



# ANNUAL REPORT, 2015/16

**Making a difference...**

*Presented in accordance with  
“The Matters to be Addressed in Local Healthwatch  
Annual Reports Directions, 2013”*

*Healthwatch Havering is the operating name of  
Havering Healthwatch Limited  
A company limited by guarantee  
Registered in England and Wales  
No. 08416383*



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both health and social care professionals and 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 reinforces 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 will be 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 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***

## CONTENTS

	<i>Page</i>
<i>Foreword by Anne-Marie Dean, Chairman, Healthwatch Havering</i>	2
<i>This year at a glance</i>	
<i>Enter and View visits</i>	4
<i>Urgent and Emergency Care</i>	5
<i>Influencing the changing shape of health and social care</i>	6
<i>The launch of ‘Tell Us What You Think’ reply paid cards     for resident feedback</i>	7
<i>The governance of the organisation</i>	8
<i>Making a difference</i>	
<i>The Enter and View programme</i>	10
<i>Influencing official bodies and others</i>	11
<i>Public consultation and participation</i>	14
<i>Seeking the views of our local residents: the pilot “Tell     Us What You Think” cards</i>	18
<i>Health and Wellbeing</i>	19
<i>Learning disabilities</i>	20
<i>Our plan for 2016/2017</i>	21
<i>Funding, staff and organisational structure</i>	23
<i>Appendix 1: Enter and View Visits</i>	25
<i>Appendix 2: Summary statement of Income and Expenditure</i>	29

We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website, [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk) .

This report contains hyperlinks (in italic type) to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.



## Foreword

*Anne-Marie Dean, Chairman, Healthwatch Havering*

Welcome to our third annual report. Again this year we have had tremendous commitment and support from our volunteers enabling us to achieve an even higher number of Enter and View visits on behalf of local residents.

In Havering we consider this a very important part of our role. We are very pleased to report that Barking Havering and Redbridge University hospital, the North East London Foundation Hospital, St Francis Hospice and all of the nursing and care homes which we have selected to visit have been very supportive and co-operative.

Following a visit, we always write a report and provide recommendations. All of our reports are published on our website and you can view lots of other information about our role within the borough at [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)

Seeking the views of local people is also very important to us and during this year we have launched the 'Tell Us What You Think' cards scheme. This is the beginning of an evolving process. The cards offer residents the opportunity to provide comments and feedback on any local care service they are using on a simple reply paid card. Within the report you can read the first feedback that we have received.

We are increasingly working with a wider number of voluntary organisations and groups and this helps us formulate views on our priorities and how local care services can be improved. Working in partnership with the Clinical Commissioning Groups (CCG), the hospital trusts and the local authority enables us to be at the forefront of the changes and challenges which need to be understood and met. Most importantly to understand what the impact might be for residents.

Currently we are working with the Council's Health Overview and Scrutiny Committee to investigate and understand how and why so many patients have not had access to timely hospital health care such as investigations, outpatient appointments and surgical treatment. You can read more about this in the report.

The closure of the Meals on Wheels service provided by the borough is also being monitored by our volunteers. This is to ensure that some of our most vulnerable residents are properly able to order and access a wide and nutritional range of foods.

Accident and Emergency services continue to come under enormous pressure. It is important to understand the reasons behind our residents needing to use the Accident and Emergency services and how our residents can get the most appropriate, timely and relevant services for their needs. As part of that, recently in partnership with the CCG and other local Healthwatch we participated in a survey of over 1,000 patients across Barking & Dagenham, Havering and Redbridge seeking their views on the urgent and emergency care services. *The key headlines for Havering are contained within the report.*

There are a number of other examples of our work within the report and I very much hope that you enjoy reading about them.

Finally, I would like to thank you for reading our report, and our volunteers, residents and colleagues for their support.

## The year at a glance

### ENTER AND VIEW VISITS



This year we have undertaken 26 Enter and View visits to hospitals, community services, GP surgeries, nursing and care homes.

For every visit, our volunteers prepare a series of questions and issues that we want to discuss with the staff, patients and residents. This is based on feedback that we get from CQC reports, from relatives and patients, articles in papers and national issues which impact on health and social care. You can read all our reports and recommendations on our website at <http://www.healthwatchhavering.co.uk/enter-and-view-visits>

As the year ended, we carried out our first Enter and View visit to a GP surgery.

*Read more about our Enter and View activities on page 11 and in Appendix 1*

*? - People asked – “How can we be sure that our loved ones are getting the best possible care?”*

*√ - We have visited a large number of local health and social care establishments to ensure that they deliver good care and we have made recommendations for improvements where we felt it necessary to do so*

## URGENT AND EMERGENCY CARE - what have residents said about this service



This year we have undertaken a detailed consultation using a questionnaire. This questionnaire was completed by a wide range of people living and working in our borough. Over 1000 people completed the 8-page questionnaire which had been designed in partnership with the CCG and our Healthwatch colleagues in Barking & Dagenham and Redbridge. People who completed the questionnaire ranged from young professional people working in the borough to older residents who were actually waiting for treatment in A and E departments, Walk-in centres and GP practices. The information given by these people is already helping to shape the new care models for GP practices and helping Queen's Hospital think about how to re-design their services.

