

Annual Report 2015/16



Contents

- 03** Foreword
- 05** Making a Difference
- 06** Overview of Healthwatch Sheffield
- 09** Making a Difference
- 10** Engaging with People
- 16** Young Healthwatch
- 18** Influencing and Improving Services
- 24** Recommendations and Reports
- 32** Volunteering
- 35** Information and Advice
- 36** Next Steps: The Year Ahead
- 37** Financial Review
- 38** Governance and Staffing
- 40** Legal Information



Foreword



By Judy Robinson

Chair, Healthwatch Sheffield

I am very pleased to introduce this report which shows the breadth and depth of Healthwatch Sheffield's work to ensure that patients, citizens and communities of Sheffield have a say in health and social care services.

I began my term as the new chair in April 2016 so the work which this report describes was led by my predecessor, Maggie Campbell. I want to pay tribute to Maggie for her insight into how people can be engaged to shape health and social care and her outstanding support for the work of Healthwatch Sheffield. I am lucky to have inherited the successes of last year!

Local Healthwatch have a big job in a changing world. We have to run excellent systems whilst at the same time being responsive to individual concerns, engaging with communities and relating to health systems across the city. I am pleased to report that Healthwatch Sheffield carries out these roles effectively and with energy.

The building blocks for effectiveness are good communications and engagement. Our website had more than 23,000 page views this year, and we spoke with nearly 4,000 people.

The new 'rate and review' website uses the most up-to-date technology to allow people to assess health services via their phone or computer. Our engagement staff ran 80 events all over Sheffield, particularly focused on talking with people whose voice may not be heard in complex systems.

By having this range of connections, we are alerted to concerns about health and social care where more in-depth work needs to be done. This report has many examples of such work and I want to highlight three of these.

First of all, Young Healthwatch is aimed at children and young people. This year there was a conference on an issue of concern for many young people: mental health. Findings were fed into health systems such as the Children's Health and Wellbeing Board and we will track the results.

The second highlight is an investigation into patient experience of Accident and Emergency provision at the Northern General Hospital. The good news is that many people had a positive experience. There were however other more problematic aspects that patients reported and which arose through questionnaires and observation in the A&E department. These concerns were collated in a report-described on pages 28 and 29.

One particular concern was the need for better support to help people understand what was happening and how A&E works. This resulted in a very positive response from the hospital and there are now 'Meet and greet' volunteers to help people who arrive looking for their friends or relatives who are receiving treatment.

The third highlight, is the involvement of Healthwatch Sheffield's Advisory Board members and volunteers (expertly briefed by Healthwatch staff) on the many committees and boards where the views of patients, citizens and communities, gained from our conversations, research and consultation, are fed into formal decision making systems such as the Health and Wellbeing Board, all the Patient and Public Involvement groups and the Primary Care Committee.

These examples of Healthwatch Sheffield's work demonstrate three important aspects of what we do to involve people, and why this is a vital ingredient to make health and social care work well. Volunteers and staff are critical to helping Healthwatch engage and speak with people: they enable us to extend our reach out to many and to

different communities and hear about experiences, good and bad. The ability to interpret all these experiences, reflect on wider health and social care system questions and, from this, create policy and practice reports useful for health systems requires informed staff with knowledge and research capacity. And lastly, it is important to have Healthwatch representation on key decision making committees where practice and policy can be influenced and informed by this real life experience.

Healthwatch Sheffield benefits hugely from its supporters: with its volunteers and voluntary Advisory Board, as well as skilled and hardworking staff. Partners and positive relationships are vital in the voluntary, faith and community sector, in the health systems and the local authority.

We are grateful for the management support of Voluntary Action Sheffield and the opportunity to benefit from its network of links. We simply could not operate so widely and successfully without all these relationships. A big thank you to all our partners.

The implementation of the NHS's Five Year Forward View, particularly in the Sustainability and Transformation Plan in conjunction with the rest of South Yorkshire, and making sure people are at the centre of planning as well as tackling health inequality will be features of the forthcoming year. Much has been done ... and there is much to do. Healthwatch Sheffield is ready to make sure patients, citizens and communities are at the heart of health and social care.

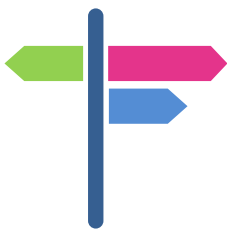


Making a difference



Nationally

We ran a workshop with Healthwatch Barnsley for NHS England at their 'Improving Patients' Experience of Care' Conference. We shared the good practice and learning we had gained through our Enter and View visits to dental practices and are producing a toolkit for use in primary care.



Locally

We were invited to contribute to the new Primary Care Strategy which was being developed by Sheffield Clinical Commissioning Group. As part of this we attended a discussion in which it became apparent that the role of the patient was absent. We volunteered to add this to the document and wrote a section about patients, ensuring that they play a key role in the new strategy.



To providers of services

We wrote a report following our visit to Accident and Emergency at the Northern General Hospital. As a result of our recommendations, Sheffield Teaching Hospitals have changed their signs, and volunteers work in the department who can help people looking for relatives or friends. Drinking water is also now always available in A&E. Read the full Case Study on pages 28 and 29.



To individuals and the public

We were contacted by a person whose relative had received sub-standard care. We supported them to make a complaint, and raised this with the provider of the service, the Care Quality Commission (CQC) and adult safeguarding.

An investigation showed that there were some things which had been handled wrongly, and the complainant was able to see the difference they had made by complaining.

Overview of Healthwatch Sheffield

Introduction

Healthwatch Sheffield is the independent consumer watchdog for health and social care services in Sheffield.

We're here to make sure adults, children and young people have a say in how services are designed, commissioned and run.

We are one of over 150 local Healthwatch organisations set up by the Health and Social Care Act 2012 to give adults, children and young people a greater say about health and social care services.

