



Annual report 2013/14

Foreword

This is the first annual report describing the founding year of Healthwatch Nottinghamshire. It's been a busy, demanding and successful first year of operation.

We have established our basic organisation and infrastructure which now stands us in good stead for responding to the voices of our local service users, and helping them get the best from their local services. The Healthwatch team, our Board, Advisory Group and our many users and partners have all been part of the process of debating, and testing out, our developing sense of identity and our mission. It's still developing. I sense everyone now feels on much firmer ground about what we represent and our direction of travel.

We were fortunate in having a basic infrastructure in place to get us started on April 1st and for that I would like to thank the Implementation Team, with members from NAVO and County Hall. They worked hard in those first months to get us off the ground, and with such great efficiency, energy and belief! We are also grateful for the contributions of Nottinghamshire LINK employees and volunteers, many of whom continue in their work with us. I want to pay tribute to the capability of our Chief Executive, Claire Grainger, all the team members, and the volunteers we've recruited. Together they are proving to be a fantastic force for gathering and taking forward the voices of local people.

The world of health and social care, into which Healthwatch has been born, is a particularly challenging one. It is being pressured on both sides; grappling with austerity measures with severe downward budgetary pressure on both health and social care services, whilst at the same time, the NHS is undergoing its biggest changes since it was formed in 1948. Amidst all this the role of Healthwatch Nottinghamshire is more important than ever to make sure that service users, patients, carers and the wider public's views are taken on board by planners and commissioners.

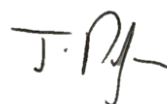
We can only be effective by working closely with local statutory and commissioning bodies, whilst at the same time being an independent and trusted voice for local people. Our Prioritisation Panel, coming together for first time in the autumn, consists of 7 volunteers. It has now considered at least 40 major issues. They are wide-ranging from, for example: GP access, the East Midlands Ambulance Service, to problems with electronic prescriptions, ophthalmology waiting times and community mental health services.

We are working in a complex county. We work with six Clinical Commissioning Groups (CCGs), two NHS England Area Teams, seven District and Borough Councils, children and adults social care of the County Council, five large NHS Trusts, the Care Quality Commission and a diverse range of voluntary sector organisations. Substantial efforts in this first year have been spent in establishing good working relationships with all. Our feedback tells us that to a large extent, we have been successful in this endeavour. We have also worked hard in developing working arrangements with neighbouring Healthwatch across the East Midlands and we share two important team posts with Healthwatch Nottingham.

Our long term mission is:

To involve local people to help improve health and social care services for the people of Nottinghamshire.

We know from our recent survey that we now need to get better known by the public. This we will do and I am confident that we can make our second year an even more productive one



Joe Pidgeon
Chair of the Board

Contents...

The year at a glance.....	3
Making a difference through our statutory activities.....	4
Being active on the health and well-being board.....	10
Making decisions at Healthwatch Nottinghamshire.....	11
Our financial report.....	12
Using Healthwatch trademarks.....	12
The future.....	12

The year at a glance...

We've now got a sound organisational base and presence to deliver our statutory work. Here are some of our highlights...

Meet the team

Meet your local healthwatch team members.



Claire Grainger - Chief Executive

Claire Grainger was appointed Interim CEO of Healthwatch Nottinghamshire in March 2013 before being selected to take on the role permanently in June 2013. Claire was formerly the Chief Executive of HLG. Claire has extensive experience of working in the voluntary and community sector.

Recruited six members of staff, including a new Chief Executive, to ensure that we were fully staffed and prepared to take on the challenge ahead.

Opened a new satellite office in the Bassetlaw Community and Voluntary Service building. This will help to make sure that the people of Bassetlaw are able to have their say about health and social care services.



Recruited 45 volunteers and delivered at least 21 hours of training to help them in their roles as Champion, Outreach and Prioritisation Panel volunteers.

Attended over 300 events and meetings to raise awareness of Healthwatch Nottinghamshire and help us deliver our statutory activities.



