recommendations have been only partially implemented in relation to Phlebotomy Services following publication of our ‘Phlebruary’ report in mid-2018. We are still of the view that patients would like this service to be provided in GP premises where practicable as an alternative to attending specific clinics, and that drop-in appointments should still be available as an alternative to bookings for those who it would be more appropriate for.

We would also hope that our Personal Independence Payment report developed with our University of Manchester intern in 2018 is taken into account with work on poverty in Trafford as it points to the challenges faced by vulnerable people nationwide.

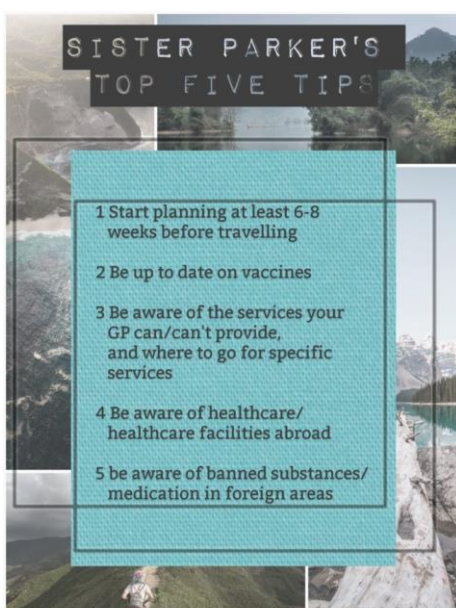
- 7 Advisory Group: Although the Advisory Group has had some extremely useful meetings throughout the year, the decision was made to stand down the group in January. This was primarily due to changes in the local landscape and the establishment of Primary Care Networks; the intention is to look at how best we can work with those hubs and for the members of the Advisory Group to utilise their skills and experience on a more local basis where appropriate.
- 8 Income: We received a £6k uplift in our contract funding this year.

## **PART 3 – Our volunteers**

1. We are grateful for the support of our volunteers, without whom we would not achieve the ambitions in our workplan for the year. Managed by our Volunteer Coordinator, we maintain a cohort of around 40 volunteers aged from 14 to 80+, who have given nearly 950 hours of time in total to help our work. Aside from the aforementioned Champion and Enter & View volunteers, we are assisted by Research/Business Support volunteers - the latter were a real asset to us during our office move and in keeping us on track throughout the year with capturing data from surveys, proofreading our reports and maintaining our website. Our research volunteers have helped to design our surveys, analyse the results and maintain our databases; they are helping us to develop a new way of measuring the outcomes of our recommendations for 2020/21.
2. Trafford Council have kindly allowed our volunteers to attend their safeguarding adults basic awareness course. We have begun discussions with the trainers around developing a Healthwatch-specific safeguarding module using the key messages as part of our in-house Champion training for 2020/21.

3. Our work with young people from diverse backgrounds has been a highlight of this year.

- Our Youthwatch Trafford team of young volunteers age 14-18 have undertaken an update of their signposting website [www.youthwatchtrafford.co.uk](http://www.youthwatchtrafford.co.uk) With over 1,000 visitors during 2019-20, they want to ensure that young people in Trafford view the latest information about local health and care services.
- New content developed this year by the Youthwatch media squad included a Q&A with a Trafford Council Children's Rights Officer, a guide to going travelling (developed following a meeting with our Media Squad volunteer and Dr Patel's Shay Lane practice, at the practice's suggestion) and a young-person-friendly version of the GM Healthwatch CAMHS report, plus a new poster to advertise the site!



*From the new travel section of the Youthwatch Trafford website*

- For 2020/21 they're developing a guide to healthy living focusing on diet & exercise and a new media squad member has been trained up to take over their social media feeds @youthwatchtraff so watch out for more news from them on twitter and Instagram.

- Our Youthwatch Trafford champions helped us at drop-ins and public events such as Trafford Live - and continue to engage with their peers at school, spreading the word about Healthwatch Trafford's services, encouraging them to share their experiences and have a say in how local health and care services operate. We're currently working with YouthFocus NW to support the GM Partnership's new Bee Counted project for young health inspectors. The young

inspectors (some of whom will be our young champions) will develop a methodology for assessing local services against the GM Youth Agreement, with a view to participating in six inspections during 2020/21. We've shared our Enter and View methodology and are helping to identify local services willing to participate in this first round of assessment.