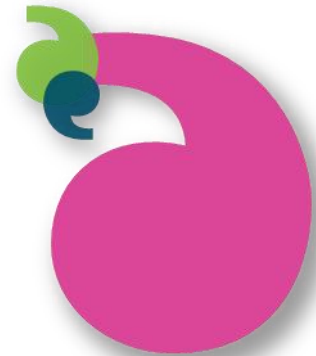
Local Healthwatch is all about local voices being able to influence the delivery and design of local services, whether it's improving them today or helping to shape them for tomorrow.

It's not just about the people who use them at the moment, but also for anyone who might need to use them in the future.

We help people by:

- getting their views on health and social care heard in the city, so they can help to make improvements
- ensuring that everybody in the city is able to be involved through a wide range of networks and activities
- providing advice and information about local services that might be useful for them, their families and friends.





The Structure of Healthwatch Sheffield

The way in which Healthwatch is delivered differs across the country.

In Sheffield we are making the most of the many networks and partnerships that exist in the city.

The city has a strong history of working in partnership and we are continuing to build upon this.

Through this Network of Networks we are enabling people's voices to be heard by the formal structures that are responsible for health and social care in Sheffield including:

- Sheffield Health and Wellbeing Board
- Sheffield NHS Clinical Commissioning Group (CCG)
- Sheffield City Council
- NHS England
- Organisations which provide publicly funded health and social care services.

During 2015/16 we worked closely with 2 other voluntary sector organisations:

- Sheffield Citizens Advice and Law Centre to provide advice
- Children and Young People's Empowerment Project (Chilypep) to support our work with young people.

We also worked closely with VoiceAbility, who provide the NHS Complaints Advocacy Service, and other voluntary and community sector groups which form part of our network of networks.

We have worked with several organisations on specific pieces of work with service users including:

- Disability Sheffield
- Sheffield MIND
- Partners for Inclusion (Pfi)
- Sheffield 50+
- Sheffield Mencap and Gateway.

Statutory Activities

The government has put in place legislation that places duties and obligations on each local Healthwatch.

What does the government say local Healthwatch should do?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities including:

- 1. Promoting and supporting the involvement of local people** in the commissioning, provision and scrutiny of local care services.
- 2. Enabling local people to monitor the standard of provision** of local care services and whether and how local care services could and ought to be improved.
- 3. Obtaining the views of local people** regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 4. Making reports and recommendations** about how local care services could or

ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with Healthwatch England.

- 5. Providing advice and information** about access to local care services so choices can be made about local care services.
- 6. Formulating views on the standard of provision** and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.
- 7. Making recommendations to Healthwatch England** to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- 8. Providing Healthwatch England with the intelligence** and insight it needs to enable it to perform effectively.



Making a difference



3,670 people

have spoken to us about health and social care

80 events

including fairs, festivals and presentations

Engaging with People





23,523
page views of the
website

1,382
people on our
mailing list

1,761
followers on Twitter

Raising Awareness

We have continued to raise awareness of Healthwatch across the city, through a combination of our Engagement and Communication activities.

We have been busy attending events, running stalls, distributing leaflets and posters, sending out newsletters, giving interviews on local radio, and having features published in local newspapers and newsletters.

New 'Rate and Review' website

This year saw the launch of our new 'Rate and Review' website. The website makes it even easier for people to leave feedback on services via a mobile phone, tablet or computer. We also provide a Freepost paper version of the feedback form for anyone who doesn't have access to the internet.

As well as being able to leave a 1-to-5 star review and comment, people can now also read the feedback and reviews which other people have left. This greatly adds to our transparency and information 'offer' as we had not previously been able to publicly share the feedback we receive about services.

Service providers have a right to respond and can leave a reply in response to public comments about their services.

Radio

We have had several slots on local radio including Sheffield Live! and Hallam FM.

Leaflets in Community Languages

Our leaflet which is available in 6 community languages: Arabic, Chinese (Traditional and simplified), Farsi, Slovak, Somali and Urdu.

Other Publications

We have been included in some city-wide publications such as Sheffield City Council's 'Guide to Independent Living' and 'Guide to Residential and Nursing Care', and the NHS Area Health Specialist Information brochure.

All of our publicity materials are available free of charge. Please contact us to request copies.



Gathering Views

We want to listen to the views of as many people as possible and we have been using lots of different ways to do this including:-

Surveys and Questionnaires

675 responses to our 'Have your Say' baseline survey, which we have used to feed into a number of citywide strategic documents. We use this benchmarking tool to 'take the temperature' of patient experience annually, allowing us to identify trends and areas where practice is improving or deteriorating.

Other surveys we have undertaken include work on:

- Mental Health (as part of the Mental Health Crisis Care Concordat)
- Non-Emergency Patient Transport
- People's Experiences of A&E
- Adult Social Care
- People's Experiences of Musculoskeletal Conditions and Treatment

Out and About

Getting out and about is an important way of reaching people, especially those who may not attend meetings or discussion forums, in a relaxed and informal atmosphere.

Healthwatch Sheffield has been to lots of events, festivals and community roadshows during 2015/16 including:-

The Sheffield Show, Lowedges Festival Sheffield Diabetes Walk, supermarkets and community centres.

Discussion Forums and Consultations

We held 8 open sessions and 276 people came along to have their say on issues and strategies. These included:-

- a discussion forum for people from BME communities
- Young People's Mental Health Conference
- NHS 'Testbeds' Perfect Patient Pathway initial consultation
- An event for Patient Participation Group (PPGs) with Paul Blomfield MP.

Talks to Groups and Organisations

We went out to talk to groups and organisations about Healthwatch, and to ask their views on the health and social care services which they use.

Engaging people who volunteer or work in Sheffield, but who don't live here

We have spoken to many people from outside Sheffield at our community roadshows and events. We have signposted them to their our neighbouring Healthwatches if they have wanted further information, to provide feedback on services or to get involved.



65 events and talks with seldom heard groups

Hidden Voices

Healthwatch Sheffield gives everyone an opportunity to have their voice heard on health and social care. This is especially important for people who are generally unable to access those making decisions or delivering services - 'hidden voices'.

