



**Enter & View**

**Queen's Hospital,  
Romford**

**Rom Valley Way  
Romford RM7 0AG**

**In-patient meals**

**Third visit  
4 October 2018**



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'  
Winston Churchill***

## What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

## Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

In October 2016, following reports from patients and others alleging inadequate dietary arrangements (not necessarily at Queen's Hospital, Romford), Healthwatch Havering members visited Queen's Hospital to observe the serving of lunchtime food to patients in several wards<sup>1</sup>. During this visit, the team called at four wards - Bluebell A and B, Harvest A and Sunrise B. In October 2017, a further visit was carried out (over two days, on the anniversary of the 2017 visit) when the wards seen were Harvest A, Sahara A and B and Sunrise B.

Although the team noted improvements in the service in 2017 over 2016, members wished to visit again in 2018 to ensure that improvement had continued (accepting that nothing is ever perfect!). It was decided to carry out this third visit on the anniversary of the earlier visits.

Food served to patients at Queen's Hospital is procured on behalf of the Barking, Havering and Redbridge University Hospitals Trust (BHRUT) by their contractor Sodexo Limited from Tillery Valley Foods<sup>2</sup>, a specialist catering organisation based in South Wales. It is delivered to the hospital frozen and ready to be reheated. A range of foods is available through a variety of menus. Food for patients who do not have special dietary requirements is varied by rotation of menus over a two-week period; food for patients who have special dietary requirements is also available - should a patient require a specialised menu not generally catered for, a diet chef is available to discuss their specific needs with that patient.

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<sup>1</sup> "Queen's Hospital, Romford: In-patient meals, October 2016" (Healthwatch Havering)

<sup>2</sup> It is understood that Tillery Foods is a subsidiary company of Sodexo

The reports of the earlier visits were shared with BHRUT (and other statutory bodies). BHRUT prepared action plans in response to it, which were published alongside the reports on the Healthwatch Havering website<sup>3</sup>. The most recent, updated version of the Action Log arising from the 2017 visit is set out in Appendix 1 to this report.

Appendix 2 sets out the formal response of BHRUT to this report and includes a further Action Log arising from the current visit and report. Healthwatch Havering welcomes in particular the statement at the end of the Action Log that:

“In addition to the [clinical areas referred to in the report], consideration will be given to extending the recommendations Trust wide.”

## Nutritional standards

As reported after the first visit, NHS England (NHSE) has identified 10 key characteristics of good nutrition and hydration care<sup>4</sup>. These are:

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).

<sup>3</sup> [http://www.healthwatchhavering.co.uk/sites/default/files/full\\_report\\_final\\_queens\\_mealtimes.pdf](http://www.healthwatchhavering.co.uk/sites/default/files/full_report_final_queens_mealtimes.pdf) and [http://www.healthwatchhavering.co.uk/sites/default/files/170424\\_response\\_to\\_healthwatch\\_-\\_april\\_2017.pdf](http://www.healthwatchhavering.co.uk/sites/default/files/170424_response_to_healthwatch_-_april_2017.pdf)

<sup>4</sup> NHS England (NHSE) website: <https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics>

6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance-managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

The team who carried out this visit saw nothing that would have led them to question the conformity of the meals that they saw being served with the required nutritional standards.

### The 2018 visit

For this visit, the teams called at four wards:

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|--|---|
| <b><u>Sunrise A</u></b>                | - where the process of ordering by the hostess was observed;  |
| <b><u>Sahara A</u> and <u>HASU</u></b> | - where observations were made in relation to the ordering process, serving of breakfasts, lunch etc. and food tasting; and |
| <b><u>Ocean B</u></b>                  | - where the service of meals was observed and food was tasted.  |

Initially, the Team was met by a member of BHRUT's Patient Experience Team and a member of the Sodexo Meal Service, both of whom were very welcoming. After discussion as to which areas were to

be visited, the team began the visit accompanied by staff who were available to address any questions raised.