*Want to know what local people said? - read about it on page 14.*

*? - People asked – “why do we have to go to A&E at hospital rather than have an appointment at our GP?”*

*√ - We have carried out a survey to find out what prompts people to go to A&E rather than their GP*

## INFLUENCING THE CHANGING SHAPE OF HEALTH AND SOCIAL CARE



It is very important that we all take part in helping to design the changes that are needed for health and social care. It is also very important that we think how best to use the services in a way that it is simple and easy for patients and carers. This year there have been two very significant national issues which will change how our care is delivered this is the **Accountable Care Organisation (ACO)** bid, which is about the three boroughs working together to design more integrated services. The **Sustainability and Transformation Plan (STP)** involves designing services across the whole of North East London. All health and social care organisations across England will be part of an STP. We are working with both the ACO and the STP to help ensure and assist with the consultation process which is vital to informing the new models of care.

More information about the plans can be found at:

*Accountable Care Organisation (ACO)*

<http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=374&MId=3178&Ver=4>

*Sustainability and Transform Plan (STP)*

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>

*? - People asked – “How do we make sense of the changes going on around us?”*

*√ - We are actively participating in planning for the ACO and STP to ensure that the voice of the patient, resident and carer is heard and taken into account as the plans are developed*



## THE LAUNCH OF 'TELL US WHAT YOU THINK' REPLY PAID CARDS FOR RESIDENT FEEDBACK



This year we have launched our 'Tell Us What You Think' reply paid, feedback cards which enable residents to send us their thoughts and views, positive or negative, on any health or social care service that they are receiving within the borough. We have received a number of responses, which has enabled us to begin developing a database which will enable us to provide useful feedback for CQC inspections and Enter and View visits, and better inform consultation processes. We believe that positive feedback is a powerful tool and so we welcome feedback on services which are responding to residents and working well.



? - People asked – “How can we tell you about the things we like – or the things we don’t like – about health and social care facilities?”

√ - We have added “Tell Us What You Think” cards to the ways in which people can contact us and let us know what they think – in addition to contacting us by telephone, email, through the website or by personal call at our office

## The governance of the organisation



Team work is what has made this year not only successful in respect of our achievements but also in our ability to be able to work in an open and transparent group in running our Healthwatch organisation.

### Involving members in the governance of the organisation

Last year we told you about the changes that we intended to develop this year which expanded the full role of our volunteer members to influence the management of Healthwatch.

Probably the most significant is the autonomy that we have created regarding the selection and decision-making by the volunteer members in determining one of the most important aspects of Healthwatch work that is the statutory responsibility set out in the Local Healthwatch Organisations Directions 2013 - Section 211 activities.

The Enter and View Panel meeting takes place monthly. The Panel is made up of volunteer members and is supported by Healthwatch staff. The Panel undertakes the following roles:

- ✓ Determining the organisations and premises that will be receiving a visit
- ✓ Reviewing the current timetable of visits and amending it if required
- ✓ Setting the dates for visits and identifying the team members who will carry them out
- ✓ Organising the dates for the preparation meeting prior to visiting and the de-briefing session
- ✓ Reviewing outstanding reports, including comments received from organisations that have been visited

- ✓ Considering all intelligence received regarding services in the borough
- ✓ Providing the draft information to prepare the final reports and provides final comments before publication

Our organisation is governed by a management board which comprises the company directors, staff and volunteer members. The board:

- ✓ Receives reports from the Enter and View Panel
- ✓ Considers monthly and projected financial reports
- ✓ Reviews reports from visits and meetings attended by directors, staff and volunteer members
- ✓ Approves changes to policy documents
- ✓ Receives presentations on strategic issues
- ✓ Provides opportunity for hearing the views of the public which have been shared with board members

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).

## Making a difference

### *The Enter and View programme - A TOTAL 26 VISITS*



With Havering having the largest number of care homes in London and a District General Hospital placed in “special measures” by the CQC and under close supervision by the former Trust Development Agency (TDA) (now NHS Improvement), we concluded that a major part of our work would have to be the Enter and View programme, since only by seeing facilities at first hand is it possible to judge how well they provide and care for those who use them, which is a key function of Healthwatch following the failures identified at Mid-Staffordshire Hospital, Winterbourne View and other health and social care facilities.

Towards the end of the year, we became aware of patients’ complaints and concerns about a particular GP surgery in the south of the borough. Following consultation with local Councillors and the CCG, we decided to carry out an Enter and View visit to the surgery in order to gauge whether the concerns reported to us were valid and, if so, what might be done to address them. Our team had opportunity for an extended conversation with the practice partners and was also able to interview a number of patients who were waiting for consultations.

One of the issues highlighted to us was the lack of common training for reception and other front-line staff in GP surgeries - while recognising that each practice is, in effect, an independent small enterprise, all practices are an integral part of the NHS and it is in no one’s interest for there to be huge variations in the standards and knowledge of these key staff. We have therefore formally recommended to the CCG that the possibility of their providing common training for surgery staff should be investigated and have indicated that, if asked, we would be happy to contribute to such a programme.

In the year, we carried out a number of visits to different wards and departments of Queen's Hospital, Romford, to NHS Community Services and to a number of care and nursing homes across the borough. The full details of our visits are set out in *Appendix 1*.