To increase our reach, we work with other key voice and influence organisations.

Community Partners

We have good relationships with key Voluntary, Community and Faith (VCF) organisations to share information, intelligence and experience to give those with seldom heard voices an opportunity to be heard.

Children and Young People (CYP)

We continued to work with Chilypep (Children and Young People's Empowerment Project) to run Young Healthwatch, specifically aimed at children and young people under 25 years. We work with other organisations too, including Sheffield Young Carers and Sheffield Parent Carer Forum.

Older People

We have gathered the views of older people through articles in targeted newsletters, Enter and View visits to care homes and talks to groups such as the Alzheimer's Society and Dementia Cafes.

Disabled People

We continue to work with groups who represent disabled people and jointly hosted an Adult Social Care event with Disability Sheffield, Partners for Inclusion (Pfi), Sheffield Mencap, Sheffield MIND and Sheffield 50+.

Black and Minority Ethnic (BME) Communities

We have attended events in BME communities across the city, such as International Women's Day, refugee and asylum seeker drop-in sessions, the Chinese Community Centre elders group, and we held our own discussion forum specifically for people from BME communities.

We have leaflets in community languages and a phone interpretation service.

Disadvantaged Communities

We have reached some of the most disadvantaged and vulnerable people through our network. This includes work with MESH and Sun:Rise (mental health), Archer Project (homelessness and rough sleepers), The Foyer (youth homelessness) and Sheffield Citizen's Advice project with the deaf community.

Working with Equality Groups

We work closely with the Equality Hub Network and provide an independent view on the Sheffield Equality Engagement Group, which oversees the NHS's Equality Delivery System 2.

Increasing Involvement

Increasing the involvement of local people is vitally important to the work of Healthwatch.

We encourage and support lay people and volunteers to be involved in the commissioning, provision and management of local health and social care services.

Here are a few examples of the work they have undertaken.

Commissioning

Volunteer Healthwatch Meeting
Representatives attend key boards and partnerships in the city, including the Health and Wellbeing Board and Sheffield Clinical Commissioning Group (CCG).

Our representatives currently attend 10 regular meetings and contribute to pieces of work going through these meetings and boards such as the Carer's Strategy, Health Inequalities Strategy, and the implementation of the Mental Health Crisis Care Concordat.

Provision

Enter and View visits carried out by Healthwatch Sheffield's Authorised Representative volunteers, are a key way in which we can get the views of service users and make improvements.

Currently 25 volunteers are trained in how to conduct Enter and Views visits. (More information about Enter and View on page 20.) We also oversee service provision through our involvement in Patient-led Assessments of the Care Environment (PLACE).

Scrutiny

We have 2 places on Sheffield City Council's Scrutiny Board and take an active role to ensure that proper consideration is given to the role of the public in health and social care services.

Our volunteers provide the board with information to help it make decisions, and are active members of the board's sub groups.

We have also supplied Healthwatch volunteers to work on particular projects relating to provision and commissioning, such as the Urgent Care Review, and the future commissioning of Elective Care.



The Virtual Advisory Network (VAN)

The Virtual Advisory Network (VAN) provides a way for Healthwatch Sheffield to seek advice and opinions from a wide range of organisations on particular topics and issues.

There are currently 250 VAN members, covering voluntary, community and faith organisations, the public sector, the Clinical Commissioning Group and universities in Sheffield.

The network is virtual, with all information being sent by email.

The VAN gives organisations working in health and social care a voice through Healthwatch Sheffield.

It enables us to gather intelligence from charitable and third sector organisations, clinicians, commissioners, service users, the general public and families about their experiences.

This information is collated and we use the evidence to provide feedback and make recommendations to the organisations responsible for designing, commissioning and running health and social care services.

Involvement and Engagement Leads Forum

We hosted the first session of the new involvement and engagement leads forum in January 2016.

This brought together for the first time all the key people involved in health and social care engagement and involvement in the city.

The forum includes representatives from:

- Sheffield Teaching Hospitals
- Sheffield Health and Social Care Trust
- Sheffield Children's Hospital
- Sheffield City Council
- Sheffield Clinical Commissioning Group
- Sheffield Health and Wellbeing Board
- Yorkshire Ambulance Service

The aim of the forum is to share information, intelligence and good practice in involving the public.

We have established ways of working and drawn up some terms of reference. We have identified some early standards we could work towards which should lead to longer term outcomes.

Young Healthwatch

We've set up Young Healthwatch especially for children and young people under 25 years.

We worked with Chilypep (Children and Young People's Empowerment Project) to deliver activities and engagement opportunities appropriate to younger age groups.

Governance of Young Healthwatch

Young Healthwatch meet on a fortnightly basis in the early evening, and we actively encourage new members to join.

Priority Work Areas

18 young people from the Healthwatch Group who were responsible for setting the priorities of Young Healthwatch for 2014-2016. The priorities are: Mental Health, Health Inequalities and Substance Misuse.

Improving young people's skills

11 members received an ASDAN Leadership qualification during this year. Members also took part in creative consultation training which they have used to devise questions for the young people's focus groups.

12 Young Healthwatch members completed the 2 day Enter and View training programme, which means they can undertake visits to health and social care providers.

Children and Young People's Mental Health Mini-conference

We held a Mental Health Conference for young people in November 2015. Young people were invited to put their questions to our guest speakers from key services including:

- Child and Adolescent Mental Health service (CAMHS)
- Sheffield MIND
- Improving Access to Psychological Therapies (IAPT)
- Mental Health Matters
- VoiceAbility.

The service providers are following up on some of the issues raised.

Hallam FM interviewed a member of Young Healthwatch about the event and they broadcast clips of the interview in their hourly news bulletins.

The 2020 Blueprint for Children and Young People's Services

We gathered views on the children's emotional health and wellbeing strand of the blueprint at our young people's mental health conference.

This information has been shared with our partners in Public Health, Sheffield's Clinical Commissioning Group (CCG) and the Children's Health and Wellbeing Board (CHWBB).