Food ordering is generally undertaken by Sodexo staff called Hostesses, although BHRUT nursing staff become involved on occasion, for example where patients are unable to make known their wishes, for example because they are asleep.

### Sunrise A Ward

The team arrived at the end of the breakfast service and the Hostess was in the process of taking the lunch and evening orders on the Saffron System. Patients were given choices from the daily menu. Although the Hostess was friendly and introduced herself, some patients were unable to clearly understand her accent so she had to repeat herself. The ordering was carried out in a calm manner, an attitude that continued throughout the visit. If a patient was sleeping, the Hostess would attend that patient again after completing the rest of her round and if the patient was still sleeping then, she would take advice from the nursing team.

One patient was able to read the menu and make his own choices but did not appear to be aware that he could choose from the other menus. Another was being PEG fed and the Hostess was clearly aware of the procedure to follow. A further patient was read the daily menu but given only a limited choice; a member of staff explained that only the appropriate menu would be read to patients who had special dietary needs such as diabetic, gluten free etc.

### Ocean B Ward

In this ward, the team observed the lunchtime food being distributed, which they felt this was much improved and very appetising. Patients

obtained the correct orders. The vegetables looked vibrant in colour and had not been “cooked to death”, so maintaining nutritional value.

Speaking with patients after service, the team were informed that they were very satisfied with the food and could make no complaint: one gentleman told the team “in Royal London the food was diabolical” but here it was “excellent”. He had requested a snack box one evening (these being stored near the switchboard for out of hours kitchen service) and advised this had also been excellent - in his words “it was like having a picnic”.

Lunches being served were covered and help was given to those who required assistance with opening cartons etc.

One patient commented there was “too much lettuce” - the team advised that perhaps he could ask for a smaller portion - but that was the only negative comment.

Going around the bays of the ward, the team observed covered jugs of water on each table and glasses containing water or drinks within reach of patients, although they considered that some patients might need assistance.

There were notices at the entrances to the wards about protected mealtimes being between 12- 1 Lunch and 5 - 6pm Dinner. The team were told, however, that clinical staff very often would not adhere to this arrangement, thereby hindering the distribution of food and the assisted feeding of patients by the nursing staff and volunteers.

There was no need for red trays in this ward.

Patients were actively encouraged to drink and offered at least 7 drinks per day.

Indications of dietary need were observed on the nutrition board but the team did not see any notes above beds indicating needs other than how patients liked tea and coffee, with or without milk and sugar etc.



Although at mealtimes “all hands were on deck” to assist, including nurses and volunteers, there were only one or two volunteers and they did not attend every day.

Staff came in one day a month to help with a tea party, and quite often PAT dogs attend.

Owing to the nature of the conditions under treatment, on this ward patients were able to sit up in bed to eat but unable to sit at a table.

Serviettes were observed and hand wipes on some tables but patients did not appear to be encouraged to use them before eating.

All meals seen was served in appropriate crockery; main meals and deserts were served separately, and dirty crockery was collected at end of service. Patients had plenty of time to eat their food.

Food stored on the ward was kept in the ward kitchen fridge, which was monitored daily to ensure everything was in date and appropriately labelled. The team felt that, if possible, the monitoring could be undertaken by volunteers, allowing staff to make better use of their time.

The team were told that problems could arise when patients' own food was brought in from outside.

Fluid and food charts were completed by the nursing staff, and if appropriate patients for whom food and fluid charts were unnecessary would be weighed on admission and then weekly.

Comfort breaks were due be offered every 2/3 hours but nursing staff told the team that they were offered more regularly.

As noted earlier, a display board showed the dietary requirements of each patient and was updated regularly. Patients' dietary requirements were assessed on admission, when care plans were prepared.

### Sahara A Ward and HASU (Stroke Unit)

Procedures on this ward were very similar to those on Ocean B Ward described above. In one bay, however, patients required assistance with feeding, which was given.

