



# Healthwatch South Gloucestershire Annual Report 2013/14



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# Introduction



## Healthwatch South Gloucestershire Vision



Communities and people in all their diversity in South Gloucestershire can maintain their health and wellbeing, and care for themselves and each other.

## Healthwatch South Gloucestershire Mission

Healthwatch South Gloucestershire involves local people to help improve health and wellbeing services.

South Gloucestershire has a population of 263,400 (Census 2011) with 30% of residents aged over 65 years and 16% of residents who have a disability. 60% of the population are living in towns across the area and 40% living in the rural areas. 98% of people living in rural areas have access to a car. 90% houses are privately owned with 77% being owner occupiers. 5.7% of the population are from Black Minority Ethnic communities. South Gloucestershire has a large student population with over 35,000 students at the University of the West of England. The Priority neighbourhoods are:

- Staple Hill
- Kingswood
- Patchway
- Filton
- Cadbury Heath
- Yate



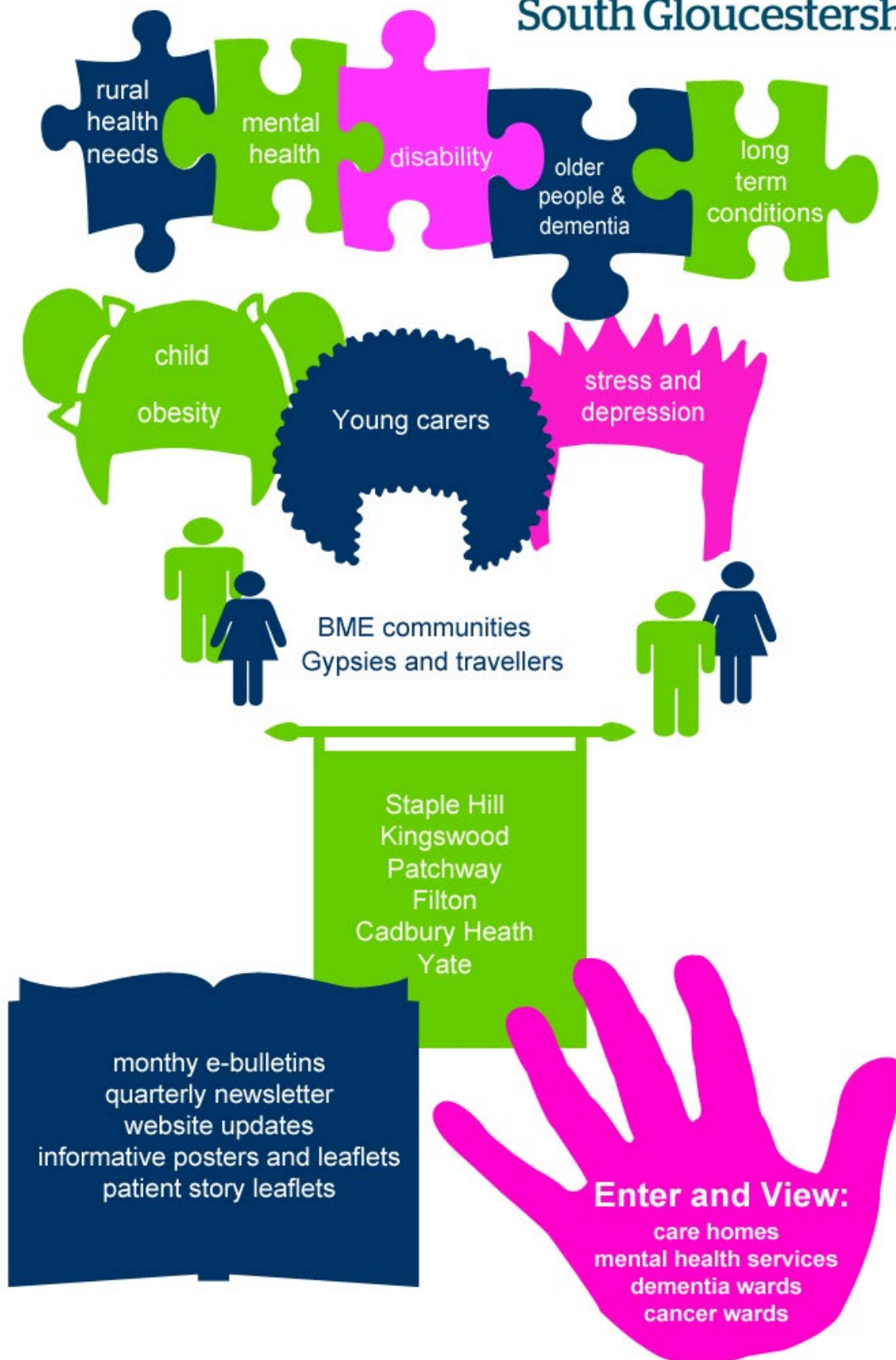
15% of people are described as having limitation in activities of daily living (disability).