Young Healthwatch

Patient Led Assessments of the Care Environment (PLACE)

3 Young Healthwatch members were involved in PLACE assessments at Sheffield Children’s Hospital and Becton, a children and young people’s mental health unit.

Giving Children and Young People a Voice

Young Healthwatch members held a number of focus groups with other groups of young people who may not always have their voices heard. These included:

- Roundabout (homeless young people)
- SOVA (looked after children)
- Sheffield Future’s Young Advisers
- Sheena Amos Youth Trust (LGBT young people)
- VOYCE (young carers)
- STAMP (mental health project)
- The Princes Trust (young people not in education, employment or training)

Young Healthwatch devised all of the questions to be asked at these peer led consultations. They tested different consultation methods, and received creative consultation and peer research training.

A report into our findings is available.

Transitions Charter

Young Healthwatch drafted a Transitions Charter for children and young people who are moving on to adult health and social care services.

“This is a fantastic piece of work - thank you to your whole team for the contribution to this.”

Andrew Clarke

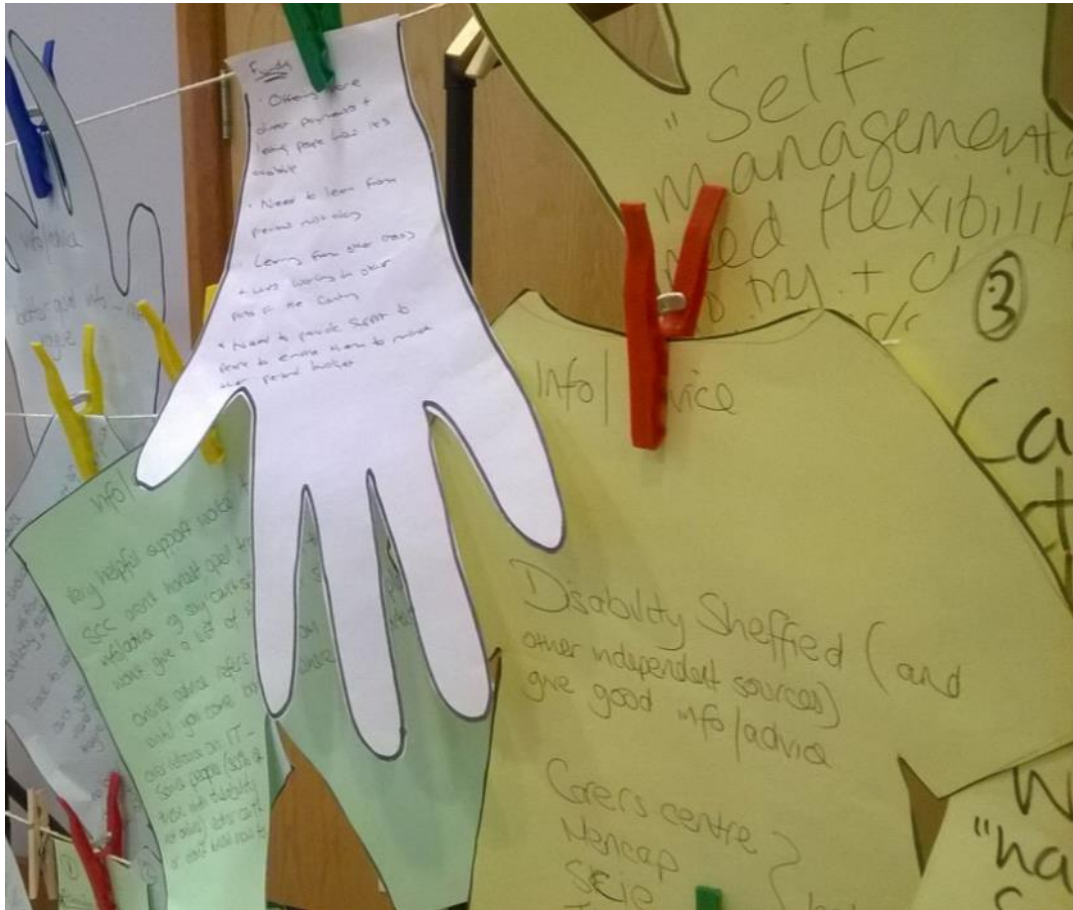
Quality Improvement Manager (Children’s)
Strategic Clinical Network

Key Children and Young People’s networks Healthwatch has representation on include:

- Sheffield Children’s Health and Wellbeing Board
- Carers and Young Carers Board
- Emotional Health and Wellbeing and CYP Carers Voice Partnership Group (working to involve children and young people in the future Commissioning of Mental Health Services)
- Sheffield Children’s Hospital - Diversity Patient Involvement Group



Influencing and Improving Services





Sheffield Health and Wellbeing Board

The Health and Wellbeing Board (HWB) became a statutory group in April 2013 with the implementation of the Health and Social Care Act 2012.

We have established a positive and productive relationship with the Sheffield Health and Wellbeing Board, which is important to ensure that the voices of Sheffield people are not only heard, but are also taken into account, in the changes to, and development of, local services.

Healthwatch Sheffield has had a place on the Board since its inception. Our Chair attends these meetings to represent the people of Sheffield.

The aim of the Board is to ensure that the local authority and health services in Sheffield meet the needs of the population. This is a difficult task given the financial pressures and increasing demands on public health, social care and health services.

We check the meeting agendas and papers in advance and provide our representative with up-to-date evidence and information which we have gathered from the public.

We have been involved in :-

- integrating health and social care by ensuring the discussions do not concentrate solely on financial and management issues, but focus on the needs of service users as well as shaping services around the individual.
- contributing to the Board's understanding of the barriers to improving public health and healthy lifestyles, and supporting activities related to reducing health inequalities.
- supporting the delivery of the Health Inequalities Plan and leading on the delivery of Priority 5: Dignity.
- Delivering an engagement event on Adult Social Care on behalf of the Health and Wellbeing Board. This led to a draft report which was discussed with senior council representatives, and at the HWB strategy meeting.

