Healthwatch Leeds is here to help local people get the best out of local health and care services by bringing their voice to those who plan and deliver services in Leeds.
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2017/18 has been a year of change for Healthwatch Leeds. Having formed the new Community Interest Company last year we were able to concentrate on our core activities to represent the voice of the people of Leeds. These included looking at Health Visiting services and the provision of care to offenders in Leeds Prison.

I started the year job-sharing the role of Chair with Lesley Sterling-Baxter who had to regrettably step down for personal reasons. I am very grateful to Lesley for all the work she did during her time with us. We also had some resignations from several members of the Board, and we would like to thank them for their dedication and wish them well for the future. Whilst we were sad to lose these friends and colleagues we were very pleased by the high calibre of applicants for Board membership and we look forward to working with these new Directors of the Company.

We had been aware for a while that our CEO, Tanya Matilainen, would be retiring so it was not a complete surprise when she informed us of her intention to do so. We owe Tanya a great debt of gratitude for taking us to where we are now. She took over her role when Healthwatch Leeds was fairly new and had no historical reputation upon which to build. During the time she has been with us she has built the organisation into one that has won several awards for the outstanding work our staff and volunteers have undertaken. For this we offer our thanks to Tanya and wish her a long and happy retirement.

We are now preparing to welcome our new CEO, Hannah Davies, to build upon the strong foundation established by Tanya. Another change during the year, was our contract coming up for renewal. We had to apply for the new contract with Leeds City Council to enable the Community Interest Company to continue to provide Healthwatch services in Leeds.

We were fortunate in being awarded the contract for the next five years with the possibility of a further three years extension. This was due, in no small measure, to the endeavours of Tanya and her team.

In reading this Annual Report you will find that in spite of all the changes and challenges, Healthwatch Leeds has continued to complete high quality work making sure that peoples voices are prominent in the design of local services.

I look forward to the next year during which I am sure we will go from strength to strength.

Dr John Beal
Health Visiting Services Review
We carried out a review of the health visiting service in Leeds. This provided an opportunity to speak to people who had recently been in contact with the health visiting team and get their views about the service and how it worked for them.

The health visiting service is expected to be recommissioned in 2018 and therefore the feedback that we gathered, was able to be considered in the commissioning process.

We worked in partnership with Leeds Community Healthcare NHS Trust (LCH) and spoke to over 240 people in clinics and breastfeeding groups across Leeds. The main focus of the surveys was to find out if people were aware of what the service should be providing, if they were receiving this and if there was anything that could be done better.

There was high satisfaction with the service and good levels of awareness about what the service should be providing. The key concerns were, having consistency in the service provided and the service being more flexible when required.

We worked closely with the service providers and they have produced an action plan to address the issues highlighted. The report and action are available on our website.

“Health visiting is an important service that is provided to all children and families across Leeds. Here at LCH we have been very pleased that Healthwatch has undertaken a review of the service. This has provided important information about the service, the difference it makes to outcomes for children and families and how we continue to develop a responsive service”
Marcia Perry (Executive Director of Nursing) LCH
“Leeds City Council welcomed the decision Healthwatch took to undertake a consultation around Health Visiting services in Leeds. We were pleased to see that overall, feedback was very positive - satisfaction levels with the service were rated as excellent or good by 90% of respondents, there was a good level of awareness about what the health visiting service should be providing (90%) and that most respondents (89%) told Healthwatch that they had received all the visits and contacts that they should have had.

We have met with Healthwatch to discuss the recommendations that came out of the report and we are committed to ensuring that areas of learning are considered as part of ongoing service development.”

Leeds City Council

**Sexual Health Follow Up**

Following the visits carried out by Healthwatch to sexual health clinics in Leeds last year an action plan was produced to address the key issues that were identified. The key concerns raised were around communication, waiting times, signage and privacy and the action plan outlined how some of these would be addressed.

We revisited the clinics at Merrion Centre, Reginald Centre, Beeston and Burmantofts. The purpose of the follow up visits was to carry out spot checks to see what had changed since our previous visit. We carried out a total of 12 visits to the clinics and spoke to 146 people. The full report and recommendations will be published and shared with the service providers and commissioners and will be made available on our website.
**Snapshot of our work**

**Occupational Therapy (OT) Project**

We took a look at how the Occupational Therapy* workforce across Leeds could operate more flexibly. We spoke to 127 people to find out how the service could better meet their needs.

