



healthwatch

St Helens

FIRST ANNUAL REPORT

2013-14

 your
voice 

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1. Introduction

Welcome to Healthwatch St Helens first year's annual report... we hope you enjoy finding out what's been happening and will want to get involved yourself?

St Helens Council had the task of commissioning the local Healthwatch and Halton & St Helens Voluntary & Community Action was successful in winning the contract to provide the service.

Changing from St Helens LINK into Healthwatch St Helens was the first thing we did and we have spent the first year building a strong company, reviewing what we did before and reaching out to more people, explaining their rights and how to make their views known.

Healthwatch's job is to improve your health or care services by bringing together your views about services to evidence where change is needed. We cover all age groups and all Health and Social Care services 'from cradle to grave'.

Any organisation that provides a health or care service that is funded with public money can be scrutinised by Healthwatch - just a few of the examples are: GP practices, private residential care homes, health services delivered in prisons and Children's Centres.

We have looked at two of the local Health & Wellbeing strategy areas this year - Support for People with Dementia and Access to Health Services for Young People, via task groups with relevant organisations, the reports of this work is available on our website or from the support team.

We also launched a public consultation about what our future work areas should be and this helped more people understand the role of Healthwatch and showed us what things mattered to the people of St Helens.

Where necessary we can highlight issues to Healthwatch England, so that Government departments looking at national trends can take notice. We have changed things on a national basis too, thanks to our volunteers - you can read more about that in the 'Spotlight on' section.

I wish to thank the volunteers who have put in over 900 hours worth of time in the first year to make Healthwatch St Helens such a success and I look forward to its continued success in making our local health & care services the best they can be.

Tom Hughes
Chair



2. Summary of activity

Our work is structured around six aspects of activity, these are known as the Healthwatch functions, which is a guide to what each local Healthwatch must do. These form the basis on which our performance is measured and we are contracted to deliver.

Gathering views and understanding your experiences

During this first year we have set up the support team and services, to ensure there are a number of ways to collect the public's views... here are just some of them:

- Drop-in sessions in community centres and libraries.
- Information stands at community venues, open-day sessions and public events to enable people to give us their views about services.
- Suggestions boxes to help people give us their views at public buildings across the borough.
- Visited local voluntary groups and partnerships to raise awareness about what Healthwatch does and to hear their experiences of services.

Making people's views known

Once we have case studies and feedback from the public, we use this to provide evidence to services about what things are good and what's not working so well.

You will find a list of the partnerships where Healthwatch represents the public in section 5, but here are a few examples that we know have made a difference:

- Patient Experience reports about services at St Helens and Knowsley NHS Trust, where because a deaf person had not had proper access to an interpreter, action was taken within 4 days to improve staff awareness about deaf patients' rights regarding access to British Sign Language interpreters.
- Volunteers Brenda & David, by regularly attending steering group meetings around palliative and end of life care have ensured 2 public sessions happened in the year for people to be aware of sensitive topics and planning for someone's end of life.

Involving people in the commissioning and provision of local services and how they are scrutinised

We have always encouraged services to ensure that lay people are involved in as many stages as possible of each service redesign. Within the CCG, this has started to happen, patients that have experienced stroke are being involved in redesigning the early supported discharge process and with patient reps being involved in the tender exercise to choose the provider of that service.

The CCG has also taken on board comments made by Healthwatch to involve and listen to volunteers looking at a contract that will measure quality indicators in GP services, which is a key area of concern to the public of St Helens (see Engaging local People section).

Summary of activity continued

Recommending investigation or special review of services via Healthwatch England or Care Quality Commission (CQC).

The type of evidence we submit to the CQC can vary, here is what we have provided this year:

- Feedback on two dentists.
- A report on a GP practice visit relating to their registration with CQC.
- Patient experiences and comments about Bridgewater NHS services, including a volunteer-led visit report on the local wheelchair fitting service & young people's views about St Helens Walk-In, to build up evidence for a Quality Summit.
- Experience reports about our local district hospital (St Helens & Knowsley Trust).

A patient story that we provided, alongside other data, was used to justify an inspection by the CQC in St Helens hospital eye clinic.

The Ophthalmology department has since made some significant changes to a number of its services over the last 2 years and we now have a direct connection with the Head of Services, if we need to ask for any

explanations and can relay any patients concerns, e.g. one patient got differing advice from two clinicians and through our intervention was given an earlier appointment to address any worries.

