

END OF YEAR PERFORMANCE AND IMPACT REPORT 2018/19



April 1st 2018 – March 31st 2019

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1. Introduction

In April 2018, we published our first ever impact report as well as a year-end performance report based on our work plan. This year, we have combined the two as there is significant overlap.

Our staff and volunteers remain our biggest asset. We are fortunate in that we have the largest volunteer workforce of any Greater Manchester Healthwatch and we detail some of their achievements later in this report. We have also retained our skilled staff complement and were able to migrate them, using an independent commercial organisation, onto the



equivalent of NJC terms and conditions at the beginning of the year based on reviews of job roles, job descriptions and person specifications. We believe that this opens up new opportunities for them on a career pathway and recognises the Board's appreciation of their efforts.

We have lived within our budget of £122k, including £4k from the CCG in relation to the provision of Personal Health Budget information and advice. We remain the third lowest funded HW in Greater Manchester within a range of £80k and £175k. Some Healthwatch have been able to secure modest additional income to supplement their baseline figures. However, it remains the fact that seven of the ten GM Healthwatch have been consistently in the bottom third nationally and two in Greater Manchester have been in the bottom 10. All but one Healthwatch are now less well funded than their predecessor organisation, LiNKS. The total staffing complement across the 10 Healthwatch is 38 WTE. Our establishment in Trafford is 3.4 WTE.

We report regularly to our commissioners who have expressed satisfaction with our performance. We are pleased to report that our contract has been extended to March 2021 and we have been given an uplift of £6k for the coming year (2020/21) with opportunities to bid for further funded work from Trafford Together for Health and Social Care.

We are pleased to advise that we are going to be leading funded work across GM in relation to research capability and IT. We have also received a small sum of money from Healthwatch England around securing the public's views on the Long Term Plan and from NHS England in relation maternal mental health services. More detail will be provided in our first 2019/20 performance report to be published in June 2019.

As can be seen, 2018/19 has seen the potential to generate some additional income and this will ultimately benefit the people of Trafford and partner organisations. We will continue our efforts to expand our service, but it should be noted that this year's funding opportunities are of a one-off nature.

Our main efforts and time commitment is to Trafford. You will see from the following paragraphs, that all 10 Healthwatch are being required to work at a GM level in relation to specific priorities. We will be working to a common commissioning framework, but we anticipate with significant local flexibility to anchor our Trafford work through our public's priorities. We also anticipate agreeing an enhanced specification where we can offer additional services to commissioners and providers directly, but this would be at additional cost.

We anticipate that our Trafford work will consume around 85-90 per cent of our total resource with 10-15 per cent being GM wide or multi-locality focussed. This is particularly important for Trafford as our patients use many services in the GM conurbation and we wish to offer them representation.

In order to set some context for the coming year, we have structured this report setting out the GM position.

2. Healthwatch in Greater Manchester - An independent review

The GM Health and Social Care Partnership (GMHSCP) commissioned an independent review into how GM Healthwatch performs against Healthwatch England quality standards and look at any constructive changes which could be made to increase impact and effectiveness, including current commissioning and working arrangements, referencing statutory duties and expectations. The review took place over the summer/autumn of 2018 and concluded with a number of recommendations leading to a proposed new model for Healthwatch in GM. The report was largely welcomed as it involved a range of partners whose opinions were explored at a GM-wide Test and Refine event.

3. Proposal on the future of all Healthwatch across GM

Responses on behalf of all 10 Healthwatch to the independent review were produced in time to allow a conversation between the GMHSCP and Healthwatch England on the 5th February 2019.



The independent report looked at the following: -

- The future model to reflect that of GM health and social care
- Opportunities for a GM Healthwatch model that needs to be balanced between locality focus and GM

- Retention of the locality focus so that Healthwatch is embedded in the community and understands its needs
- Delivery of a generic offer across GM patches where a multi-locality focus is needed to ensure cross border working.

Two papers were developed by the 10 GMHW in response to this review. A future proposals report for HSCP and a governance report for Healthwatch England. These two reports were aimed at promoting potential GM-wide priorities for working at scale and developing the delivery model.

Whilst this work is taking place, the GMHSCP has committed £30k to ensure continued Healthwatch representation on its Boards and Committees. This match funds £30k offered by Healthwatch England to pursue the necessary new governance arrangements.

As stated in the introduction, we will be working on the development of a commissioning framework for services across GM, based on two concepts: -

- Core work to include local, work across some localities and up to four GM agreed priorities, reviewed as appropriate.
- An enhanced offer to allow commissioners (as opposed to our local population) to set the agenda for additional funded work.

In the case of the core offer, the GM-wide areas chosen from a long list of 12 are the following: -

1. Patient flows from hospital to home
2. Improving specialist services (formerly *Theme 3*)
3. Primary care access with focus on how the use of technology can reduce pressure on face to face contacts in general practice.
4. Mental health with a focus on transition from children to adult services

Ideally, Healthwatch would like to see longer term contracts. They would also like to reach agreement with commissioners on equitable baseline funding across GM for its 'core' offer to recognise the cost associated with setting up the infrastructure of a 'basic' Healthwatch to enable them to run an efficient and effective service and to aid standardisation.

The GM Healthwatch agenda for 2019/20 to achieve Healthwatch England standards and to reflect the HCSP requirements comprises the following task and finish groups: -

- Long-term governance
- Long-term commissioning
- IT and data management
- research
- financial host
- HR alignment
- Representation

Healthwatch Trafford have been nominated to lead on research and IT alignment and are members of the long-term commissioning group whose task is to develop the commissioning framework.

4. Our work in 2018/19 for Trafford

The vast majority of our work (and loyalty) is for Trafford. An important aspect of our work relates to partnership working. We provide representation on 28 Boards and Committees across GM and Trafford, the majority of which are the latter, recognising that the Trafford population access services across the conurbation (see [Appendix 1](#)). This is very time-consuming work preparing, reading papers, looking at the evidence, liaising with our Board, Advisory Group and with the public and patients where time allows. However, we very much value such involvement as it keeps us up to date with current thinking and initiatives and enables Healthwatch Trafford to have an oversight of health and care issues to enable us to inform and make judgements on issues. We also have a history of Trafford going back to 2012 and before and with changes in CCG and local authority management, this can on occasion be helpful. We are grateful to our Board members and our Chief Officer who sit on some of these committees. We have found on several occasions that we are the only partner sat around the table who can provide some history and continuity.

Our approach to partnership working is on the spectrum of being an early warning system to that of critical friend with the emphasis on leaning towards 'friend'. We aim to be constructive in all that we do so that we benefit Trafford residents.

Where we disagree, we do not hesitate to say so, but we will generally offer constructive alternatives.



During 2018/19 and following criticism in the CQC local service review regarding improvements needed in terms of scrutiny, we now work very closely with the Health Scrutiny Committee and we have been able to join up some of our respective agendas. Task and finish groups have been set up to explore issues such as Phlebotomy and the transfer of community services from Pennine Care to Manchester University NHS Foundation Trust (MFT). We have also taken part in walk-rounds of Ascot House and reviewed relatives' comments on the care provided to residents.

During the year, there have been useful updates on MFT's progress in developing the single service and we were heartened to see that the CQC's outcome ratings provided positive results particularly for Child and Adolescent Mental Health Services who were rated as outstanding (for the second year running). Trafford and Altrincham hospitals were rated as 'good'. To have received an overall 'good' rating for MFT following its merger to create the largest acute trust in the UK is regarded as a significant achievement. Healthwatch Manchester and Healthwatch Trafford have also worked directly with MFT to monitor progress.