We recommended a few main areas of improvement to the Pan Leeds Occupational Therapy Board who were overseeing the citywide review:

- Keeping clients in the loop about their equipment orders
- Improving information sharing in handover process when changing an Occupational Therapist can reduce clients having to repeat themselves regularly
- Keeping GP’s and other health/care professionals up to date about what OT service can provide

We received the Action Plan from the Pan Leeds Board to address our recommendations, they reported the following changes:

1. Leeds City Council therapists are now using the new Equipment Loan Managing System to request equipment and health service staff will be following suit
2. A protocol for joint visits was completed so information can be shared between professionals from different services
3. A pilot scheme implemented within a GP practice to test the New Models of Occupational Therapy delivery. This means Occupational Therapist worked closely within a GP practice, enabling more timely interventions being offered to patients

*the use of activities to aid recovery from a physical or mental illness
Healthcare in HMP Leeds

One of our priorities for the year was to gather more experiences of men’s healthcare. We know that men in prison often have a number of health and care issues, so we worked with the prison and the healthcare team to speak to prisoners about the healthcare provided, this was a combination of focus groups and individual interviews.

What we recognised from this project is that the healthcare staff have worked well to provide a healthcare service to prisoners in an incredibly challenging and chaotic environment. Most prisoners that we spoke to were happy with the prison’s healthcare service. They were satisfied with the way they were treated and spoke highly of healthcare staff. However, there were a few concerns raised by the prisoners about attending medical appointments and experience on the first night in prison.

Some of the outcomes from this work are below (for the full response to our recommendations please visit our website):

- Healthcare Reps (prisoners) will be given accredited health promotion training and will play a bigger role in giving accurate advice and support to all new prisoners
- Changes to booking appointments and how emergency appointments are dealt with
- Improvements to incident reporting (now daily reporting and discussed at the Healthcare Team Meeting)
- A full review of the first days in custody to map the prisoners journey, enabling his needs and service requirements to be met

We met with service commissioners (NHS England) who agreed that they need to put more resources into reception (first night) and that they need to be more pro-active with regards co-commissioning and working with the prison governor on some of the issues that have arisen from our report.

The work was presented to the scrutiny board as part of the Scrutiny Inquiry into The Health and Social Care Needs of Prisoners.

“We were delighted to invite Healthwatch Leeds to HMP Leeds for the very first time. I am pleased with their view that healthcare staff are caring and will do the best job they can under difficult circumstances. An opportunity to spend time exploring experiences and patient suggestions is our ongoing commitment and we will continue to value feedback and strive for continuous improvement.”

Dave Browne - Head of Healthcare (HMP Leeds), Care UK
**Extra Care Housing**
Extra Care Housing is housing designed with the needs of frailer older people in mind, with varying levels of care and support available on site. We facilitated focus groups on three sites; Woodview, Cardinal Court and Rossfield Manor. Our aim was to find out peoples’ experience and views of the homecare service provided on site.

The outcomes from focus groups were positive, especially about the care staff.

There were a couple of areas that we were told improvements could be made, particularly around communication and social activities.

The Extra Care Management Team has told us how they will:

- Be providing easy read literature and discussing with people how to feedback
- Explaining the role of the key worker in more detail
- Commit to ensuring people can attend social activities by providing alternative visiting times or helping people get to and from internal events

The commissioner of the service praised the work as a great collaboration between Healthwatch Leeds and the Extra Care service.

**Spring Gardens Care Home (Enter and View)**
We carried out a follow up visit to Spring Gardens. Our first visit highlighted some concerns around activities, methods to feedback and the environment.

A year and a half on from our last visit we were pleased to observe the transformation in both interior and exterior of the care home.

A sensory garden with a water feature has been created in the back yard. The home was bright, warm and smelt fresh. We also saw significant improvements in the provision of activities for residents. Almost every resident we spoke to said they were happy in the home. These comments seemed to indicate that the improvements have had a positive impact on residents’ daily life in the care home. Both the residents and relatives praised the staff highly as being kind and respectful. The residents felt they were very well looked after in the home.