Signposting people in order to access services and support to make informed choices.

Signposting is a new function for Healthwatch providing assistance to the local community in navigating their way around what can be complicated health and care services.

50 people have sought our help in finding the right person or organisation to approach, some of which were needed help with formal complaints about healthcare services.

We have referred 34 people during the year for help with their complaint, and you can read more on this in section 6, about the Healthwatch Independent Complaints Advocacy Service. These issues often mirror what the public are telling us about services and gives us further evidence to encourage changes where needed.

Making the views and experiences of local people known to Healthwatch England (and other local Healthwatch) and assisting with national initiatives.

During the year Healthwatch England has highlighted a number of areas that it has been able to show local Healthwatch members are concerned about, these include:

- Patients records being shared between GP practices and the Health & Social Care Information Centre that has not been suitably anonymised (the 'Care.data' issue).
- Worries about patients being discharged safely - which has led to a national special inquiry in which St Helens is participating.
- Complaints systems and their complexity.



3. Engaging with people

Healthwatch St Helens works hard to reach everyone within our local communities, to make sure that everyone has the chance to have a say.

By maintaining relationships built up by St Helens LINK and our outreach activities, we are able to reach the local Polish, Chinese, Turkish and Russian communities, making sure they can have an equal say about the services they use.

Through working closely with one of our Healthwatch members we have been able to highlight the difficulties that transgender people are facing in trying to get the treatment they need. Carers and homeless people have also given us their views about the issues that affect them.

During work for our task groups we talked to young people who helped us to paint a picture of how they see their health services and what stands in their way of getting treatment as well as some older members of the community who are living with or are affected by dementia.

Our strong ties with the voluntary sector, including the Stroke Association,

Macmillan and The Alzheimer's Society, among others, mean that we can reach people who might otherwise feel their views are not being heard. We go along to support groups, meetings and events so that people get to know us and feel comfortable sharing their views and experiences with the Healthwatch Support Team and volunteers.

Continued work with 5 Boroughs Partnership Trust means that the concerns and issues of people who experience mental health difficulties are addressed. Likewise, a longstanding relationship with St Helens & Knowsley Hospital Trust has given Healthwatch the opportunity to feedback concerns, issues and compliments received from our members and other local people.

By introducing the 'Friends of Healthwatch' we have given our local people another way to share their views and experiences. Our 'Friends' help us to spread the word about Healthwatch and make sure that more voices are heard.

Who do we work with?



Working with local individuals, groups, partners and providers to make sure the people of St Helens have a voice.

4. Use of our Statutory Powers

Requests for Information

As Healthwatch we submitted 33 requests for information to healthcare providers and 17 to the local authority (Public Health and social care), which were responded to in 75% and 64% of cases respectively.

Actions taken / recommendations adopted were successful at 45% by healthcare providers and 41% by the local authority. Our aim for next year is to increase the response rate, and agreement from service providers to action or changes.

To do this we will:

- Agree a Memorandum of Understanding with each of our main partners.
- Enforce the use of our powers in the Healthwatch Directions that require providers to respond within 20 working days.
- Continue to use legislative powers e.g. Freedom of Information requests.

Freedom of Information requests

We submitted and received a response on one FoI to St Helens Clinical Commissioning Group about Individual Exceptional Funding Requests. This information was required to see what proportion of funding requests for individual treatments reach a panel of clinicians (28%) and to obtain details of the process for future development work around improving patients understanding and transparency about the process.

Recommendations to Healthwatch England or Care Quality Commission

We have not yet needed to ask Healthwatch England or the Care Quality Commission to investigate any local providers. Wherever possible we approach providers directly and aim to secure improvements to services or service changes using local data to evidence the need for change.

However, as a result of the PLACE visits at the beginning and end of the year April 2013 - March 2014, we made suggestions to change national guidance on PLACE

and this was used by CQC to improve guidance around involving volunteers in visits to premises. You can find out more in the 'Spotlight on' section.

Enter & View visits

There were no Enter and Views visits for the period of 2013/14 because we were still gathering information on local provision and there have been no major concerns raised with us about local facilities.

Volunteers that were previously Enter and View trained have participated in PLACE visits, of which there were three conducted during the year. The reports are published on our website.

The authorised representatives are in the process of renewing their training and a list of these representatives will be published on our website [or](#) is available on request.

5. Role of Volunteers and Lay People

Healthwatch volunteers are vital in the work of the organisation. At whatever level they are involved they represent the community and bring the patients' or public's view into the process of service improvement.