South Gloucestershire Joint Strategic Needs  
Assessment 2013



# Work Plan

**healthwatch**  
South Gloucestershire







# About Healthwatch South Gloucestershire



the care forum



## Healthwatch South Gloucestershire Governance

The Care Forum trustees are responsible for the Healthwatch contract and a Healthwatch Advisory Group has been set up with members reflecting a range of necessary knowledge and skills.

Terms of Reference set out the operating procedures and agreed the size of the Advisory Group to reflect governance and to give the opportunity for the Advisory Group membership to change over time to reflect the Healthwatch direction and future vision. Healthwatch volunteers are clear about the respective roles of Advisory Group members and senior staff and work to the Nolan Principles of standards in public life.

At present the Advisory Group is made up of:

- The Care Forum General Manager -Healthwatch
- Healthwatch Development Officer
- Representative from the voluntary sector - The Carers Support Centre
- An advocate
- CCG lay representative for Patient and Public Involvement
- Volunteer lead representative on the Health and Wellbeing Board
- Volunteer lead representative on Quality
- Volunteer lead representative on Equality
- Volunteer lead representative on children and young people
- Volunteer lead representative on Enter and View

## Advisory Group

During 2013/14 the group agreed:

- Terms of reference to ensure roles for five volunteer champions to take lead Healthwatch representative roles and the opportunity for these volunteers to take an active role in governance
- Strategy for Healthwatch community engagement and an action plan
- Strategy for Healthwatch communication and the use of a wide range of communication tools
- Work plan devised from the Health and Wellbeing Strategy, the JSNA, CCG priorities, NHS England priorities and health inequalities. The work plan remains fluid to maintain capacity for the Advisory Group to take forward health and social care issues coming from the public. It is important for Healthwatch to demonstrate how local people's views have influenced decision making, prioritisation and recommendations.

This year has seen the development of the Healthwatch governance structure to allow Healthwatch to demonstrate the highest standards of transparency, involvement and use of evidence in its decision making. Healthwatch South Gloucestershire now has a form and structure that means it is operating effectively and Healthwatch Advisory Group members understand their duties and powers.

The Healthwatch Advisory Group meetings were held monthly, but the group decided that as they are a strategic group they should begin to meet quarterly and meetings are held at venues across the South Gloucestershire priority areas.

The meetings are meetings in public and mechanisms are in place for discussions with the public through a public submission slot on the agenda. Healthwatch Advisory Group meetings are advertised through the Healthwatch communication channels and minutes and papers are available on the website.

Healthwatch attended the Healthwatch England event on 29 January 2014 where the Healthwatch England rights were discussed:

1. The right to essential services
2. The right to access
3. The right to a safe, dignified and quality service
4. The right to information and education
5. The right to choose
6. The right to be listened to
7. The right to be involved
8. The right to live in a healthy environment

Healthwatch attended the Healthwatch England 'Strengthening Healthwatch in a changing system bringing outcomes and impact alive' event on 23 March 2014. The meeting discussed the use of the Healthwatch England outcomes and impact development tool and 360 degree evaluation being piloted in the north of England.





## Healthwatch South Gloucestershire Enter and View

**Joanna Parker**  
Healthwatch South Gloucestershire Enter and View Lead representative to the Advisory Group May 2014

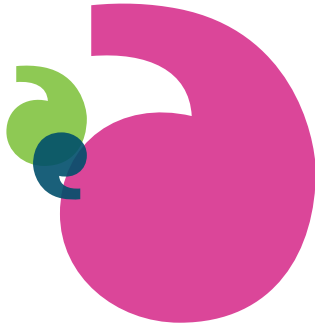
Healthwatch South Gloucestershire has 13 authorised Enter and View (E&V) representatives. To be 'authorised' means that all 13 volunteers have undertaken the Enter and View training as set out by Healthwatch England and have Disclosure and Barring Service (DBS) clearance.