It is great to see our initial visit and its subsequent recommendations were acted upon by the care home and this has had a positive impact on residents’ life.
Bereaved Carers Survey
We held a “Good Endings” event to explore people’s knowledge and experience of support and services when they know their life expectancy is limited. One of the workshops looked at the bereavement survey, now undertaken by providers city wide. We recommended that the survey was shortened and made more user friendly. Following on from the event we are active members of the task group to design a more accessible and widely available survey for the coming year. We’ll keep you informed on its progress!

“Leeds Teaching Hospitals, St Gemmas and Wheatfields Hospices and Leeds Community Health have worked with Healthwatch Leeds to develop an updated bereaved carers survey.

Healthwatch have helped identify the different processes to be taken forward to gain the views of more bereaved carers in Leeds in order to continue to deliver best care for dying patients and their families. They are supporting the development of a revised questionnaire, promotion of the survey, initiation of an online option and analysis of results.

Their support has been invaluable in seeking the views of the people of Leeds about what is important to them and how we can best seek their views at such a difficult point in their lives.” Elizabeth Rees - Lead Nurse for End of life care, Leeds Teaching Hospitals Trust

The Healthwatch networks
In addition to sharing all our published work with both Healthwatch England and the Care Quality Commission, we support and participate in a range of networks and projects.
In West Yorkshire the five Healthwatch organisations have a long history of working together. When the Health and Care partnerships were formed recently we were joined by our colleagues covering the Harrogate area.

Together, we have collaborated in feeding back people’s views about stroke services, urgent care access issues and continue to monitor and work to improve people’s access to NHS dentistry. We have also carried out a number of engagement activities as the Yorkshire and Humber Healthwatch network. We are planning a region wide engagement with people diagnosed with a Hypermobility Syndrome.

Collaborate to Communicate Event
For the first time ever in Leeds, health and care commissioners and providers joined up to engage with local people.

They brought with them a range of topics for consideration in the city. The event consisted of a series of short workshops, giving local people the opportunity to engage with lots of services at one event.

Due to the success of this event there will be further events planned in the future.
YouthWatch have had another fantastic year, involving 51 volunteers aged 14-25 over the last 12 months. We’ve been involved in lots of different things including making films, taking over the Future in Mind: Leeds Board and lots more.

The highlight of the year however, was our #getyourrights in health work.

Following on from our ‘rights in the NHS’ sessions in schools and youth groups last year, YouthWatch decided it wanted to organise an event to raise awareness about young people’s rights on a bigger scale.

We worked on a plan with Leeds Youth Council and Leeds Hospitals Youth Forum. The result was the #getyourrights in Health event in February 2018, attended by 53 young people and 13 workers. YouthWatch volunteers took ownership of the whole event, from planning the workshops to jointly hosting the event and taking photos.

The event was based around people’s rights as outlined in the NHS Constitution and there were three main workshops:

1. How to speak up
   This aimed to give young people the confidence to speak up and feed-back about services. It focused on the NHS ‘right to complain’ and pledges to ‘encourage feedback’ and ‘set things right’.

2. Sharing experiences
   Young people shared their personal experiences of using health services in relation to their rights, and encouraged others in the workshop to share theirs.

3. Rights in reality
   We used a filmed scenario to get young people to think about how they could use their rights to have a better experience.

During the event, we also asked young people to vote on which three rights were most important to them and might stop them from accessing a health service if they weren’t met.

Young people told us that the most important rights for them were:

1. Privacy
2. Clear information
3. To not be discriminated against

160 (91%) out of 175 children and young people attending the event or one of our ‘rights in the NHS’ sessions said that they would be more likely to take action after our session if they thought their rights hadn’t been met.
The most common themes for young people when sharing their experiences about health services were:

- Communication between staff and patients
- Quality of care or treatment
- Staff attitudes.

**What happened next**

We produced a report, which has been shared locally and nationally with providers and commissioners asking that they take into account the above themes when planning and delivering children and young people’s health services.

One of our YouthWatch volunteers produced a brilliant video about the ‘three most important rights’. This, along with the report was shared at a Leeds Health and Wellbeing Board workshop about ‘barriers to access’.

You can find the ‘#getyourrights in health’ report and the link to the video on our website.