## **PART 4 - Our current governance processes and how we would like to move forward into 2020/21.**

1. We have received invitations to participate in the Greater Manchester Health and Social Care Partnership's work but unfortunately nothing has yet materialised as we feel the funding for this work - which would be additional - does not reflect the work that would be involved.
2. We continue to work within a tight budget where most of our resource is spent on staffing. Due to Covid-19 we have been forced to suspend our Enter and View and Dignity In Care visits; we will take this opportunity to review the programme of visits with the Local Authority, as well as roles and responsibilities of the other members of staff based on the requirement to deliver on our 2020/21 work plan.

We are also going to look at the feasibility of using our reserves to boost our capacity on either a time limited or longer-term basis. It will also be important, given our small staffing structure, to make arrangements for support to our Chief Officer in the event of any absence. Changes may require an independent review of job descriptions and salaries along the lines of those we undertook in 2017 so that Healthwatch Trafford is seen as an attractive place to work with a career progression structure.

3. We intend to continue recruiting Directors to our board, with the aim of having a minimum of nine (we currently have eight). We require a minimum of four Directors at each board meeting to be quorate. We do already have a scheme of delegation in place, but we now need to firm up on deputising arrangements for our Chair and some of the groups which we are represented on. These will include Trafford CCG's Governing Body, the Health Scrutiny Committee, the Health and Wellbeing Board (where we are a statutory member) and some of its sub-committees. We will review all the groups we currently attend both at a Greater Manchester and local level to see whether we add value and have impact.
4. Our organisational policies and procedures require review. We are in discussion with other Greater Manchester Healthwatch to see whether we could potentially harmonise these and share the costs including access to HR advice and support which we are unable to provide ourselves.
5. We will be standing down our Advisory Group and reaching out to each of our neighbourhoods and Primary Care Networks to identify what is important to them and to see whether we can incorporate any of their priorities in our work plan. Our hope is that we can visit each neighbourhood on a regular basis and invite local people to attend.

## PART5 – Our draft 2020/21 Workplan

1. In looking at our work plan we have taken a number of factors into account and run them through our prioritisation protocol. As an organisation which is responsible for scrutinising health and care services and being a ‘critical friend’, we do of course wish to work with our partners, particularly in relation to the Trafford Locality Plan. However, we also retain the right as an independent organisation to pursue topics associated with seldom heard and vulnerable groups who might, otherwise, not be in a position to have their needs identified or addressed.
2. This year we intend to take a different approach from previous years. We are going to go down the path of ‘themes’.

One major year-long theme will be to focus on the North Trafford area which experiences poor life expectancy and other inequalities. This diverse population has pockets of deprivation which require specific responses. As part of this year’s long piece of work, we will ask our Manchester University intern to look at the experience of young people in accessing health and care services in North Trafford.

3. Our thematic approach will mean that there will be a single programme each quarter across our whole range of activities from focus groups to surveys to reports. These themes will be based on three of the six the Locality Plan ‘[pillars](#)’.

Additionally, we will look at access for disabled people which has been put forward by one of our Directors.

Details of our work are explained further in Appendix 1.

4. We have worked with the Clinical Commissioning Group, Patient Representative Advisory Board and others in developing these themes. We remain flexible up to a point so that suggested amendments are welcome, particularly from Primary Care Networks, Patient Participation Groups and the Health and Wellbeing Board.



## **PART 6 – Healthwatch Trafford’s representative role**

1. Here follows a list of the 30 plus groups on which we represented Trafford in 2019/20. This is a task undertaken by our Chair, Directors and Chief Officer and which takes up a significant amount of time. As indicated earlier we will be reviewing our involvement in these groups to establish whether we add value and have an impact.

