

# Healthwatch Reading

Annual  
Report

2014/2015





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# Note from the Chair



Healthwatch Reading chair David Shepherd

I am pleased to introduce our second Annual Report. During 2014-2015, we received a record number of contacts - more than 400 - from members of the public. The top three issues we continue to hear about are: GP services, making up 31% of the 400 contacts, followed by 21% about hospital services and 11% about mental health services. These have all increased against last year. We also ran more engagement activities, talking to those whose voices are seldom heard, such as the ex-Gurkha community.

Our key projects for the year included an investigation into delayed transfers of care, which led to a new action plan, signed up to by local NHS and social care leaders. Our report was also submitted to Healthwatch England's special inquiry into Unsafe Discharge.

We are pleased to have influenced a home care commissioning framework, in ongoing partnership with Reading Borough Council. This included direct service user involvement in scoring contract bids. We also worked with a local charity to train three people with learning disabilities as Enter and View representatives. And we

developed a toolkit and training for patient participation groups.

Another key success was winning the local NHS complaints advocacy contract from 1 April 2014, which gives us further insight into how people experience care. A further contract, on advocacy under the Care Act, has been won for 2015-16.

I would like to take this opportunity to say a word of thanks to Sheena Masoero for all her hard work and dedication. Inspired by her Healthwatch work, she left to go back to the NHS frontline. Thanks must also go to one of our trustees, Linda Dobraszczczyk, who left to lead a major project in public health - she brought a wealth of experience and knowledge. We also welcomed a new trustee, Gurmit Dhendsa, who brings invaluable experience in managing organisations, and new board member Shaheen Kausar, chair of South Reading Patient Voice. Our staff team welcomed Catherine Williams, with her wide experience from chairing the local Maternity Services Liaison Committee. Finally I would like to thank all our partners and local community for their support in making this a successful year.



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# About Healthwatch

**We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.**

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

## **Our mission**

Our mission is to campaign for better care for our community. We do this by:

- *Advising* people of their rights, giving them information, and signposting them to other services;
- *Advocating* on behalf of local people to raise concerns, make a complaint or support them to have their voice heard;
- *Actioning* by listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them, and influencing those with the power to change things, now and in the future.

## **Our strategic priorities**

Our priorities are based on what the community says is important to them and are driven by the Healthwatch Board.

They focus on the following key areas:

1. **People are empowered to share feedback, complain or have their voice heard** - we will work with individuals in our local community, the local voluntary and community sector, as well as statutory partners, to gather local people's views and support them in having their voice heard. This year our focus was on working with our new and emerging Nepalese ex-Gurkha community, older people affected by delayed transfers of care and those using maternity services.
2. **Ensuring everyone has an equal voice** - we will work with the diverse community of Reading to understand how they experience local services. This year we have a focus on people with learning difficulties and older communities.
3. **People are involved in shaping services for today and the future** - we will work within and create networks to ensure more people are involved in shaping services and ensure that providers and commissioners follow their duty to involve people in shaping services. This year we have focused on working with PPGs to support them in creating a more active and sustainable network.

## Our people

Healthwatch Reading's staff team is passionately committed to securing better health and social care for the people of Reading.

Healthwatch Reading staff are DBS-checked to ensure they pose no risk to vulnerable adults they meet and talk to in the community. They are also trained in Level 1 safeguarding, so they are aware of how to refer any suspected cases of abuse of vulnerable people to the local authority's safeguarding team.

Healthwatch Reading staff are trained on how to use statutory 'Enter and View' powers when visiting and observing health or social care services in action, such as A&E departments or care homes.

All our staff team in 2014-15 gained qualifications in providing NHS complaints advocacy.

## Staff team

**Chief executive:** Mandeep Kaur Sira

**Advocacy services lead:** Merlyn Barrett

**Communications lead:** Rebecca Norris

**Officers:** Catherine Greaves; Catherine Williams

Healthwatch Reading staff also follow a number of policies covering compliance with the Data Protection Act (1998), lone working, handling crisis calls, and meeting duties of the Equalities Act (2010).