No cold drinks were available at breakfast. Patients told the team that they would have liked the option of fresh orange juice but (although the team were led to understand fruit juice was in fact available) it was not offered and patients were not aware it was available.

Not all menu cards were available on this ward.

Hand cleansing was available but patients' use of it was not monitored.

Although patients were free to sit at a table to eat, rather than sitting up in bed, they were not given strong encouragement to do so.

On this ward the clearing of breakfast dishes was slow.

Part of the ward is the HASU (stroke unit); its patients were given a Malnutrition Universal Screen Tool (MUST) Score in the Emergency Department (ED/A&E).

### Menus

In all, 17 menus are available for patients to choose from, including the weekly menu list and the list for patients who miss a meal. There seemed to be a menu for all types of dietary requirements. However, if appropriate, a patient could choose from any menu provided their treatment did not require dietary restrictions.

A separate Diabetic Menu was available in order to stop diabetic patients being tempted to order the wrong food.

Menus were prepared on a two-weekly cycle with the main kitchen having a three-day supply of prepared food available to ameliorate any delays in food deliveries from the supplier. Fresh fruit and salad were

dealt with on site and store cupboard items obtained from another supplier.

Cutlery suitable for those patients who had difficulty using normal cutlery was being obtained and porridge was being introduced at the end of the month.

### Food Tasting

A Food Tasting was arranged for the team on Sahara and Ocean B Wards, comprising samples of the daily menus, including gluten free, pureed, soft food etc. After each tasting the team were asked to score the samples; considering individuals' different preferences, the majority of scores were top marks.

### Conclusions

Although there remain areas where improvement is still needed, overall the clear improvement since the first visit in 2016 noted last year has been maintained. The new system appears to be bedding in well.

The problems of mass catering for several thousand in-patients are not under-estimated and most people receive good quality food to their taste (and nutritional needs) served in a timely and appropriate manner. The recommendations that follow are, therefore, intended simply to ensure that the meals service continues to improve.

### Recommendations

- 1 That consideration be given to the introduction of illustrated menu cards for the use of patients whose ability to read has been impaired (e.g. stroke patients or those living with dementia) so that they may make easier and better choices of food.

- 2 That efforts continue to recruit more volunteers to assist at mealtimes.
- 3 That consideration be given to using the volunteers to assist in checking fridges on wards for out of date food and ensuring that all patients have access to menu cards.
- 4 That Check Charts should be in place for out of date food and clearly marked daily.
- 5 That patients be encouraged to use hand cleaning wipes before they are served with food.
- 6 That, where possible and practicable, patients be encouraged to sit at table for meals.

**The formal response of BHRUT to these recommendations is set out in Appendix 2 following.**

**Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.**

### **Disclaimer**

This report relates to the visit on 4 October 2018 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

**ENTER AND VIEW – IN-PATIENT MEALS OCTOBER 2017**

**ACTION LOG FOR MATTERS ARISING FROM HEALTHWATCH ENTER AND VIEW INSPECTIONS**

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
1	Sahara B / Sodexo	Hostess did not wash or gel her hands throughout the visit	Karen Burroughs Nikki Dearson	29 December 2017	Further training to be carried out with immediate effect with the hostess, and supervisor to support this new starter on a daily basis for the next two weeks with effect from 11 December when hostess is back on shift.	
2	Sahara B / Sodexo	Hostess did not introduce herself or explain what she was doing	Karen Burroughs Nikki Dearson	29 December 2017	Further training to be carried out with the hostess and supervisor to observe over a two-week period. Refresher training on be carried out, this will be monitored by Sodexo Supervisor – This has now been completed. Ward Manager to log report any observed incidents to Sodexo supervisor. Breaches are managed through Sodexo disciplinary policy.	