We have decided to introduce a system of re-visiting the facilities where we have carried out Enter and View visits a few months after publication of the relevant report so that we can gauge what progress proprietors and management have made in implementing our recommendations.

*Did any service providers or persons who had a duty to respond to Local Healthwatch not do so?*

We would like to take this opportunity to acknowledge the commitment and openness that all organisations across the borough have demonstrated. This approach evidences to us that all the organisations that we have worked with this year are committed to improving the care provided and will actively work to achieve improvements by using the recommendations provided by our volunteer members and it has not been necessary to recommend to Healthwatch England a special review.

*Making Enter and View effective*

It has always been our policy to ensure that our members - whatever their professional background, knowledge and expertise - are trained not only in Enter and View procedures but also in safeguarding and mental capacity and deprivation of liberty awareness. In addition, and in conjunction with Saint Francis Hospice (which is located in Havering and is a well-recognised training organisation for the Gold Standard Framework for End of Life Care), this year a number of our volunteers received End of Life Care training and Dementia Friendly awareness training.

We encourage our members to use these skills to be confident that the residential care and nursing homes that we visit are offering good care for people who have dementia or who are nearing the end of their lives.

## *Influencing official bodies and others*

Enabling our activities to have an impact on the commissioning, provision and management of the care services



### **Joint Review of delayed treatments (RTT)**

In the autumn of 2015, it emerged that a considerable backlog of referrals to treatment (RTTs) had been found at the two hospitals (Queen's, Romford and King George, Goodmayes) provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), a clear breach of NHS Constitution standards and potentially having serious consequences for the health of a large number of local people.

While responsibility for this failure rested with the previous rather than current management at BHRUT, tackling the consequential problems was clearly a matter for BHRUT and a plan was put in place to achieve that.

Initial estimates suggested that as many as 90,000 out-patient appointments and some 6,000 surgical procedures may have been missed, although the outpatients backlog was subsequently revised to around 50,000 - a significant reduction but still an obviously totally unacceptable number.

The concern at this prompted Healthwatch and Havering Council's Health Overview and Scrutiny Committee to launch a Joint Review.

As the year under review closed, planning for the Review was well-advanced but it had yet formally to begin. A full report of the Review will be included in next year's annual report but, at this stage, it seems likely that the key themes to be explored will include:

- ✓ The robustness of the IT systems used by BHRUT to deal with RTTs, outpatient and inpatient appointments and the exercise of “Patients’ Choice”
- ✓ The effect of the delayed treatments on other patients’ RTTs
- ✓ The robustness of alternative arrangements for treatment (for example, rather than surgery being undertaken by BHRUT, it might be undertaken by GPs who have the requisite skills and facilities, non-NHS providers or other NHS hospitals)
- ✓ The relationship between BHRUT and GPs and the extent to which GPs follow up referrals that do not appear to have been actioned
- ✓ The extent to which commissioners were aware of, and sought to remedy, the failure to action RTTs

The objective of the Joint Review is to understand how and why the failure of process occurred, to ensure that the measures in hand to deal with it are sufficiently robust to ensure that all patients who have experienced delay are not further placed at risk and that the knock-on effects for others are minimised, and to seek assurance that all due “lessons” have been learned in order to avoid a recurrence of the problem.



## *Public consultation and participation*



The opportunity to embrace working across a wide range of local people was achieved in partnership with the CCG and our colleagues in Healthwatch Redbridge and Barking & Dagenham, embracing over 1000 residents in face to face discussion.

In March 2016, the Barking & Dagenham, Havering and Redbridge (BHR) CCGs jointly commissioned the Barking & Dagenham, Havering and Redbridge Healthwatches to carry out a survey of patients about their understanding of urgent and emergency care.

This survey was part of research by the CCGs into the changes needed in urgent and emergency care provision to address the over-use of hospital accident and emergency services. A&E attendances at Queen's Hospital, Romford are the highest in Greater London and proportionately near the highest nationally, with ambulance attendances also excessive.

The purpose of the survey was to explore patients' understanding of the alternatives to attendance at A&E and how (or indeed whether) they would access advice before seeking treatment there.

