

Annual Report 2017/18



Helping to make sure that your views are heard

Encouraging services to work for everyone equally

Giving you a greater say in your own care

Everyone working together

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We are working to make sure people from every community in Havering have their say about health and care



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Message from the Chair

“It is more important than ever, to find out what people need and it is your views that help to shape services and make a difference”

- Welcome and thank you for taking the time to read our report. This report updates you on our progress and our plans for 2018/2019.
- We have made over 60 recommendations to improve services following our Enter View programme this year. Our visits have included 10 GP practices 3 hospital visits and 13 Nursing and Care Homes, our reports are available on our website.
- New this year is the Home Visiting team in partnership with Havering borough council to seek the views of residents who are receiving home care support
- It is vital that local people express their views on our Urgent and Emergency services which need to make a step-change to improve the availability and timeliness of clinical care. Over 340 residents shared their thoughts, residents attending the Havering Over Fifties Forum (HOFF), CarePoint and Rainham Village Children’s Centre, helped us to provide a comprehensive report about what was important for them, their families, their friends and as their role as a carer.
- We have been listening to residents and voluntary organisations who have repeatedly raised concerns about Sight Services. We have captured your views and experience and just published a report which has been distributed both locally to BHRUT, the Borough, the CCG and to national organisations including the CQC, the Royal College of Ophthalmologists, the Pocklington Trust and the Royal National Institute for the Blind.
- None of this would have been achievable without our team and our volunteer members - thank you for your hard work. Thank you to every person and organisation that has worked with us during the year your support is invaluable

Highlights from our year

Thank you to our volunteers this is what we have achieved

1600 people or more
have played a part in providing us
with their views and concerns

Over **50** residents living in
Sheltered Housing have
expressed their views on
their domiciliary care

Over **340** people
contributed to public
consultations

Working with other
organisations we have
attended over **150**
meetings and events

27 Enter and View
Reports, Care and Nursing
Homes, GP practices,
hospitals

Over **60**
recommendations to
improve services

Over **55** followers on
Twitter

Who are we and why you are our priority



- Healthwatch is a national initiative created in 2012 following the Public Enquiry into the failings at Mid Staffordshire Hospital by Sir Robert Francis QC now known as the Francis report. This report resulted in the government making it law that people should be at the centre of care
- Healthwatch's role is to understand the needs and ideas of different people
- Make sure your views are heard by the people who decide things about health and social care
- Healthwatch also has the power to Enter and View organisations that receive public sector funding, making sure that services are working for you and the people you care about
- Our reports on local organisations are published on our website and include our actions and recommendations to deliver positive outcomes for people

Making a Difference - Our role with the Care Quality Commission (CQC) and Healthwatch England (HWE)

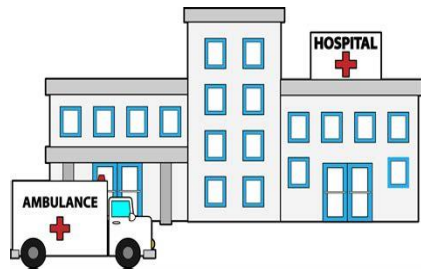
- ✓ National weekly CQC reports are checked for reports on local providers
- ✓ All local provider CQC reports are discussed at our monthly Enter and View panel for consideration and prioritising for a visit
- ✓ We used the CQC GP triangulation tool
- ✓ Havering CQC ratings demonstrated a high number of GP practices with a 'Requires Improvement' rating
- ✓ Supported the CCG on a pilot project to improve CQC poorly performing GP practises with successful results
- ✓ National reports from CQC and Healthwatch England also influence our work. An example would be the Care Homes report to which Healthwatch Havering also contributed
- ✓ All our Enter and View reports are provided to the CQC and the Healthwatch England database
- ✓ All investigative reports such as the RTT report are provided to the CQC and Healthwatch England
- ✓ Prior to CQC inspections we are requested to provide feedback to the CQC. This is drawn from our Enter and View reports, concerns that are raised by local people at the meetings and events that we attend. We also ensure the positive comments are shared with the CQC
- ✓ We have been members of the Quality Risk Profiling Review for BHRUT which included the CCG, NHSI and the CQC