We made a recommendation that all future Health and Wellbeing Board events have a public/service user quota to ensure there are spaces for those whose voices are less likely to be heard to attend.

Visiting Providers: Enter and View

A key part of our work is to enable local people to monitor the standard of provision of local care services, and gather views on how those services could be improved.

One of Healthwatch's statutory powers is to carry out 'Enter and View' visits of health and social care premises, either announced or unannounced.

The Enter and View visits give us an opportunity to observe the nature and quality of services, and see and hear how the consumer experiences the service, as well as collect the views of patients, service users, residents, their relatives and carers.

Findings from Enter and View visits are collated as evidence-based feedback and reported to the service provider, Care Quality Commission (CQC), the local authority, NHS commissioners and quality assurers, Healthwatch England and any other relevant organisations.

Enter and View Training

It is essential that those undertaking this important activity are well trained and supported. Our team of 24 Authorised Enter and View Representative volunteers receive 2 days training in order to be able to carry out the Enter and View process.

Selecting services to visit

During 2015/16 we carried out 15 Enter and View visits:-

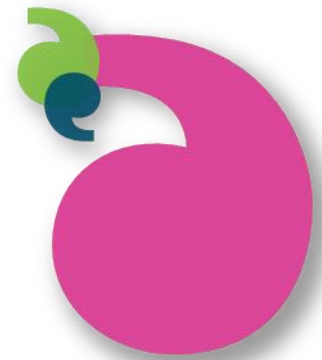
- 7 GP surgeries
- 4 dental practices
- 4 residential care homes

We chose these from the CQC's provider list based on the following criteria:

- neither LINK nor Healthwatch had visited them for at least 3 years
- variety in terms of provider/facility size, geographic location and type of services offered
- the feedback we had received from the public about services
- they formed part of a planned themed series of visits.

We have made recommendations and will contact the providers in 6 months to see what they have done in response to these.

Copies of the Enter and View reports are available on our website.



Visiting Providers: PLACE Assessments

Patient-Led Assessments of the Care Environment (PLACE) apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices.

PLACE puts patients' views at the centre of the assessment process, and uses information gained directly from patient assessors, to report how well a hospital is performing in privacy and dignity, cleanliness, food and general building maintenance.

It focuses entirely on the care environment and does not cover clinical care provision or staffing.

We promote opportunities to be involved in PLACE and include information on it as part of our Enter and View training programme.

In 2015/16, 4 Healthwatch members were involved in PLACE Assessments at:

- Royal Hallamshire Hospital
- Weston Park Hospital
- Michael Carlisle Centre
- Longley Meadows Adult Learning Disability Respite Unit.

3 Young Healthwatch members were involved in PLACE assessments at Sheffield Children's Hospital and Becton children and young people's mental health unit.

As a result of these assessments we made recommendations to Sheffield Health and Social Care Trust about additional training for PLACE assessors entering secure mental health facilities.

Healthwatch Sheffield look forward to working with the providers involved to improve services as a result of the findings.

Influencing Services & Strategies

Complaints process at Sheffield Teaching Hospitals

The Healthwatch representative at Sheffield Teaching Hospitals (STH) brought up an issue about complaints response times. STH have moved to weekly monitoring of 'in time' complaints in order to better anticipate projected backlogs.

Yorkshire Ambulance's Service Quality Summit

We represented all of the Yorkshire and Humber Healthwatches at the summit, where the Care Quality Commission (CQC) report was shared and a joint action plan was devised.

Healthier Communities & Adult Social Care Scrutiny (Home Care Sub Group)

We actively contributed and co-designed the role and function of the committee, ensuring that it will deliver outcomes that should fit the needs of the people of Sheffield.

Healthwatch Sheffield have provided all the comments we received on domiciliary care from the last year to the group for consideration.

Mental Health Crisis Care Concordat

This strategy helps plan how the police, health care services and others should work in partnership to respond most appropriately to individuals who are experiencing a mental health crisis.

The Sheffield Crisis Care Concordat was adopted in March 2015 and implementation has been taking place throughout 2015/16. Healthwatch Sheffield is the nominated lead for service user engagement.

The 2020 Blueprint for Children and Young people's Services

We had a representative at the Children's Health and Wellbeing Board, where the 2020 Blueprint was discussed.

We also gathered views on the children's emotional health and wellbeing strand at our Young People's Mental Health Conference in November 2015.

We shared the feedback with partners in Public Health, Sheffield's Clinical Commissioning Group (CCG) and the Children's Health and Wellbeing Board (CHWBB).



Quality Accounts

Quality Accounts are reports about the quality of the services of an NHS healthcare provider.

The reports are published annually by each provider, including the independent sector, and are available to the public.

They are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

As part of our statutory duties, Healthwatch is asked to comment on the reports produced by the hospital trusts and Sheffield City Council. For 2015/16 we provided official responses to the Quality Accounts for:

- Yorkshire Ambulance Service
- Sheffield Teaching Hospitals
- Sheffield Health and Social Care Trust
- Sheffield Children's Hospital
- St Luke's Hospice

Patient and Public Involvement (PPI)

Healthwatch Sheffield has representation on the Patient and Public Involvement groups of all the Trusts in the city and the Clinical Commissioning Group.

The following provide examples of how we are supporting patient and public involvement in the shaping of health and care services. Examples include:-

Sheffield Citywide Engagement Summit

Two Healthwatch representatives attended the Patient Engagement and Experience Summit. We raised issues around collecting feedback from these types of events, and suggested some mechanisms for doing this.

Primary Care Friends and Family Test (FFT) Toolkit

We ran a workshop at a North of England event hosted by NHS England. Our joint work with Healthwatch Barnsley has led to the development of a toolkit to help primary care settings implement their Friends and Family Test.

The toolkit will enable busy practices to be more successful in the implementation of their FFT test, which will mean that they receive more qualitative feedback from their patients.