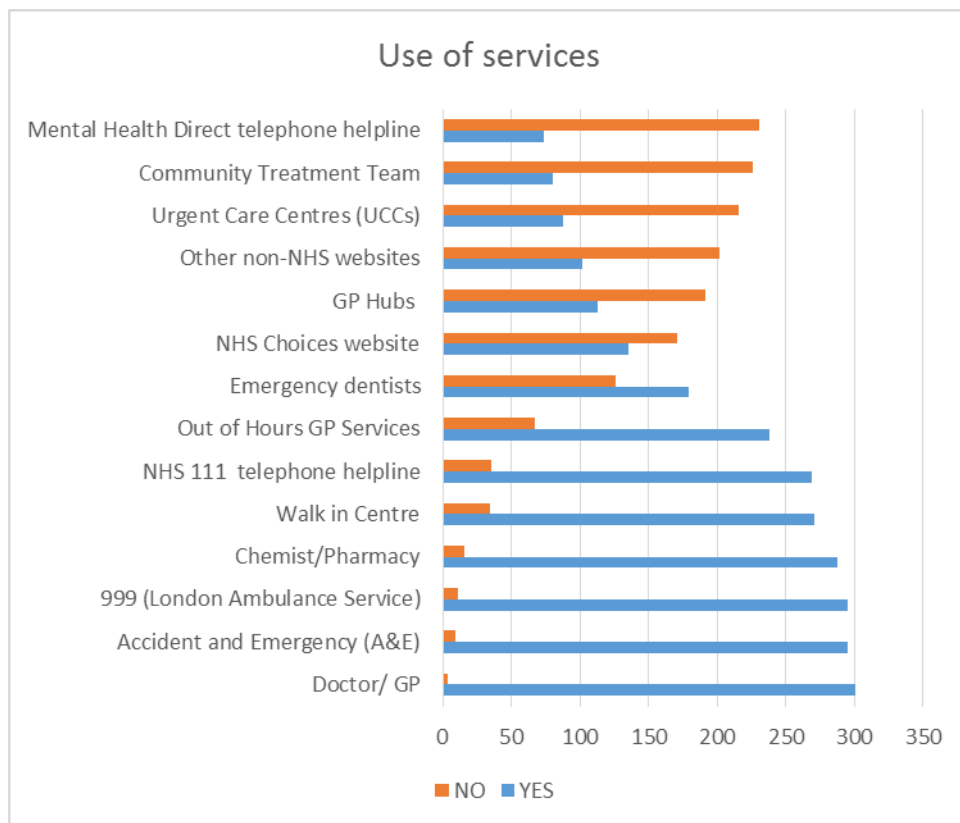
Each Healthwatch interviewed, or saw in focus group/workshop settings, some 300 local residents. Venues used by Healthwatch Havering included a meeting of the Council's Health Overview and Scrutiny Committee, several GP surgeries, the urgent care centre at Queen's Hospital, Harold Wood Polyclinic, a training centre for young people with disabilities and the Havering Over Fifties Forum.



The survey revealed similarities and distinct differences between the three boroughs.

For example, Havering residents reported that they were less likely than the residents of the other two boroughs to seek advice before attending A&E - this is believed to be because Havering has a far more settled population than the other boroughs, so that people are more likely in Havering than elsewhere to decide for themselves where best to go and how to get there.

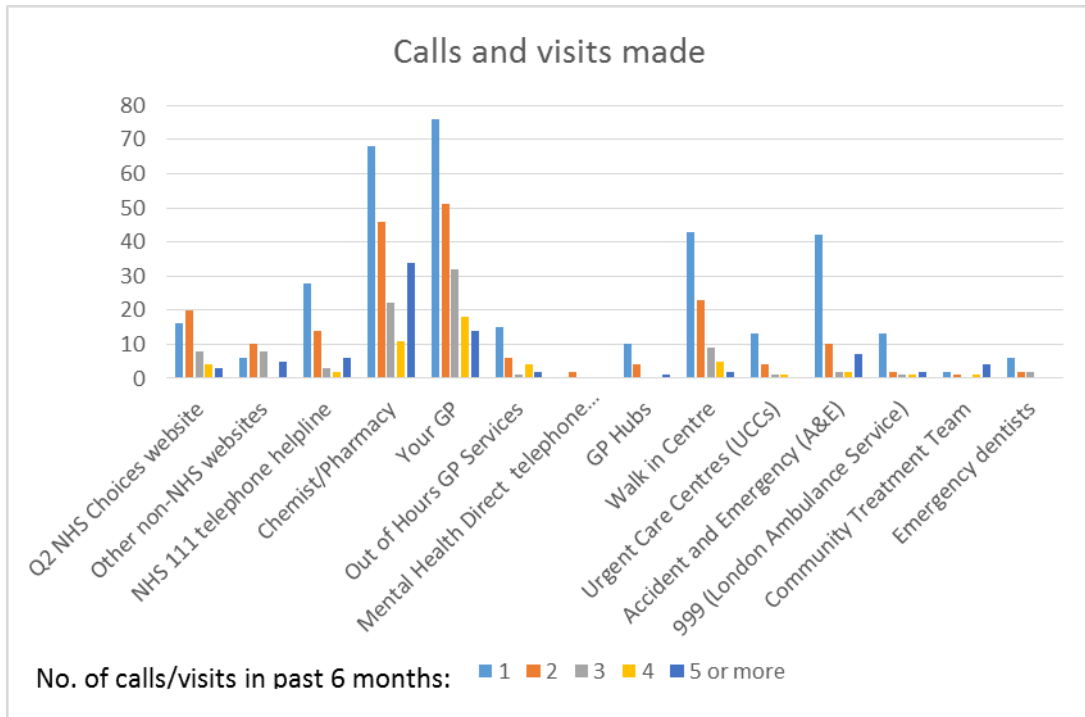
When asked what use they made of urgent and emergency healthcare facilities, the Havering residents surveyed responded as indicated in the following chart:



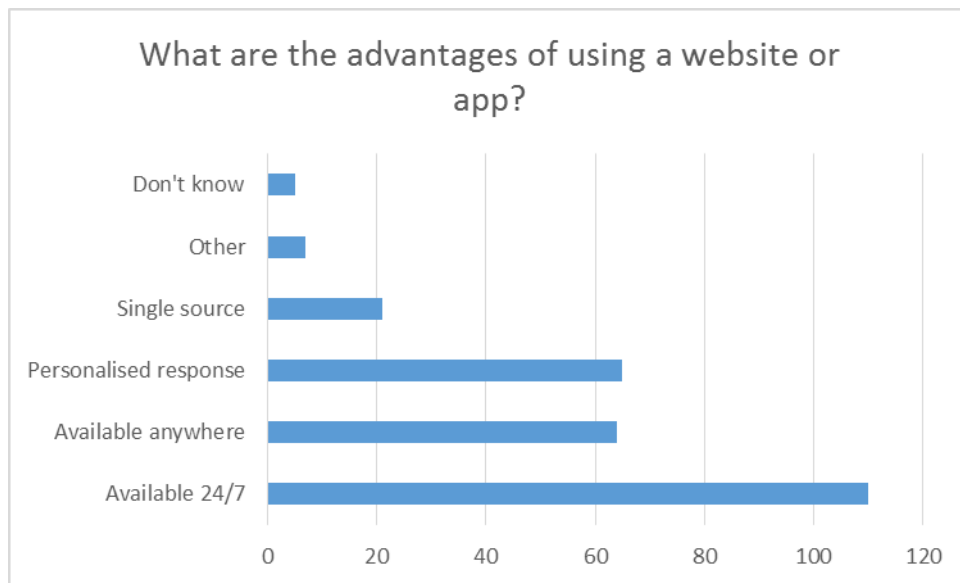
This clearly indicated that, for most of them, “traditional” sources of care and advice remained the places of choice from which to seek assistance. Unsurprisingly, by far the majority would seek assistance from their GP or from A&E in preference to other forms.

Likewise, when asked how often they had contacted the various sources of assistance, the GP was the most frequently used, though the pharmacy

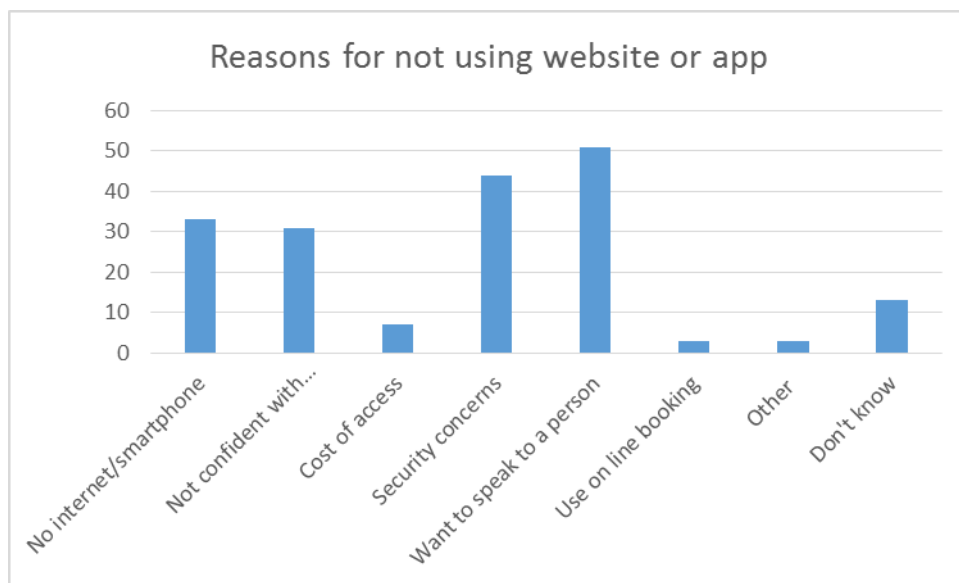
was also visited quite often - A&E and the Polyclinic (Walk In centre) were the third most frequently visited.



Participants were also asked to indicate whether they would use online facilities to seek healthcare assistance: a small majority (150 out of 272) indicated that they would. When asked what they saw as the advantages of using a website or app, respondents said:



Those who said they would not use a website or app gave the following as their reasons for declining to do so:



The clear message was that, for a significant minority of respondents, using a website or app was not considered an option because they wished to speak to a person, or lacked confidence in its security or in their ability to use it.

This survey is a rich data source for designing urgent and emergency care and these results will support the Vanguard pilot for urgent and emergency care of which Healthwatch will be a partner.

*Seeking the views of our local residents:  
the pilot “Tell Us What You Think” cards*



In autumn 2015 we began piloting a new means of gathering service users' and others' views - “Tell Us What You Think” cards. These are reply-paid cards that are being distributed across the borough, which people can complete and return to us with comments about health and social care facilities. We made it clear that these cards were not “complaints forms” and would be used primarily to help inform and guide our activities, for example by drawing our attention to health or social care facilities where there was cause for concern - or for that matter, where an excellent service was experienced.

Our intention is to use the comments on the cards as intelligence to help us decide what facilities to visit using Enter and View powers or, where appropriate, to raise an issue with the relevant provider and to pursue it as necessary.

As of the end of March 2016, we had distributed several thousand cards through our meetings with local voluntary organisations and official bodies.