### **Trafford**

- Health and Wellbeing Board (statutory member)
- Start Well Board
- Live Well Board
- Age Well Board
- Health Scrutiny Committee
- CCG Governing Body
- Local Care Alliance Board
- Trafford Together Locality Plan Comms and Engagement Group
- Quality, Finance and Performance Committee
- Urgent Care Task Group
- PRAB (Patient Representative Advisory Board)
- Safeguarding Adults Review Panel
- Trafford Strategic Safeguarding Board (Policy and Procedures sub-Board)
- Joint Quality Improvement Committee (not currently meeting)
- Joint Strategic Needs Assessment sub-group
- Trafford Carers Forum
- Trafford Deaf Partnership
- Mental Health Partnership Group (not currently meeting)
- Greater Manchester Mental Health Trust
- Moorside Liaison meetings
- Trafford General Liaison meetings
- Primary Care Commissioning Committee
- Manchester Patient Experience meetings



## Greater Manchester representing all ten local GM Healthwatch

- Greater Manchester Combined Authority
- Mental Health Programme Delivery Board
- Adult Mental Health Acute Board
- Child and Adolescent Mental Health Board
- GM Oral Health Group
- GM Quality Board
- Quality Improvement and Best Practice in Care Homes and Living Well at Home Group
- Single Hospital Service meetings with Manchester University Foundation Trust

In addition we are continually keeping abreast of new initiatives and partnerships, making contact with the key staff members and volunteers and looking at how best we can work together. For example, Community Care Navigators, Primary Care Networks and the new youth service based in Talkshop.



## Appendix 1 – Summary of the 2019/20 workplan

Title		Detail
Performance targets Communication & engagement plan	<b>1 Engagement activities in each of the four Trafford localities</b>	HWT to gather patient opinion, share literature and publicise HWT services. Manned by volunteers with staff support. Activities include drop-ins, engagement talks, focus groups for specific projects and stalls at public events.
	<b>2 Public enquiries &amp; signposting</b>	Ongoing throughout year: maintain helpline (telephone, email, postal and web enquiries), providing information and signposting. Contact to be logged. Respond to public enquiries within 48 hours.
	<b>3 Identify areas of concern</b>	Ongoing throughout year: use evidence from surveys, engagement activities, public enquiries and signpostings to identify areas of concern. Analyse data, make recommendations to commissioners/providers as appropriate. Include analysis from Independent Complaints Advocacy.
	<b>4 Quarterly highlight reports produced &amp; distributed</b>	Highlight reports for key stakeholder, public and press - and our general mailing list. To be published on our website and distributed via print.
	<b>5 Produce guidance &amp; information to assist public in making the best use of services</b>	Produce more 'how to' guides. Suggestions welcomed from key stakeholders.
	<b>6 Bi-monthly Performance Reports and annual Impact Report</b>	Performance reports for stakeholders and Board, monitoring progress towards achievement of targets.

	<b>7</b>	<b>Distribution of materials: information &amp; promotion</b>	<i>Map organisations in Trafford and seek volunteer assistance to circulate materials. Publicise engagement activities and forthcoming projects.</i>
	<b>8</b>	<b>Ensure accessibility of communication offerings</b>	<i>To people of all backgrounds and abilities. Work with our young volunteers to ensure Healthwatch Trafford communications accessible to young people.</i>
	<b>9</b>	<b>Healthwatch Trafford 100</b>	<i>Maintain panel of Trafford residents for quick-fire surveys. General survey every quarter, specifically-targeted surveys in the months inbetween. Respond to issues identified as well as gathering data for our workplan projects / new projects. Suggestions welcomed from stakeholders.</i>
	<b>10</b>	<b>Representation</b>	<i>Maintain membership of TTH&amp;SC board, committees and groups. Join new groups where Healthwatch Trafford input beneficial (subject to available resource).</i>
Measuring Impact	<b>1</b>	<b>Enter and View and Dignity In Care visits</b>	<i>Programme of Enter and Views during the year. Number to be determined, dependent on number of DIC visits required. Reports published within 6-8 weeks.</i>
	<b>2</b>	<b>Focus Volunteer Activity</b>	<i>Recruit and train additional volunteers to E&amp;V and Champion roles (to support engagement activities)</i>
Work programme projects	<b>1</b>	<b>Continue study of intermediate and community care, transition and enablement. To include domiciliary care.</b>	<i>Review home care and rehabilitation services as defined in the National Audit of Intermediate Care.</i>
	<b>2</b>	<b>NHS Long Term Engagement</b>	<i>Funded activity to capture Trafford residents views on the NHS long term plan</i>