Recommendations and Reports





Recommendations

One of Healthwatch Sheffield's statutory obligations is to make recommendations about how local care services could or ought to be improved.

These recommendations are directed to commissioners and providers of care services, and the people responsible for managing or scrutinising local care services, and are shared with Healthwatch England.

Raising concerns with the Care Quality Commission (CQC)

We escalated two concerns to the CQC about domiciliary care companies and were assured that these would be considered in any future inspections.

Information we supplied to the CQC about a care home, and in particular the lack of knowledge staff had about the residents they were caring for, was highlighted in their inspection.

We also raised concerns about one of the main care providers in the city. The CQC have noted these concerns and informed us of the improvement work that is going on with this provider. The CQC will take this all into account when planning their next inspection.

We received concerns from a member of staff at a large health organisation. We supported them to report their concerns to the CQC through their whistleblowing process.

Raising concerns with Healthwatch England

We became concerned about a national project which the public told us had caused confusion because of its similarity to Healthwatch.

Healthwatch England have discussed this with the Department of Health, and we have established clearer ways of working together to avoid confusion.

Hormone prescribing in Gender Reassignment Services.

We worked with other sub-regional Healthwatches to make representations to all South Yorkshire and Bassetlaw Clinical Commissioning Groups about hormone prescribing protocols within gender reassignment services.

South Yorkshire Clinical Commissioning Groups wrote a joint response which we, and other regional partners, have communicated to the people in receipt of these services.

Reports

One of the eight statutory duties of all local Healthwatch is to make recommendations about service improvement. When we make recommendations, we have a legal right to a reply to each recommendation.

This is an important way in which we can exercise our powers to encourage providers and commissioners of services to improve their practice.

All of our reports are shared with the Care Quality Commission (CQC) and Healthwatch England, who use them as part of their wider intelligence gathering to help them plan their priorities and work areas.

Mental Health Crisis Care

We are carrying out a large piece of work exploring what happens to people during a mental health crisis.

We received a total of 431 responses to our survey (including 118 from service users and 313 from health professionals).

Key themes so far:

- Not getting access to services, or getting the right service
- Waiting too long for a service, or not getting help early enough
- Limited resources - staff, time, money, facilities, services
- Having physical and mental needs treated separately
- Lack of integration and communication between services.

Our survey has provided the largest single response to questions on the Mental Health Crisis Care Concordat in the city.

The full report is due to be published in 2016.



Reports (continued)

People's Experiences of using Accident and Emergency

This report was based on our findings of people's experiences of A&E at the Northern General Hospital in Sheffield. There is a case study about this report on the next few pages, including the impact we have had on improving the service.

Update: Patient Transport Report

Patient Transport services are due for recommissioning in 2016/17. Due to the work we've done on patient transport, Healthwatch Sheffield has been asked to support the tender process and keep an eye on the contracts. This is to ensure a more joined up service for patients and service users travelling to and from hospital, including people travelling into Sheffield from the rest of the region.

Musculoskeletal Services Report

In April 2015 we published a report on people's experience of living with a Musculoskeletal (MSK) condition. Our recommendations included patients having a named MSK worker, and providing more information on the emotional impact of having a MSK condition.

Sheffield CCG commissioned a new service, MSK Sheffield in 2015/16 so we will be able to use this report as a benchmark to see if the new service improves patient experience.

Experiences of Lesbian Gay Bisexual and Transgender (LGBT) People

We spoke to a group of LGBT people in June 2015. Although the majority had a positive experience of health and social care services, 24% told us that they felt they had been negatively discriminated against because of their sexuality.

They also told us that services needed to offer more gender options than just male or female on forms and medical records.

Primary Care and the Role of the Patient Participation Group (PPG)

Healthwatch surveyed all GPs in the city to find out about their PPGs. We discovered that not all practices had one, and that some were much more visible than others.

We highlighted good practice and areas where some practices could improve. We also shared our database of PPGs with Sheffield Clinical Commissioning Group.

Report Case Study: People's Experiences of A&E



Background

We published a report into people's experiences of using the Accident and Emergency (A&E) Department at the Northern General Hospital in Sheffield.

What did we do?

A team from Healthwatch Sheffield was present in the main waiting area in A&E from 4pm until midnight on a Friday last September.

Methodology

We used a standard set of questions available nationally as the A&E Survey produced by the Care Quality Commission and NHS England in 2014.

We added a question about what improvements people would like to see, and captured people's ethnicity and year of birth. We also used a set of observations, and provided a short list of observation prompts for all the volunteers who took part.

Our report was forwarded to Sheffield Teaching Hospitals with an invitation to respond. Several of our recommendations have already been implemented and the others are being explored.



Key Findings

- 62.5% of people we spoke to had obtained medical advice before attending A&E.
- Most people thought they were waiting longer to be seen than they actually were.
- People who were there to visit others lacked information on where to go.
- People with a hearing or visual impairments can struggle with the current system of calling patients in.
- Very vocal patients can cause distress to others and the layout means it's not always possible to prevent them being overheard in the main waiting area.
- The main waiting area was not cleaned in the nine hours we were present.
- Some of the seats were broken.
- One advert shown on the televisions in the main waiting area featured suggestive language which some people may find offensive.
- If more than two or three people are using the smoking shelter it can be difficult to access the department without walking through them or stepping off the pavement.
- There are no change machines or water cooler. The water in the drinks machines ran out and people were unable to access refreshments if they didn't have the right change or were unaware there was a nearby café.
- People who need to pray are signposted to the nearest faith room. However, it was felt by those who used it that it was a substantial distance away and the signs were unclear.

Recommendations and Improvements

Here are our recommendations and the responses from Sheffield Teaching Hospitals.

1. To introduce 'Meet and greet' volunteers

The hospital now has volunteer welcomers in A&E and these have been extremely well received. They are in the process of designing posters to advise patients and families to look out for the volunteers if they have any non-clinical queries.