In particular, Healthwatch Reading and its people are committed to:

- promoting equality of opportunity;
- celebrating and valuing diversity; and
- eliminating unlawful, direct and indirect discrimination.

The staff team follow a work plan set by a board of members of the community.



# Engaging with people who use health and social care services

## Understanding people's experiences

Healthwatch Reading organised or took part in nearly 100 different engagement events and activities that reached out to more than 3,000 individuals and groups, including some of the most vulnerable and disadvantaged in our community.

The 43 different events and activities that we specifically led gave more than 1,100 people the opportunity to talk in-depth about their experiences of health and social care services.

These engagements included:

- drop-in sessions at a number of libraries, local GP surgeries, supermarkets and malls;
- joint events with voluntary sector partners; and
- focus groups with local parent and family groups, people with learning difficulties, community groups, carers groups, children's centres, bereavement forums and focus groups specifically for the local Nepalese ex-Gurkha community.

Healthwatch Reading also took part in 53 activities or events organised by partners, which gave us the opportunity to promote our work and speak to more than 1,800 local people about their concerns and experiences. These included:

- Older people's working group
- Carers information events
- Social worker training sessions
- Community festivals

- Mental health service user groups
- Polish community event
- Learning disability groups
- Youth Cabinet
- Working carers forum
- Maternity services forum
- Family forums
- PPG meetings

Healthwatch Reading aims to engage with the community as a whole and this includes the most disadvantaged, those who are vulnerable and isolated, ethnic minorities, and young people. This year we undertook a specific project focusing on understanding the access needs of our local community of ex-Gurkhas. Over the last few years Reading has seen a growing Nepalese community move to the area and concerns have been raised about how they access and experience health and social care services. This project involved a number of focus groups with the community and we spoke with more than 100 ex-Gurkhas and their wives. We learned language was the biggest barrier and the lack of availability of interpreters inhibited their use of services. More details of this engagement can be seen in a case study later in this report.

We now have more than 1,000 followers on Twitter which means we can engage quickly when needed

In addition to our work with the ex-Gurkha community we have worked with another vulnerable group - frail elderly people - through our focused piece of



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work on delayed transfers of care out of hospital. We conducted in-depth interviews in order to understand how this group could experience services better.

We also met and worked with Reading Youth Cabinet this year to ensure we are listening to the views of young people locally and to present them with our final report on a survey of 170 secondary school pupils who gave their views about accessing specialist school nurses. We also extended our work with children by beginning to hold focus groups in Children's Centres and working with family forums to understand the needs of children with special needs in our community that are high users of health and social care services.

We also try to engage with those who may use services in Reading but who may not live in the area and ensure that their views are captured. We have gathered views from local volunteers through community events and networks and through drop-in sessions at the Reading NHS walk-in centre. However there is more work for us to do to capture the views of those who commute to Reading for work.

Our monthly newsletter, sent out to our 650-strong reference group is a regular source of engagement through which we ask the public to complete our own surveys as well as give feedback on consultations run by our local NHS or social care providers, or government.

We used the online survey tool, Survey Monkey, to ask the public about GP access. And by the end of 2014-15 we also had more than 1,000 followers on Twitter. We find this an invaluable method of reaching working age adults, the media, local decision-makers, community groups, and MPs, particularly

if we need to spread word quickly during fast-paced changes.

## **Enter & View**

All of our staff team are authorised Enter and View representatives and led three E&V projects during the year:

### **Eye clinic at Royal Berkshire NHS Foundation Trust**

Two visits to the Eye Clinic were prompted by consistent complaints received from the community about long waits for appointment dates. A separate engagement project carried out with the ex-Gurkha community also raised concerns about the Eye Clinic. The project was also an extension of partnership working with the trust's outpatients experience programme. The trust will use some of the E&V findings to inform staff training on issues such as body language. The Healthwatch Reading board has requested a repeat future visit to check for improvements.

### **Circuit Lane Surgery in Southcote, plus two care homes and children's centre used by surgery patients**

These multiple E&V visits were driven by public concerns about how the changeover of management would work at the surgery.