Enter and View Visits



This activity has been undertaken by the relevant persons during the financial year in respect of statutory obligations Section 221

The number of visits undertaken by our volunteer team



- 10 Residential Homes
- 10 GP Practices
- 3 Nursing Homes
- 3 Queen's Hospital
- 1 Mental Health Service

Read the reports on our website
www.healthwatchhavering.com

See Appendix 1 for more detail

Working in Partnership - is invaluable to ensuring that we make a difference

Together here are examples of our work for some of the most vulnerable in our community



- ✓ In partnership with the CCG seeking the views of people about urgent and emergency care services -Right Care, Right Place, First Time
- ✓ Our report on Sight Services is responding to the concerns expressed by local people
- ✓ Raising concerns about the withdrawal of out-of-hours pharmacy services at Harold Wood Polyclinic
- ✓ Working with the Overview and Scrutiny Committee on the delays experienced by patients referred for treatment at BHRUT
- ✓ Learning Disabilities and Autism - being part of the wider network of organisations working together to improve health and social care services for individuals and their families and carers

Strategic objective
**Supporting
you to have
your Say**



- We want more services to use your views to shape the health and care support you need today and in the future
- Produce strong evidence which those who make decisions about health and social care can use

This year

- ✓ Over 340 residents took part in the survey seeking their views on designing new models of urgent care
- ✓ Over 150 people, contributed to our Sight Services report, reflecting the views of members of the Partially Sighted Society (Havering), Sight Action (Havering), the Havering Over Fifties Forum (HOFF), staff and patients
- ✓ Over 50 Residents living in Sheltered Accommodation have shared their views on the Domiciliary Home Care Services which they are receiving (at the Borough's request)

Right Care, Right Place, Right Time - research commissioned by Havering Clinical Commissioning Group and carried out by Healthwatch Havering



We worked in partnership with other local organisations who could bring their experience and knowledge to the research

- ✓ CarePoint
- ✓ Havering Over Fifties Forum (HOFF)
- ✓ Rainham Village Children's Centre

The CCG were seeking views on two priorities

- ✓ Providing more bookable appointments when you have an urgent health care concern or need
- ✓ Making urgent care more accessible through digital channels (online booking, digital apps and resources)

Target Audience

- ✓ Parents of young children
- ✓ Older People
- ✓ Young Adults

Right Care, Right Place, Right Time

Reflecting a wide range of views taking part in this consultation process



Ethnicity/Background

| | |
|---------------------------|--------------|
| Any White | 72.24% (242) |
| Any Mixed ethnic | 3.58% (12) |
| Any Asian | 8.36% (28) |
| Any Black | 10.15% (34) |
| Other / prefer not to say | 5.67% (19) |

Disability

| | |
|---|--------------|
| Physical/mobility issue | 15.66% (52) |
| Learning disability/mental health issue | 13.55% (45) |
| Visual Impairment | 1.81% (6) |
| Hearing Impairment | 2.71% (9) |
| None | 71.08% (236) |
| Other | 2.71% (9) |

Age

| | |
|---------------|--------------|
| Under 18 | 0.29% (1) |
| 18 – 24years | 7.35% (25) |
| 25 – 35years | 35.29% (120) |
| 35 – 44years | 18.24% (62) |
| 45 - 54years | 12.94% (44) |
| 55 – 64years | 8.82% (30) |
| 65 – 74years | 10.88% (37) |
| 75 years plus | 5.00% (17) |

Gender

| | |
|-------------------------|--------------|
| Male | 20.00% (66) |
| Female | 78.18% (258) |
| Other/Prefer not to say | 1.82% (6) |

Strategic Objective

Making a Difference Together

Listening to your views and experiences and using our reports to reflect these in our recommendations. The recommendations are sent to the management of the organisation, the CQC, Healthwatch England, commissioning organisations and accessible to the public on our website.