Achieved over 4,000 hits on our website.
<http://www.healthwatchnottinghamshire.co.uk/>



Sent over 1500 tweets and gained almost 400 followers on twitter. Follow us @HWNotts.



Started Joe Blogs, an online blog by our Chair, who has posted 8 articles on Health and Social Care issues in 2013/14.
<http://joehwnotts.wordpress.com/>

Initiated a bi-monthly column in the Nottingham Post and had articles published in other local newspapers. Our Chair, Joe Pidgeon, has also been interviewed on BBC Radio Nottingham and appeared on ITV central news.



Signed over 1,000 people up to our mailing list and published 14 newsletters and reports to keep local people updated on what we're doing and how they can get involved.

Making a difference through statutory activities

Government legislation gives us some statutory powers and requires us to undertake particular activities. This section details how we have undertaken these activities over the last year.

Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local services

We have worked with service providers and commissioners to promote and support the involvement of local people in the design and delivery of local services. Our evidence suggests that we are starting to be successful; half of all providers and commissioners responding to our first annual survey agreed that we are making a difference to their organisation's work. When asked how we're making a difference, service commissioners said...

...offer a supportive and critical voice on behalf of the public which is appreciated and essential.

Service commissioner

They are already promoting the independent scrutiny of patient experience and the representation of patients...

Service commissioner

These are some examples to illustrate our work in this area:

Better Together - Mid Nottinghamshire Integrated Care Transformation Programme...

We've played an active role in this programme from the outset, to ensure that local people know about, and are involved in, this major change programme for health and social care services. Healthwatch Nottinghamshire staff and volunteers have been able to get involved in communication and engagement with local people and in helping to shape the blueprint for the future of services in the area.

Healthwatch Nottinghamshire have been a valuable partner...their Champions have been actively engaged in the clinical design groups and have representation on our Better Together Citizens' Board. At an operational level, their officers have acted as critical friends and have provided confirmation and challenge as we move forward to implementation planning. Our relationship with Healthwatch is a positive one, ensuring that at all stages, the patient voice is heard.

Wendy Tomlinson, Better Together, Mansfield and Ashfield CCG

South Nottinghamshire Transformation Board...

We're participating observers on the board which oversees the transformation of the health and social care system across Broxtowe, Gedling and Rushcliffe Boroughs and Nottingham City, to deliver improved outcomes for patients. Through working with the lead for engagement on the Board, we have supported the development of their engagement activities with local people, to make sure they know about the plans for the re-design of services.

Public Health Commissioning...

We have helped Public Health to plan consultation work with local people as part of their review of the commissioning of services, this includes drug and alcohol and obesity services.

As well as promoting the involvement of local people in other organisations we're doing this too! Since the appointment of our specialist volunteer co-ordinator, we have developed our Volunteering Strategy to give local people the opportunity to be part of our organisation, and help us achieve our mission. As part of this, we've developed a range of volunteer roles including:



Champion volunteers are a link into our local community and help us to give a voice to seldom heard groups. They also represent Healthwatch in existing forums and groups of which they are members.

This year we've recruited and trained 25 Champion volunteers, who have represented and raised awareness of Healthwatch in 11 different meetings.



Outreach volunteers - They are part of our public face of Healthwatch, supporting a range of events we deliver and attend. They've helped to raise awareness of and promote Healthwatch Nottinghamshire, and supported the collection of needs and experiences from local people.

This year we've recruited and trained five outreach volunteers; they've helped support six different outreach events.



We're also encouraging local young people to get involved in decision making about services by joining our Youth Forum. Through the Forum young people help us to identify what actions we as an organisation need to take to improve services. They will be able to run campaigns and short term projects which will make a difference to their services in the future.

128

Is the number of hours our volunteers have given to support Healthwatch Nottinghamshire during 2013/14.