A mass resignation of the surgery's GPs had been averted when Berkshire Healthcare NHS Foundation Trust was appointed to take over on a temporary basis, but many vulnerable, housebound patients were left very unsettled and anxious by the changes.

BHFT has pledged to continue to listen to feedback collected by Healthwatch Reading and the PPG to inform the surgery's longer term future.



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### **Various wards at RBFT, to look at the experience of inpatients with learning disabilities**

This project was driven by Healthwatch Reading's mission to involve, value and collect feedback from, people whose voices are seldom heard.

In particular, Healthwatch Reading joined forces with the voluntary sector to train three people with learning disabilities, and a board member, as Enter and View representatives, so they could give their own insight into the experience of people with learning disabilities who had been admitted as inpatients on various wards at RBFT. The three new representatives also undertook an adapted Level 1 safeguarding workshop. An existing partnership between the trust's learning disabilities liaison nurse and Healthwatch was also crucial to the project.

RBFT have agreed to the team undertaking one or two similar visits per month on an ongoing basis. The trust has also been urged to consider introducing a communication picture book for staff to use when talking with inpatients with learning disabilities.



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

## Helping people get what they need from local health and social care services

Providing information, advice, signposting and advocacy accounts for 50 per cent of Healthwatch Reading's work.

The top three areas we provided information and advice on were:

- GP Services
- Hospital Services
- Mental Health Services

## Case Study

### *Information, advice and signposting to unpaid carers*

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Mr Smith and his wife stopped at a Healthwatch Reading stand set up at a community information event. He said he was concerned about how he and his wife, and his siblings, would cope in the longer term trying to look after his mother, who was in her 90s and had been recently discharged from hospital after a fall. The couple had already put off a planned holiday and they didn't know when they would next get a break. Healthwatch Reading informed Mr Smith of his right to request a carer's assessment from the council, gave him the telephone number for the council's adult social care contact team, and also gave him details of the

local carers' information and advice service. The council offered Mr Smith help in arranging a respite break in a local care home for his mother and also approved a carer's grant of £150 that he could spend on a leisure activity to ease his caring responsibility.

## Case Study

### *Information and advice to patient about GP referrals*

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Miss Jones phoned Healthwatch Reading to query whether her GP had acted properly in delaying her request for a referral to hospital for surgery until she had lost weight. Miss Jones wanted the surgery for osteoarthritis and was concerned that her GP might be fobbing her off. A Healthwatch Reading officer researched and found guidelines from the National Institute for Health and Care Excellence about surgery referrals for osteoarthritis, and also found the Thames Valley Priorities Committee guideline for doctors on osteoarthritis. These both showed that doctors should give patients advice about exercise and losing weight before considering surgery. Miss Jones said she felt reassured by knowing about the guidelines as it showed her GP was not



treating her any differently to anyone else and she would now concentrate on efforts to lose weight.

### Our advocacy work

On April 1<sup>st</sup> 2014 Healthwatch Reading was awarded the contract to provide advocacy services for those who wish to raise a concern or make a complaint about a NHS service.

Healthwatch Reading was already providing low-level advocacy support for local people, and by taking on complains advocacy we believed we could offer a seamless service; both in terms of preventing concerns escalating into formal complaints, or supporting people right through from initial point of contact to resolution, rather than passing on people mid-way through the process to an external advocacy organisation where they would have to tell their story again.

Our staff team gained City and Guilds qualifications in advocacy in preparation for this new strand of work.

In that first year we provided advocacy for 50 complaints cases and low-level advocacy support for 70 cases.