Health Scrutiny and Healthwatch Trafford have also been kept updated on progress in relation to the Local Care Alliance and Healthwatch Trafford have been included in all 3 visioning days and sit on the LCA system board.

We provided a detailed response to the CQC local review of services, aimed at improving the patient pathway out of hospital and the Greater Manchester Mental Health Trust proposal to join Manchester and Trafford mental health services as one network with a single network Director. We provided input to this trust's Quality Account and, like MFT, were pleased to see a 'good' CQC rating.

One of our principles is that will continue to pursue individual topics which are close to our heart. Too often in health and social care, the agenda flits from one priority to another and this is often why we end up taking one step forward and two steps back.

For the past two years our focus has been on improving care homes, intermediate care, phlebotomy, mental health including Child and Adolescent Mental Health Services (CAMHS), dementia and public health. In the middle of 2018, we decided to highlight our main areas of concern to the Governing Body of the CCG at each of their meetings and these included: -

- Phlebotomy
- Healthy Young Minds (CAMHS)
- Safeguarding processes
- Public consultation processes
- Patient journeys following hospital discharge to their chosen destination
- Out of area mental health and learning disability placements
- Dental care for people in care homes

[Appendix 2](#) summarises the 2018/19 work plan.

5. Our volunteers

Our volunteer coordinator is Katherine Bays

In November 2018, our young volunteers launched their new guide to local health and care services for other young people in Trafford (youthwatchtrafford.co.uk). More than 525 people have since visited the website where they can find signposting information and advice on a range of topics which were chosen and researched by the young volunteers. These topics included mental health, young carers and sexual health services. All content is confirmed with local practitioners and commissioners prior to publication so that users know they can trust the information. The website enables our Youthwatch team to reach other young people to ask them to share their experiences and also promotes our volunteering programme.

Our young champions are busy raising awareness of our website within their schools. We have been commended by schools on this initiative.

Recruitment of new volunteers during the year has exceeded the number of volunteers leaving our organisation. Whilst 18 have left, we have gained 21, ending the year with 48 volunteers.

We invite departing volunteers to give anonymous feedback on their volunteering experience with Healthwatch Trafford. The vast majority who left this year were young people moving on to University, followed by adults leaving through ill health or to enjoy their retirement or because they had moved out of the area.

Our Healthwatch champions helped us to listen to over 1,900 people at 55 engagement activities during the year. Covering a wide range of Trafford locations, our volunteers have:

- run our stall at large public events such as Trafford Live;
- held regular information stands at Altrincham and Trafford General hospitals and - new for this year - at Wythenshawe Hospital;
- visited community centres and given lively interactive talks with large community groups such as the Timperley Ladies;
- undertaken 11 trips to Ascot House to build up a picture of relatives' experiences as part of our intermediate care review; and
- run small focus groups to discuss the NHS Long Term Plan with a cancer support group, Healthy Young Minds (CAMHS) with local parents, and Maternal Mental Health with new mums.

Following the appointment of an influx of new volunteers interested in research, we formed our very own research group which meets to support our Healthwatch 100 projects and other tasks requiring surveys and/or analysis. Sharing skills and helping to plan our work, the creation of the group has led to us successfully taking on work from Healthwatch England on their new local Healthwatch reports library.

We would like to acknowledge the unstinting work of our volunteer Directors without whose efforts, both at Board meetings and their hands-on work at drop-ins, enter and view visits and engagement with the public, we would be much the poorer. At the end of the year, we said our goodbyes to Ann Day (former Chair), Jean Rose and Sandra Griesbach. We hope to persuade them to participate in some of our projects in 2020/21!



6. The Healthwatch Trafford Advisory group

This group has been chaired by Jean Rose who has a keen interest in physical activity and who is our deputy on the Health and Wellbeing Board. Although Jean is at the end of her

term as a Director, we are delighted to say that she will continue to volunteer and chair our Advisory Group.

We set up the Advisory Group as another means of engaging with the public. It has continued to meet bi-monthly to discuss health and social care issues affecting the residents of Trafford. The group also makes suggestion to the Healthwatch Board around topics or inclusion of subjects in the Healthwatch Trafford work plan as well as suggestions on the way forward.

During 2018/19, the Advisory Group has welcomed guest speakers who have spoken on dentistry and perinatal provision in Trafford. The group has also taken a very keen interest in the development of the new phlebotomy service and home care services.

Representatives from both Trafford Council and Trafford Clinical Commissioning Group have attended meetings to update on progress over a range of issues. There has also been keen interest shown in public health issues. We were also pleased to welcome Melody Larkins who provided a thorough report on the new Advocacy Focus service commissioned by Trafford Council.

We would wish to recognise and thank those members of the public who sit on our Advisory Group. We have taken into account their views and suggestions and will continue to do so.

The Advisory Group will be exploring opportunities to go out to partnership groups in Trafford starting with, we hope, the GP Patient Participation Groups.

7. The Public Health agenda

The Health and Wellbeing Board

We have a seat (by statute) on the Trafford Health and Wellbeing Board and welcome its emphasis on the wide range of topics that concern us all, particularly on those areas that go beyond health and social care, but which are of great importance to our communities. The agendas make us take a wide-ranging view of those areas that contribute to our wellbeing such as air quality, reducing inequalities, diet, exercise and reducing poverty.

Sitting beneath the Health and Wellbeing Board are three sub-boards each of which has a Healthwatch representative. These are: -

Start Well

There have been good discussions around the needs of carers and particularly young carers. There were some thoughts as to whether GPs could ask patients whether they were carers as part of their annual health checks. Carer numbers are only likely to expand with longer life spans, particularly for vulnerable people.

There have also been discussions around playgrounds and the proximity of fast food outlets and people who leave their cars idling whilst collecting children from school, thus further reducing air quality.

Live Well

The Live Well Board has focussed on the reduction of harm to adults and their families caused by tobacco, and substance misuse, including alcohol.

Much work has been done to reduce smoking in and around school gates. New signage has been designed and is currently being displayed in children's playgrounds around no smoking. The Board is currently working with the licensing department in Trafford to review the application processes currently in place to grant alcohol licences which is a big step forward.

The Board has promoted the GM-wide strategy for reducing alcohol consumption in adults. Youthwatch Trafford have contributed to this by developing sections on the Youthwatch website in relation to reduction in harm. The Board is supporting the introduction of a pilot programme for smoking cessation in pharmacies.

Physical activity is strongly supported by the Board as a means of improving overall physical and mental health. The Board has regular updates on the levels of physical activity among adults in Trafford and supports initiatives to provide more activities free at the point of service using several methods and providers. The development of new and/or refurbished leisure facilities in Trafford is seen as an exciting development. The Board is also considering methods of reductions of childhood poverty as a priority. There is currently a watching brief on the introduction of clean air zones in GM to improve respiratory and other aspects of health.

Age Well

A major initiative in 2018/19 has been the development of a dementia strategy. A group was set up by public health supported by Age UK with Healthwatch, commissioner and provider participation. This much needed strategy has resulted in an action plan ranging from early diagnoses, through support for carers and considering advance decisions to enable end of life decisions to be considered.