We wanted to ensure that Equality and Diversity is at the heart of Healthwatch Nottinghamshire.

To achieve this we invited a number of people to help us to develop our Equality and Diversity Policy at a half day workshop. Healthwatch Nottinghamshire staff and volunteers met up with people from community organisations, providers and commissioners to look at how Healthwatch Nottinghamshire could ensure that it reaches ALL of the communities in the county. We consulted widely on our draft policy and we feel confident that it gives us a good framework for Equality and Diversity in all aspects of our work. A copy of this policy can be found on our website:

<http://www.healthwatchnottinghamshire.co.uk/strategies-plans>

Enabling local people to monitor the standard of care

This year we've focused on making sure that we get our programme of Enter and View visits right, learning from the experiences of our predecessor. In partnership with our Advisory Group, we have developed our strategy for how our visits will be undertaken, and how we will assist and support service providers and commissioners when undertaking their similar activities. For example...

Place surveys...

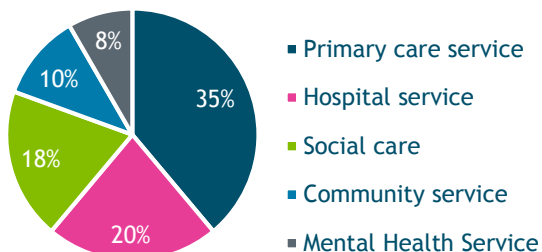
We know there are a number of ways that local people can get involved in monitoring the standard of care in health services, and we are keen that our Enter and View volunteers have a range of opportunities they can get involved in. To support this we have been talking to our local hospital trusts about how our volunteers can support their 'Place Surveys'.

Volunteers will be key in helping us to undertake this work, and this year we have gathered expressions of interest from 7 local people who would like to support us as an Enter and View volunteer. Recruitment and training of these volunteers will be undertaken this year.

Providing advice and guidance

Healthwatch Nottinghamshire is not commissioned to provide advice and guidance, this continues to be provided by local Patient Advice and Liaison Services (PALS) and the Nottinghamshire County Council Customer Service Centre. However, people do contact us to ask questions and report issues or concerns to us. We staff a phone line between 9am and 5pm daily to take these calls. Our staff also provide responses to questions asked through emails, our website and their face to face contact with local people.

Figure 1 Subject of enquiries



Over a third of all issues logged were about primary care services, the majority (almost eight out of ten) regarding GP surgeries/health centres.

Just over half of all issues related to primary care services requested information and details of services in their area. We provided this information directly or were able to signpost them to online services such as NHS Choices or Choose My Support.

Obtaining the views and experiences of local people

The views and experiences of local people have been gathered by telephone, through a 'Have Your Say' form on our website, attending a range of community events and delivering engagement events where we talked to people face to face.

Through this work we've promoted our message and the need to 'have your say' on local services to over 2000 people.

Reaching out to priority groups

Over half (57%) of the service commissioners and providers who responded to our annual survey agreed that we identify and represent the needs of seldom heard groups. To reach out to people from disadvantaged and seldom heard communities we have used a variety of methods to raise awareness of Healthwatch and gather their needs and experiences. Here are some examples of this work...

Children and young people...

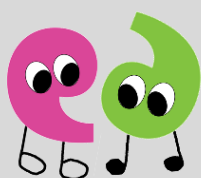
In November 2013 we employed a specialist community and partnerships worker to gather the needs and experiences of our local children and young people through a variety of different methods. Through this targeted work we have delivered 26 activities across all 7 districts in Nottinghamshire, gathering feedback from over 100 children and young people. Here is how we've done it...



The Dressing Up Box (3-7 years): We have delivered three of these events in children's centres and schools across the county. Using our dressing up box, children have pretended to be nurses, doctors, paramedics and surgeons. Through play, we have talked to children, parents/carers and teachers about younger children's experiences of health and social care services.