“The event was a big success - a great example of bringing different groups of young people together to work on a shared interest. It was well planned, youth-friendly and most importantly, a great way of letting young people know how to speak out to make sure their rights are met when accessing health services.”

Richard Cracknell, Voice, Influence and Change Co-ordinator, Children and Families Directorate, Leeds City Council

“we have rights and that some things we don’t need to tell our parents” (young person)

“I have learnt about the importance of giving feedback about services I get.” (young person)

“no matter how old or who you are everyone has rights” (young person)
**Primary Care**

In the past we have worked alongside GP practices to review extended opening hours and Patient Participation Groups. We are continuing to build a strong relationship with GP practices across Leeds.

As a pilot project, we visited East Leeds Medical Centre and Halton Medical Practice and spoke to people attending the surgeries. There were some consistent themes that emerged at both surgeries: including shortage of appointments, staff attitude and self-check-in machines not working.

Both surgeries have made significant improvements since our visit. We will continue to work with colleagues at GP practices to support any outstanding actions on the plan.

This year we will be rolling out an ongoing programme of visits to GP surgeries across Leeds.

**HIV and Dentistry**

Following recommendations we made about HIV awareness, education and training for dental staff, a factsheet on HIV and blood borne viruses was published by Public Health England. This was circulated to all Yorkshire & the Humber Dental Teams, undergraduate Dental and Hygiene and therapy students and Foundation Dentists.

Public Health England secured funding to develop e-learning resources for dental staff. We facilitated continuous dialogue between service users, voluntary and health organisations on developing training content and materials including case studies, stories and short films for the e-learning resources. This will be available as a national resource once published.

Our work has also led to continuing professional development sessions across Yorkshire and Humber, agreement to include the factsheet in the CQC inspector learning package and an article in the national British Dental Journal. Hopefully this will all go some way to improving dental care for people with HIV and other Blood Borne Virus’.
“Healthwatch have listened to our service users who are a stigmatised, marginalised group and taken their concerns seriously especially the main issue of lack of positive dental care for people living with HIV.

Your passion and strengths have brought key decision makers together to start a local and national change in the provision of dental care for people living with HIV. On behalf of the HIV positive people in Leeds Thank you Healthwatch.” Robert Houlgate - Service Development & Delivery Manager, BHA Skyline

Women’s Services
In 2016, we visited acute gynaecology services as part of our planned programme of enter and view visits. We are happy to report since that visit the hospital have made these changes:

- Reviewing information and communication methods
- Offering hot food to patients that remain on the unit overnight
Volunteers

With every piece of work we do, volunteers are at the heart of it. Our volunteer team contributed a staggering 2700 hours this year undertaking a wide range of roles for us.

People volunteer for lots of reasons, to gain experience in health and care, or maybe they have retired and still want to give something back. Learning and developing new skills whilst volunteering with us has helped some go on to do great things.

Our volunteers range from 14 to 88 years old, with many who are working age and already working or studying in health and care. They all bring valuable skills and experience to their role.

“Through volunteering, I have constantly felt like I’m doing something positive, and making a difference to health and social care, volunteers at Healthwatch are truly valued by the staff, and a lot of effort is made to ensure that projects and roles are suitable to our skills and interests.”

Helen Dannat, Healthwatch Volunteer

Community Research Assistant with the Born in Bradford project, based at Bradford Royal Infirmary.

Biomedical Sciences degree

Locality Manager at Leeds Student Medical Practice promotion

Clinical Support Worker, Leeds Teaching Hospitals Trust

Who are our volunteers?
We offer training for volunteers in all areas of our work and we try to make sure it is made accessible to all.

Our training is always rated highly by our volunteers with 100% stating it as excellent or good.

“It was an interactive and engaging way of training volunteers to make sure they have a good understanding of Healthwatch”.

“the training was informative. Lots of time for discussion and reflection. I feel better informed and more confident about my responsibilities. It exceeded my expectations!”

“It was a very practical and informative session with good discussions around equality and diversity when acting as a volunteer in a Social Care setting”

If you would like to find out how to volunteer with us contact Craig on 0113 898 0035 or text 07909254605 craig@healthwatchleeds.co.uk
Healthwatch Leeds provides an Information, Advice and Signposting service. We know that the health and care system can be complicated and hard to navigate, so we do our best to help people who often don’t know where to start looking, or feel like they have been through the system and have nowhere else to go.