There were also discussions around a Trafford Age Friendly Pan and - encouragingly - a performance dashboard which will keep minds focussed on progress.

The group will also be considering a Trafford Carers' Strategy as well as one for Leisure for older people. Healthwatch volunteers have taken part in many of these initiatives and highly recommend them!

Mental health

We continue to see high bed occupancy rates and lengths of stay at Moorside. Although the mental health trust has opened more beds in Greater Manchester to help reduce out of area placements, there remain blockages in the system particularly around care homes and housing. A Trafford Partnership has now been set up by the CCG and our previous concerns about the lack of a strategy or plan is currently being addressed. We anticipate that this will look at priorities for people with learning disabilities, autism and older people with severe mental illness, amongst other conditions.

We have commented several times in a variety of fora around the need for improvement in Healthy Young Minds (CAMHS). We recognise that access, workforce and finance are the main issues. We are encouraged by the acquisition of Pennine Care by Manchester University NHS Foundation Trust (MFT) whose CAMHS service is rated by the Care Quality Commission (CQC) as outstanding and hope that significant improvements take place once

services are transferred. Two years ago, we provided a comprehensive report on this topic and so it rates as one of the areas that we will continue to pursue. We were encouraged that the CCG has invested in CAMHS during the past year and that vacant posts are now being filled but would like to see how Trafford benchmarks with other GM boroughs. As mentioned elsewhere in this report, Healthwatch has undertaken surveys and focus groups with parents and a report covering the whole Pennine patch will be produced in the early summer of 2019 which we hope will provide MFT with some pointers as to how significant improvements can be made in terms of access. Having criticised the scope of this service, we do nevertheless pay tribute to the practitioners as we recognise the constraints they are working under, particularly with the lack of clear pathways, the perception of varying thresholds and growing demand. Many parents of young children who do manage to access the service, speak highly of the quality of care they receive, although there is criticism around the response to children and young people with autism. We just need a lot more of it.

8. Care homes

We have an E&V panel which proposes the programme of visits each year.

This year saw the closure of three homes caring predominantly for people with dementia which fell below the standards we would wish to see. We have, however, seen some improvement in Trafford's overall position in that the number of homes deemed as 'requiring improvement' by the CQC has reduced and this is a welcome development, although more still needs to be done. Healthwatch Trafford's contribution has been its programme of enter and view visits. Ten have been carried out using a new methodology which encompasses relatives' views of their loved ones' care as well as feedback from the homes' owners. We have provided three useful insights in 2018/19. The first was a report on the process of finding a care home, the second an analysis we provided to the Local Care Alliance specifically around relatives' views and the third was feedback on Ascot House, again providing relatives' feedback. Attached at [Appendix 3](#) is a list of the homes visited and recommendations we have made. It is worth pointing out that residents' access to dentistry is poor. Healthwatch England have made similar observations in their annual report. We would point to the importance that Trafford General Hospital pay to the oral health of all their inpatients which could provide a 'gold standard' recognising, as it does, the contribution to overall health, wellbeing and recovery.

Towards the end of the year, we learned that the enhanced care team working in 7 care homes was under consideration (TECHT). We were of the view that any support of this type to care homes must be beneficial to both care home owners and staff as well as their residents. We were disappointed that such a narrow view of the 'benefits' has been taken by the CCG but are pleased to say that the evaluation criteria are currently being reviewed.



9. The Trafford Healthwatch 100

Our staff team developed the concept of using Survey Monkey to garner public views on a whole range of topics. A process has been developed to take initial findings forward using a range of techniques and analysis which enrich what we are being told by our public.

The 10 GM Healthwatch have now agreed to follow our methodology and our team of researchers (who do a lot of the hard work) are going to develop into a dedicated research team - as alluded to elsewhere in this report.

The team will be led by Adam Webb and supported by a dedicated team member from Healthwatch Bolton. This should significantly increase our ability to provide more feedback in a timely way for our commissioners and providers both in Trafford and GM.



Our last three surveys have been part of larger scale Healthwatch projects looking at the NHS Long Term Plan and maternal mental health nationally, as well as Children and Adolescent Mental Health services (CAMHS) across several GM boroughs, enabling us to take a look at local opinion and experience vis-a-vis the national context in the case of the first two studies.

In the case of the CAMHS survey, we worked with other Healthwatch in Greater Manchester currently served by Pennine Care. Our evaluation will be available in the summer of 2019. You can see a list of Healthwatch 100 topics covered this year and the status of the information in [Appendix 4](#).

10. Intermediate care

We make no apologies for our continued focus on intermediate care. Two years ago we produced a review on Ascot House and this has been followed by various efforts to develop the service by both commissioners and the provider (Pennine Care).

As mentioned elsewhere, we have visited Ascot House with the Health Scrutiny Committee and have had drop-ins and collected relatives' views on no fewer than 11 occasions.

We are hopeful that the whole intermediate tier (as opposed to Ascot House on its own) will be comprehensively reviewed in the light of the available evidence once the service is taken over by Manchester University Hospitals NHS Foundation Trust (MFT) in the autumn of 2019 as we believe that this tier of service holds the key to maintaining people in their own homes, reducing delays in hospital discharge and ultimately providing our residents with choice and better outcomes. We are encouraged that the CCG is setting up a group to look at the whole intermediate tier service.

11. Healthwatch Trafford work plan for 2018/19

As ready mentioned in this report, we have continued to meet our core objectives and activities. This is the backbone of the work we do, and we continue to be indebted to our Directors, staff and volunteers for their tireless efforts in achieving this.

Our work plan for 2018/19 - as always - contained specific project work that we aimed to undertake during the year. This was influenced by several factors including the feedback we receive from the public, intelligence that we received throughout the year from our stakeholders and the changing face of health and social care in England. We recognise that resources are limited, and we work hard to identify where our efforts will be most beneficial and influence change for the benefit of Trafford residents. We have already covered the projects that span more than one financial year (such as intermediate care). We also invited partners to suggest any areas they may wish to see, subject to our prioritisation framework.

In addition, this year we identified the following work streams for project work (See our 2019/20 workplan in [Appendix 5](#)):

Personal Independence Payments (PIP)

We were once again successful in recruiting an intern from the University of Manchester (Alice Gaudet) who worked with us over the summer to produce a report on the impact on individuals transferred from Disability Living Allowance to PIP. Alice has been highly commended by her university for this excellent piece of work.

Alice and our staff spoke to many individuals about their experience of the process from application to award and identified clear recommendations (including some which were local to Trafford) which we feel would benefit those going through the process.

The report was made public and the recommendations were sent to the key stakeholders that we felt best placed to influence change - our three local MPs, the Local Authority, Trafford CCG and Healthwatch England.

Healthy Young Minds (Child and Adolescent Mental Health Services)

With our colleagues in other local Healthwatch who receive their CAMHS service from Pennine Care, we conducted a project with parents who have accessed, or are trying to access the service for their children, to try and identify what the key issues were. We have identified several key issues requiring improvement, mostly around access and availability of accurate and relevant information and communication with parents. Our joint work with other Healthwatch is currently being analysed and a combined report will be produced in the early summer of 2019. We know that MFT will take over the delivery of the CAMHS service in Trafford later this year and we will work hard to ensure that the findings and recommendations from our report are taken on board during any redesign or service change.

