

# Performance Report

October – November – December 2025

## Activities during reporting period October – December '25

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### RESEARCH

- This quarter we have made significant progress with aspects we are leading on for the evaluation of **Trafford's [Changing Futures programme \(CF\)](#)**. In collaboration with partners delivering this programme, we designed and conducted interviews to assess the impact CF is having, what has worked particularly well, and any potential areas for improvement, from the perspectives of key and family workers. All eight interviews were completed, and a report will be shared with partners early in 2026.
- We are carrying out a project on **Palliative Care** in Trafford to understand people's experiences of these services. This will include looking at which services people use and how satisfied they are with them. The project includes three main sources of evidence: First, a **survey** which ran for several months and as of the end of December had gathered 26 responses from people either going through palliative care or people who cared for those going through it. The survey has now been closed and analysis is taking place. The second source of evidence will come from **case studies or focus groups** of carers who have knowledge of palliative care; our intention is for Trafford Carers Centre to assist with this. Other bereavement support groups may also be contacted. The final part of this project will be a **literature review** of secondary research, taking into account NHS Long Term Plan Ambitions for Palliative Care, Trafford's own Palliative Care Strategy, and relevant reports from other Healthwatch organisations. The report will be written by the end of January with the goal of publishing it in early March.
- For our project on **Parental Mental Health**, we are analysing responses from to our survey and will soon be conducting a literature review to provide added context. Reports from other Healthwatch organisations, Trafford's mental health strategy, and Greater Manchester's mental health strategy will be consulted for this. There is also the possibility of including case studies to ensure people's lived experience is included in the report. The timescale for this report is the same as the Palliative care report; we aim for publication in March.
- Our project on **Oral Health in Under 5s** is in the planning stage; we have had meetings with Trafford Public Health colleagues to discuss the most useful approach to take on this topic. At this time, our plan is to focus on the oral health of children with learning disabilities, as this was mentioned as an area where Public Health are lacking data. We

will have a meeting at the end of January with colleagues in charge of dentistry at Manchester University NHS Foundation Trust to gather more information about the issues they face with oral health in children with learning disabilities, and at this point we will finalise the aims of the project. We also intend to contact specialist schools as part of our research either in the form of interviews or a survey of professionals and carers.

- Another project is underway on the **'Live Well'** approach being taken by Trafford Public Health. This project will entail a Healthwatch 100 survey on the five ways to mental wellbeing and will be targeted at residents of Sale and Partington. The survey goes live in January, and Trafford Council will assist in its distribution. It will aim to identify barriers for people in achieving the five ways of mental wellbeing. There will be follow-up focus groups to consider how a Live Well offer may improve capacity for residents to improve their mental wellbeing, but these focus groups may not be carried out by Healthwatch.

## COMMUNICATIONS

- We have shared details of a project being led by Healthwatch Bury, in collaboration with Greater Manchester Healthwatch network, aimed at raising awareness and improving support for men affected by **prostate cancer**.

We invited men across Greater Manchester to share their experiences to help identify gaps in care and shape better services. Participation took the form of completing a short survey, joining a focus group, or contacting us directly.

## ENGAGEMENT

- Our authorised representatives conducted an **Enter & View** visit at **Delamere Medical Practice** in October. As well as speaking to patients on the day, we received over 250 responses from patients, practitioners and GP staff to online surveys that we created. A draft report with recommendations has been shared with the practice for consideration and comment.
- We were present at **St Johns Medical Centre's annual Health and Wellbeing Event** in October where we particularly engaged with older residents and promoted our palliative care project.

- The chair of our board represented us at Trafford Council's bereavement event at Sale Town Hall in October where we made connections with council staff, other voluntary sector organisations and Trafford residents.
- In November we listened to the experiences of local carers present at the **Carers Rights Day** put together by Trafford Carers at Stretford Public Hall. We also connected with many of the teams supporting them, including Beyond Empower, Scope and Greater Manchester Mental Health.
- We attended **Trafford Deaf Partnership** meeting at Trafford Town Hall where we spoke about the reach of our presentation following a listening event with Deaf residents in Trafford. The paper was shared with Trafford Council and Greater Manchester ICB teams and as well as the Fairer Trafford Partnership meeting in December, and it was agreed that representatives from TDP could attend a future face to face meeting of the Partnership to relay their experiences.

## VOLUNTEERING

- The engagement activities mentioned helped to contribute **over 60 hours** of volunteer time in the months of October, November and December 2025.
- In addition, our volunteer **Readers Panel** reviewed our Patient Participation Group (PPG) report prior to publication.
- Authorized representative volunteers also took part in the **development and refinement** of the Enter & View process and report prior to publication.