Enter and View visits identify where improvements can be made to enhance the overall care and ambience of residences

Visiting GP practices recommending ideas that you have suggested during consultations

Seeking improvements in the care of the elderly at Queens Hospital



We visited 10 GP practices and we made a range of recommendations including:

- ✓ Provide a loop system for the hard of hearing
- ✓ Provide alarm systems for reception staff
- ✓ Consider installing queuing system for phone calls that respond positively to patients waiting to speak to reception staff
- ✓ Improve the appearance of the premises
- ✓ Positively manage and help enable patients to remember to attend for their appointments or to remember to cancel the appointment in a timely manner

We have visited 13 residential and nursing homes and we made a range of recommendations including:

- ✓ Improve the décor
- ✓ Provide more music to entertain residents
- ✓ Review staffing levels
- ✓ Improve the management of falls
- ✓ Re-design large sitting room to provide better facilities
- ✓ Re-design the laundry area to get better separation between the dirty and clean areas

We have made 2 visits to Queen's Hospital and made recommendations, in response to which the hospital (as always) has developed action plans that are included in the reports on our website:

- ✓ Need for general improvement in the approach to feeding patients
- ✓ Training for staff ensuring the link between food deliver and infection control
- ✓ Best practice seen on some wards to serving foods needs to be applied to all wards

Our people and our decision making processes

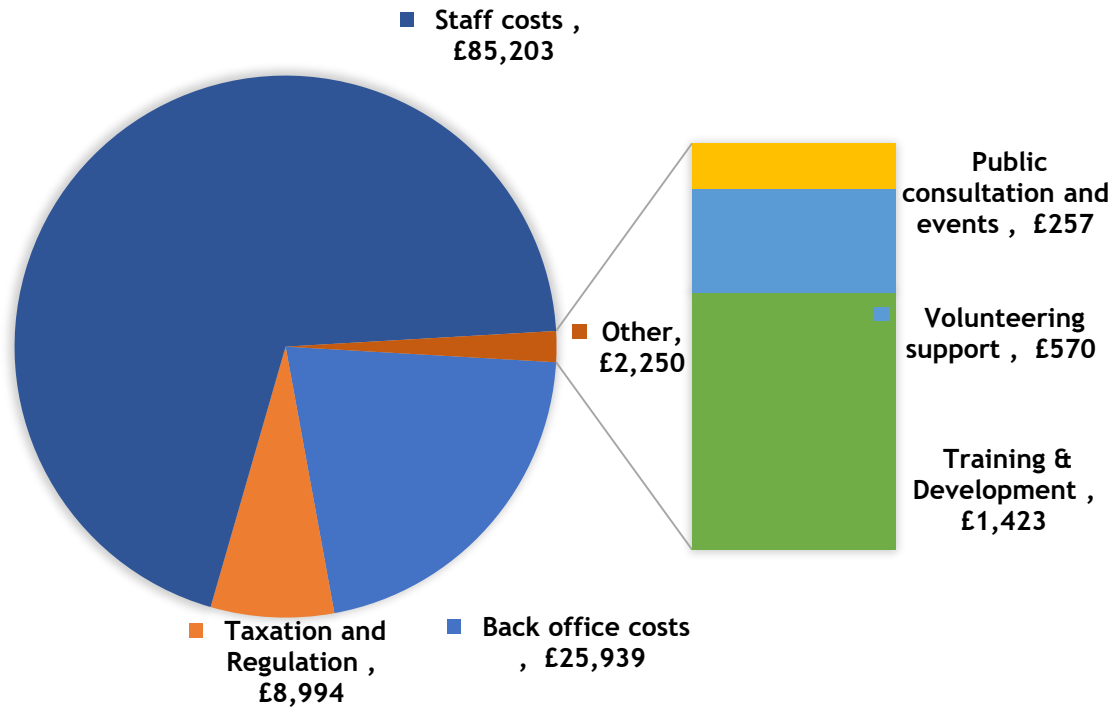
- The Board consists of directors, staff and volunteer members
- Our volunteers are all Board members
- Volunteer members complete a training programme which includes Enter and View training, Mental Health Act and Deprivation of Liberties
- Volunteer members are full voting members of our Board
- The Board generally meets bi-monthly and the details of the Board meeting dates and the minutes of the meeting is published on our website
- The Board undertakes 2 training and development meetings a year, this includes the setting of our objectives and work plan for the year ahead
- During the year external training and educational opportunities are also provided
- Our policies and procedures are all discussed at our Board meetings
- Our governance documents provide the framework ensuring that we operate efficiently and fairly in accordance with our statutory and legal requirements
- The Board has adopted the Healthwatch Good Governance Assurance Tool and Volunteer Members will lead the review this year
- The work has been completed in respect of General Data Protection Regulation and will be formally adopted at the Board in May 2018 (see Appendix 2)
- Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit)