To our disappointment, only 46 cards had been returned by then; however, we are aware that many people are keeping them to use at an appropriate time for them. Despite the apparently low level of response, those that were returned contained much useful intelligence and so we have decided to continue their use. The experience gained in this initial first phase of the scheme will enable us to redesign the cards in order to increase their usefulness. In addition, we have bought a supply of dispensers that we can place in suitable locations to enable people to help themselves to cards.

Importantly, this data can be put on Healthwatch England's Customer Relationship Management (CRM) programme which enables us locally to support the national confidential data base, which looks at national trends.

## Health and Wellbeing



Healthwatch is a statutory member of the Health and Wellbeing Board, which has the responsibility of championing the local vision for health improvement and specifically looking at issues such as prevention and early interventions. The Board has to consider how best to tackle health inequalities and uses documents such as the Joint Strategic Needs Assessment (JSNA), which is produced by the Director of Public Health's team to provide the evidence to help support and determine local priorities.

The Board also has the responsibility of ensuring that patients, service users and the public are engaged in improving health and wellbeing and monitoring the impact of the boards work on the local community by considering annual reports and performance information.

This year the board has discussed and approved a range of issues that include:

- ✓ Drug and Alcohol reduction strategy
- ✓ Obesity Strategy
- ✓ Better Care Fund Plan
- ✓ Sexual Health Reconfiguration consultation
- ✓ Adult Social Care issues which has included, adapted housing for people with physical or sensory disabilities, key issues around the provision of home care.

Adult Social Care is a key issue for the borough as Havering is a high importer of older people and has one of the highest numbers of older people in the country.

The Board also looks at wider structural issues affecting the delivery of health and social care, including the development of the Accountable Care Organisation (ACO) bid. We have been involved in current consultation exercises seeking the view of the voluntary sector and the local people they represent.

## *Learning disabilities*



We continue to champion initiatives to make the day-to-day lives of people with learning disabilities easier. Also committed to helping parents and carers receiving the support they need. We regularly attend and support BHRUT's Learning Disability Working Group, which includes hospital staff, Community Learning Disability Team staff, people with learning disabilities and carers. At its meetings, concerns about the needs of people with learning disabilities using the hospital services are discussed, trying to ensure that all the needs of people with a learning disability are considered in all hospital policies and ensuring that reasonable adjustments are made to the treatments provided to people with a learning disability.

Our work in this area has been centred around parents and carers in the community. We continue to chair (as a neutral participant) the quarterly meetings that bring together NELFT, the CCG, BHRUT, CAMHS, the local authority and Positive Parents, a representative group of parents of children who have learning disabilities. These meetings have gone from strength to strength in re-establishing a good working relationship between the parents and the service providers, who are all represented at a senior level. The meetings address long standing concerns and confident moves are being made towards designing services which reflect the needs of the children, their families and carers. Each meeting results in an action plan addressing the important issues for parents and carers of children with learning disabilities.

## *Our plan for 2016/17*



We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.

Our priorities for 2016/17 are:

### **1 Mental Health Services**

- (a) Examine initial access to Mental Health Services (in Q2/3)
- (b) Arrange training for Healthwatch members for Enter and View visits to Mental Health facilities
- (c) Include in the Enter and View Programme visits to mental health facilities across the borough

### **2 Learning Disability Services**

- (a) Examine GP involvement with supporting patients who have a learning disability (LD), including health checks; and what use is made of CCG funding for GPs for LD support
- (b) Continue working with Positive Parents
- (c) Commence working with The Learning Centre, Harold Hill
- (d) Carry out a further Enter and View visit to Lilliputs complex (in Q4)

- (e) Examine the Adult Social Care programme of annual assessments

### **3 Acute Hospital Services**

- (a) Continue Enter and View visits (including follow-up) to Queen's Hospital
- (b) Continue the Delayed Treatments Review jointly with Health OSC

### **4 Enter and View programme**

- (a) Continue Enter and View programme
- (b) Continue review of GP Hub system
- (c) Begin a programme of visits to pharmacies
- (d) Begin follow-up visits to premises visited

### **5 NHS/Local Authority Vanguard and Accountable Care Organisation programmes**

- (a) Strategic issues as programmes develop
- (b) UEC/UCC/A&E survey - follow up

### **6 Domiciliary Care Services**

- (a) Examine provision and commissioning of Domiciliary Care Services
- (b) Examine care for those living with dementia in their own homes
- (c) Examine provision of alternatives to Meals on Wheels



## *Funding, staff and organisation*

### **Funding**

Havering Council provided grant in 2015/16 to fund our activities at the same level as pertained for the financial years 2013/14 and 2014/15, £117,359.

The survey carried out with our neighbouring Healthwatch organisations on behalf of the CCGs produced income of £7,240. Part of that was defrayed to meet the costs of our participation in that exercise; the rest was used to defray general expenses or added to reserves carried forward.

*A summary of the annual accounts is set out in Appendix 2.*

Allowing for Corporation Tax adjustments (and subject to audit), the amount carried forward at the end of 2015/16 was £2,325.

### **Staff**

Staff remained unchanged during 2015/16 from those in post at the end of March 2015. There are three directors - two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role - and two part-time employees, the Community Support Officer and the Office Administrator.