Healthwatchers Club (7-11 years): In January we started to promote our Healthwatchers Club in primary schools. After interactive quizzes and games we ask the children to tell us about their own experiences. 'Healthwatchers' have been sent a member's pack including a certificate and a Rewards Prescription. Every time they tell us about a visit to a local service they put a sticker on their Rewards Prescription. When the card is full we'll send them a small reward.

HWYouth (12-24 years): We've delivered 6 Pizza with Healthwatch events, participated in a Personal, Social and Health Education (PSHE) day at a secondary school, held an information stand at two further education colleges and delivered a lesson to a group of A level Health and Social Care students. We've also ran a workshop in a special school, visited a residential project for young adults with complex needs and delivered an outdoor adventure workshop for young adults with learning difficulties.



Older people...

We've linked up with community and voluntary services supporting older people in our local community. Through these events we've reached over 140 older people.

- We've attended Age UK events launching Fit for the future, a project supporting older people living with long term health conditions.
- Delivered an engagement event at the Older People's Resource Centre in Bassetlaw.
- Attended a Veterans and Armed Forces Event to raise awareness of issues and support available for veterans and serving armed forces personnel.
- Supported an older people's day to promote awareness of Healthwatch and provide an opportunity for older people to talk to us about their experiences.

The Deputy Chair of Nottinghamshire Older Persons Advisory Group is also an active member of our Advisory Group and provides feedback to us on the views and experiences of the people they support.

Disadvantaged and vulnerable groups...

During our first year we've been supporting events and activities delivered by other organisations to raise awareness of Healthwatch Nottinghamshire and the need for local people to 'have their say'. This includes:

- People suffering from mental health conditions through the Rushcliffe 'Unwind Your Mind' open event during Mental Health Awareness Week, and the Nottinghamshire Healthcare Trust AGM.
- People with learning disabilities through the Learning Disability Partnership Board; and the Sherwood Forest Hospitals Trust Learning Disability Steering Group.
- People with diabetes through information events run by the CCGs.

Formulating views on the standard of provision

We take all the needs and experiences we've gathered from local people to identify trends and concerns in provision. These were the three most frequently identified concerns and what people told us about them...

Access to services...

People were very concerned about the time it can take to get an appointment with their GP. Being able to get an appointment for the same day, or booking in advance and having appointments in the evening and weekends were all identified as problematic.

Services closing were also a worry, particularly community services that provide people with treatment and support for those suffering from mental health problems or learning disabilities. People also wanted local access to services currently provided some distance from their home.

Treatment and care...

Medication was a main topic of concern, we received examples of people being given medication they were allergic too and not being given the correct medication for their illness. Issues around the dispensing of medication were also raised by multiple people.

Waiting times...

The time it takes from referral to appointment is too long, people identified that during this time conditions can often deteriorate. The time between a first appointment and a follow up appointment was also identified as a problem.

These experiences and trends are taken to our Prioritisation Panel, a group of volunteers who help us to prioritise our work. More details of how this panel operates can be found in the section about how we make decisions.

46

Concerns have been assessed by our prioritisation panel since its inception in September 2013.

Making reports and recommendations

Following our Prioritisation Panel discussions we've contacted service providers 14 times, and commissioners 10 times, to either formally or informally discuss the concerns raised. We've produced reports and recommendations for how our local services could be improved. For example, these two issues both scored highly at our Prioritisation Panel and have been or are subjects of reports...

Ophthalmology service...

Waiting times were identified as being too long in the Ophthalmology department at the Queens Medical Centre. Although the total number of comments we received was not large, it was the most commented on individual service. We worked in partnership with Healthwatch Nottingham to provide a report on concerns that were raised to us both by people within the County and City of Nottingham. Our report was forwarded to the hospital. They acknowledged the issues we had raised and forwarded us an action plan of their activities to improve their service. As part of this, they invited a Healthwatch Nottinghamshire volunteer to join their patient experience group.

GP access...