<b>3</b>	<b>Contribute to the equality &amp; diversity annual grading for NHS providers</b>	<i>Where requested</i>
<b>4</b>	<b>Intern Report: Accessing Adult Social Care</b>	<i>University of Manchester University approved project: individual appointed in April, placement to occur during Summer</i>
<b>5</b>	<b>Create Signposting Service Directory</b>	<i>Develop a comprehensive and regularly updated directory of services and processes (e.g referrals), which signposts professionals and the public through the health and social care landscape in Trafford. Focus on services for 18+ and available in print format.</i>
<b>6</b>	<b>Adult Services</b>	<i>To be determined in consultation with board, staff and stakeholders (plus see intern project for 2019). Potential to look at end of life care: advance decisions.</i>
<b>7</b>	<b>HW in GM Projects</b>	<i>Subject to funding: potential involvement in digital access to primary care, Theme 3, Patient flow: hospital to home, Mental health Transition</i>
<b>8</b>	<b>Family and Carers</b>	<i>Possible survey of relatives of all funded residential and nursing care placements</i>

## Appendix 2 - Reports published by Healthwatch Trafford in 2019/20

Reports
Healthy Young Minds/CAMHS report
Trafford General Report
NHS Long Term Plan general report
NHS Long Term Plan - Autism report
NHS Long Term Plan - Cancer report
NHS Long Term Plan - Cardiac & Respiratory services report
NHS Long Term Plan - Dementia
NHS Long Term Plan - Learning disabilities report
NHS Long Term Plan - Mental Health report
Trafford Star Service report
Enter and View report - Bradley House nursing home
Enter and View report - Haylands residential home for gentlemen
Enter and View report - Four Oaks care home
Enter and View report - Kara House residential care home
Enter and View report - Ferrol Lodge care home
Enter and View report - Sunrise of Hale Barns care home

In addition to the above public-facing reports, we have also created: 5 performance reports each covering a two-month period; a highlights report and our Annual report.

## Appendix 3 – Summary of our public engagement over 2019/20

District	Number of engagement events held
Locality 1: Old Trafford & Stretford	9
Locality 2: Sale	14
Locality 3: South Trafford	12
Locality 4: Urmston & Partington	19
Manchester	1
<b>Grand Total</b>	<b>55</b>

	April 2019	May 2019	June 2019	Quarter 1 total	July 2019	August 2019	September	Quarter 2 total	October 2019	November 2019	December 2019	Quarter 3 total	January 2020	February 2020	March 2020	Quarter 4 total	2019/20 total
Sum of Total Number of People Engaged With	70	184	67	321	260	243	170	673	141	149	43	333	40	50	28	118	1445

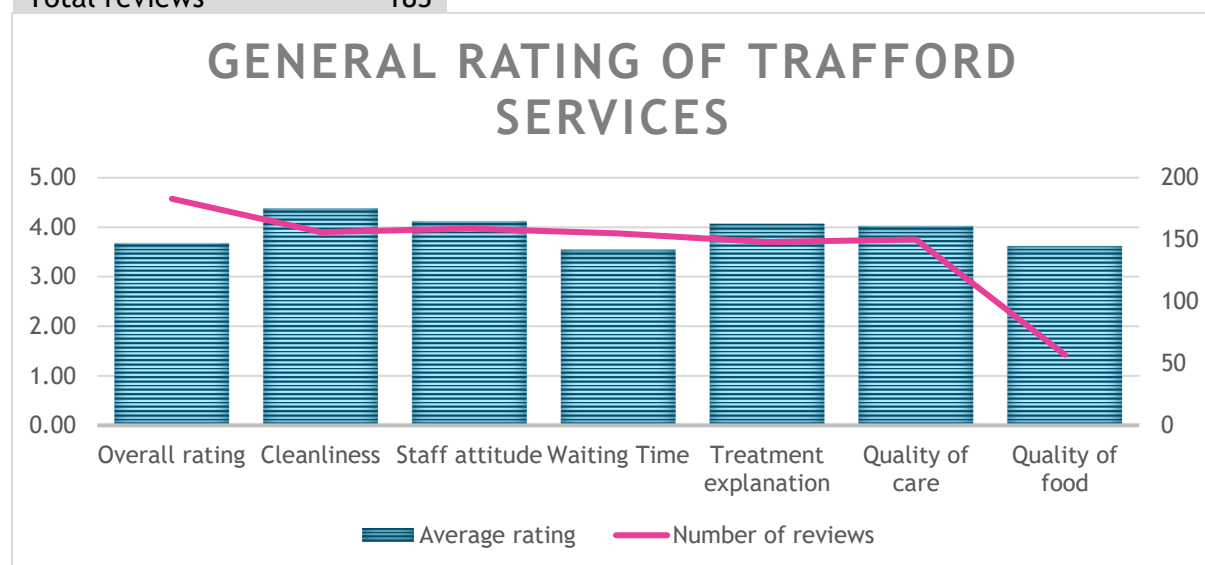
## Appendix 4 - Summary of the feedback shared by those living or working in Trafford