This year we’ve received 276 direct enquiries and also set up a way to capture feedback on the information we provide. From the feedback we’ve received:

- Over 95% of people have said that information we’ve provided has been either very useful or useful
- Over 95% of people clearly understood the information
- 89% said that the information provided will help them take the next steps
- Over 95% of people have been satisfied with our service

“Healthwatch was very helpful and gave considered useful answers to my concerns and queries - discussing a possible outcome and pathway.”

“My questions were answered in plain English and without rushing.”

“There was absolutely nothing you could have done better, your advice and support was invaluable, thank you!”

“We regularly receive requests from the Care Quality Commission (CQC) for information about a service they will be visiting.

We have often been able to share feedback which can influence areas of CQC inspection.”
in the past year our website has had ...

8,421 page views compared to last year’s of 4,450

923 people signed up to newsletter, pdf available on the website. Audio version available quarterly.
Health and Well-Being Board (HWB)

Through our seat on the HWB we have enjoyed frequent opportunities to influence. We were lucky to have the Chair of the HWB, Cllr Rebecca Charlwood, open a collaborative conversational event - this was the first event of its kind, where Leeds City Council and all NHS providers and commissioners came together to engage with citizens, and to seek views on a range of plans and projects in the city.

A summary of this can be found on our website. We continue to be active members of the HWB, taking part in all meetings, including Board to Board sessions which are used to overcome system-wide challenges that will make a difference for our local population.

“Healthwatch shows unwavering commitment to involving people in the design and delivery of strategies and services and acts as a vital connection between local people and those that lead health and care services. Our city benefits from their volunteer base, a broad range of engagement programmes, right through to their representation on the HWB.

Most recently, they ran a HWB workshop focused on hearing the voices of some of our most marginalised communities, leading to a range of actions to support people who experience some of the poorest health outcomes. This is just one example of how they support the Board to really listen to what matters to people in Leeds and maintain our focus on improving the health of the poorest the fastest.” Cllr Rebecca Charlwood, Chair of the HWB

People’s Voices Group (PVG)

Healthwatch Leeds co-ordinate a city wide group of patient and public engagement leads from Leeds City Council, NHS commissioners and providers, and Advonet, the advocacy provider in Leeds. The PVG provides a forum for sharing expertise and best practice around engagement exercises and events, as well as some of the important messages that people are sharing about their health and care in the city.

“Leeds is committed to working in partnership and Healthwatch plays a key part in this approach. The PVG has developed greatly over the last year and saw our first joint event in a series of conversations between health and care partners and citizens. This couldn’t have happened without Healthwatch Leeds bringing partners together to seek citizen views and involvement on a range health and care issues, based on our shared principle of ‘working with’ people in Leeds”

Holly Dannhauser
Health Partnerships Manager
Health Partnerships Team

Complaints Sub-Group

The combined city wide Complaints Leads’ group continues to thrive, with an annual work plan and representation from all our statutory partners (NHS and Adult Social Care), health advocacy and Healthwatch Leeds. During the year we have refined our “no wrong door approach” with the first organisation contacted co-ordinating issues that cross organisational boundaries, developed a briefing pack for MPs on complaints, and presented our work to regional
Connecting across the city

Adult Social Care complaints managers, resulting in some areas planning to engage with their local Healthwatch.

“Healthwatch Leeds has continued to chair the city wide Complaints Leads meeting which has become a pivotal meeting for the complaint teams within Leeds, enabling us to address patient concerns together and make system wide improvements. Healthwatch provides an independent patient perspective which continues to help us improve our processes which ultimately improves the experience for our service users.”

Joanna Howard - Head of Clinical Governance and Patient Experience, Leeds Clinical Commissioning Group

Working with the Oversight and Scrutiny Committee

For the third year we have a co-opted place in the Leeds City Council Scrutiny Board for Health, Public health and Social Care. As well as taking part in meetings we have been able to share our reports on Urgent Care and prison healthcare which have fed into the reports and recommendations made by the Scrutiny Board.