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
3	Sodexo	Corridor leading to Catering dept. Floors had signs of spillage and general grubbiness	Karen Burroughs	11 December 2017	The corridor has been cleaned. These areas are scrubbed over weekend periods and mopped daily. Daily checks to be carried out by Patient Dining team and additional scrubbing can be requested by the ward manager or Sodexo supervisor mid-week as required. Sodexo run monthly audits to ensure cleanliness of areas	
4	Sunrise B	Dishwasher out of action for at least one week.	Waldemar Szarek	11th December 2017	This was reported and dishwasher has been repaired. Correct process for reporting faults to be followed. All staff to be reminded of the procedure. Information being cascaded via Host Huddles.	
5	Trust wide & Sodexo	Sodexo review the training given to hostesses to ensure that they are fully aware of the importance not just of hygienic food handling.	Karen Burroughs	End of February 2018	A complete review of induction training for new hosts is currently underway, the new Patient Dining training pack being introduced in February 2018, which will be rolled out throughout the year covering a new topic.	

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
6	Trust wide & Sodexo	BHRUT and Sodexo review the training given to hostesses regarding general infection control	Karen Burroughs & Head of Infection Control	June 2018	Sodexo infection control passports being trained out to hostesses. 26% of staff currently trained. All hostesses expected to be trained on booklet by end of June 2018 Update:	
7	Trust wide & Sodexo	Standardise approach to hostess and mealtime assistant tasks in order to minimise the risk that staff approach the job differently, with different outcomes for patients	Karen Burroughs & Ward managers	June 2018	A Hostess dining training is in place for all hostesses who complete a different module each month to complete the programme.  Ward Managers ensure that meal times are being delivered consistently on their area. Ward managers add mealtime brief to morning huddles for ward staff and invite hostesses to attend.	
8	Trust wide & Sodexo	That greater co-operation between all levels of front-line staff, both BHRUT and Sodexo be encouraged, for the benefit of patients	Karen Burroughs & ward managers	March 2018	Karen Burroughs is part of the Nutrition Advisory Group with the Trust which meets quarterly and will request that this item be part of the agenda. Hostesses to be invited to ward huddles and team meetings. PE team attending meal time testing sessions monthly and provide feedback to Sodexo and ward. a regular basis.	

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
9	Trust wide & Sodexo	Review procedure for taking orders to ensure that ordering deadlines be clarified and adhered to and that those patients capable of informed choice be given menus to select meals from in advance of ordering their food	Karen Burroughs Ward Manager PE team	Feb 2017	Staff reminded that ordering deadline is 1015 hrs. Menus are placed on each bedside locker. Additional option menus are placed in menu holders in the central ward area. Supervisors to check that menus are available daily. Mealtime testing proforma to be drawn up by Sodexo and PE team to log and audit if patients are given menus in advance.	
10	Trust wide & Sodexo	That the range of foods on offer be reviewed to ensure that: (a) special dietary requirements are addressed as flexibly as practicable and (b) patients are not caused unnecessary confusion by being offered an overwhelming range of food choice	Karen Burroughs Gary Etheridge	11th December 2017	There are currently 17 menus available these take in to account dietary and religious needs as well as some cultural preferences based on the population. Meetings with the Trust and Sodexo are held monthly to review menu options.	



Item No.	Ward	Issue	Lead	Target closure date	Action	Status
11	Trust wide & Sodexo	That greater priority is accorded to ensuring that drinking water is within reaching distance of ALL patients, that both BHRUT and Sodexo staff take every opportunity to encourage patients to maintain their hydration and that nursing staff be alert to the possibility that individuals are failing to maintain an adequate level of hydration.	Karen Burroughs, Ward Managers	29 December 2017	Water jugs are topped up by domestic staff through the morning and by hosts through the afternoon. Sodexo staff have been re-briefed Ward staff are monitoring and filling jugs if needed. Reminders to be added and documented as part of morning huddle. Management checks to be carried out on	

## APPENDIX 2

### INTRODUCTION

Healthwatch Havering is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

### HEALTHWATCH REPORT DATE

Healthwatch Havering (HWH) undertook an Enter and View of Queen's Hospital In-patient meals on 4<sup>th</sup> October 2018 and this report was received on 5<sup>th</sup> November 2018.