In this section, feedback ratings are calculated using a five star scoring system where 1 is the lowest and 5 is the highest. A higher score indicates a better experience.

To make analysis more convenient, tables present low (poor) scores as red with higher (better) scores in green with hues progressing between the two.

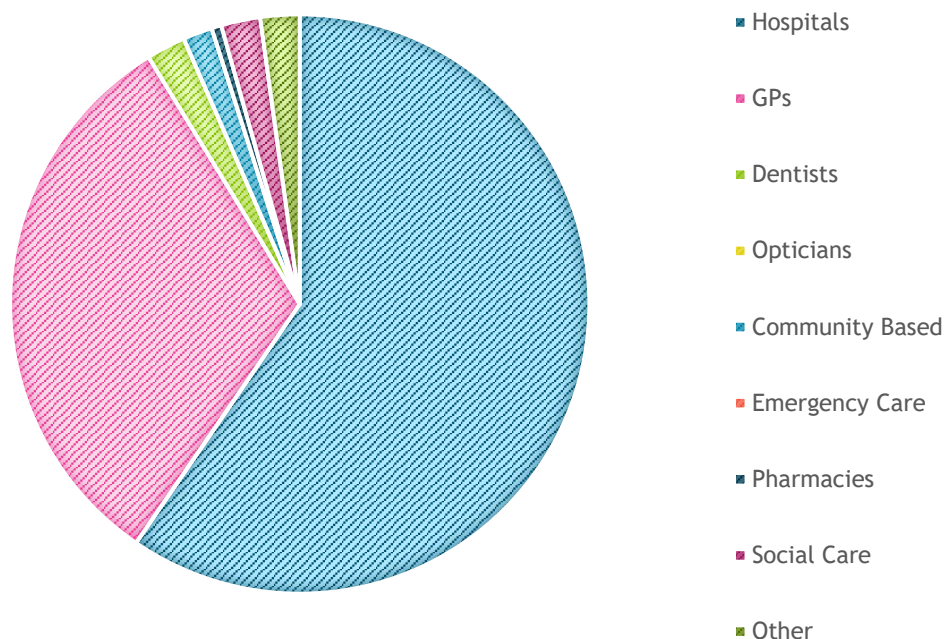
Summary of overall service feedback rating by service type:

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	109	59.56	3.95	4.44	4.48	3.78	4.38	4.33	3.64
GPs	58	31.69	3.40	4.29	3.65	3.27	3.68	3.71	3.36
Dentists	4	2.19	3.25	4.33	3.00	3.33	3.00	3.33	
Opticians	0	0.00							
Community Based	3	1.64	2.33	5.00	3.50	1.50	3.00	1.00	
Emergency Care	0	0.00							
Pharmacies	1	0.55	2.00	3.00	2.00	1.00	2.00	2.00	
Social Care	4	2.19	3.50	3.67	3.67	3.67	3.67	3.67	3.67
Other	4	2.19	2.00	5.00	3.00	3.00	5.00	5.00	5.00
Total reviews	183								