Our Finances

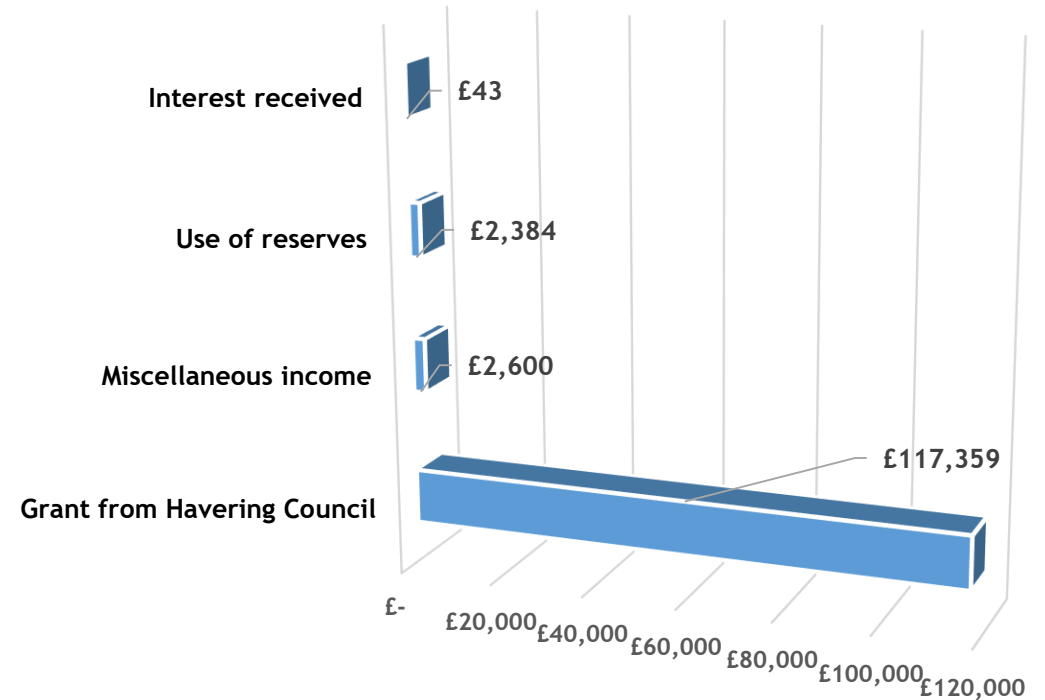
Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

EXPENDITURE SUMMARY



INCOME SUMMARY



Our plans for 2018/2019

Strategic Objective: To continue to develop our relationship with policy makers - Commissioning Groups - Locality Development Group - CQC - Healthwatch England

- To ensure that we understand, influence and support the engagement and consultation process for our residents