Since the 'basic' introductory training in 2013 there has been further training offered to the E&V representatives; such as Equality and Diversity, Safeguarding Adults, and Dual Sensory Loss training. Continuing development and training is planned, and there will be training in understanding Deprivation of Liberty Standards, and Human Rights. The training days are well attended.

In March 2014 a 'Rehearsal' Enter and View visit was organised and run by Healthwatch South Gloucestershire and opened up to E&V representatives from Healthwatch Bristol and Healthwatch Bath and North East Somerset. The purpose of the training was to enable newly authorised representatives to test out and consolidate their classroom based training through rehearsal 'in the field'. The visit was undertaken, by invitation, at Emerson's Green Treatment Centre, and concentrated on following the E&V process using post-discharge medicine compliance as the topic for interviews with patients and their relatives. The training was well evaluated by the participants.

Also in March eight HwSG E&V representatives assisted Healthwatch Bristol with a series of three E&V visits to a care home in Bristol. Healthwatch South Gloucestershire E&V representatives have been asked to assist Hw Bristol with another series of visits to care homes in July 2014.

A Healthwatch South Gloucestershire E&V Planning Group has been established and Terms of Reference drawn up. The group has met twice and a series of E&V visits to be undertaken in June 2014 have been agreed with a care home in South Gloucestershire. Another series of visits to a second care home is planned for July 2014. The group has undertaken a 'skills and experience' audit of representatives to determine how the work involved in Enter and View is most efficiently and effectively distributed amongst them. The group has also approved a paper detailing format and guidance for writing their E&V reports.



## Representation

### Health and Wellbeing Board representative Mona Van Wyk

The past couple of months has been a steep learning curve in the first place as a Healthwatch volunteer and secondly as a Healthwatch representative to the Health and Wellbeing Board (HWB). The first meeting has been daunting with all the reports that had to be trawled through before the meeting with no background information. By the second meeting I was getting an understanding of the bigger picture and by the third meeting I could make a contribution.

It was helpful to meet with the other Healthwatch volunteers and reps at the Volunteer meeting and get an idea of issues that should be raised at the HWB from the groups they represented. It was also valuable to notice that issues raised by Healthwatch were taken seriously by the Health and Wellbeing Board.

An example raised by Healthwatch is the requirement of the HWB to adopt the requirements of the Disabled Children and Young People Health and Wellbeing Charter which was adopted and implementation is now being monitored by the HWB. Feedback given at the Healthwatch South Gloucestershire Advisory Group regarding HWB priorities influenced the priorities of the Healthwatch Advisory Group's work plan which

reinforced the importance of aligning all the needs and areas of concern to ensure that the health and wellbeing needs of the South Gloucestershire people are looked after.

As Healthwatch rep, I was invited to attend a Health Briefing in April for all Councillors and of particular importance to Public Health & Health Scrutiny and HWB to explain the challenges facing the NHS nationally and what that means locally, to outline the opportunities for improving outcomes and patients' experiences of health services in South Gloucestershire and at the same time as securing future financial sustainability.

It was also an opportunity for councillors to contribute at an early stage to the emerging priorities for transforming the delivery of health services, which are being developed under the leadership of local GPs.

Overall the last couple of months was time well spent and it leaves me with a sense that Healthwatch can make a difference to the way services are configured to shape the care people receive. To me an overall very positive experience.



Norma Marshall  
Healthwatch Volunteer

### **South Gloucestershire Home Care Survey - September 2013**

As part of South Gloucestershire Council Children, Adults and Health department's commitment to monitor and continuously improve the quality of the home care services it commissions, a survey of home care service users was conducted in September 2013.

In order to ensure that service users could be confident that their individual opinions and views could be expressed openly and confidentially, Healthwatch South Gloucestershire was commissioned to input and analyse the data from service users' surveys and produce a report.

In total, 421 people responded to the survey. This is an impressive 42% response rate, offering in-depth quantitative and qualitative data to support South Gloucestershire Council and home care providers to work together to improve local home care services.

## Community Engagement

A community engagement strategy was co produced with members of the Healthwatch Advisory Group and an action plan sets out how Healthwatch will reach out to priority neighbourhoods and seldom heard communities and individuals.

During April to September 2013 Sarah Booker was the Project Co-ordinator and she left to take up health visiting training.