“Healthwatch Leeds has been represented on the Scrutiny Board for a number of years. During that time, those representing Healthwatch Leeds have been recognised as valued contributors - always bringing a service user perspective into the various discussions of the Scrutiny Board. This continued during 2017/18 - my first year as Chair of the Scrutiny Board - and I am extremely grateful to John (Beal) for his enthusiasm, commitment and contribution to the work of the Scrutiny Board and, with the Board’s approval, I look forward to welcoming him back onto the Scrutiny Board for 2018/19, where he will continue to provide a strong and independent voice on behalf of local patients and service users.”

Councillor Helen Hayden, Chair, Scrutiny Board (Adults and Health)

Leeds Plan

“Healthwatch have been fundamental in helping ‘change the conversation’ around our plans for health and care in Leeds. They have championed a bottom up community led approach which has become important to the Leeds Plan way of working. Along the way they have challenged and improved, helping to keep us focused on patient and public voice at the centre of what we do. I have valued their feedback and support throughout”

Paul Bollom - Chief Officer Health Partnerships Leeds City Council

Better Lives Leeds Board

Our Healthwatch volunteer, Martin, continues to have input into the Better Lives Leeds Board and provides our own Board with regular updates. The Better Lives Board is an Adult Social Care consultative body to which policy proposals, updates on existing work etc can be brought.
Between May 2016 and February 2018, we worked in partnership with Leeds Teaching Hospitals NHS Trust (LTHT) to gather people’s views and experiences of attending outpatients’ appointments.

This has been the biggest piece of work we have carried out, and possibly the largest joint piece of work between a local Healthwatch and a Trust in the country.

The partnership work between Healthwatch Leeds and LTHT is being used in the LTHT’s Patient Experience video for their AGM.

During the project we looked at the:
- quality of information and communication patients received before and during their appointment
- waiting time concerns, and
- physical access including parking

In total we visited 17 outpatient clinics and spoke with 1427 patients. Over 55 sessions, volunteers contributed 615 hours of volunteer time.

Patients valued and were largely satisfied with the majority of the clinics and departments. However some areas for improvement were

<table>
<thead>
<tr>
<th>Outpatient Department/Clinic visited</th>
<th>No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SJUH, Eye Clinic</td>
<td>148</td>
</tr>
<tr>
<td>2. SHUH, Outpatient 7/8</td>
<td>42</td>
</tr>
<tr>
<td>3. SJUH, Endocrinology</td>
<td>86</td>
</tr>
<tr>
<td>4. SJUH, Lincoln Wing, Outpatient 1</td>
<td>108</td>
</tr>
<tr>
<td>5. SJUH, Gynaecology</td>
<td>78</td>
</tr>
<tr>
<td>6. SH, Main Outpatient</td>
<td>87</td>
</tr>
<tr>
<td>7. SH, Pain Management</td>
<td>13</td>
</tr>
<tr>
<td>8. SJUH, Lincoln Wing, Outpatient 2</td>
<td>99</td>
</tr>
<tr>
<td>9. SJUH, Ear, Nose and Throat</td>
<td>98</td>
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<tr>
<td>10. LGI Orthopaedics</td>
<td>142</td>
</tr>
<tr>
<td>11. LGI Hand Unit &amp; Plastics</td>
<td>60</td>
</tr>
<tr>
<td>12. CAH Dermatology</td>
<td>85</td>
</tr>
<tr>
<td>13. CAH Rheumatology &amp; Orthopaedics</td>
<td>104</td>
</tr>
<tr>
<td>14. SJUH Bexley Wing Surgical</td>
<td>99</td>
</tr>
<tr>
<td>15. SJUH Multi-Speciality (Correctol)</td>
<td>68</td>
</tr>
<tr>
<td>16. LGI Cardiac &amp; Neurology</td>
<td>103</td>
</tr>
<tr>
<td>17. LGI Surgical Outpatient</td>
<td>7</td>
</tr>
</tbody>
</table>

SJUH - St James University Hospital    LGI - Leeds General Infirmary    SH - Seacroft Hospital
CAH - Chapel Allerton Hospital
identified including, text reminder services, self-check-in system, long waits on the phone when rearranging appointments, car parking charges and disabled parking. These have then been forwarded to the relevant departments in the Trust for action.