People came to us with a wide variety of concerns, as broken down below:

#### Complaints

Category	number
Royal Berkshire Hospital NHS Foundation Trust (RBFT)	24
GP Services	9
Mental health	9
Dentist	2
Other	2

NHS England	1
South Central Ambulance Service (SCAS)	1
Westcall (out-of-hours GP service)	1
Berkshire Healthcare NHS Foundation Trust (community services)	1
<b>Total</b>	<b>50</b>

#### Low-level advocacy

Category	number
GP Services	25
RBFT	9
Adult Mental Health	5
Dentist	5
Social Care	5
Child and adolescent mental health services (CAMHS)	3
NHS continuing healthcare	3
Clinical commissioning group	2
Care home	1
Commissioning support unit	1
Home care	1
Public Health	1
SCAS	1
Transport	1
Miscellaneous	7
<b>Total</b>	<b>70</b>



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## Complaints case studies

### Securing a second opinion after a hospital local resolution meeting

Mrs Cook was referred to Healthwatch from another advocacy organisation about an historical complaint about surgery she had received 10 years previously. She did not believe she had given consent for procedures carried out during the surgery at Royal Berkshire NHS Foundation Trust and she believed these were behind ongoing symptoms since, which had caused her distress. The previous advocacy organisation had supported Mrs Cook in writing a complaint letter to the hospital and she finally received a response in early 2014, which she was dissatisfied with.

A Healthwatch Reading advocate met with Mrs Cook and talked through her various options, to help her decide how to proceed. Mrs Cook was keen to get an explanation of the surgery that was conducted and the previous treatment that she had received for her condition, and she also wanted a second opinion on her surgery and her condition and what further treatment may be needed, in order to deal with her daily distress.

Healthwatch Reading spoke with the hospital about arranging a local resolution meeting (LRM) for Mrs Cook with the lead surgeon. The advocate worked with Mrs Cook to help her list her concerns in detail, and sent these ahead of the meeting, and supported Mrs Cook to speak for herself at the meeting and ensure that her voice was heard.

The outcome of the meeting was very positive; Mrs Cook was given an appointment for a second opinion within a month, and the surgeon also apologised for the distress that had been caused.

### Helping a mother get a quicker autism assessment for her child

Mrs Baker came to Healthwatch Reading very concerned about her two-year-old daughter. She had been worried about her child's development for the past 12 months and health and education professionals had suggested possible autism. A GP had referred her children for an assessment for autism.

Since the referral Mrs Baker had been given conflicting information about how long she would have to wait for an assessment - ranging from eight to 18 months and all which she found unacceptable. In particular she wanted reassurances that her child would be assessed before her 3<sup>rd</sup> birthday.

‘It’s a shame we had to complain to get it happen but it is wonderful that my child will be assessed and we can start getting all the right support in place for her.’

A Healthwatch Reading advocate met with Mrs Baker at her home and helped her write a complaint letter to Berkshire Healthcare NHS Foundation Trust. Within two weeks, Mrs Baker's child had been seen by a clinical psychologist on a home visit and then been given an appointment for a full assessment. Her child went on to be diagnosed with autism.

Mrs Baker gave positive feedback about the support she had received from Healthwatch Reading in getting her concerns resolved. The doctor who visited her child also acknowledged that the complaint had resulted in learning for GPs, and child and adolescent mental health services staff.



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## ‘Low-level’ advocacy case studies

### Arranging home visit for housebound older person with concerns

Mrs Matthews was referred to Healthwatch Reading by her local councillor. She is very elderly and is the primary carer for her husband, who is also elderly and frail. She told Healthwatch on the phone that the week before she had had a fall in her home. A paramedic came to assist and advised her she would need her GP to come and check on her later. Mrs Matthews phoned the GP surgery that day and was told she would get a home visit at the end of the day but the GP had not come any time since the call. Mrs Matthews was also concerned about medication that her GP had stopped prescribing recently, as she had noticed swelling in her ankles.

Healthwatch called the surgery and spoke to a receptionist who said that Mrs Matthews had not turned up to appointments at the hospital falls clinic. Healthwatch explained that because Mrs Matthews was housebound, she was unable to attend such appointments and queried what other options were available. A phone call was arranged between Healthwatch and Mrs Matthews’ GP.

The GP agreed to restart the medication, sending out an emergency prescription, and also agreed to ask the district nurse to arrange a domiciliary occupational therapist assessment.

The GP also agreed to look into referring Mrs Matthews to adult social services for a carer’s assessment for support in her role looking after her husband.