Over the last few months of 2013 we heard comments from people in all areas of Nottinghamshire about waiting times of up to one month for a routine appointment with a nurse or GP, particularly if they wanted to see a named doctor. We felt that this could be improved; we are now working on a report on this to be submitted to NHS England.

Through the work we have done with children and young people our first quarterly report identified a series of recommendations including:

- Having more age appropriate toys and magazines in waiting areas. Games consoles, televisions and free wireless internet connections were the most frequently requested improvements.
- Health professionals treating young people as equals and talking to the young person directly rather than their parent/carer who attends appointments with them.
- Improving the transition from children's to adult care, particularly social care. Young people identified that adult social services don't have the same level of social and emotional support they have been used to, and that they wanted professionals to recognise them as 'young adults' and not 'older adults'.

Building relationships with our local service providers and commissioners was a key focus for this year, we wanted to ensure we had a strong and positive relationship to be a challenging and critical friend. We know that this has been successful. Results from our annual survey show that from responding service providers and commissioners...

83% had a positive experience working with us

80% value Healthwatch Nottinghamshire as an organisation

78% have a strong relationship with us

We particularly valued the work you have done with children and young people - a group often forgotten in healthcare planning. Their views and experiences are valuable to shape service redesign and provision.

Service commissioner

Healthwatch are able to present at most meetings and offer a supportive and critical voice on behalf of the public which is appreciated and essential.

Service commissioner

Where appropriate we have taken our reports and recommendations to groups that scrutinise the relevant services. We've regularly attended the county Health Scrutiny Committee and the joint Health Scrutiny Committee for the county and the city of Nottingham. We've also reported trends in the concerns being raised to us to both the Nottinghamshire and Derbyshire, and South Yorkshire and Bassetlaw Quality Surveillance Groups.



Healthwatch have been regular attenders to Health Scrutiny Committee. Their role in bringing patients and potential service users' views and concerns to the centre of our work has been excellent. It has enabled us to bring a sharper and better informed focus on scrutinising service delivery. Their contribution is always insightful and evidence based and so much appreciated by members of the committee.

Councillor Kate Foale, Chair of Nottinghamshire Health Scrutiny Committee

Working with Healthwatch England

Healthwatch England came to our Board meeting in January 2014, which gave us the opportunity to raise concerns that our local people had reported to us. As well as this, we have also worked with Healthwatch England on the care.data programme...

care.data programme...

We raised our concerns to Healthwatch England about this new programme to share patient data across services. Our local people told us that they had not received information about this. They felt that the short deadlines to opt out of sharing data, and the confusing methods through which they had to opt out unfair. Many other local Healthwatch raised the same concerns and the programme has now been delayed to raise awareness and listen to the views of patients.

As well as working with Healthwatch England we've also worked with the local Healthwatch network...



We have worked with Healthwatch Derbyshire to develop protocols for working across borders with neighbouring Healthwatch. We've subsequently agreed working arrangements with three of our neighbouring Healthwatch and have more in the pipeline.



Recruited two staff posts jointly with Healthwatch Nottingham so that we can better co-ordinate our communications and research activities.



Shared some of our policies and plans with other local Healthwatch.



Initiated a forum for board members to come together every three months as a peer learning network. We've supported and maintained this network in the East Midlands.

Being active on the Health and Well-being Board

Local Healthwatch have a seat on their local Health and Well-being Board; leaders from local services who work together to improve the health and well-being of local people. This section illustrates how we've been an active member of the Nottinghamshire Board.

We've exercised our responsibility on the Board by, amongst other things, keeping an eye on what patients, users and carers are saying about the services that sit under the Board's priorities. In January we reported back to them the issues being reported to us and what action we have taken, this report was well received by the board.

Here are some examples of the issues we've raised at the Board...

Homelessness

We said: In November 2013 during an item on the health needs of homeless people we reminded the Board that the County Council was proposing to significantly reduce the Supporting People budget, particularly relating to funding direct access homelessness facilities. We felt that this could have a direct negative impact on the health of homeless people across the County.