Sarah began the raising awareness of Healthwatch with stakeholders such as the Patient Participation groups, service providers and commissioners. Sarah undertook engagement work in Leyhill Prison, with the Lesbian, Bisexual, Gay and Transgender (LGBT) Mental Health group and with the Parent Carers group.

Jan Perry joined as Project Co-ordinator in October 2013 and continued to raise awareness and hear patient stories through the West of England Coalition of Independent Living (WECIL), the Over 50's group Guys and Dolls, the Autism Advice Spectrum service and the South Gloucestershire Deaf Association.

The Healthwatch Advisory Group has identified Black and Minority Ethnic communities and Travellers and Gypsies as seldom heard groups and has been working in the priority neighbourhoods:

- Staple Hill
- Kingswood
- Patchway
- Filton
- Cadbury Heath
- Yate



I really enjoyed working with community groups in South Gloucestershire hearing what local people had to say about their health and social care.

Jan Perry, Healthwatch Project Co-ordinator 2013



## Young Healthwatch

Healthwatch is a service for all communities and in particular works to ensure the voice of those not normally heard is gathered. The views and priorities of children and young people are a key focus for us and as such we have developed an integrated Young Healthwatch to champion these views.

On 18 February we held an event for over 40 young people aged between 13-20 years from across the Bristol, South Gloucestershire and Somerset area at The Station. The aims of the event were to:

- promote Healthwatch
- develop 5 priorities
- demonstrate they are listened to and are feeding back on a national scale
- involve commissioners and other service providers.



The event was publicised through The Care Forum's networks and e-bulletins, inviting organisations who work with young people to bring any interested young people along. Those in attendance included: Bristol Black Carers, Mentality project, Barnardo's HYPE, South Gloucestershire Youth Board, Bristol Children's Hospital Youth Council, Young Carers, Somerset Rural Youth Project, Young Adult Carers and KIDZ.

We involved young people in exercises around what makes a good service, prioritisation of top issues for them and the Healthwatch England's consultation on the eight consumer rights.

Within South Gloucestershire the top priorities were identified as

1. Young Carers - 18
2. Mental Health - 15
3. Child poverty - 5
4. Transition from children to Adult services - 3
5. Access to doctors - 3
6. Safeguarding - 2
7. Body image and obesity - 1
8. Social Workers - 1

These topics will form the work plan for the coming year and next steps are to identify groups of young people to take the issues forward. Full findings from the event and the report can be found at:

[www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)

Within South Gloucestershire we are making strategic links by attending the South Gloucestershire mental health children and young people strategy group and aligning our work with The Care Forum's children and young people's network.

In addition to our direct work with children and young people we have also made strategic links with the South West Maternity and Children's strategic Clinical Network and the BNSSG Maternity Services Liaison Committee who have requested we regularly send a Healthwatch representative to their meeting. We have also inputted in to the revalidation of the midwifery curriculum for UWE feeding in the collect issues and concerns collected on maternity services and issues around language and cultural awareness.





## Communication

We publish a Healthwatch South Gloucestershire e-bulletin once a month in a PDF interactive format with clickable links and menus. By sending these out by a web based mail delivery client we can see that they have been read 13,901 times in total over the past year, 5293 of these have been accessed from Twitter, a number which is growing rapidly.

Our monthly e-bulletins contain a mixture of local and national news and events relating to health and social care and an update of what we are doing together with what people are telling us are the most important issues at the moment. All of our e-bulletins are available to read on our website. We have made it easy for people to subscribe to our e-bulletins online as well as getting in touch with us and asking for paper copies, we now have 1041 subscribers.

We have developed some eye catching posters that have been put up around communities in South Gloucestershire and banners that we use at the many local events we attend, such as the Bristol Royal Infirmary new reception which opened at the end of 2013 where we had a week long information stand and spoke to over 615 people.



As well as leaflets that explain what we do we have also produced “Tell Us Your Story” leaflets that we take out into the community to gather feedback of people’s experiences in using local health and social care services. We have also created postcards that people can also leave feedback on and we now have ballot boxes that people can post these into at events.



Our Healthwatch South Gloucestershire website has been up and running right from the start of the project on 1 April 2013. We have since had 6181 page views, 1,343 in the first six months rising to 4,838 in the next six months.