Our most active group of volunteers is the management committee, consisting of 12 people from across the borough and bringing a range of skills to the role. The committee is responsible for making decisions about the day to day work of Healthwatch and generally ensuring it engages with the public and represents their views. Monthly committee meetings and 3 induction training days have taken place to ensure the members have the skills required to complete the work of Healthwatch by engaging with all of the community.

Committee work has involved:

- Governance of Healthwatch, e.g. establishing appropriate policies & procedures including Code of Conduct; Declarations of Interest etc. and also systems to make objective decisions about issues brought to Healthwatch.

- Receiving reports from representatives and taking actions where needed.
- Requests for Healthwatch representation/ involvement.
- Work planning the future priorities (this is discussed in depth at informal meetings).
- Making sure task groups progress on schedule.
- Monitoring the budget & expenditure of Healthwatch.
- Commenting on Trust documents including strategies, internal policies and Quality Accounts.

Healthwatch Representation

We have adequate representation at various essential meetings and partnerships from committee and 'Friends of' members. We ask our active members to participate in events where community representatives are needed e.g. overview and scrutiny reviews, steering groups for specific Public Health strategies, etc.

Essential meetings and partnerships

- Health and Wellbeing Board
- St Helens CCG - Clinical Quality and Approvals Committee
- Overview & Scrutiny Committee - Adult Social Care & Health
- Quality Surveillance Group (Merseyside)
- Dementia sub-group (of Health and Wellbeing Board)
- Borough Forum
- Patient Experience Council (St Helens & Knowsley)
- Patient Safety Council (St Helens & Knowsley)
- St Helens CCG Governing Body
- Safeguarding Adults Board
- End of Life Steering Group (St Helens & Knowsley Trust)
- St Helens CCG Health Forum
- Special Education Needs Task Force (St Helens Council)
- Patient Experience Forum (Walton Centre NHS Trust)
- Healthwatch Chairs Merseyside & Cheshire and Healthwatch Chairs North West meetings
- 5 Borough Partnership - various levels

Role of Volunteers and Lay People

Meetings attended by 'Friends Of':

- Do Not Attempt Resuscitation/CPR sub-group (St Helens & Knowsley Trust)
- Medicines Management (Pan-Merseyside Group)
- Equality & Diversity Steering Group (St Helens & Knowsley Trust)
- Pharmaceutical Needs Assessment (St Helens Council)

Other meetings:

- Autism Services Development Group
- Residential Care Providers Forum

Task Groups

As part of their induction training, the staff team and management committee identified three main areas for concern. These were:

- Dementia
- Access to Healthcare Services for Young People
- Good Mental Health & Wellbeing

Dementia

This groups included Janet Roberts, Brenda Smith, Eddie Cunningham, Alan Griffiths, Jonathan Griffith and Ann Louise Garbutt and partner organisations helped with the work - Denise Adamson, Mandy Gough and Tony Boote from Alzheimer's Society, Joanne Hornby from Carers Centre, Tish McKee from Dementia Links.

The group decided that patients and carers could have varying experiences along the pathway of care and we collated a set of questions or challenges that we asked the local sub-group to address in its evolving action plan. Healthwatch agreed to an action to ensure notice boards in GP surgeries were kept up to date with carers support information and that where things were missing; this information will be fed to the GP liaison Carers Centre worker, to replenish information.

Specific to the task group, it was thought another useful action was to review the information packs given on diagnosis, as the quality of these needed improving, but also coordination of the information so that it was as useful as possible.

The recommendations were:

- Review content and quality of information pack and how it is presented to the patient / carer at diagnosis.
- GP practices to highlight on a carer's medical notes that they are a carer for someone with dementia, to prompt GPs to ask how they are coping.

Good Mental Health & Wellbeing

This task group remains ongoing, due to the nature of this work and as development of local mental health strategies is ongoing, it will continue as a theme of work, likely to form part of the future work plan of Healthwatch.

Role of Volunteers and Lay People

Access to Healthcare Services for Young People

Healthwatch set up this task group in October 2013 to complement work already being done by the local authority and CCG. By talking to young people in the borough we were able to identify areas of concern around health services and compare and contrast them with what other members of the community are telling us.

We met with representatives from the Local Authority and CCG to ensure that our work was enhancing but not overlapping what they were already doing. All involved saw the benefit of the task group in addressing additional issues and reaching more young people in the borough.