Each outpatient department we visited received a report with the findings and suggestions for improvements. The department was then required to respond with an action plan including timescales of implementation. We carried out follow up visits to review whether changes had been made.

**Next steps**

The dialogue between Healthwatch and each individual department is ongoing in order to achieve progress on the recommendations contained in each of the reports. To access the individual reports, visit our website.

“During the last twelve months, the Trust has continued to collaborate with Healthwatch on an outpatient feedback programme. This has provided much information from people who are not routinely included in the national patient survey programme and that otherwise might not be heard.

Additionally, the Trust meet regularly with Healthwatch to hear directly what patients have been saying to them in recent weeks. This provides an opportunity for the Trust to be responsive in undertaking actions to address areas of concern that relate to its services.” Krystina Kozlowska - Head of Patient Experience, Leeds Teaching Hospitals NHS Trust
The initial visit to the Eye Clinic was in May 2016, we did a follow up visit in January 2018. Below are the improvements and changes that have happened in the clinic following our work.

**Review external and internal signage. This includes considering signs to indicate the clinic’s reception area, waiting areas and how to exit the clinic.**

- There are signs leading up to the clinic and waiting areas are now in colour coded zones.
- Signs also need to be easier to see for those with visual impairments. Patients suggested that this could be done by reviewing size and colouring of signage (e.g. yellow background with black font).
- Signs leading up to the clinic and within the department are on yellow background with black font.
- Relocate the self-check-in machine, or consider ways in which patient privacy and confidentiality can be maintained.
- There is a sign asking patients to respect patient’s privacy whilst waiting in the queue.
- Review written communication received by patients before appointments, to ensure it is accessible, particularly for those with visual impairments.
- Letter font size and style have been changed in appointment letters and is easier to read.
- All patients should be made aware in the pre-appointment communications that they will have to see a nurse for a vision test before their appointment with the consultant.
- There is a visual diagram that explains a patient’s journey within the department. There are also volunteers at the entrance who let patients know what will happen.
- Ensure that there is more consistency in how the clinic informs patients about any delays and the reasons for this.
- Information and reasons for delays are communicated on a white board and verbal feedback is being piloted.
- Work with the provider of the text reminder service to find a way to indicate which clinic or service each text reminder relates to.
- This is not possible due to constraints with the text reminder service and cost to the organisation.
Volunteer Story - Alice

“I started volunteering with Healthwatch almost 4 years ago. Since data analysis is a ‘virtual volunteering’ project, I could continue volunteering for Healthwatch once I started my full-time job using evenings and weekends to complete it.

After each outpatients visit, (roughly once a month), Parveen would send me an Excel spreadsheet containing the patients answers to questions regarding their visit to hospital (covering aspects such as communication before, during and after their visit, waiting times, staff, physical access). My task was to summarise the responses and recommend ways the service could be improved for patients.

Working on the outpatient’s project allowed me to develop key data analysis and presentation skills which I think helped me get my job as a government statistician at the Department of Health and Social Care. This was really important for me as I enjoy volunteering with Healthwatch and feeling as if I’m helping make a difference to patients experiences of local health services. It also nicely complements my work and provides a great opportunity to apply some of the skills I’ve learned since starting.”
“This year is about new beginnings. Healthwatch Leeds turned 5 on 1 April 2018 and like many other local Healthwatch we went through a tender process in the autumn of 2017. We are pleased to start our new 5 year contract with Leeds City Council, continuing as partners with Touchstone Leeds Ltd.

This is my last annual report as I retire at the end of April 2018 and look forward to new and different challenges in my life. We welcome the new Chief Executive, Hannah Davies who will lead Healthwatch Leeds on the next stage of their journey.

Over the last year, we have improved the ways we monitor and record influence and impact within the system. On our website, every published report usually has a follow-up summary, within 6-12 months from the initial work.

We have learned to value and develop our connections and networks. Our shared reach is much wider than any of us would achieve on our own, we work with our fellow Healthwatch, with other community groups and with the commissioners and providers. The big challenge is capacity, we are fortunate in being asked to join many groups, sit on a range of Boards and strategic groups and to attend many events and meetings. I would like to thank our Board Directors, volunteers and staff who have all contributed to stretch our reach further. For a small organisation the list of boards, committees, working groups and events we manage to attend or host is long and impressive.