Maternal Mental Health

Following feedback from our Advisory Group, we undertook a project with Healthwatch England to look at the issue of maternal mental health. We wanted to capture the experience of women and their partners throughout their pregnancy and the availability of continued support in the post-natal period. This covered women with existing mental health conditions and those who may have developed them during their pregnancy. We surveyed both patients and professionals and attended a clinic at St Mary's Hospital in Manchester to gather case studies from pregnant women affected by mental health issues. This work will continue into 2019/20 and will feed into a national report, due for publication later in the year. We will extract the Trafford and Greater Manchester data from this and work with our local hospital trust (MFT) to address any areas of concern and to champion best practice.

Finally, [Appendix 6](#) lists all of our reports produced in 2018/19.

[Appendix 7](#) covers our public engagement in the 2018/19 business year and [Appendix 8](#) gives details of the trends we have found from analysing the ratings people have given Trafford services in their feedback to us.

Our People:

Position	Person
Chair	Heather Fairfield
Chief Officer	Andrew Latham
Development Worker	Marilyn Murray
Communications and Information Officer	Adam Webb
Volunteer Coordinator	Katherine Bays
Directors	Ann Day
	Sandra Griesbach (Also E&V)
	Jean Rose (Also E&V)
	Susan George (Also E&V)
	David Esdaile
	Brian Hilton
	Kerry Blackhurst
Enter & View team (E&V)	Katherine Barber
	Georgina Jameson
	Steve O'Connor
	Martin Reilley

We also have a committed team of more than 40 active volunteers, including our Champions & Young Champions, Research group, Admin volunteers and our Media Squad, whose help is so important to us.

Appendix 1 - Board and group memberships

Board/group/meeting	In attendance
GM Mental Health Programme Delivery Board	Healthwatch Trafford Chair Heather Fairfield
GM Mental Health Adult Board	
Trafford CCG Governing Body	
Trafford CCG PRAP - Patient Representative Advisory Panel	
Trafford Mental Health Partnership Board	
Trafford Health and Wellbeing Board	
Trafford Ageing Well Board	
GM Healthwatch Chair/Chief Officer Board meetings	
GM meetings with mental health leads across GM	
Healthwatch Trafford and Trafford CCG communications team	
Moorside mental health meetings	
GMMH performance meetings with GM Healthwatch	
Trafford Health Scrutiny	
Health Scrutiny task and finish groups	
Healthwatch Trafford and Chief Officer of Trafford Hospitals (WTWA).	
Healthwatch Trafford and Healthwatch Manchester	
VCSE forum - quarterly	
Healthwatch Trafford Advisory Group	
Urgent Care Task and Finish Group	
Local Care Alliance System Board	
Trafford Health Inequalities Group	
Healthwatch in Greater Manchester C/O Meetings	
MFT Liaison Meetings (WTWA)	
MFT Patient Experience liaison meetings (with Head of Patient Services)	
Pennine Care FT Liaison Meetings	
Trafford Safeguarding Board Policies and Procedures Sub Group	
Trafford Joint Quality Improvement Group	
Trafford CCG Co-Production Group - Personal Health Budgets	
Trafford Deaf Partnership	
Trafford Safeguarding Adults Review Panel	
Homecare Service Improvement Partnership	
Residential and Nursing Care Service Improvement Partnership	
Manchester and Trafford Patient Participation Group	
Quality, Performance and Finance Group	
Enter and View Panel Meetings	Healthwatch Trafford Director Susan George
Primary Care Commissioning Group	Healthwatch Trafford Director Jean Rose
Moorside Liaison Meeting	
Healthwatch Trafford Advisory Group (Chair)	Healthwatch Trafford Communications and Information Officer Adam Webb
Trafford Live Well Board	
Trafford JSNA steering group	
Healthwatch England Communications steering group	
Healthwatch England Intelligence and informatics reference group	

Appendix 2 – 2018-19 Workplan

These are the key elements extracted from our full workplan.

	Title	Detail	Expected Output	Key dates	
Performance targets Communication & engagement plan	1	Drop-ins in each of the four Trafford localities	<i>HWT to gather patient opinion, share literature and publicise HWT services. Manned by volunteers with staff support.</i>	<i>Key findings in Performance Report</i>	Programmed around volunteer availability in quarterly blocks
	2	Public enquiries & signposting	<i>Ongoing throughout year: maintain helpline (telephone, email, postal and web enquiries), providing information and signposting. Contact to be logged. Respond to public enquiries within 48 hours.</i>	<i>Key findings in Performance Report</i>	Ongoing throughout the year
	3	Identify areas of concern	<i>Ongoing throughout year: use evidence from surveys & drop-ins to identify areas of concern. Analyse data, make recommendations to commissioners/providers as appropriate. Include analysis from Independent Complaints Advocacy.</i>	<i>Key findings in Performance Report</i>	Ongoing; analysed at the end of each quarter and taken to quarterly liaison meetings (unless urgent)
	4	Quarterly highlight reports produced & distributed	<i>Highlight reports for key stakeholder, public and press.</i>	<i>Publications produced for distribution</i>	Produced at end of each quarter
	5	Produce guidance & information to assist public in making the best use of services	<i>Produce more 'how to' guides, including those produced in partnership with other organisations.</i>	<i>Leaflets and online information produced</i>	Schedule at intervals throughout the year

	6	Bi-monthly Performance Reports	<i>Performance reports for stakeholders and Board, monitoring progress towards achievement of targets.</i>	<i>Report produced</i>	Produced every two months.
	7	Healthwatch Trafford 100	<i>Maintain panel of Trafford residents for quick-fire surveys. General survey every quarter, specifically-targeted surveys in the months inbetween. Respond to issues identified as well as gathering data for our workplan projects / new projects.</i>	<i>Results template produced for each survey and distributed to public</i>	Ongoing throughout the year; position statement produced for bi-monthly board meetings.
	8	Representation	<i>Maintain membership of TTH&SC board, committees and groups. Join new groups where Healthwatch Trafford input beneficial (subject to available resource).</i>	<i>Report back to Healthwatch Trafford board</i>	Ongoing throughout the year
Measuring Impact	1	Enter and View visits	<i>Minimum of 10 Enter and Views during the year. Reports published within 6 weeks.</i>	<i>Report produced for each visit</i>	Scheduled throughout the year
	2	Focus Volunteer Activity	<i>Recruit six additional volunteers, three to the E&V team and three for drop in activities.</i>	<i>Volunteer recruitment publicity maintained and updated</i>	Ongoing throughout the year
Work programme projects	1	Continue two year study of intermediate and community care, transition and enablement.	<i>Review home care and rehabilitation services as defined in the National Audit of Intermediate Care. To include Domiciliary care</i>	<i>Reports to be provided for each activity analysed by neighbourhood</i>	Homecare - end of September 2018. Rehabilitation - end of March 2019.