## From the Trafford community

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### KEY CONCERNS

- We received feedback that reminded us of the importance of good communication between patients and triaging staff after one resident contacted III, who did not realise that the person he had with him during his medical event was the person he was currently caring for and subsequently could not provide assistance to him.
- There were further issues with patient communication at some local GP practices with one resident feeling they needed to leave a practice after 13 years as a patient, citing “very unsatisfactory patient care and communication”. Another described their experience as leaving them feeling not listened to and belittled.
- In one instance, a patient attended the same clinician over a six-week period and was told their symptoms were manageable with pain relief. However, the patient was subsequently hospitalised with, as a consequence of their untreated underlying condition, sepsis. This highlights the dangers of patients and staff not hearing or understanding each other.
- Continuing the theme into hospitals, multiple residents reported feeling that both administrative and clinical staff did not listen to them leading to an unwanted examination and needing to travel beyond what was accessible for them. In the latter case, they were then told the appointment was unnecessary although this had not been communicated to other staff involved in their care.
- Although we heard little about waiting times for appointments compared to previous quarters, we did hear from one person who waited two months for a clinic letter that contained information they disputed.
- One resident was advised to go on a waiting list to register at their former GP as their current one does not support their needs or those of their non-verbal child, despite the former practice being closer.
- Last quarter, we heard positive feedback regarding the infant feeding team and infant feeding support services, and we received more over the last three months. Local midwife breastfeeding support services were particularly highlighted. However, another person ended up turning to private support after a tongue-tie was missed and there was no NHS support available, which they described as ‘tough’ financially.

- In further good news, several patients had positive experiences with hospital care at St Mary's, with others singling out the cardiac, paediatric, and colonoscopy teams at Wythenshawe hospital for praise.
- We continue to fulfil our information providing function, helping patients who are looking to make complaints as well as signposting to the appropriate clinical services when residents need more information, such as one resident who was given a copy of their abnormal blood results with no interpretation and needed to speak to a clinician.
- Some patients have experienced issues with blood test booking, including staff they felt were rude and difficulty reaching anyone despite multiple attempts via email and telephone.

## Strategic updates

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We attended the Macmillan coffee morning at St. John's promoting our Palliative Care survey. We have not had the response hoped for but, nevertheless, we will be producing a report in the new year which we hope will draw attention to this important area.

We also attended a bereavement event where each of the eight organisations involved in end-of-life care formed a panel explaining their roles. This was a well-attended event which threw a light on what happens in relation to explained and unexplained deaths. A particularly interesting point was that since the introduction of the Medical Examiner role, the number of inquests to Coroners has reduced significantly. We also learned that there was a 'tell us once' service which reduces the burden of notification on the bereaved as this notifies statutory bodies of a death.

Greater Manchester Mental Health Service provided us with details of their care group structure. This is taking some time to embed, particularly in senior roles at Moorside.

We also met with Bluesci to check on reports we had heard about delayed discharges. The main concerns were about the lack of suitable accommodation, the use of temporary housing, and sofa surfing. One specific issue is that patients on methadone cannot be housed in temporary accommodation.

ILED (Improving Lives Every Day) Board were provided with feedback from the CQC inspection. Again, housing was an issue highlighted, as was equipment. At the last Health Scrutiny Committee, a report on equipment services was discussed and the arrangements going forward noted involving three boroughs jointly commissioning this service. We repeated our offer to do a study on Discharge to Assess (D2A) which has lain dormant in our workplan for the last two years. The work in relation to Peopletoo's work on a directory is especially welcomed as we know from our own experience that this is particularly important to the public. Other proposals being put forward are significant, affecting the whole care pathway for people requiring social care. Our comments related to the need to make clear the issue of choice and the thorny topic of deferred payments, particularly where long-term care is thought to be required. These are aspects of care that would benefit from an independent voice and advocacy.

We look forward to the publication of Neighbourhood Plans and the priorities that surface. We are endeavouring to attend most local meetings.

As far as the changes in Healthwatch are concerned we have had one facilitated Healthwatch in Greater Manchester (HWinGM) development day from which an action plan has been produced. A second development day is planned for the end of January. There are also meetings with the ICB and the Mayor's office in the pipeline. In Trafford, we will be discussing the future with a wide range of partners so that we can come up with a model which meets most needs. We recognise that whatever model is ultimately agreed will be influenced by available resources from within the borough. We will also continue to look for commissioned work.

We will shortly start to seek views on our 2026/7 work plan. As far as we know there are no Greater Manchester ICB requirements other than to continue to provide representation. However, we will know more following our meeting with the ICB on 8th January as to whether they require any projects to be undertaken in return for the extension of the HWinGM funding agreement which will now potentially end on 31 March 2027.

A handwritten signature in blue ink, appearing to read "Heather Fairfield", written over a thin blue horizontal line.

Heather Fairfield

Chair

Healthwatch Trafford