## BACKGROUND

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

## BHRUT RESPONSE TO THE REPORT

The Trust would like to thank Healthwatch Havering for undertaking this visit and for providing us with an opportunity to respond to their final report. The second visit in 2017 showed clear improvement from the initial visit in 2016 and it has been noted that the improvements made in 2017 have been maintained.

The Nutrition Advisory Group will be overseeing the delivery of the action plan.

## BHRUT RESPONSE TO HEALTHWATCH HAVERING REPORT

The Trust recognises that the Healthwatch Havering report includes a number of recommendations. An action plan to address these recommendations has been developed and is included as part of this response. It should be noted that the majority of recommendations are actions which the Trust is already aware of and has plans to address. Where possible, the Trust current position is outlined on the action plan for assurance.

The Trust will monitor the action plan and update on a regular basis via internal established processes. A final version of the action plan will be submitted to Healthwatch Havering once all actions are completed.

**ACTION LOG FOR MATTERS ARISING FROM HEALTHWATCH ENTER AND VIEW INSPECTIONS**

Item No	Ward	Issue	Lead	Target Closure Date	Action	Status
1	Trust wide	Consideration be given to the introduction of illustrated menu cards for the use of patients whose ability to read has been impaired (e.g. stroke patients or those living with dementia) so that they may make easier and better choices of food	Soft Services Contract Managers, QH & KGH	01/02/2019	Estates are in discussion with Sodexo on how to implement pictorial menus across the hospital.  Action already included in Interserve contractual patient dining action plan and incorporated in PLACE action plan.	Amber
2	Trust wide	Continue to recruit more volunteers to assist at mealtimes.	Voluntary Services Manager	Ongoing	An ongoing process is in place to recruit ward befriender volunteers (since April 2018 twenty five have been appointed).  As part of their role they undertake mealtime support.  Staffs also volunteer to assist at mealtimes.	Green

Item No	Ward	Issue	Lead	Target Closure Date	Action	Status
3	Sunrise A Sahara A HASU Ocean B	Consideration be given to using the volunteers to assist in checking fridges on wards for out of date food and ensuring that all patients have access to menu cards.	Voluntary Services Manager  Senior Sisters/Charge Nurses	31/01/2019	A formal Trust process to be considered and discussed at the Nutrition Advisory Group.	Amber
4	Sunrise A Sahara A HASU Ocean B	Check charts should be in place for out of date food and clearly marked daily.	Soft Services Contract Managers, QH & KGH	31/01/2019	Director of Nursing to explore at the Trust Nutrition Advisory Group on the process that needs to be implemented.	Amber
5	Sunrise A Sahara A HASU Ocean B	Patients be encouraged to use hand cleaning gel before they are served with food.	Senior Sisters/Charge Nurses  Ward Staff	Ongoing	Ward staff actively encourage patients to clean their hands before meals with the hand wipes or gel provided.  Adherence of the action will be monitored by the Matrons and Senior Sister/Charge Nurses.  The report has been shared with all relevant staff.	Green

Item No	Ward	Issue	Lead	Target Closure Date	Action	Status
	Sunrise A Sahara A HASU Ocean B	Where possible and practicable, patients be encouraged to sit at a table for meals.	Senior Sisters/Charge Nurses Ward staff	Ongoing	<b>Ocean B</b> Patients are actively encouraged to sit out of bed on a daily basis. Staff motivate and encourage all patients to have their meals around table, or in their chair.	Green
					<b>Sahara A and HASU</b> All patients with neurological conditions wherever possible are sat out of bed.	Green
					<b>Sunrise A</b> Patients are actively encouraged to sit out of bed on a daily basis.	Green

In addition to the above clinical areas, consideration will be given to extending the recommendations Trust wide.

**Gary Etheridge**  
**Director of Nursing, Safeguarding & Harm Free Care**

**December 2018**

## Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

### Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## Interested? Want to know more?



Call us on **01708 303 300**



email **[enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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