	2 Evaluation of impact on disabled people no longer eligible for Personal Independence Payments	<i>In terms of health, wellbeing and social circumstances</i>	<i>Report to be produced</i>	Work begun; further work needed to identify whether benefit in continuing since government announcements on national review of PIPs.
	3 Contribute to the equality & diversity annual grading for NHS providers	<i>Where requested</i>	N/A	
	4 Survey regarding new CAMHS service mental health offer in Trafford	<i>Once new service is embedded. Focus on transition to adult services and consistency across disciplines; for young people to assess whether the offer is considered to be age appropriate. Including emergency procedures and referrals</i>	<i>Report to be produced</i>	
	5 Maternity Services	<i>Focus on social isolation in new mothers, the frequency of visits to new mothers & create a how-to leaflet on services for expectant mothers</i>	<i>Report to be produced</i>	
	6 Adult Services	<i>To be determined in consultation with stakeholders.</i>	<i>Report to be produced</i>	
	7 Family and Carers	<i>Possible survey of relatives of all funded residential and nursing care placements</i>	<i>Report to be produced</i>	As agreed with TTH&SC

Governance	1	Annual report 2018	<i>To be published by 30th June 2018</i>	<i>Report Published</i>
	2	Board meetings	<i>The HWT Board meet bi-monthly, with agenda and all papers sent one week before</i>	<i>Minutes produced and published</i>
	3	Advisory Group	<i>Established; meets bi-monthly alternating with formal Healthwatch Trafford board meetings with the opportunity to invite guest speakers.</i>	<i>Minutes produced and published</i>

Appendix 3 – Enter & View visits undertaken and recommendations made

Service visited	Recommendations made	Report published
Manorhey Care Centre	<ul style="list-style-type: none"> Consider improving communication between Management and relatives. Consider improving timely response to relatives regarding issues/complaints Consider reviewing if all dementia residents are able to access tactile stimulation. 	Yes
York Lodge Residential Home	<ul style="list-style-type: none"> Consider providing identification badges for all members of staff. Review the process of ensuring that residents clothes are returned correctly 	Yes
Oldfield Bank	<ul style="list-style-type: none"> Consider the ratio of residents with and without dementia so that there is a better balance providing those without dementia with more opportunities to participate, communicate, and reduce potential isolation. Double check best practice policies to prevent any potential spread of infection and signage within the home. 	Yes
Heathside Retirement Home	<ul style="list-style-type: none"> Consider incorporating into the Heathside newsletters or correspondence with residents' relatives the "you said, we did", to demonstrate the action taken by the home regarding issues and suggestions raised. 	Yes
Ann Challis - Urmston	<ul style="list-style-type: none"> Review activities rota to include activities for residents that do not have dementia. Consider providing twiddle mitts or other dementia friendly aids for residents with dementia. Provide identity badges for all staff members to enable visitors to identify staff and their responsibilities within the home. To have contingency plan in place for when the Manager is not available to be on-call 24 hours a day. 	Yes
Brookfield nursing home	No specific recommendations identified	Yes
Urmston Manor	<ul style="list-style-type: none"> Review the laundry processes to ensure that all residents clothing is labelled and returned to the right person. Consider how staff can ensure that residents are appropriately dressed and in their own clothes. 	Yes

	<ul style="list-style-type: none"> • Review how often residents requiring hoisting are being supported to access the garden area. • Review how care staff can encourage and support residents to walk and move around following surgery. 	
The Knoll - Urmston	<ul style="list-style-type: none"> • Consider encouraging staff to speak to relatives about their loved one's general health, hobbies and interests. • Consider how to include extra seating for visitors in the communal lounge areas. • Consider improving the signage to various areas of the home to enable visitors to navigate the home. 	Yes
Bange nursing homes limited/ Bradley house	Will be published within the report.	Due April 2019
Haylands Residential Home for Gentlemen	Will be published within the report.	Due April 2019

Appendix 4 - The Trafford Healthwatch 100 surveys & key findings

The NHS Long Term Plan

Status of information	Output	Key findings
Survey open	Report	Information being collected across 6 different surveys covering general and specialist areas, and in addition focus groups are due to be carried out. <i>Information collection is being carried out via Healthwatch England survey system.</i>

Children & Adolescent Mental Health Services

Status of information	Output	Key findings
Report being created	Report	Info not currently available. <i>Information collection is being carried out via Healthwatch in Greater Manchester survey system.</i>

Maternal Mental Health

Status of information	Output	Key findings
Survey open	Possible report.	Info not currently available. <i>Information collection is being carried out via Healthwatch England survey system.</i>

The NHS at 70

Status of information	Output	Key findings
Report	Report published in March 2019	<ul style="list-style-type: none"> • Clear need to better inform public of the status of Trafford General Hospital. • Many people saying the NHS in Trafford has saved their (or their families') life. • More money wanted for NHS services.

Care home information

Status of information	Output	Key findings
Report	Report published in December 2018	<ul style="list-style-type: none"> • 20% of respondents have no idea where to get info on care homes • 45% didn't know what NHS funded nursing or what NHS continuing healthcare is • Many want a live database showing where current vacancies are and cost.

Phlebotomy

Status of information	Output	Key findings
Report published	Report published July 2018	<ul style="list-style-type: none"> • Two-thirds of the 327 respondents have indicated they would prefer to book a specific time for a blood test. • Most of the qualitative feedback focuses on lengthy waiting times / understaffing. Some respondents turned away from clinics as wait was too long.

Pharmacy & prescription services

Status of information	Output	Key findings
Report Published	Report published August 2018.	<ul style="list-style-type: none"> • The most prescribed item for respondents was prescription only painkillers and medication, followed by over-the-counter painkillers and medicines. • Independent pharmacies were used most (36%) followed by chain pharmacies and those in supermarkets. • In the last year, 50% or more had used a pharmacy for disposal of medicines and advice on minor ailments or healthy living.

Appendix 5 – 2019-2020 Workplan

These are the key elements extracted from our full workplan.

	Title	Detail	Expected Output	Key dates
Performance targets Communication & engagement plan	1 Drop-ins in each of the four Trafford localities	<i>HWT to gather patient opinion, share literature and publicise HWT services. Manned by volunteers with staff support.</i>	<i>Key findings in Performance Report</i>	<i>Programmed around volunteer availability in quarterly blocks</i>
	2 Public enquiries & signposting	<i>Ongoing throughout year: maintain helpline (telephone, email, postal and web enquiries), providing information and signposting. Contact to be logged. Respond to public enquiries within 48 hours.</i>	<i>Key findings in Performance Report</i>	<i>Ongoing throughout the year</i>
	3 Identify areas of concern	<i>Ongoing throughout year: use evidence from surveys & drop-ins to identify areas of concern. Analyse data, make recommendations to commissioners/providers as appropriate. Include analysis from Independent Complaints Advocacy.</i>	<i>Key findings in Performance Report</i>	<i>Ongoing; analysed at the end of each quarter and taken to quarterly liaison meetings (unless urgent)</i>

4	Quarterly highlight reports produced & distributed	<i>Highlight reports for key stakeholder, public and press.</i>	<i>Publications produced for distribution</i>	Produced at end of each quarter
5	Produce guidance & information to assist public in making the best use of services	<i>Produce more 'how to' guides. Suggestions welcomed from key stakeholders.</i>	<i>Leaflets and e-information produced</i>	Schedule at intervals throughout the year
6	Bi-monthly Performance Reports	<i>Performance reports for stakeholders and Board, monitoring progress towards achievement of targets.</i>	<i>Report produced</i>	Produced every two months.
7	Distribution of materials: information & promotion	<i>Map organisations in Trafford and circulate materials</i>	<i>Physical materials produced and distributed</i>	Ongoing throughout the year
8	Ensure accessibility of communication offerings	<i>To people of all backgrounds and abilities. Work with our young volunteers to ensure Healthwatch Trafford communications accessible to young people.</i>	<i>Audit trail to show consultation</i>	Ongoing throughout the year