2. Installing a visual call system

The Trust is currently exploring solutions to the issue of call systems which supplement the verbal call system. Some people who have a hearing impairment, may also have a visual impairment and require a tactile alert instead. A decision will be made once the options have been explored.

3. Providing a suitable area for patients with severe symptoms

Consideration is already given to the appropriate placement of patients within A&E to preserve safety, privacy and dignity. However, at times of high patient numbers, the optimum choice of placement can be affected by competing demands for space.

There are plans to relocate the interview room. This will be taken forward through the new A&E Quality Group, which is currently in the process of being established.

4. Improving cleanliness and cleaning spot checks

A&E is a high priority area for cleaning and audit checks which are undertaken

regularly have not highlighted any issues. Should any issues be highlighted, these would be followed up appropriately.

Patient feedback will continue to be monitored in relation to cleanliness.

5. Fixing broken seats quickly

All requests for repairs are currently responded to within 48 hours (85% are fixed within this time). If specialised repair of fixed seating is needed, this is done through external contractors and can take longer, especially as it may be cheaper to purchase new chairs rather than repair them.

It seems the problem identified during the Healthwatch visit was due to a delay in reporting the broken seats for repair. Staff have been reminded to report broken seats as soon as the issue is brought to their attention.

6. Review appropriateness of adverts on screens in A&E

The Trust acknowledges this is an issue, but currently has a 3 year contract in place which means that changes cannot be made to the content. This will be addressed in future contract negotiations at the end of the existing contract consultation.

7. Alleviate the access issues to A&E caused by the smoking shelter

To alleviate the access issues identified in relation to the smoking shelter, consideration is being given to moving some of the nearby bollards.

In the meantime, patients using the A&E department will be consulted regarding smoking areas and actions will be planned following the consultation.

8. Better access to drinking water and a change machine for use with the drinks vending machine.

Signs are being displayed in the waiting room to inform patients that drinking water is available and to ask a member of staff. The Housekeepers will ensure that water jugs and paper cups are readily available. Signage to drinks facilities outside the department will be displayed.

9. Signposting to café facilities

Improved signposting to the nearby café is being arranged.

10. Improving signage to multi-faith prayer facilities

Signposting is currently being improved and the availability of multi-faith prayer facilities is being reviewed generally as part of a longer term plan.



Requests for Information

Healthwatch Sheffield can ask for information from any publicly funded local commissioner or provider of health or social care services.

By law, this information should be provided within 20 working days.

Healthwatch Sheffield did not submit any Freedom of information (FOI) requests during 2015-16.

Our positive relationships with health and social care providers and commissioners means that we have not had any problems obtaining information from them, and so we haven't needed to use any FOI requests.



Volunteering

Recruiting and Training Volunteers

Healthwatch Sheffield would be unable to have such a wide reach without a team of dedicated volunteers to support our work.

We have a variety of volunteering roles available including:-



Healthwatch Meeting Representatives

Volunteers who attend meetings and events across the city to represent Healthwatch and the views of local people.

Enter and View Authorised Representatives

Volunteers who are trained to do Enter and View assessments of health and social care services that are funded by the NHS or Sheffield City Council.

Healthwatch Sheffield Advisory Board Members

These volunteers advise us on the strategic direction and work of Healthwatch Sheffield. Board members bring a variety of experience with them, and include patients, service users, Health Champions and former clinical professionals.

Community Researchers

Volunteers who help us devise questionnaires and actively go out in the community to collect people's views.

Healthwatch Ambassadors

Volunteers who spread the word about Healthwatch, collect people's views and help us with our work.



25

Healthwatch Volunteers in 2015/16

Supporting our Volunteers

Healthwatch Sheffield provides full expenses, training and support for all our volunteers.

The training we offer volunteers reflects and responds to the role(s) they will be fulfilling.

Enter and View Training

A comprehensive training programme, developed by Healthwatch Sheffield in accordance with Healthwatch England guidance, has been delivered for Enter and View Authorised Representatives.

Volunteers Week 2015

We held a celebration event for our volunteers as part of National Volunteers Week. Key stakeholders were also invited for tea and cake with our volunteers, to find out more about the brilliant work that they do.

Our Volunteer Survey 2015

Each year we survey our volunteers about their experience of Healthwatch over the past year.

The majority of our volunteers perform more than one role for us, and 90% said they felt supported in their role(s).

Healthwatch England Awards Shortlist

We were shortlisted for a national award by Healthwatch England for our work with volunteer Community Researchers.

Volunteer Impact

Enter and View Authorised Representatives

Our volunteer Enter and View Authorised Representatives have continued to carry out a programme of Enter and View visits across the city. Copies of all our reports are available on our website.

Meeting Representatives

We have 13 volunteer Meeting Representatives on 18 networks and partnerships across the city. These include the Health and Wellbeing Board, CCG Governing Body, Integrated Commissioning Board, Health and Social Care Scrutiny Committee Strategic Boards including Mental Health, Disability, Learning Disability, and Carers Boards.

Advisory Board

Ten volunteers currently make up the Healthwatch Sheffield Advisory Board, that shapes the strategic direction of Healthwatch Sheffield. (See page 39 for more information about the Advisory Board.)

Healthwatch Ambassadors

Our Ambassadors have been out and about across the city to raise awareness of Healthwatch Sheffield. Activity has included handing out leaflets and posters at community venues across the city, helping out with stalls at community events and telling people about Healthwatch.

PLACE Assessors

Healthwatch Sheffield volunteers have been actively involved in PLACE Assessments over the past 12 months. (See page 21 for more information about PLACE.)

Community Researchers

Our researchers drafted Mental Health Surveys for service users, GPs and people working with people with a mental health condition. These were then 'sense checked' by Young Healthwatch. The report will be published in 2016.



Information and Advice on Health and Social Care

Information and Advice

Sheffield Citizens Advice and Law Centre provided the information and advice activity of Healthwatch Sheffield during 2015/16.