## % OF REVIEWS FOR EACH SERVICE TYPE

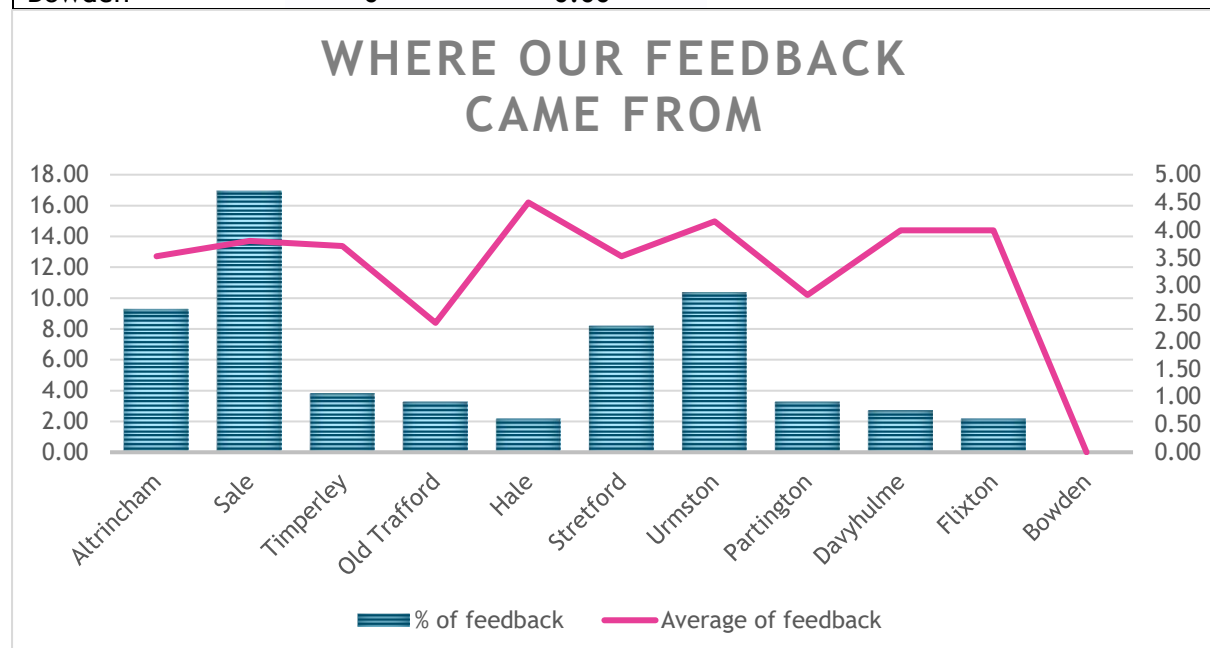


### Overall summary of category satisfaction

Category	Average rating	Number of reviews
Overall service rating	3.67	183
Cleanliness	4.38	156
Staff attitude	4.12	159
Waiting Time	3.55	155
Treatment explanation	4.07	148
Quality of care	4.03	150
Quality of food	3.61	57