Measuring Impact	9 Healthwatch Trafford 100	<p>Set up and maintain panel of Trafford residents for quick-fire surveys. General survey every quarter, specifically-targeted surveys in the months in-between. Respond to issues identified as well as gathering data for our workplan projects / new projects.</p> <p><i>Suggestions welcomed from stakeholders.</i></p>	<p>Results template produced for each survey and distributed to public</p>	<p>Ongoing throughout the year; position statement produced for bi-monthly board meetings.</p>
	10 Representation	<p>Maintain membership of TTH&SC board, committees and groups. Join new groups where Healthwatch Trafford input beneficial (subject to available resource).</p>	<p>Report back to Healthwatch Trafford board</p>	<p>Ongoing throughout the year</p>
	1 Enter and View and Dignity In Care visits	<p>Programme of Enter and Views during the year. Number to be determined, dependent on number of DIC visits required. Reports published within 6-8 weeks.</p>	<p>Report produced for each visit</p>	<p>Scheduled throughout the year</p>
	2 Focus Volunteer Activity	<p>Recruit additional volunteers to E&V and drop in activities.</p>	<p>Volunteer recruitment publicity maintained and updated</p>	<p>Ongoing throughout the year</p>

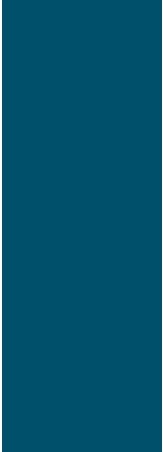
Work programme projects	1	Continue study of intermediate and community care, transition and enablement. To include domiciliary care.	<i>Review home care and rehabilitation services as defined in the National Audit of Intermediate Care.</i>	<i>Reports to be provided for each activity analysed by neighbourhood.</i>	Homecare - to be tied in with TMBC funded work over 18 month period
	2	NHS Long Term Engagement	<i>Funded activity to capture Trafford residents views on the NHS long term plan</i>	<i>Report to be produced by HW England</i>	Engagement to be scheduled in March/April 2019; final report published June 2019
	3	Contribute to the equality & diversity annual grading for NHS providers	<i>Where requested</i>	<i>N/A</i>	
	4	Intern Report: Accessing Adult Social Care	<i>To be confirmed by Manchester University: Funding agreed, applications to be received and individual to be appointed.</i>	<i>Report to be produced</i>	8 week placement Aug-Sept 2019

Follow up from 2016-17	5	Create Electronic Signposting Service Directory	<i>Develop a comprehensive and regularly updated directory of services and processes (e.g referrals), which signposts professionals and the public through the health and social care landscape in Trafford.</i>	<i>Printable electronic resource produced.</i>	Ongoing throughout the year.
	5	Adult Services	<i>To be determined in consultation with board, staff and stakeholders (plus see intern project for 2019). Potential to look at end of life care: advance decisions.</i>	<i>Report to be produced</i>	To be determined once all workstreams finalised
	6	Transforming Homecare	<i>Subject to funding: Survey recipients and professionals and produce report on state of homecare in Trafford</i>	<i>Report to be produced</i>	18 month project beginning in April 2019
	7	HW in GM Projects	<i>Subject to funding: potential involvement in digital access to primary care, Theme 3, Patient flow: hospital to home, Mental health Transition</i>	<i>Report to be produced</i>	From April 2019 onwards - subject to confirmation
	8	Family and Carers	<i>Possible survey of relatives of all funded residential and nursing care placements</i>	<i>Report to be produced</i>	As agreed with TTH&SC
	1	Phlebotomy Report	<i>Follow up recommendations from report published in July 2018</i>	<i>Summary Update Produced</i>	All to be picked up as part of impact report.

2	PIP Report	<i>Follow up recommendations from report published in 2018</i>	<i>Summary Update Produced</i>	<i>See No. 1</i>
3	Healthwatch100	<i>Follow up on HW100 reports published in 2018 to assess impact and reach (where appropriate). Services</i>	<i>Summary Update Produced</i>	<i>See No. 1</i>
1	One to Ones	<i>Meeting face to face annually to discuss volunteering experience, assess training needs and set objectives for next 6 months- follow up via phone/email after six month. 6-monthly probation meeting for new starters.</i>		
2	Get-togethers	<i>Arrange get-togethers three times a year, to enable volunteers to meet informally and allow for training and organisational updates</i>		
3	Bulletin	<i>Contact volunteers with general updates approx every two months</i>		
4	Documentation	<i>Review key volunteer documentation annually and update as necessary</i>		

Volunteer management

Governance	5	Media Squad / Youthwatch	<i>Continue to recruit and support young volunteers. Meetings every two months, ongoing supervision.</i>	Meet regularly; Ongoing
	6	Ongoing	<i>Throughout the year: recruitment (advertising, interviews, references); DBS checks; Inductions; training</i>	Ongoing
	1	Annual report 2019	<i>To be published by 30th June 2019</i>	<i>Report Published</i>
	2	Board meetings	<i>The HWT Board meet bi-monthly, with agenda and all papers sent one week before</i>	<i>Minutes produced and published</i>
	3	Advisory Group	<i>Established; meets bi-monthly alternating with formal Healthwatch Trafford board meetings with the opportunity to invite guest speakers.</i>	<i>Minutes produced and published</i>
	4	Local authority contract monitoring	<i>Quarterly contract review meetings with Trafford Borough Council</i>	<i>Monitoring Template completed</i>
5	Charitable status	<i>Review the option of gaining charitable status once contract agreed for 2019-21</i>		

	6 Board Members	<i>Aim to recruit at least two further directors to fill assessed skill gaps and address any training and development needs.</i>	<i>Complete Skills Audit</i>	
	7 Organisational Handbook	<i>Review policies and procedures, where possible seeking GM wide conformity across local Healthwatch.</i>	<i>Updated handbook produced and maintained</i>	
	8 GDPR	<i>Monitor progress and act on any new General Data Protection Regulations requirements</i>		<i>Came into force in May 2018</i>

Appendix 6 - Reports published in 2018-19

Report title	Summary	Date published
2017-18 Performance report	A summary of the work Healthwatch Trafford was involved in and the sentiment of feedback collected in the business year 2017-18	April 2018
Enter & View report: De Brook Lodge	Report on the E&V visit to De Brook Lodge care home, Flixton, on the 26th January 2018	April 2018
The Phlebruary report	A detailed report on phlebotomy (blood testing) services in Trafford. Including a Trafford Healthwatch 100 survey, it shows the experiences of over 300 people using the services in Trafford. The report included recommendations for providers.	July 2018
Enter & View report: Manorhey Care Home	Report on the E&V visit to Manorhey care home, Urmston, on the 25th April 2018	July 2018
Enter & View report: Lady of the Vale Nursing Home	Report on the E&V visit to Lady of the Vale nursing home, Bowden, on the 23rd March 2018	July 2018
Enter & View report: York Lodge residential home	Report on the E&V visit to York Lodge residential home, Urmston, on the 23rd May 2018	August 2018
The Trafford Pharmacy Survey Report	The full report on the Trafford Healthwatch 100 survey on pharmacy and prescription services in Trafford. Covering January to February 2018.	August 2018
Enter & View report: Oldfield Bank residential care home	Report on the E&V visit to Oldfield Bank residential care home, Urmston, on the 8th June 2018	August 2018
Enter & View report: Heathside Retirement Home	Report on the E&V visit to Heathside retirement home, Altrincham, on the 25th July 2018	September 2018
From DLA to PIP: A review of the transition	A report on the impact of the change from Disabled Living Allowance (DLA) to Personal Independence Payments (PIP) on the Health and wellbeing of Trafford claimants	October 2018
Enter & View report: Ann Challis Residential Care Home	Report on the E&V visit to Ann Challis residential care home, Urmston, on the 27th September 2018	December 2018