### Alerting ward staff to issues about ‘next-of-kin’ notes on records

Mr Stephens contacted Healthwatch Reading in the hope of improving procedures for future families of very ill inpatients. His mother had recently passed away in hospital and due to some kind of mix-up on the day, ward staff did not have a phone number to hand to alert Mr Stephens that his mother’s condition had deteriorated. The next time he rung to check on her condition he was told that she had died a short time earlier.

Mr Stephens explained that he might not have been able to get to the hospital even if he had been contacted in time, but he wanted someone to look into what happened so other families would not be affected in the same way in the future.

Healthwatch raised Mr Stephen’s concerns with the hospital’s patient advice and liaison service (PALS). A matron sent back a very strong apology and explanation about how the next-of-kin contact had been incorrectly recorded when the patient was first admitted. In the future, staff would check contact numbers when they arrived on wards from the emergency department.

Mr Stephens said he was satisfied with this response and he did not feel it necessary to raise a formal complaint.

The matron’s apology and explanation about what would happen in the future was a good enough response and meant he didn’t need to make a formal complaint



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# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

The workplan for 2014-15 was set by the Healthwatch Reading board, based on what local people had been telling us about services.

The main projects completed during the year were:

- a major engagement exercise with the ex-Gurkha community into how they experience health and social care services, that revealed problems accessing interpreters and understanding hospital letters
- an inquiry into how local women who are diverted away from maternity services at our local hospital experience services, which revealed that women want more practical information about hospitals they are diverted to
- in-depth interviews with people (or carers) affected by a delayed transfer of care out of hospital, which unearthed system-wide problems
- an online survey on how local people experience GP services, which indicated dissatisfaction with the system for booking appointments by telephone first thing in the morning
- the development of a toolkit and training for local PPG groups.

These projects have gone on to influence how services are being developed and commissioned, as the case studies outlined next, show.

## Case study: An action plan to address delayed transfers of care

Healthwatch Reading's in-depth interviews with mostly older, frail people (and/or relatives and carers) revealed that people were dissatisfied with the hospital discharge process. They were given inadequate or delayed information about how to find nursing or care homes and discharge was sometimes halted at the last minute because of failure by services to confirm if ongoing care was in place. The interviews also revealed there were missed opportunities to prevent hospital admissions, particularly from sheltered housing or care homes, where some people had experienced serious or multiple falls.

The hard hitting, anonymised stories were shared with a private, convened meeting of health and social care leaders, who were urged to jointly address the issues raised.

In response, those leaders drew up and signed a wide ranging action plan, which was included in Healthwatch Reading's report. The plan includes a commitment to giving patients an estimated discharge date within 24 hours of their arrival, and rewriting the joint health and social care policy on transfers of care, clarifying responsibilities of staff members from all agencies and the timescales for action. The plan also highlights a new 'discharge to assess' scheme to allow more time for assessments about people's long term nursing or social care needs.



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Healthwatch Reading has gone on to share one of the key project findings - ‘Dorothy’s story’, about an elderly woman with no family, whose care fell between the many service gaps, at public meetings and also the West of Berkshire Safeguarding Adults Board.

### **Case study: Meeting the needs of the ex-Gurkha community**

Healthwatch Reading engaged with more than 100 ex-Gurkhas, their wives and Nepalese community leaders via focus groups, interviews and a survey.

The key findings were that 85% found it difficult to communicate symptoms to health professionals, and a similar number were not routinely offered interpreters for appointments.

‘We don’t know if we are allowed to have an interpreter or how to ask for one at the GP surgery.’

Before Healthwatch Reading’s final report was published, its project had already generated some early success in improving care for this community. This included:

- re-issuing of guidance to GPs on how to request interpreters
- an optometrist giving a talk to a Nepalese women’s group on eye tests
- the hospital producing a patient advice leaflet in Nepalese.