This group included Jayne Parkinson, Joan Young, Carolyne Ditchfield and students from Shaw Trust, Rainford 6th Form, Cowley International College, St Helens College and Carmel College.

The recommendations were:

- Design and agree funding for Receptionist Training for practice staff.
- Sign up to the 'Young People Friendly' initiative.

- Review whether triage communications with the patient can be improved in GP practices.

'Friends of Healthwatch'

Friends of Healthwatch are volunteers who are willing to, or already help, spread the word and raise the profile of Healthwatch St Helens.

Activities include:

- Helping Healthwatch St Helens get new members.
- Spreading the word about what Healthwatch does to friends, family and neighbours etc.
- Seek out venues for publicising and providing promotional material.
- Being the ears and voice of their local community by seeking out views and opinions, especially around work plan priorities and task group topics and feeding back to the management committee and/or Support Team.
- Acting as a link between the public and the Support Team, helping people with their complaints, signposting to correct services and advising the support team when this has happened for recording purposes.

- Taking case studies from local contacts that are reluctant to talk to a stranger/ member of staff.



Spotlight on... PLACE

In April 2013, Healthwatch St Helens was invited to get involved in the Patient Led Assessments of the Care Environment, also known as PLACE assessments, by 5 Boroughs Partnership Trust and St Helens & Knowsley Hospital Trust.

PLACE was established to replace PEAT (Patient Environment Action Teams). These annual visits look at non-clinical aspects of patient care, helping organisations to understand how well they are meeting patient needs in relation to their environment and food, and identify what they need to do to make things better.

Healthwatch has a key role in PLACE, with inspection teams also made up of NHS staff, and patient assessors. At least 50% of inspection team members must be patient assessors/volunteers, each team must allocate a team leader and staff must not influence scoring.

In April and May 2013, PLACE visits happened at Peasley Cross Hospital (5 Boroughs Partnership Trust), St Helens Hospital and Whiston Hospital (St Helens & Knowsley Hospital Trust). With PLACE in its infancy it was a steep learning curve

for everyone involved and some problems arose.

The visits to St Helens Hospital and Whiston Hospital were well organised and PLACE guidance was closely followed. Training prior to the visits was very clear and comprehensive and all patient assessors and volunteers were impressed with the smooth running of the assessments. Standards were high and there were no major concerns about either hospital. Healthwatch St Helens congratulated staff members involved at the Trust on their integrity and organisation of the whole process.

Healthwatch was less comfortable with the visit to the 5 Boroughs Partnership Peasley Cross site, where some misunderstanding around PLACE guidance and how the process should be carried out was evident. We had no major concerns about the condition and cleanliness of Peasley Cross Hospital but felt that the poor approach to the PLACE process had been damaging.

Healthwatch raised some concerns during the visit and afterwards revisited the PLACE guidance documents. We entered into discussion with the PLACE team at the

Health & Social Care Information Centre and Healthwatch England around our concerns. We highlighted a future need for patient assessors to feel more empowered to stop part way through a visit if they are unhappy with how it is being conducted. This required some changes to be made to the national guidance.

The Healthwatch team had some concerns about how some areas of the hospital were scored and after we raised these concerns with the PLACE team, those scores were revisited and adjusted in accordance with NHS guidance.

The conversations with Healthwatch England and the PLACE team also revealed a need for clearer guidance for assessors, around scoring and what would be expected of them during a visit.

Impact of our work... PLACE

In March 2014, Healthwatch St Helens took part in the second year of PLACE visits to Peasley Cross Hospital and St Helens Hospital, with a visit to the Whiston site scheduled for May. Volunteers who had taken part in the previous year's visits were pleased to see the changes made to the guidance documents which resulted partly from the concerns they had raised with the PLACE team and Healthwatch England in 2013.

Elaine Cotterill, a Healthwatch St Helens Management Committee member who took part in both visits to the Peasley Cross site said, "After concerns were raised from the first visit, action was taken and we actually made change happen at national level. I was uneasy about the second year of PLACE but there were none of the problems from the first year, the inspection was carried out with no concerns at all and I felt respected & valued. I will definitely take part in next year's PLACE visits".

The visit to St Helens Hospital revealed that the Trust has been consistent in maintaining the high standards observed the previous year. Visiting teams were once again

impressed by the hospital environment as well as the friendly staff and welcoming atmosphere.

Both the training beforehand and the visit to the Peasley Cross site demonstrated that 5 Boroughs Partnership had taken on board our concerns from the previous year and had made big changes to how the whole process was conducted.