Report title	Summary	Date published
The Care home information report	The full report on the Trafford Healthwatch 100 survey on care home information provision in Trafford. Covering March to May 2018.	December 2018
Enter & View report: Brookfield Nursing Home	Report on the E&V visit to Brookfield Nursing Home, Urmston, on the 10th October 2018	January 2019
Enter & View report: Urmston Manor Residential Home	Report on the E&V visit to Urmston Manor Residential Home, Urmston, on the 23rd October 2018	January 2019
Enter & View report: The Knoll Residential Home	Report on the E&V visit to The Knoll Residential Home, Urmston, on the 5th December 2018	February 2019
-The NHS at 70	The full report on the Trafford Healthwatch 100 survey on the NHS in Trafford at 70 years. Covering June to August 2018	March 2019

Appendix 7 - Public engagement

	2017-18 Totals	2018 - 19	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
<i>Public drop-ins -total</i>	52	55	4	5	5	6	0	5	5	4	3	3	5	10
<i>Locality 1</i>	11	8	1	0	0	2	0	0	2	0	1	0	1	1
<i>Locality 2</i>	16	20	1	1	2	0	0	3	0	3	0	2	3	4
<i>Locality 3</i>	9	12	0	2	3	3	0	1	2	1	1	1	0	0
<i>Locality 4¹</i>	16	11	1	2	0	1	0	1	1	0	1	0	1	3
<i>Number of public contacts²</i>	1,977	1,905	145	148	139	451	0	133	274	139	84	55	65	272
<i>Number of complaints/ concerns recorded</i>	49	17	4	4	3	1	1	1	3	0	3	4	1	1
<i>Number of public signpostings</i>	82	36	6	7	4	7	1	3	5	3	8	20	14	5
<i>Healthwatch 100 (# of people signed up)</i>	195	307	45	35	10	18	2	-2	0	0	0	0	1	1

¹ The four localities of Trafford are defined as:

Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford; Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's; Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village; Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston. Note that we also now visit Wythenshaw hospital (outside of Trafford localities) so occasionally the total of locality visits will not match the overall total.

² 'Public contacts' are defined as members of the public engaged with at public events (this excludes all other public contact e.g. regarding complaints/concerns, signposting, HW100, social media tweets/shares, visits to website - so does not duplicate other figures in this table)

	2017-18 Totals	2018 - 19	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
Healthwatch 100 # of surveys conducted	9	7	1	1	0	1	1	0	1	0	0	1	1	0
Number of new volunteers (total)	(42)	(48)	0	3	0	0	6	6	1	1	0	2	0	2
Number of volunteer hours	1,058	1,209	99	91	97	153	90	134	138	81	89	63	63	111
Business support	98	162	11	18	16	12	14	9	16	18	10	17	11	12
Engagement/ Outreach	411	462	33	43	35	67	0	63	50	39	29	31	29	43
Research	278	312	27	25	33	16	46	12	60	21	16	6	7	44
Strategic	137	104	3	2	12	18	18	1	12	0	14	7	16	2
Vol management / Training	134	168	25	4	1	40	12	49	0	4	20	4	0	10
Radio interviews	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Website visits	22,672	34,872	1943	1765	2154	2426	2496	1903	2889	2009	3202	5174	4981	3930
Reports published* (*not inc. performance reports)	8	16	0	0	3	1	3	1	1	1	2	2	1	1


Online

Twitter 

New followers : 138
 Total followers : 2179
 Youthwatch followers : 273
 Impressions : 246,500

Facebook 

Likes : 169
 Following : 168
 Posts : 33

Instagram 

Posts : 13
 Likes : 1565
 Followers : 589

Website 

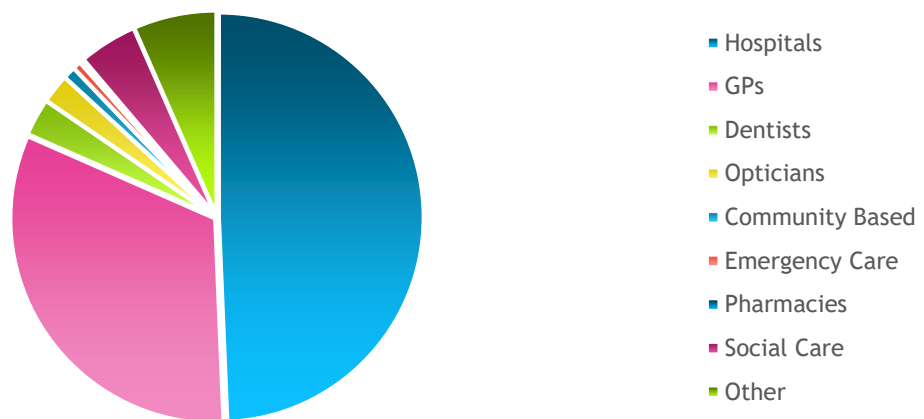
Visits : 34,872
 Page views : 63,989
 News articles : 363
 Youthwatchtrafford.co.uk : 899 visits

Appendix 8 - Analysis of feedback left on the Healthwatch Trafford website

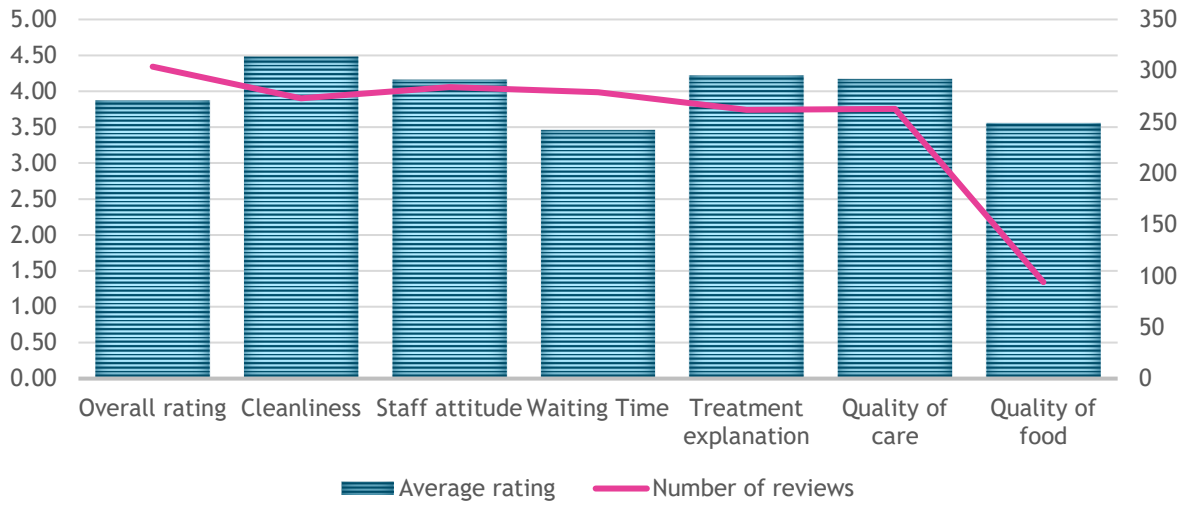
From a total of 304 reviews

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	150	49.34	3.87	4.48	4.33	3.34	4.22	4.24	3.51
GPs	98	32.24	3.88	4.51	3.97	3.62	4.30	4.13	3.39
Dentists	9	2.96	4.11	4.67	3.89	3.56	4.11	4.00	4.00
Opticians	7	2.30	5.00	5.00	5.00	5.00	5.00	5.00	3.67
Community Based	3	0.99	3.33		4.00	1.00			
Emergency Care	2	0.66	3.00	5.00	5.00	3.00	5.00	5.00	
Pharmacies	1	0.33	3.00	5.00	3.00	3.00	3.00	3.00	
Social Care	14	4.61	3.64	4.15	3.62	3.92	3.77	4.00	3.69
Other	20	6.58	3.75	4.21	4.00	2.93	3.79	3.73	4.00