### **Organisational Structure**

There have been no organisational changes since the end of March 2015. The new structure we agreed then has proved worthwhile and we continue to use it.

## The “Healthwatch” logo and trademark



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

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

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

## Appendix 1: Enter and View Visits



Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of Enter and View visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal Enter and View visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. That active programme continued during 2015/16, with a total of 26 visits being made, and a number of visits is in hand for 2016/17 too.

On the whole, our visiting teams were 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 and residents' friends and relatives alike.

Our teams also visited a number of wards or units at Queen's Hospital and at Goodmayes Hospital; there too they were made welcome and their visits carried out with the full co-operation of management and staff.

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

All reports of our visits have been published on our website ([www.healthwatchhavering.co.uk/enter-and-view-visits](http://www.healthwatchhavering.co.uk/enter-and-view-visits)) and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies.

### Visits undertaken

In addition to these formal Enter and View visits, we have continued working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter and View powers at a dental practice, community pharmacy or ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation<sup>1</sup> and most visits were carried out in exercise of them. On four occasions however, noted in the table that follows, visits were 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.

Date of visit	Establishment visited Name	Type	Reasons for visit
<b>2015</b>			
20 April	Queen's Hospital: Elderly Care - Sky A Ward	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Reported problems with discharge of elderly patients</li> </ul>
27 April	Hillside	Nursing Home	<ul style="list-style-type: none"> <li>➤ CQC identified "care and welfare of people who use services" as requiring attention in October 2014 inspection report</li> </ul>
1 June	Queen's Hospital: Maternity Unit	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Previous concerns about care provided in Unit</li> <li>➤ To review progress following previous E&amp;V visits</li> </ul>
2 June	Abbcross	Nursing Home	<ul style="list-style-type: none"> <li>➤ CQC rated as "Requires Improvement" in October 2014 report</li> </ul>
24 June	Romford Grange	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated as "Requires Improvement" in March 2015 report</li> <li>➤ Previously visited in April 2014</li> </ul>
6 July (visit by invitation)	Whipps Cross Hospital	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Whipps Cross Hospital has been in special measures since May 2015</li> <li>➤ Accompanying a Group of Councillors from Outer North East London Joint Health Overview &amp; Scrutiny Committee</li> </ul>
6 July	Queen's Hospital: Discharge Unit	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Reported problems with discharge of elderly patients</li> </ul>
6 July	Queen's Hospital: Ambulance Arrival Lounge	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Reported problems with discharge of elderly patients</li> </ul>

<sup>1</sup> The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Date of visit	Establishment visited Name	Type	Reasons for visit
9 September	Upminster Nursing Home	Nursing Home	➤ CQC rated as “Requires Improvement” in February 2012 report
21 September	Lilliputs Care Home complex and Day Care centre (registered by CQC as four separate units)	Residential and Day Care for people with a Learning Disability	➤ CQC reports rated Units as “Requires Improvement” (at various times since 2013)
1 October	Queen’s Hospital: Outpatients’ Departments	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Patients’ reports of problems with appointments and other aspects of clinic administration
1 October	Queen’s Hospital: Reception Areas (fire evacuation and security arrangements)	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013
1 October	Queen’s Hospital: Pharmacy	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Reported problems with discharge of elderly patients
9 October (visit by invitation)	St Francis Hospice	Hospice for End of Life Care	➤ CQC reported “met all requirements” in November 2013 ➤ Visit carried out as part of arranged tour of premises
10 November	Derham House	Residential Care for the elderly	➤ CQC rated in December 2014 as overall “Good” but “effective service” rated “Requires improvement”
16 November	Hornchurch Nursing Centre	Nursing Home	➤ Reported concerns about care standards
24 November	Queen’s Hospital: Ophthalmology Department	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Reported problems with appointments and other aspects of clinic administration
1 December	Lodge, The Lodge Lane, Collier Row	Residential Care for the elderly	➤ Rated by CQC in August 2015 as “Good” (but “Safe” Requires improvement) ➤ Concern expressed about care standards
18 December	Goodmayes Hospital: Sunflower Court in Turner Ward	Community Hospital (Mental Health)	➤ Concern expressed about care standards

Date of visit	Establishment visited Name	Type	Reason for visit
<b>2016</b>			
19 January	Queen's Hospital: Tropical Lagoon - (Paediatrics)	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Concern expressed about regarding delays and errors in dealing with patients</li> </ul>
25 January	Barleycroft	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in April and November 2015 as "Requires improvement"</li> <li>➤ Concern expressed about care standards</li> </ul>
11 February (visit by invitation)	Japonica Ward, King George Hospital	Community Hospital (Rehabilitation Services in Acute Hospital setting)	<ul style="list-style-type: none"> <li>➤ Visit by invitation to observe new care facility for elderly patients requiring rehabilitation before discharge</li> </ul>
18 February	Ebury Court	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in December 2013 as meeting all requirements and in February 2016 as "Outstanding"</li> <li>➤ To view Namasté approach to End of Life Care in practice</li> </ul>
16 March (visit by invitation)	Community rehabilitation: Gray's Court Dagenham (Community Treatment Team/K466 Joint NELFT-LAS Team/Intensive Rehabilitation Service)	Community Health Services	<ul style="list-style-type: none"> <li>➤ Visit by invitation to observe new care services</li> </ul>
17 March	The Willows	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in January 2015 as "Requires Improvement"</li> <li>➤ Concerns about care standards</li> </ul>
31 March	Rosewood GP surgery	GP practice	<ul style="list-style-type: none"> <li>➤ Following patients' reported concerns about changes in practice procedures</li> </ul>

### Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2016/17, including GP practices and pharmacies in the programme.