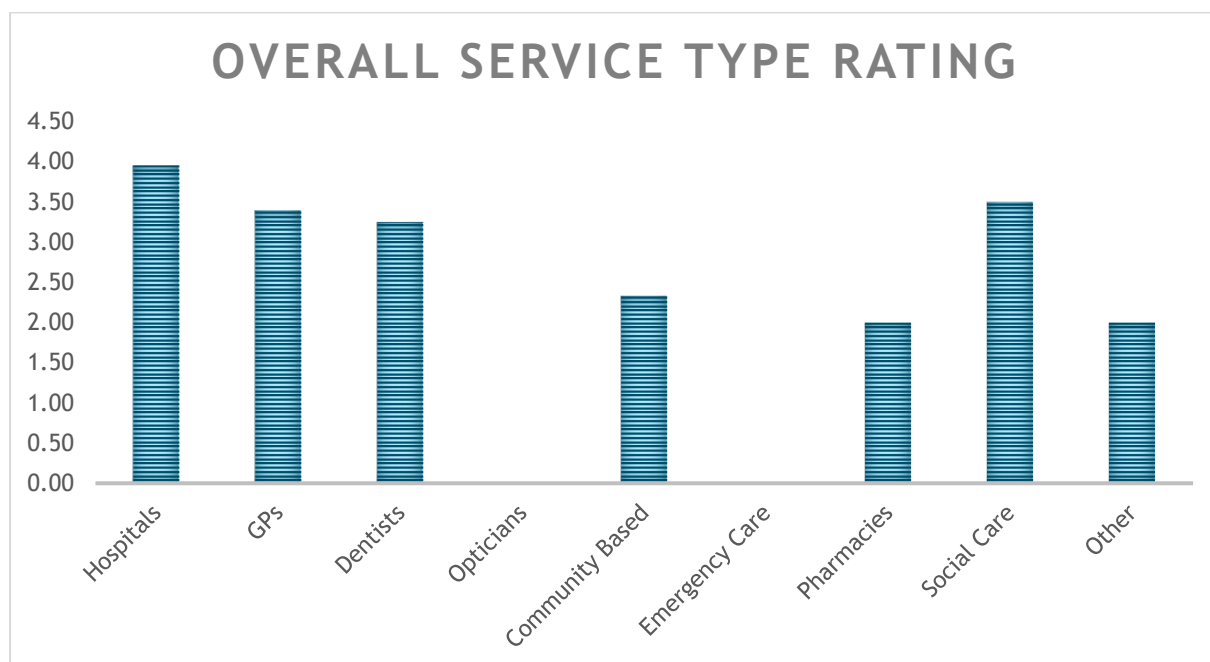
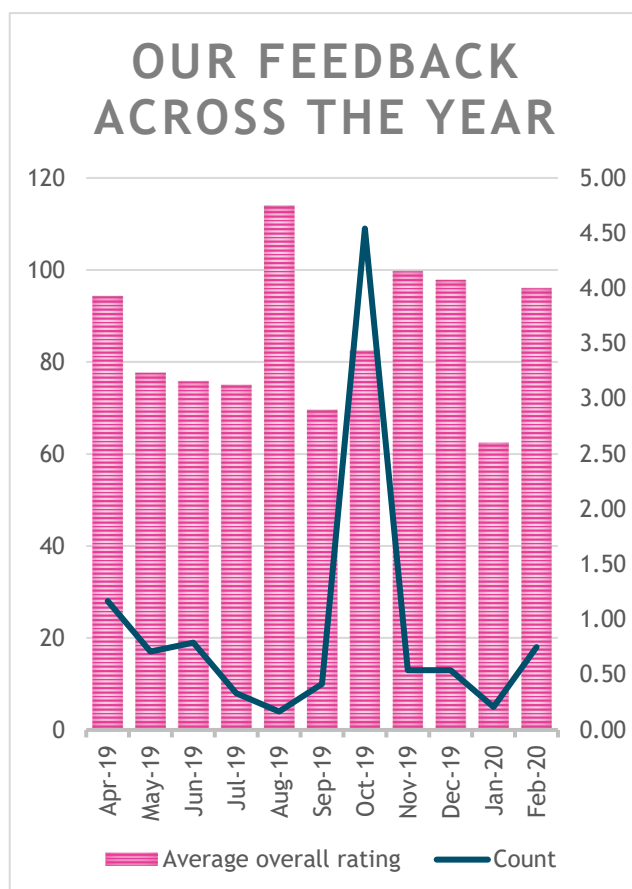
## Summary of feedback by area of person leaving it

Area	Count	% of feedback	Average of feedback
Altrincham	17	9.29	3.53
Sale	31	16.94	3.81
Timperley	7	3.83	3.71
Old Trafford	6	3.28	2.33
Hale	4	2.19	4.50
Stretford	15	8.20	3.53
Urmston	19	10.38	4.16
Partington	6	3.28	2.83
Davyhulme	5	2.73	4.00
Flixton	4	2.19	4.00
Bowden	0	0.00	



## Summary of feedback by month of collection

Month entered	Count	Average overall rating
Apr-19	28	3.93
May-19	17	3.24
Jun-19	19	3.16
Jul-19	8	3.13
Aug-19	4	4.75
Sep-19	10	2.90
Oct-19	109	3.43
Nov-19	13	4.15
Dec-19	13	4.08
Jan-20	5	2.60
Feb-20	18	4.00
Mar-20	24	4.21



## Breakdown of comments:

### Hospitals

Total comments	108 (109)
Positive	56
Negative	22
Mixed	17
Blank	13 (14)

Themes:

Comment theme	Number of people identifying it
Good care	36
Good service	34
Appointment - negative	16
Cleanliness	8
Appointment - positive	7
Bad care	7
Bad service	4
Food	4
Parking	3
Rehabilitation	3

### GP practices

Total comments	57 (58)
Positive	24
Negative	25 (26)
Mixed	8

Themes:

Comment theme	Number of people identifying it
Good service	20
Appointments - booking	18
Good GP	11
Bad service	10
Bad GP	5
Practice move	4
Appointments - negative	3
Appointment - negative	2
Appointment - positive	2
Parking	1