% of reviews for each service type

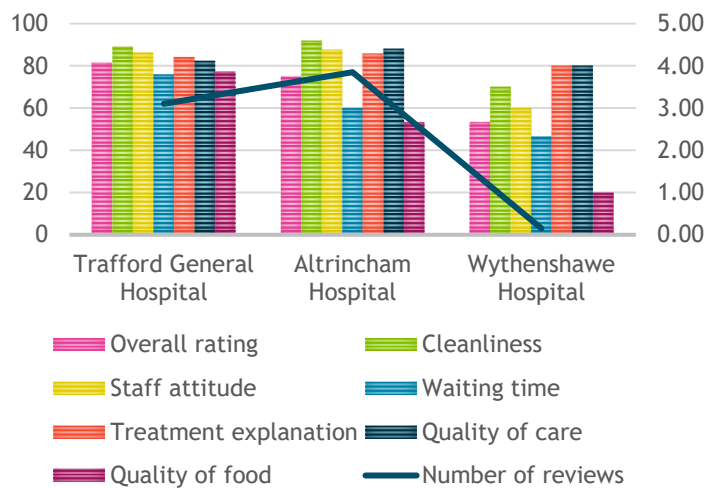


GENERAL RATING OF TRAFFORD SERVICES



Category	Average rating	Number of reviews
Overall rating	3.87	304
Cleanliness	4.48	273
Staff attitude	4.16	284
Waiting Time	3.46	279
Treatment explanation	4.22	262
Quality of care	4.17	263
Quality of food	3.55	94

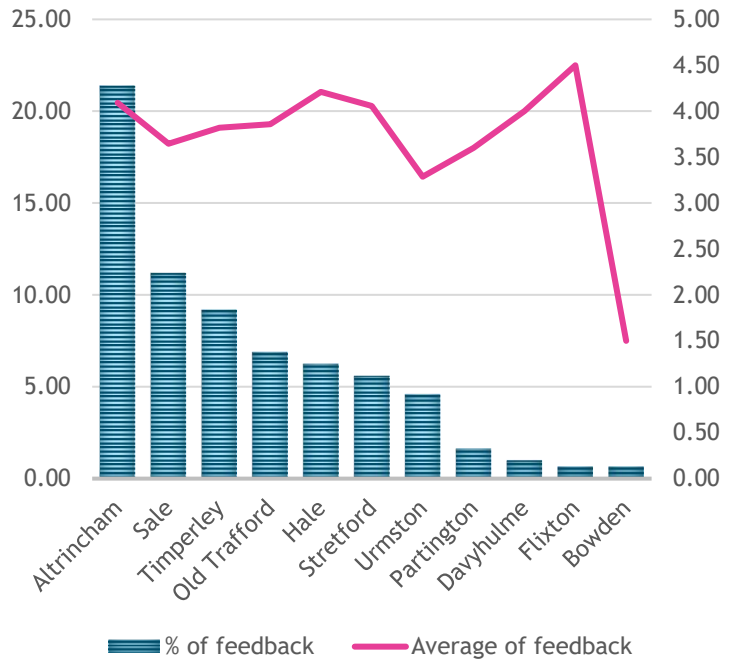
HOSPITAL RATINGS



Hospital	Number of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Trafford General Hospital	62	4.06	4.45	4.32	3.80	4.21	4.12	3.87
Altrincham Hospital	77	3.74	4.60	4.38	3.00	4.29	4.41	2.67
Wythenshawe Hospital	3	2.67	3.50	3.00	2.33	4.00	4.00	1.00

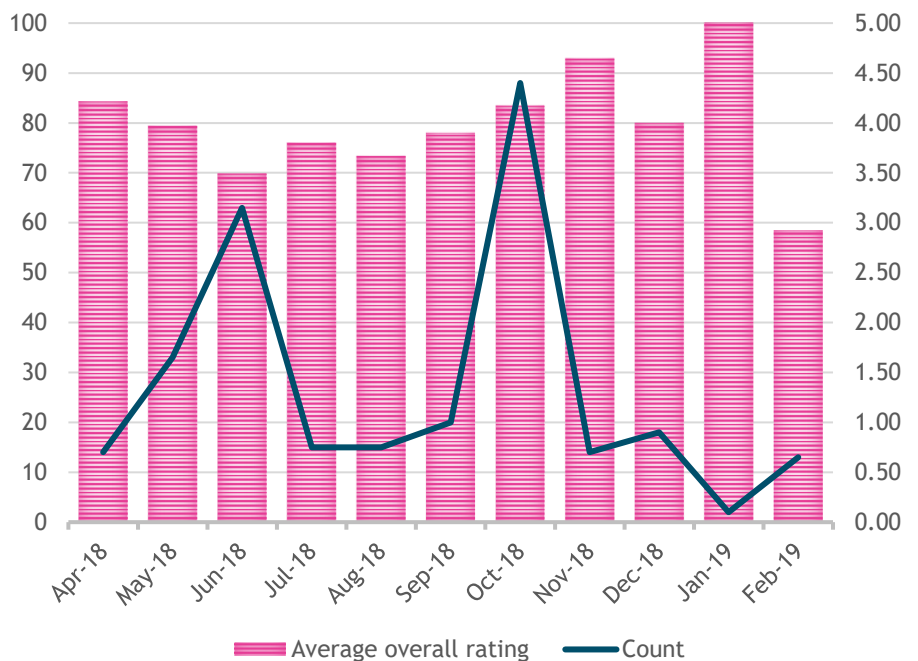
Area	Count	% of feedback	Average of feedback
Altrincham	65	21.38	4.09
Sale	34	11.18	3.65
Timperley	28	9.21	3.82
Old Trafford	21	6.91	3.86
Hale	19	6.25	4.21
Stretford	17	5.59	4.06
Urmston	14	4.61	3.29
Partington	5	1.64	3.60
Davyhulme	3	0.99	4.00
Flixton	2	0.66	4.50
Bowden	2	0.66	1.50

WHERE OUR FEEDBACK CAME FROM



Month entered	Count	Average overall rating
Apr-18	14	4.21
May-18	33	3.97
Jun-18	63	3.49
Jul-18	15	3.80
Aug-18	15	3.67
Sep-18	20	3.90
Oct-18	88	4.17
Nov-18	14	4.64
Dec-18	18	4.00
Jan-19	2	5.00
Feb-19	13	2.92
Mar-19	9	2.78

OUR FEEDBACK ACROSS THE YEAR





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If you require this report in an alternative format,
please contact us with your requirements.