Reading’s two clinical commissioning groups welcomed the report and have suggested a new initiative in which local GPs with higher numbers of ex-Gurkha

patients would identify willing patients ready to be trained as interpreters for others. The CCGs would also discuss the possibility of introducing an information card that Nepalese people could show NHS staff if they needed an interpreter.

Reading Borough Council also committed to action - including informing people about local home care agencies that had Nepalese-speaking care workers. Members of the Ex-Gurkha community would also be invited (with interpreter support) to a public panel reviewing council information materials and websites.

### **Representation on the Health and Wellbeing Board**

We have used our statutory seat on the Reading Health and Wellbeing Board to raise the issues we are hearing from our local community and ensuring the patient voice is heard and consulted on in key decision making.

We have presented our key reports, including the report on Delayed Transfers of Care.

Our representative on the Board has been involved with workshops and development and planning sessions undertaken by the Board and will be involved in the review of the effectiveness of the Board in the coming year.

Our representative also attended an internal workshop, held by a former journalist for all Healthwatch Reading board members, on dealing with the media and speaking in open meetings.



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## Working with others to improve local services

We are committed to working with local partners, from providers and commissioners, and voluntary sector organisations to affect change. In doing so we have developed good partnership working models with them.

The three case studies below highlight our success in working with partners.

### Influencing a home care commissioning framework

The co-production of a home care commissioning framework by Healthwatch Reading and Reading Borough Council was the culmination of a partnership project first launched more than two years ago.

Staff from both organisations had jointly interviewed more than 60 home care service users and discovered six key areas for improvement.

Throughout 2014-2015, the two organisations discussed how to shape the new criteria that home care agencies would have to satisfy, if they were to secure a place on a new list of approved providers for 2015-2019. A group of service users was invited to the council to review the draft criteria, which covered areas such as better support planning, rota planning, staff values and communication skills. Agencies would also be expected to pay staff a 'living wage', pay for travel time, and to sign up to a local dignity charter.

The council's commissioning team also agreed to a Healthwatch Reading request that one of its staff members, and a local service user, be involved in helping to score bids that the council had received from 18 home care agencies. This essentially involved being 'locked down'

in a council room for a day to systematically assess and jointly debate with commissioners, the scores that should be awarded.

The involvement of a service user was crucial to this process, as she pointed out discrepancies in some of the anonymised support plans the agencies submitted, as well as describing what she would consider good practice. She also argued for wider action to be taken to improve the quality of support plans across the board, and the council will work with agencies to advance this work.

### Putting the patient voice at the heart of GP practice procurement

Healthwatch Reading developed a productive relationship with NHS England's area team at the end of 2014 to ensure patient interests were represented during the process to select a new provider to take over a local practice - Circuit Lane Surgery in Southcote. GPs who had previously run the practice had tendered their resignations due to challenges with recruitment, premises and finances and many patients only found this out first from the local press.

After Healthwatch Reading spoke out publically and strongly in defence of patients worried about lack of information and continuity of care, NHS England invited a Healthwatch Reading representative to take part in weekly talks with a councillor, MP, and health officials, to try and find a solution.



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A rapid process to procure a temporary new provider was then launched, which involved Healthwatch Reading setting some of the contract criteria, stipulating continuity of care safeguards for vulnerable patients.

Healthwatch Reading also took part in the joint assessment and scoring of bids, informed by the surgery's patient participation group, and was able to endorse the chosen provider - Berkshire Healthcare NHS Foundation Trust. BHFT has since actively encouraged Healthwatch Reading's ongoing involvement in collecting patient feedback after the transition.

### **Joining forces with the voluntary sector on bereavement care**

On 5 November 2014, Healthwatch Reading hosted the inaugural meeting of a local bereavement forum, which had grown organically from informal discussions with voluntary sector colleagues who were keen to pool ideas, knowledge and resources to improve the care of people affected by death and loss.

That first meeting was attended by nearly 20 people from organisations including charities who offer counselling, funeral directors, NHS and council staff, the Coroner's Court Support Service and academics.

Ideas at the first meeting included trying to make it easier for people to talk about

'taboo' subjects of death by suicide or miscarriage, and also supporting people who are grieving not over a death, but potential lost life, such as parents of children who receive certain diagnoses. Future meetings will aim to widen the network to include faith leaders.