Our website contains information



about us, news, tell us your story online forms, advice on how to make a complaint, links to Well Aware the Healthwatch South Gloucestershire information and signposting service, advocacy, social media feeds and videos. We have added Browse aloud to the website which reads out text in audio in order to make the website more accessible.

We have found social media a valuable way to reach people, especially local communities. At the end of our first year we had 644 followers on Twitter. We have found Twitter really useful to circulate local consultations and surveys. Healthwatch South Gloucestershire is also on Facebook.

Text us service: We have now set up a text service where people can text feedback on their health and social care to us. Over the year we heard from young people and the deaf community that being able to text to us would be a great way of getting in touch.

We have a screen advert which is

displayed in the new Southmead Hospital. We have also developed a screen advert for GP surgeries in South Gloucestershire and are hoping that these will be used across South Gloucestershire over the next year.

We now have a variety of promotional materials including pens, pencils, banners and balloons to make Healthwatch South Gloucestershire stand out at events.

This year we have advertised in the Essential GP Health guide available at GP practices and health centres, and South Gloucestershire Clinical Commissioning Group magazine. We have also been making sure that local organisations also link to us on their websites to make Healthwatch South Gloucestershire easy to find.

Healthwatch England provided the trademark that is shown on all communication tools.

**healthwatch**  
South Gloucestershire

## Tell us your story



### Get in touch now!

Text us with your issue or to let us know if a service is good or bad on **07860 021 603** quoting **sg** at the beginning of the message.

**Speak to us:** **01454 543 402**

**Email us at:** [info@healthwatchsouthglos.co.uk](mailto:info@healthwatchsouthglos.co.uk)

**Visit our website:** Find out more and leave comments  
[www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)

**Follow us on:** Twitter @HWSouthglos or Facebook

**Your voice counts and really  
will change care for the better**

### **Clinical Commissioning Group**

Healthwatch South Gloucestershire has been working closely with the Clinical Commissioning Group (CCG) responsible for commissioning emergency and urgent care and healthcare services including community health, hospital, maternity and children's, mental health and learning disabilities services. The CCG works closely with other agencies such as South Gloucestershire Council to improve health and care services. Healthwatch has representation on the CCG Improving Patient Experience Forum and has agreed quarterly meetings with the CCG to share the community engagement information gained from working with seldom heard groups and patient story information collected and collated for the Healthwatch quarterly reporting.

### **NHS Quality Accounts**

Healthwatch gave a standard reply to the NHS Trust Quality Accounts for 2012 /13 as these requests came very early into the set up of Healthwatch. Having a lead volunteer now for Quality on the Advisory group, has given Healthwatch the opportunity to comment on the NHS Quality Accounts for 2013/14.

### **NHS Equality Delivery System**

Healthwatch has a lead volunteer for Equality on the Advisory Group to enable Healthwatch to comment on the NHS Trust Equality Delivery System (EDS) assessments. Healthwatch was approached by the Equality lead for the Bristol, North Somerset South Gloucestershire (BNSSG) Commissioning Support Group to help with replying to the NHS Trust EDS assessments. The Commissioning Support Group has set up a training course through the Diversity Trust for volunteers from the public to

be trained in making a reply and it was felt that this role could be passed to Healthwatch to provide continuation. Staff and volunteers attended the training and other members of the public attending were asked if they wished to join Healthwatch to provide a response to each NHS Trust EDS.

### **Public Health and Health Scrutiny Committee**

Healthwatch South Gloucestershire has built a relationship with the Public Health and Health Scrutiny Committee and has explained their role in helping Healthwatch hear from commissioners if questions we ask have not been answered within the allocated 20 days or 30 days for any joint commissioning questions. It was agreed that Healthwatch would report progress at six monthly intervals to the committee.

### **Quality Surveillance Group**

Healthwatch South Gloucestershire has been building a relationship with the NHS England Quality Surveillance Group for Bristol, North Somerset, Somerset and South Gloucestershire. The purpose of the Quality Surveillance Group is to bring together systematically different parts of the system to share information and intelligence that can provide an early warning mechanism of risk about poor quality and the opportunity to co-ordinate actions to drive improvement in services.