Strategic Objective: Supporting You to Have Your Say

- To continue to support the Borough in developing a quality feedback programme for residents who receive care services
- To continue our successful Enter and View programme, building our knowledge and sharing residents' experiences

Strategic Objective: To be part of network of health and social care professional to promote and champion the value of residents' involvement

- To be an active participant in the Provider Alliance - shaping and supporting new service models in the interests of service users

Strategic Objective: Making a Difference Together

- Extend our working with the Public Health team on Tobacco Control and London Regional Tobacco Control Network as part of our pledge to support their creating a 'No Smoking' environment, particularly among young people
- Continue to develop our partnership working building on the success with Care Point and Rainham Village Children's Centre to ensure the widest network of resident engagement
- Build on the findings of our current research into the provision of services to people who have visual impairment
- Continue to seek improvement in the provision of meals for patients at Queen's Hospital
- Work with the NEL Commissioning Alliance and ACS to improve the standard of care provided to people living with dementia in their own homes

Contact Us - Get In Touch

Healthwatch Havering is the operating name of Havering Healthwatch Limited

A company limited by guarantee

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The publishing and sharing of local Healthwatch annual reports each year is set out in legislation and therefore a statutory requirement of local Healthwatch organisations.

- Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, the London Borough of Havering, CQC, NHS England, Havering Clinical Commissioning Group, BHR Clinical Commissioning Group, Overview and Scrutiny Committees, Health and Wellbeing Board, British Library
- We confirm that we are using the Healthwatch Trademark, which covers the logo and Healthwatch brand, when undertaking work on our statutory activities as covered by the licence agreement (see Appendix 3).
- If you require this report in an alternative format please contact us at the address above.

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List of Appendices to the Annual Report 2017/18

- 1 **Enter and View Reports** - The involvement of lay persons and volunteers in the carrying-on of the relevant section 221 activities as set out in the Local Healthwatch Organisations Directions 2013
- 2 **Compliance with General Data Protection Regulation (GDPR)**
- 3 **Use of Healthwatch copyright material**

Appendix 1 Enter and View visits

The involvement of lay persons and volunteers in the carrying-on of the relevant section 221 activities as set out in the Local Healthwatch Organisations Directions 2013

In addition to having one of the largest residential and care home sectors in Greater London, Havering has had the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is still emerging from Special Measures (following a 2013 inspection that found it Inadequate), a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that continues under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminent retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2017/18, we carried out 27 visits (with a small number of premises visited more than once). The full list appears below.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents/patients and their relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhaverling.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all but one of these visits were carried out in exercise of them. On that one occasion however, noted in the table that follows, the visit was carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.

| Date of visit | Establishment visited | | Reasons for visit |
|------------------------|-----------------------------------|-------------------------------|---|
| | Name | Type | |
| <i>2017</i> | | | |
| 29 March and 23 May | Barleycroft (fourth visit) | Residential Care Home | To observe the home in operation following various expressions of concern and five consecutive inspections by the CQC resulting in "Requires Improvement" ratings |
| 11 April | Fountains Care Centre | Residential Care Home | To observe the home in operation |
| 18 April | Goodmayes Hospital: Ogura Ward | Mental Health In-Patient Ward | To observe the ward in operation |
| 19 April | Romford Nursing Care Centre | Nursing Home | To observe the home in operation following various expressions of concern |
| 19 May | Ingrebourne Medical Centre | GP Practice | To observe the practice in operation following an Enter & View visit to a neighbouring practice |