### **Working with other local Healthwatch**

Healthwatch Reading has been a key driver in bringing together local Healthwatch across the Thames Valley. We now meet on a quarterly basis to look at common concerns in our region, discuss policy issues as well operational issues and each member acts as a representative of the Thames Valley at key meetings.

Healthwatch Reading is also a member of the Berkshire Healthwatches group, which again meets on a quarterly basis and receives support from Berkshire Healthcare Foundation Trust in order to facilitate this meeting.

### **Working with national partners**

This year we did not make any formal recommendations or escalate any issues to the CQC or Healthwatch England. We have been able to work locally to raise and resolve issues of concern.

However we have shared our reports and learning with the CQC and Healthwatch England, including our report on delayed transfers of care, which fed into the HWE's special inquiry into Unsafe Discharge.



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# Our plans for 2015/16

## Opportunities and challenges for the future

Our plans for 2015/16 will build on our work in the second year of Healthwatch Reading; we will focus on the following areas of work:

- Following a number of CQC inspections in the area and increase in contacts we receive about primary care along with the changing landscape in commissioning, we will take a major focus on primary care.
- We will aim to better understand the experience of inpatients at our local mental health facility through an Enter and View visit.
- We will take a special focus looking at how GPs and primary care can better support the recognition of carers and their access to support.
- We will provide more training for local PPG members in order to support the development of these networks in providing feedback for our local community.
- We will build on our advocacy services and have trained up more staff members in order to provide this increasing area of our work. In addition to this, from April 2015, Healthwatch Reading will provide the brokerage and co-ordination for the new Care Act advocacy service in Reading.
- Finally we will look to widen volunteering within in all streams of our work and organisation. Supporting this area of work will continue to ensure that local people remain at the heart of Healthwatch Reading's work.



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# Our governance and decision-making

## Our trustees and board

### Our trustees

**Monica Collings** - Social Care

**Linda Dobraszcyk** - Public Health and mental health services

**David Shepherd** (chair) - Commissioning of Services and primary and acute care

**Gurmit Dhendsa** - financial and strategic development

### Our board

**Sheila Booth** - Physical Disabilities and Sensory Needs

**Douglas Findlay** - Young People and Pharmaceutical Services

**Tony Hall** - Care for the older and elderly and GP services

**Sue Pigott** - Learning Disabilities

**Reverend John Rogers** -Engagement with the Faith community and Social Care

**Linda Dobraszcyk** - Public Health and Mental Health

**David Shepherd** - Commissioning of Services

**Helena Turner** - Community Engagement, Young People and Mental Health

**Carol Munt** - Public and patient involvement

**Tilly Corless** - Wellbeing of young adults, especially students at the University.

### Co-opted Members

**Bernard Dominic** - Chair of North and West Reading CCG Patient Voice

**Shaheen Kausar** - Chair of South Reading CCG Patient Voice

## How we involve lay people and volunteers

Our board and trustees are all volunteers and members of the local community. The trustees are responsible for the strategic vision of the organisation and its governance. The trustees are also responsible for raising funds in order to fulfil the workplan. The Board are responsible for the workplan and ensuring that we are listening to our local community, responding and ensuring change is happening. We also involve our local community in decision making about our workplan. Before the Board decides what to focus on we ask our local community via our newsletter and a call out to our reference group about the issues that are of concern to them. Along with the information we collect from our contacts and the intelligence from the Board, the Board then compiles the workplan for the year. We also involve volunteers in our project work and Enter and View visits, including student volunteers. This year we have involved 40 volunteers in the work of Healthwatch Reading.



# Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	130,311	
Additional income	98,664	
<b>Total income</b>	<b>228,975</b>	

EXPENDITURE		
Office costs	20,500	
Staffing costs	105,359	
Direct delivery costs	11,016	
<b>Total expenditure</b>	<b>136,875</b>	
Balance brought forward	92,100	



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# Contact us

## Get in touch

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

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

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

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