Access to advice and information on local health and social care services was through a variety of routes:-

- the Adviceline telephone helpline, which provided initial information, or arranged for a telephone or face-to-face appointment at one of five different outlets across the city
- the drop-in service available across the city
- self-help information on the Advice Sheffield website:
www.advicesheffield.org.uk

The Healthwatch Sheffield staff team also provided information and signposting to the public via telephone, email and face-to-face enquiries.

Next Steps: The Year Ahead

The Year Ahead

Our Strategic Priorities

We have three strategic priorities for 2016/17. These are as follows;

1) Delivering our Statutory Duties

We will continue to work to the eight statutory duties to which all local Healthwatch are held responsible. This means we will continue to write reports, and use our Enter and View powers to assess services.

We will also provide commissioners and providers of services with people's views on health and social care in Sheffield so that they can make informed decisions about how these can be improved.

2) Align our work to key policies and strategies to ensure hidden voices are heard.

We are involved at strategic levels across the city region and have representation on key boards and partnerships.

Being a part of key discussions means that we can influence the ways in which people are considered and make sure that involving people is always on the agenda.

3) Supporting system change

Healthwatch has always been positive about change. We know that the way health and social care is structured is changing rapidly, and a key role for us in this coming year will be making sure that systems change in the right way, making sure that when change is being planned, the voices of the people of Sheffield are fairly represented at the highest level, especially those whose voices have traditionally been harder to hear.

We have proved over the last three years that we have built a Healthwatch that is well respected, brings about positive change, and listens to the people of Sheffield.

By taking this work forward using these three key areas we're positive that we will be doing more, for more people, to bring about more change.



Financial Review

Financial Summary 2015/16

Voluntary Action Sheffield (VAS), the contract holder for Healthwatch Sheffield, has been responsible for the financial management and accountancy for Healthwatch Sheffield.

The funding for our Healthwatch, which comes from the Department of Health through Sheffield City Council, has been used to deliver Healthwatch statutory activities, within the budget allocated.

Below is a summary of how this money was spent.

Income 2015/16	£
Sheffield City Council	£239,619
Funds brought forward from 2014/15	£7,797
TOTAL	£247,416

Expenditure 2015/16	£
Staff Costs	£116,838
Management, Overheads & ICT	£32,980
Premises	£10,544
Volunteer Development & Expenses	£5,920
Advice & Information	£15,000
Engagement & Consultation	£53,554
Marketing & Communications	£12,578
TOTAL	£247,414

As part of the statutory activities, two sub-contracts were issued:-

£15,000 to Sheffield Citizens Advice and Law Centre for provision of advice and information service.

£15,000 to Chilypep for the work on Young Healthwatch engaging with children and young people.

Governance and Staffing



Governance

Our Advisory Board is made up of volunteers who advise on the strategic direction and work of Healthwatch Sheffield.

Board members bring a variety of experience with them, and include patients, service users, Health Champions and former clinical professionals.

We hold a number of our Board Meetings in public each year and everyone is welcome to come along.

The public are invited to submit questions in advance and to propose areas of work for Healthwatch Sheffield to undertake.

Decision Making Process

We have a clear and transparent process for making decisions about which pieces of work we take on.

We score each potential work area against a set of criteria which includes:

- the number of people affected
- whether we are likely to be able to achieve an outcome or provide influence
- staff and volunteer capacity
- whether other local or national organisations are already working on this work area (i.e. avoiding duplication and working in a joined up way)

All major decisions on the work that we do are made in public at Board meetings.



Advisory Board

Chair:

Maggie Campbell (until 31 March 2016)
Judy Robinson (from 1 April 2016)

Vice-Chair:

Helen Rowe

Members:

Hazel Blackburn
Tony Blackburn
Eleni Chambers
Tony Clark
Patricia Edney
Pam Enderby (retired)
Susan Hare (retired)
Annette Haywood
Philippa Hedley-Takhar (retired)
Anne-Marie Hutchinson (retired)
Nighat Khan (retired)
Tony Maltby
Alice Riddell
Clive Skelton
Guy Weston

Staff Team 2015/16

Manager (Manager - Policy & Engagement)
Carrie McKenzie

Manager (Manager - Research & Evidence)
Vicky Cooper

Communications Officer:
Bev Webb

Engagement Worker:
Hardeep Pabla

Administrator:
Myrtle Pritchard

Administration Assistant:
Pauline Flint

Legal Information

Contract Holder

The Healthwatch Sheffield contract is held by:

Voluntary Action Sheffield (VAS) Ltd

The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Tel: (0114) 253 6600

Charity no: 223007

Company no: 215695

We are using the Healthwatch trademark in the delivery of Healthwatch Sheffield's statutory activities.

Sub-Contract Holders 2015/16

Sheffield Citizens Advice and Law Centre Ltd

The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Tel: (0114) 253 6762

Charity no: 1153277

Company no: 08616847

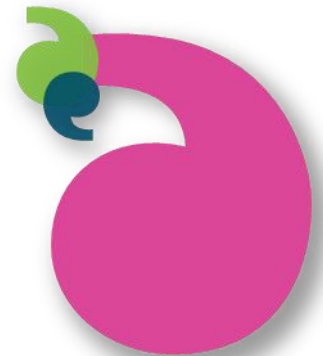
Chilypep (Children & Young People's Empowerment Project)

11 Southey Hill, Sheffield S5 8BB

Tel: (0114) 234 8846

Charity no: 1114027

Company no: 5317925





Preparation of this report

This report has been prepared in accordance with the directions published by the Department of Health (The Matters to be Addressed in Local Healthwatch Annual Reports 2013) and the requirements under the Local Government and Involvement in Health Act 2007.

Distribution of this report

Printed and digital copies of this report are available on request from Healthwatch Sheffield and a digital version can also be downloaded from our website:

www.healthwatchsheffield.co.uk/resources/docs

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Healthwatch Sheffield is the independent consumer watchdog for health and social care services in Sheffield.



Healthwatch Sheffield

Call: (0114) 253 6688

Email: info@healthwatchsheffield.co.uk

Post: Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

www.healthwatchsheffield.co.uk