We are seeing significant system change and challenge in health and care. The NHS Leeds CCG came into being from 1 April 2018, “winter” pressures clearly extend to round the year pressure, there are plenty of pilots and plans and perhaps letting some of the NHS targets go is realistic. Our challenge to these changes will always be:

How have you involved and engaged local people from the beginning? What did you hear? Having listened, what did you change?”

Tanya Matilainen CEO
We are very pleased to have won the award for Inclusion and Diversity at the Healthwatch England National Conference.

We were also ‘highly commended’ for our work with volunteers.

This is recognition that our volunteering programme and inclusion of volunteers is of a high standard.

There are over 150 Healthwatch organisations nationally so this was a real highlight for the great work our staff and volunteers do.

This is our third award in the past five years!
Healthwatch Board Directors during 2017/18

Dr John Beal
Joanna Barszczak
Sally Morgan
Richard Taylor
Stuart Morrison
Emma Corbet
Dr Oliver Corrado
Tanya Matilainen
Moneer Sharif
Chloe Rankin
Linn Phipps
Karen McMahon
Niccola Swan
Lesley Sterling-Baxter
Dr Hassan Ahmed

You can find out more about our Board by visiting our website at www.healthwatchleeds.co.uk
The Healthwatch Leeds Team

Dex Hannon - Communications Manager,
Tatum Yip - Community Project Worker,
Tanya Matilainen - CEO,
Parveen Ayub - Community Project Worker,
Stuart Morrison - Team Leader,
Tay Babbage - Senior Administrator,
Sharanjit Boughan - Community Project Worker,
Craig McKenna - Volunteer Coordinator,
Harriet Wright - Community Project Worker.

You can find out more about our staff by visiting our website at www.healthwatchleeds.co.uk
Commissioning: Planning, paying for and monitoring services. Choosing what to buy, who to buy from and checking you got a good deal.

Provider: An organisation directly delivering health or care services.

Clinical Commissioning Group (CCG): A group of medical professionals who make decisions about what is needed and what to buy in Leeds. As of 1st April 2018, the three previous CCG’s changed into one citywide CCG.

Health and Well-Being Board (HWB): The HWB is in place to oversee improvements in health and care for the people in Leeds. It makes strategic decisions about health and care services. The Board includes: Local Councillors, representatives from Children and Adult Social Care, the Clinical Commissioning Group, Public Health, voluntary organisations and Healthwatch Leeds.

Enter and View: Every local Healthwatch across the country has a statutory power to carry out Enter and View visits which involve visiting publicly funded health and social care services to see what is going on

Scrutiny Board (Adult Social Services, Public Health and NHS): This Board reviews and scrutinises (examines in detail) the performance of local NHS, Adult Social Care and Public Health. It also scrutinise decisions made by the main decision making body of the Council (Executive Board) relating to Adult Social Care.

STP: Sustainability and Transformation Partnerships - Local partnerships in every part of England to improve health and care in practical ways are also known as Integrated Care Systems (ICS).

Integrated care: NHS organisations and local councils in England are joining forces to coordinate services around the whole needs of each person. Their aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.
## Finance

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2016-2017</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding received from local authority to deliver local Healthwatch statutory activities</td>
<td>£374,400</td>
<td>£374,400</td>
</tr>
<tr>
<td>Additional income</td>
<td>£25,000</td>
<td>£531</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>£399,400</td>
<td>£374,931</td>
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<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Operational costs</td>
<td>£52,458</td>
<td>£38,200</td>
</tr>
<tr>
<td>Staffing costs</td>
<td>£294,069</td>
<td>£283,595</td>
</tr>
<tr>
<td>Office costs</td>
<td>£48,879</td>
<td>£43,626</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>£395,406</td>
<td>£365,421</td>
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</tbody>
</table>
We will be making this annual report publicly available on 30 June 2018 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, 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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This year we reached out & connected to over 16,000 local people on social media.

We have 80 active volunteers

We’ve visited 44 Health & Social Care premises in Leeds

We’ve spoken to 1,409 people at Health & Care premises

We have published 20 reports

We’ve engaged with nearly 3,000 people at events & outreach sessions & project work