## Dentists

Total comments	4
Positive	2
Negative	2

Themes:

Comment theme	Number of people identifying it
Treatment - good quality	2
Treatment - bad quality	2

## Social care

Total comments	4
Positive	2
Negative	2

Themes:

Comment theme	Number of people identifying it
Good care	2
Cost of care	1
Bad care	1
Bad service	1

## Pharmacy

Total comments	1
Positive	
Negative	1

Themes:

Comment theme	Number of people identifying it
Staff levels	1

## Other services

Total comments	4
Positive	1
Negative	3

Themes:

Comment theme	Number of people identifying it
Appointment - negative	3
Bad service	1
Good treatment	1
Good service	1

## Appendix 5 - Our People

Position	Person
Chair	Heather Fairfield
Chief Officer	Andrew Latham
Development Worker	Marilyn Murray
Communications and Information Officer	Adam Webb
Volunteer Coordinator	Katherine Bays
Senior Research Officer	Alexander Tan
Business support officer (interim)	Peter Longmire
Directors	Nasima Miah
	Heather Fairfield
	Jean Rose (Also E&V)
	Susan George (Also E&V)
	David Esdaile
	Brian Hilton
	Kerry Blackhurst
	Tony Fryer
Enter & View Authorised Representatives (E&V)	Catherine Barber
	Georgina Jameson
	Steve O'Connor
	Martin Reilly
	Ann Day
	Heather Fairfield
	Jacqueline Blain
	Jean Rose
	Peter Johnson
	Susan George

## Appendix 6 – Enter and view visits undertaken and recommendations made

Service visited	Recommendations made	Report published
Four Oaks Care Home	<ul style="list-style-type: none"> <li>Review weekend staff procedures to ensure there is a more visible staff presence for relatives visiting the home over the weekend period.</li> <li>To review the consistency of care being delivered by the different care teams on duty at the home.</li> <li>To consider how best to ensure that care staff are fully aware of a resident's needs and preferences in an individual's care plan.</li> <li>Consider how to ensure that residents and relatives' request are actioned.</li> <li>To review the current staff ratio supporting residents at mealtimes.</li> <li>To review current weekly activities at the home including weekend activities and to continue to develop and improve, so that there are appropriate activities for all residents, given their differing levels of ability and understanding.</li> <li>Review the laundry system to ensure that clothes are returned to their rightful owner as not all clothes had name tapes, or names had been washed out.</li> </ul>	Yes
Kara House Residential Care Home	<ul style="list-style-type: none"> <li>Review care staff rotas to enable more time to be given to residents requiring one-to-one attention.</li> <li>Continue to highlight the dental needs of residents with the commissioners responsible for community dentistry in Trafford.</li> <li>Consider sourcing cue cards, to help residents whose first language is not English to communicate their wishes to staff members.</li> <li>Consider using name badges for all members of staff to enable instant identification for visitors to the home.</li> </ul>	Yes



<b>Ferrol Lodge Care Home</b>	<ul style="list-style-type: none"> <li>• Review the locations of sanitizing gel for visitors entering the home.</li> <li>• Continue the ongoing refurbishment of bedrooms.</li> <li>• Consider providing a shower room to give residents the choice of having a bath or showering.</li> <li>• Consider personalising people's bedroom doors if they wish, to support people with orientation around the home.</li> </ul>	Yes
<b>Sunrise of Hale Barns Assisted Living</b>	<ul style="list-style-type: none"> <li>• The Registered Manager to continue to monitor staffs' response times to residents' call bell alerts, to improve people's experiences.</li> <li>• To look at more effective means of communication with relatives, such as email.</li> <li>• To look at creating an audit to monitor action taken as a result of ideas or concerns raised.</li> </ul>	Yes

## Acknowledgements

We wish to thank those that have made our work this year possible. Thanks to all the people that responded to our surveys, attended our drop-ins, were so accepting of us to their meetings and groups and of course left us feedback off their own initiative, from around the borough.

We are grateful to our partners and stakeholders, whose cooperation, approachability and practicality have help us to be the 'critical friend' we are here to be.

We would also like to give thanks to our fantastic volunteers, whose skills, experience and efforts allow us to achieve so much more than we would otherwise be able to.

If you require this report in an alternative format, please contact us with your requirements.



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