| Date of visit | Establishment visited | | Reasons for visit |
|---------------|----------------------------|-----------------------------------|---|
| | Name | Type | |
| 2017 | | | |
| 1 June | Dr Joseph (Collier Row) | GP Practice | To observe the practice in operation following a CQC inspection result of Requires Improvement |
| 21 June | Ashling House | Residential Care Home | To observe the home in operation |
| 4 July | Hillside | Residential Care Home | To observe the home in operation following a CQC inspection result of Requires Improvement |
| 10 July | New Medical Centre | GP Practice | To observe the practice in operation following a CQC inspection result of Requires Improvement |
| 20 July | Dr K Subramaniam | GP Practice | To observe the practice in operation following expressions of concern |
| 24 July | Dr Chowdhury (Oak Lodge) | GP Practice | To observe the practice in operation following a CQC inspection result of Inadequate, and the practice being placed in special measures |
| 31 July | Park Lane Residential Care | Prospective Residential Care Home | The prospective proprietors of a new home invited a Healthwatch team to visit and view in advance of their arranging for the premises to be converted to a care home. THE REPORT OF THIS VISIT HAS NOT BEEN PUBLISHED. |

| Date of visit 2017 | Establishment visited Name | Type | Reasons for visit |
|---|---|---------------------------------|---|
| 12 September | Heatherbrook | Residential Care Home | To observe the home in operation |
| 22 September | Alton House | Residential Care Home | To observe the home in operation following a CQC inspection result of Requires Improvement |
| 4 October (Unannounced) and 5 October (Announced) | Queen's Hospital, Romford: Mealtimes (second visit) | Acute District General Hospital | To follow up a visit in October 2016 to observe the meals service and to assess how far the recommendations then made have been implemented |
| 25 October | Berwick Surgery | GP Practice | To observe the practice in operation following a CQC inspection result of Inadequate |
| 21 November | Queen's Hospital, Romford: Public Areas | Acute District General Hospital | To observe the cleanliness and "patient-friendliness" of the public areas (entrance, corridors, stairways etc) of the hospital |
| 11 December | Mawney Medical Centre | GP Practice | To observe the practice in operation |
| 13 December | Spring Farm Surgery | GP Practice | To observe the practice in operation following a CQC inspection result of Inadequate |
| 14 December | Meadowbanks | Residential Care Home | To observe the home in operation |

| Date of visit 2018 | Establishment visited Name | Type | Reasons for visit |
|---|---|---------------------------------------|--|
| 12 January | Cecil Avenue Surgery | GP Practice | To observe the practice in operation following a CQC inspection result of Requires Improvement |
| 16 January | Chase Cross Medical Centre | GP Practice | To observe the practice in operation following a CQC inspection result of Requires Improvement |
| 16 January | Cranham Court | Nursing Home | To observe the home in operation following a CQC inspection result of Requires Improvement |
| 18 January | Romford Grange Care Home | Residential Care Home | To observe the home in operation following a CQC inspection result of Requires Improvement |
| 30 January (Announced) and 9 March (Unannounced) | Queen's Hospital, Romford: A&E Department | Acute District General Hospital | To observe A&E in operation at a time of "winter pressures" and following implementation of accommodation changes within the building occupied by the department |
| 7 February | Ladyville Lodge | Residential Care Home | To observe the home in operation following a CQC inspection result of Requires Improvement |
| 13 March | Hornchurch Nursing Centre | Nursing Home | To observe the home in operation |

Appendix 2 General Data Protection Regulation (GDPR)

Although the GDPR is not coming into force until May 2018, after the period covered by this Annual Report, in common with other Healthwatch organisations we began preparing for the changes during 2017/18.

Among other steps, we procured new IT hardware and software to provide more robust and secure data collection and storage. Our original IT infrastructure was by then four or more years old and, although there was no reason to suppose it was insecure, it was considered an appropriate time to arrange for upgrades.

Software upgrades are applied as and when they become available and known vulnerabilities are addressed, although for much of that we are reliant upon external providers of services such as the website, email system and antivirus programs.

Data storage - both electronic and on paper - is being reviewed.

Policy changes required as a result of GDPR will be addressed in our Annual Report for 2018/19.

The cost of preparing for GDPR in 2017/18 was £2,790.

Appendix 3 Use of Healthwatch copyright material

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch copyright material, the logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website, Twitter account and YouTube and Vimeo accounts
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements and flyers for events