Again, Healthwatch St Helens had no major concerns about Peasley Cross, which has a welcoming atmosphere, smells fresh and clean and the staff are extremely helpful. Signage is good and the patient notice boards had improved considerably since last year.

We commended staff at the Trust for their obvious efforts in improving how the assessment was conducted from the previous year. The 2014 visit was clearly in line with the PLACE ethos of being patient-led and every effort was made to ensure that guidance was followed.

Healthwatch St Helens believes that the work done with Healthwatch England and the PLACE team clearly demonstrates

the importance of the role that local Healthwatch has to play in the PLACE process and we look forward to more visits in the coming years.



Over the last twelve months the engagement with patient volunteer involvement in the PLACE assessment process has gone from strength to strength. The Contract and Facilities Management team have built a fantastic relationship working with an extensive team of volunteers

The positive and constructive feedback received from the volunteers regarding the hospital environment and its staff were pleasing to hear and extremely motivating for the team. We look forward to working on new projects as well as PLACE in the future.

Joanne Welsby
Assist Contracts Manager for the Facilities & Contract Management Team, St Helens & Knowsley Hospital Trust

6. A word from our advocacy service – Healthwatch Independent Complaints Advocacy

Prior to April 1st 2013 Independent Complaints Advocacy was funded by the Department of Health across England. Changes in the Health and Social Care Act meant responsibility for this was transferred to Councils. Complaints Advocacy for Cheshire and Merseyside is delivered by Carers Federation and is now known as Healthwatch Independent Complaints Advocacy (HWICA).

HWICA is a client-centred service that helps people resolve a complaint about healthcare services that are provided by the NHS in England.

We support clients with a grievance related to any aspect of healthcare that falls under the jurisdiction of the Health Service Ombudsman, such as complaints about poor treatment or services provided through the NHS in England.

Although HWICA does not provide on-going advocacy for clients about other issues, we will refer clients who require alternative, additional or specialist support, including referrals to PALS, professional bodies such as the GMC, and to specialist support such

as medico-legal advice, bereavement support, mental health support, etc.

In St Helens there is also the SHAIR, St Helens Advocacy & Information Resource service.

Designated advocacy in St Helens

Anna Read has responsibility for St Helens area, and she has been supporting clients in role as Independent Complaints advocate since June 2013. Currently we have a weekly session at Tontine House (Church Street, opposite McDonalds). The HWICA service has integrated and worked extremely well with the other community & voluntary group's base at Tontine House.

Partnership working with Healthwatch St Helens has been good. Regular meetings with Emma and the team has assisted HWICA in raising the profile of both services.

Anna works with the local networks e.g. Social Inclusion Network at events/ meetings, she also works closely with individual citizens, groups and other stakeholders across our area.

James was very understanding, he never rushed us, he gave us all the help and support we needed. Very professional service. Very helpful and supportive.

Complaint concerning Whiston Hospital. Client complaining on behalf of relative's care and treatment. Support requested at local resolution meeting and support from advocate given.

Ref: CR/036773

We are currently collaborating on reporting trends, patterns and complaints activity within St Helens. HWICA provides Healthwatch St Helens with a monthly complaints data report; this information assists St Helens Healthwatch with their work plan/priorities.

Referral process

Once a client is referred to HWICA we will inform them of their local Healthwatch office (if they weren't referred over via Healthwatch) we can then ensure we gather as much patient experience as possible, this makes sure trends are identified and actions put in place, plus it instils confidence that the public's views, opinions and voice is being heard locally.

6. A word from our advocacy service - Healthwatch Independent Complaints Advocacy

Basic information and signposting work is now mostly absorbed by local Healthwatch and by HWICA working closely with Healthwatch colleagues. Our service now supports clients who require advocacy support rather than advice and information. HWICA will continue to provide all clients with advice and guidance if required, however people being referred by Healthwatch are usually fully informed and ready to progress further with their complaint.

Levels of support

Basic signposting at Level 1 & 2 which might mean finding self-help information, help lines etc. and the next step of working with a client to explore which route would be the best remedy for their circumstances and if necessary, referring on to another, more relevant organisation.

When local Healthwatch refers people to us, we will usually support them by explaining options and giving assistance e.g. letter writing, form filling, seeking out information from third parties.