## Healthwatch South Gloucestershire: Issues and Concerns

Healthwatch South Gloucestershire has heard 284 issues and concerns from health and social care service users, carers, family members, and service providers since 1 April 2013. 175 of these were heard in quarter 4 (Q4) of Year 1 (Y1), from January - April 2014. This report considers the issues and concerns heard within both time periods, as relatively few data were captured in Qs 1-3, so the analysis of Q4 data reflects similar results to an accumulative analysis of all four quarters in Y1, and contributes to a picture of service users' experiences in South Gloucestershire.

In Year 1, the most commonly used method of capturing service users' feedback was through a presence at meetings. The Healthwatch Project Coordinator, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by meeting attendees, and with the commentator's consent, submits them for inclusion in the Healthwatch South Gloucestershire database. The second most utilised method of communicating issues and concerns was via community groups, which follows a similar model to that used at meetings, and the third was by email.

Other methods used include correspondence (letter writing), at events, via forums targeted at specific service user groups, by telephone, via Third Sector service user representatives, from the Healthwatch South Gloucestershire NHS Complaints Advocacy Service and using 'Tell Us Your Story' leaflets, which are available in public places throughout South Gloucestershire and at relevant public events and meetings.

One notable finding is that relatively few people in South Gloucestershire are choosing to tell Healthwatch their issues and concerns about health and social care services online. Healthwatch South Gloucestershire has received very few comments (four to date), on services via the online form available at [www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk).

The sentiments of the service feedback heard by Healthwatch South Gloucestershire are shown in Table 1:

**Table 1: Sentiments of Issues and Concerns Q4**

<b>Positive</b>	<b>10</b>	<b>Mixed</b>	<b>5</b>
<b>Negative</b>	<b>153</b>	<b>Neutral/Unclear</b>	<b>7</b>

The three most often heard types of issue and concern in Y1 related to:

**Access to a service** (51 in total: 2 positive, 42 negative, 2 neutral and 5 mixed)

**Staff training and development** (34 in total: 3 positive, 29 negative, 1 neutral and 1 mixed)

**Staff attitudes** (29 in total: 6 positive, 20 negative, 2 mixed and 1 neutral)

The most positively reported types of experience fed back related to quality of treatment (7 positive issues heard) suitability of provider organisation (6 positive issues heard), and staff attitudes (6 positive issues heard).

The most negatively reported type of experience fed back related to access to a service (42 negative issues/concerns heard).

Table 2: Types of Issues and Concerns Q4

Access for people with a disability	5	Diagnostics	1
Quality and Risk Monitoring	1	Access to a Service	22
Dignity and Respect	3	Quality of treatment	11
Access to Information	14	Discharges	6
Records Management	11	Admissions	1
Distance to a service	5	Referrals	1
Appointment booking service	9	Equality	10
Same day Appointment	2	Appointments	11
Financial Viability	2	See my own GP	2
Building and Facilities	12	Food and Hydration	1
Staff attitudes	18	Car Parking	2
Health Inequalities	2	Staff Training and Development	24
Cleanliness of environment	4	Interpretation Services	24
Staffing Levels	2	Cleanliness of staff	1
Involvement and Engagement	1	Suitability of environment	1
Communication	1	Medicines Management	1
Suitability of Provider (Organisation)	1	Complaints Management	2
Nurses, Midwives and Health Visitors	1	Support to Clinical Staff	1
Confidentiality/privacy	2	Patient Choice	6
Waiting Times	4	Coordination of Services	7
Patient Transport	9	Waiting times	12

Examples of qualitative data expressing the most common types of issues and concerns heard in Q4 include:

- **Interpretation services**

The commentator had requested a female British Sign Language translator for an appointment at the doctors. When she arrived a male interpreter had been sent. She had to undress during the consultation and so the interpreter left the room, but that meant that she and the doctor could not understand each other, which was very distressing and embarrassing.

- **Staff training and development**

The commentator reported that the quality of treatment at the hospital had been poor - the anaesthetist did not explain the process to her and she was very frightened, although luckily she was supported by a very caring nurse. On the ward she felt as though canulas were put in and injections given, by staff who were not fully competent, and/or rushed due to time pressures.

- **Access to a service**

The commentator feels that patients should be able to request a second opinion at another hospital should they want one.





Examples of qualitative data relating to the most common services heard about in Q4 include:

**Primary Care/GPs:** A group reported that several patients at a particular GP surgery have alerts on their notes to say they need a BSL interpreter at their appointments, but have not had them arranged/show up when they arrive to see the GP or nurse.