They said: Homelessness was suggested as a topic for a future stakeholder event.

Budget reductions

We said: During an item in November's meeting at the Health and Well-being Board's Implementation Group, we voiced our concern that the priorities of the Group did not contain any reference to the impact of the Nottinghamshire County Council and NHS budget cuts over the next three years.

They said: It was recommended that the Board, or its Implementation Group, should monitor the impact on health and well-being of budget reductions in local authorities and the NHS.

Commissioning services for children's health

We said: In October 2013 we informed the Board that we would be appointing a specialist children and young people's worker and that we supported the Department of Health's 'You're Welcome' quality standards.

They said: In March 2014, in an item reviewing the progress and proposed priorities for 2014-16 for the integrated commissioning arrangements for children's health services, the Board recognised that their engagement activities should be co-ordinated with ours.

We've also supported the Health and Well-being Board with its engagement work, for example...

Health and Well-being Strategy for Nottinghamshire...

We've supported the public consultation on the new Health and Well-being Strategy for the County. We made sure local people were aware of the consultation and we attended the public meetings. During this meeting our Chair of the Board delivered a presentation to raise awareness of our role in this strategy, and stress the importance of people providing their thoughts and opinions about the new proposals.

We've also approached the Chairs of the Health and Well-being Board and the Scrutiny Committees recommending that a protocol of roles and responsibilities between these two bodies and Healthwatch Nottinghamshire be developed. This has been supported and will help ensure that councillors and the public have a better understanding of how they work together.

Making decisions at Healthwatch Nottinghamshire

Local Healthwatch are required to have a procedure to make decisions and involve local people in making decisions. We have three ways of doing this.

The Healthwatch Nottinghamshire Board

Our board is comprised of four local people. The Chair of the Board and two other members were recruited by our commissioners, Nottinghamshire County Council, through an open process with an independent interviewing panel. One board member was co-opted on the board in September 2013 to increase our insight into the NHS. The board meet every 6 weeks, and a joint board and staff meeting is held every 6 months. Board members also represent Healthwatch Nottinghamshire in various public forums. The Board help us to make decision about how we plan and deliver our activities, and how much we spend on our activities.

You can find out more about our board members here:

<http://www.healthwatchnottinghamshire.co.uk/content/meet-board>

The minutes of the Board meetings are published on our website:

<http://www.healthwatchnottinghamshire.co.uk/board>

Our Advisory Group

To support the Board in developing the organisations strategic direction we have appointed an Advisory Group. A stakeholder workshop recommended the make-up of the Advisory Group in order to maximise its public accountability. It also identified positions in these roles in organisations across the county. The group has a representative from our CCG's, some of our key service providers, two district councils, members of community and voluntary sector organisations and local people. Like our board, the advisory group meet every 6 weeks, and minutes of the meetings are published on our website:

<http://www.healthwatchnottinghamshire.co.uk/advisory-group>

The Prioritisation Panel

Our Prioritisation Panel has a key role in deciding the work that Healthwatch Nottinghamshire undertakes. The panel are a group of specialist volunteers recruited through an application process to ensure we have knowledge of health and social care services in Nottinghamshire.

The panel meets once a month to provide an independent assessment of the information that Healthwatch Nottinghamshire has gathered. This could be patient experience gained directly through Healthwatch work, or information that we've collected through other sources. They assess the priority of issues using set criteria, they also make decisions about what actions should be taken and what services our work should be focussing. This includes whether we request further information, make a report or a recommendation, which premises to enter and view and when they should be visited.

The meetings are public, held in different locations across the county, so that local people can understand how we prioritise our work based on their needs and experiences. The minutes from meetings, outlining decisions made and the reasons for those decisions, are also published on our website:

<http://www.healthwatchnottinghamshire.co.uk/prioritisation-panel>

Our financial report

Funding for local Healthwatch comes from the Department of Health to the Local Authority. Our contract is with Nottinghamshire County Council and we received £465,000 to fund the work of Healthwatch Nottinghamshire in 2013/14, of which £15,000 was for set up costs.