More in depth support is available for people who need more intensive help

i.e. due to the nature or complexity of their complaint, or people with learning, literacy or communication difficulties, people whose first language is not English, or for people who are very distressed due to illness or bereavement.

The highest level of support is where we can work alongside specialists i.e. people may need advocates with specialist knowledge of areas such as children's rights, the Mental Health Act, and experience of working with refugees.

During the first initial call clients are asked a number of questions about them, this assists the HWICA in capturing the demographical statistics of all clients. In St Helens we have recorded a high percentage of White British clients, and most clients are heterosexual. Evaluating this information has supported HWICA work plan for 2014/15.

Service User Feedback

A key part of demonstrating professionalism, value for money and good customer service is how we respond to feedback on our service. Our client's views and complaints need to impact directly on our service both in terms of service improvement but also

I was satisfied with the service - I don't think I could have had better help, consideration or anything else. I don't know how the service could be improved it is the best. I would recommend to other as the service is considerate and helpful.

Client had a trapped nerve in his back, he was referred to a consultant in Royal Liverpool Hospital, when he finally got an appointment the consultant told him that he could not operate on him because he was a spine specialist so client would have to wait a long while to see the correct consultant. Client was in so much pain that he had to pay private to have the operation done.

CR/038873

in individual responsibility for the delivery of the service. Service user feedback is an essential part of the work we carry out; this enables us to improve the service we offer.

Clients provide us with feedback in different ways; we ensure it's in a way they feel comfortable with, most prefer to give feedback over the phone, others can receive the form via post or email.

These are a few comments recorded on feedback forms from clients who live in St Helens.

7. Effectively representing you

A representative of Healthwatch attends all 'public' meetings, that are relevant to people's health & social care, and where lay people's views can be provided. Where public meetings do not allow speaking rights to the public, we work with the providers to improve transparency of those meetings and remind those bodies that volunteers' time needs to be as effectively used as possible.

All representatives attending sessions are required to provide a short report of the progress made at such meetings & partnerships and these are available from our website or on request from the support team.

A consistent presence is needed at the important strategic meetings in the borough and our Chairman provides constructive challenge to decisions being made at meetings of the Health & Wellbeing Board and the Clinical Quality and Approvals sub-committee of St Helens CCG.

We have commented on a number of important proposals that have been discussed at the Health & Wellbeing Board during the year including:

- Urgent Care Action Plan (St Helens CCG)
- Clinical Strategy (St Helens & Knowsley Trust)
- Whiston A&E operational standards
- Francis Inquiry and Winterbourne View reviews
- HWB strategy implementation reports
- CCG Commissioning strategy
- Health promotion in hospitals
- St Helens CCG General Practice Overview
- Better Care Fund

The latter area of work has included significant work by the support team to engage members in relation to the Better Care Fund. This is a national directive that will have implications for families and people who are currently accessing funding for their care needs.

We have also had regular input for a number of years into the dementia sub-group of the Health & Wellbeing Board and have both submitted and received tasks from this group, to continue to improve services and support for people with dementia and their carers. The multi-agency members of that group enabled us to pass on a large number of areas of concern we had with the dementia pathways, allowing volunteers of Healthwatch to dedicate their time to checking the quality of the information provided on diagnosis and what information was available from GP surgeries about support for carers.

A full list of which partnerships and meetings we are represented at can be found in the previous section.

8. Key volunteers, staff and contact details

Management Committee members

Alan Griffiths
 Brenda Smith
 Chris Coffey
 Elaine Cotterill
 Francis Williams
 Jane Dearden
 Joan Young
 Jonathan Griffith
 Joyce Storton
 Sam Omar
 Tom Hughes (Chair)
 Wendy Burton

Staff

Emma Rodriguez Dos Santos
Support manager

Jayne Parkinson
Engagement officer

Debbie East
Administration and Volunteers Support Officer

Janet Roberts
Outreach officer

Contact details for the office

Healthwatch St Helens
 Tontine House
 24 Church Street
 St Helens
 WA10 1BD
 Tel: 0300 111 0007

Email

info@healthwatchsthelens.co.uk

Website

www.healthwatchsthelens.co.uk

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9. Finance

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| Total income for 2013-14 | £151,755 |
| Of which expenditure headings: | |
| Staff costs | £86,688 |
| Volunteers & staff expenses | £3,999 |
| Events, forums, promotional and publicity | £6,297 |
| Running & office costs (including legal, audit and sub-contracts) | £40,860 |
| Contingency | £13,911 |
| Total expenditure | £137,844 |