**Hospitals:** Commentator's GP is not receiving information from hospital that they need a regular ECG.

**Outpatients:** Commentator reported that all patients were told to attend at the outpatients clinic start time, rather than for individual appointments - this led to some very long waiting times for some.

**Themes:** From this analysis, it has been possible to identify themes from the issues and concerns heard by Healthwatch South Gloucestershire. As of the end of Q4 and Y1, these themes are as follows:

**Healthcare professionals' communication with service users with hearing impairments:**\* Service users have identified a need for training around communicating with people with hearing impairments, as the dataset shows that their needs are currently not being met. Several commentators have reported a trend in clinicians communicating (sometimes very sensitive) information by writing it down and giving it to the service user to read, which they have found unacceptable.

Additionally, Healthwatch South Gloucestershire has been told that interpretation services are not running well, with several issues around pre-booked interpreters not showing up/being late/cancelling, being reported.

**Accessibility of services at Southmead Hospital:** Users of services that are being transferred to Southmead Hospital following the closure of Frenchay, have told Healthwatch South Gloucestershire their concerns regarding the accessibility of the

new site. We have heard that public transport does not serve the route from locations in South Gloucestershire to Southmead adequately, that patient transport can be unreliable and that with private transport, there are not enough parking spaces. Several commentators have highlighted the issue of appointment times for people living a long distance from the hospital, and suggesting that where people live is taken into account when clinics are being booked, to ensure that people can get to Southmead in time for their appointment.

**A need for training in and awareness of the needs of service users with Autism Spectrum Disorder:**\* Healthwatch South Gloucestershire has heard from members of the National Autistic Society, that across primary and secondary care there needs to be an increased awareness of the needs of people with ASD as a theme has emerged of staff not currently responding to these.

**Using Direct Payments to buy Personal Assistant services:** Several families have reported that they would like to use their Direct Payments to buy Personal Assistant services, but that they are unable to because the Council has not attributed enough to meet the cost of this service.

**Lack of support/information provision around the needs of young people and especially teenagers with complex and/or severe learning difficulties:** Parent carers have told Healthwatch South Gloucestershire that they are struggling to access support and information for their older teenage children who have severe learning difficulties and complex needs. For these families the transition from children's to adult services has not been well managed, and as a result they have fallen through the 'gaps' and been isolated from services.

**Lack of support following discharge from CAMHS:** Healthwatch South Gloucestershire has heard from several families about a lack of on going support and/or signposting to follow up services following discharge from CAMHS.

**Continuity/consistency of care:** In both primary and secondary healthcare settings, and social care, commentators have expressed frustration at not consistently seeing the same professionals, and therefore not receiving a continuity of care and support.

**Emerson's Green Treatment Centre:**\*Via their Healthwatch Champion at a meeting of the Emerson's Green Treatment Centre Patient Forum, Healthwatch South Gloucestershire has heard multiple accounts of excellent quality of treatment at Emerson's Green Treatment Centre.

**Appointment lengths:** Several commentators have fed back their concerns that appointment lengths are too short, in primary and secondary care, especially when sensitive and/or complex information is being explained and discussed. This was a particular issue highlighted by members of the deaf community.

**Communication between primary and secondary care services:** Healthwatch South Gloucestershire can identify a theme from the issues and concerns it has heard, regarding communication between primary and secondary care, particularly concerning results of investigations. Some feedback has been positive, but there have been concerns raised about the delays that occur in this process.

**Willow Surgery:** Several commentators have fed back regarding the difficulty of making appointments at this surgery.

\*These themes are likely to have emerged as a result of direct, targeted engagement with specific service user groups, as part of Healthwatch South Gloucestershire's community development work with priority groups in the area.

Healthwatch South Gloucestershire will take this information to their partners, and to their Advisory Group, who will advise on any further work to be undertaken to investigate these themes further.

Individual issues that have been 'acute' or on going at the time they were fed back to Healthwatch South Gloucestershire, have been considered by the Project Coordinator, and where appropriate, the commentator will have been signposted to the relevant Patient Advice and Liaison Service (PALS), or to the NHS Complaints Advocacy Service.