Table 1 Healthwatch Nottinghamshire income and expenditure 2013/14

Income	Cost	
Nottinghamshire County Council	£465,000	
Bank interest and sundry income	£169	
Total	£465,169	
Expenditure	Cost	% of total
People costs - staff, volunteers and board	£178,268	38%
Premises costs - e.g. rent, utilities, maintenance	£11,676	3%
Running costs - e.g. insurance, professional fees,	£12,263	3%
Office costs - e.g. phones, printing, stationery	£9,173	2%
Publicity and marketing	£6,220	1%
Set up and equipment	£13,330	3%
Depreciation	£5,579	1%
Transfer to reserves	£228,660	49%
Total	£465,169	100%

As we were not fully up and running for all of the year, we did not spend all of the funds allocated. However, we have been informed during the year that our funding from Nottinghamshire County Council will be reduced by 30% over the next two years. The surplus will be carried forward to the next two years and will enable us to set up a financial reserve to ensure the future stability of the organisation and sustain Healthwatch services until March 2016, subject to continued grant funding from the County Council.

Using the Healthwatch trademarks

The Healthwatch logo is a registered trademark and is protected under trademark law. If an external party uses it without permission, this constitutes infringement of the trademark. The use of the logo is controlled by Healthwatch England www.healthwatch.co.uk

Healthwatch Nottinghamshire is licensed to use the Healthwatch trademark (including the logo and the Healthwatch brand) as per our license agreement with Healthwatch England and the Care Quality Commission.

The future

With another two years to run on our current contract we've developed a business plan for delivering our core activities and achieving a longer-term, sustainable future for Healthwatch Nottinghamshire. We've used the feedback from our first Annual Survey to help us to develop this plan, for example...

You told us...

We need to make more people aware of Healthwatch Nottinghamshire and the work that we do.