Themes emerging from the dataset have been reported to various bodies, including:

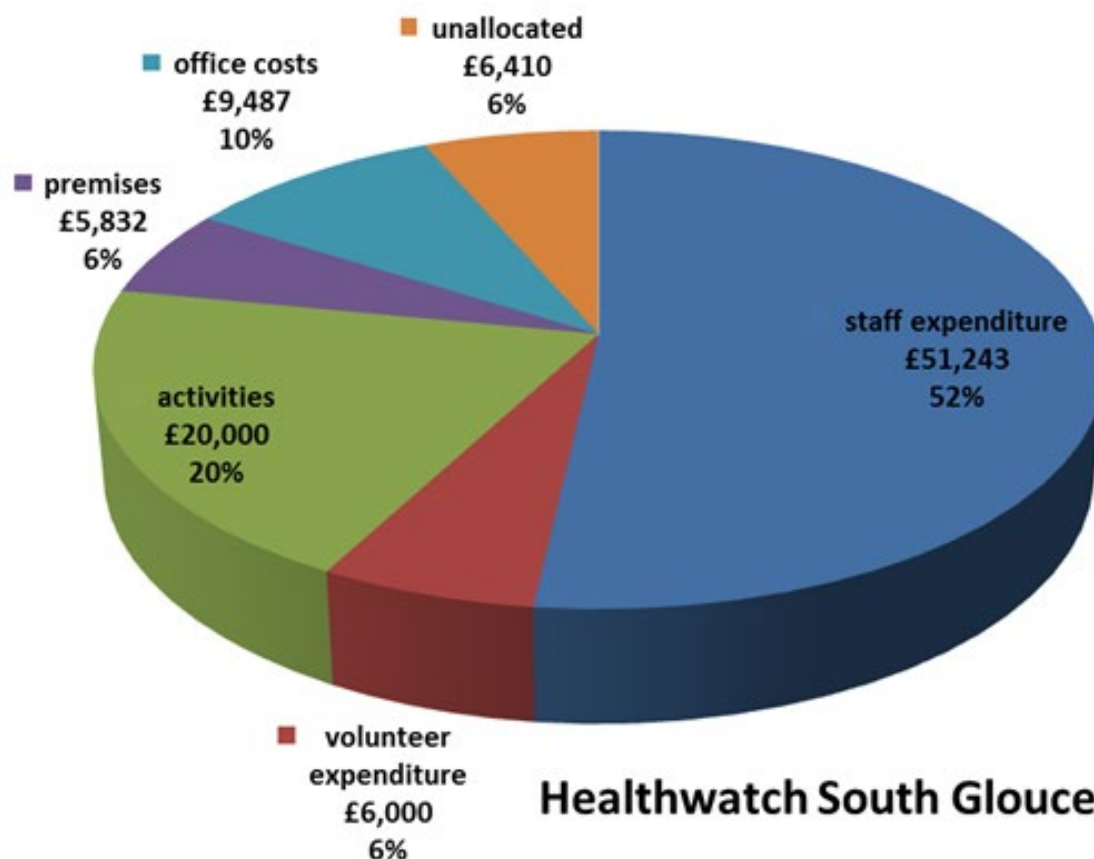
- South Gloucestershire Mental Health Partnership (March 2014)
- South Gloucestershire Older Peoples' Strategy Group (April 2014)
- Cossham Hospital Urgent Care Engagement Event (April 2014)



For financial year 2013/14, Healthwatch South Gloucestershire received £98,972.

Costs included in each heading:

- Staff expenditure costs are staff salaries including national insurance and pension contributions, travel, training and recruitment costs. This figure also includes a contribution to the management, administrative, finance and IT staff at The Care Forum.
- Volunteer expenditure includes volunteers' expenses, recruitment and training costs.
- Activities costs are meeting costs, such as hiring rooms, consultation and engagement costs. Also included is a contribution to the costs of maintaining the Healthwatch website and the Well Aware website which provides the information and signposting service.
- Premises costs include a contribution to the charges The Care Forum has to pay such as rent, rates, service charge, electricity, etc.
- Office costs include postage, stationery, telephone, printing, publicity, photocopying, and setting staff up with equipment such as computers and mobile telephones.
- Finance costs include a contribution to the cost of the annual financial audit of The Care Forum's finances and the cost of any Disclosure and Barring Service (DBS) checks that may be required.
- Unallocated is a small amount in case of any unforeseen costs. As this was not used in 2013/14, it will be carried forward into 2014/15 and added into the budget for activities to support consultation and engagement work.



**Healthwatch South Gloucestershire**

**Healthwatch South Gloucestershire**

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Facebook: Healthwatch South Gloucestershire