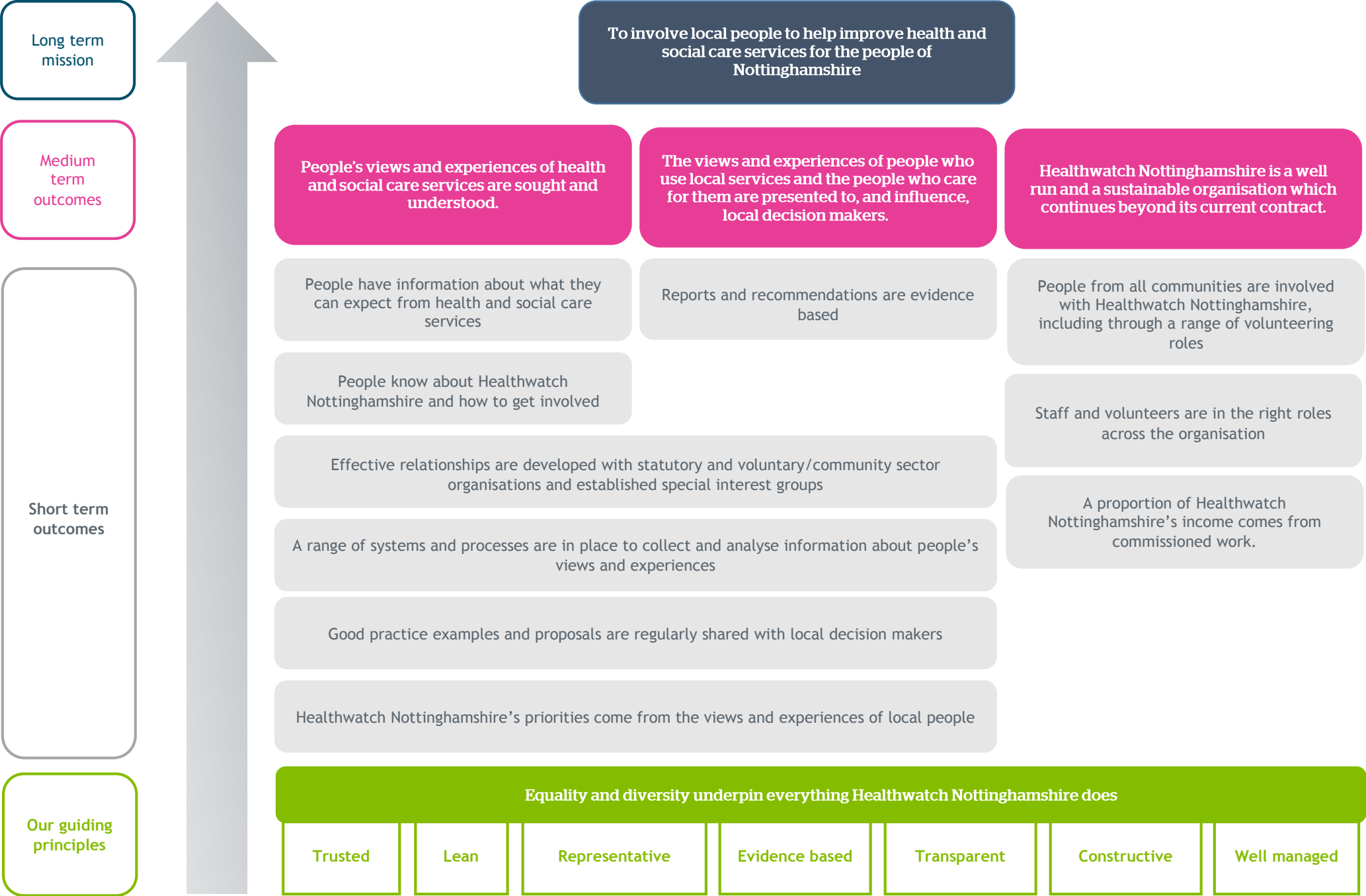
We know we need to prioritise this so we're launching our Healthwatch 'Have Your Say Points' in locations across the county that are widely used and accessible to the public such as advice centres, youth centres, community centres and many more.

We need to do more to demonstrate our value to the local people of Nottinghamshire.

We've developed a new framework and system for monitoring and evaluating our activities, and will be publishing our reports and recommendations online. We think these will help us in demonstrating the influence we have.

A full copy of our business plan can be found on our website, but here's a summary of what we're setting out to achieve over the next two years...

Figure 2 Mission and outcomes 2014-2016



About us

Office address: Freepost RTES-TCEC-JTBR
Healthwatch Nottinghamshire
Unit 2-3 Byron Business Centre
Duke Street
Hucknall
Nottingham
NG15 7HP

Telephone number: 0115 963 5179

Email: info@healthwatchnottinghamshire.co.uk

Twitter: @HWNotts

Company number: 8407721

Board of Directors

Chair: Joe Pidgeon

Alan Sutton

Shirley Inskip

Juliet Woodin

Staff team

Claire Grainger – Chief Executive

Charlotte Daniel - Information and Administration Worker

Chris Watson - Community and Partnerships Worker for Bassetlaw and county-wide organisations

Andrea Sharp - Community and Partnerships Worker for Mid Nottinghamshire

Jane Kingswood - Community and Partnerships Worker for South Nottinghamshire

Alison Duckers - Community and Partnerships Worker for Children and Young People

Deb Morton - Volunteer Co-ordinator

Donna Clarke - Evidence and Insight Manager

Loren Maclachlan - Administration Assistant

© Healthwatch Nottinghamshire 2014

The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as Healthwatch England copyright and the document title specified.

Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at info@healthwatchnottinghamshire.co.uk. You can download this publication from www.healthwatchnottinghamshire.co.uk