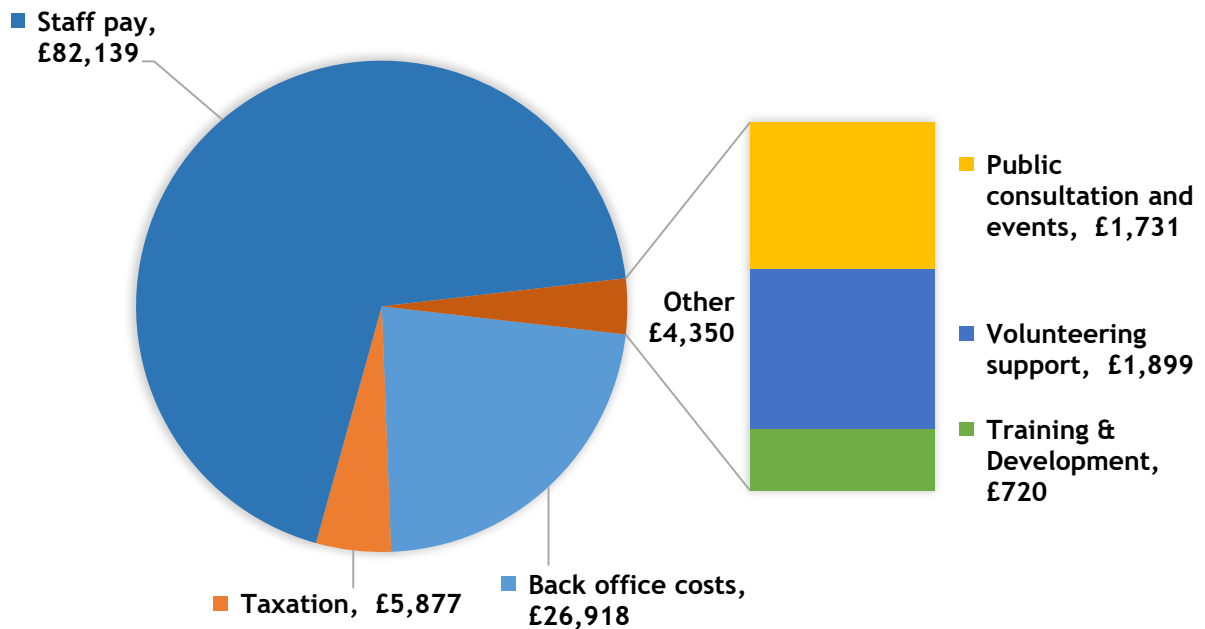
## Appendix 2: Annual income and expenditure

The full details of our Annual Accounts will be published on the Financial reports section of our website, <http://www.healthwatchhavering.co.uk/our-activities>. Set out below is a summary version.

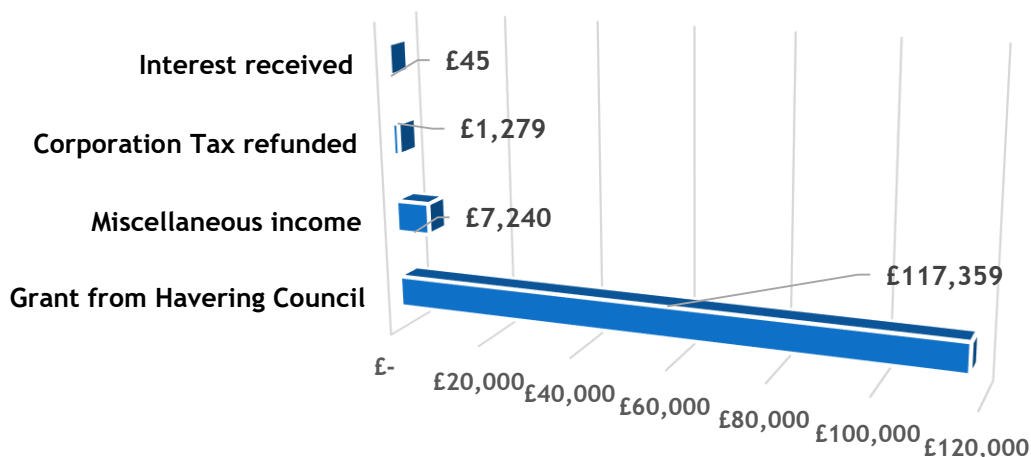
Please note that, at the time of preparing this Annual Report, the approved and audited Annual Accounts were not available. The summaries below are therefore based on the pre-audit accounts and are subject to correction. The Annual Accounts, once published, will be definitive.

The charts below summarise our Income and Expenditure for 2015/16. The surplus will be subject to Corporation Tax and the net surplus will be carried forward into 2016/17.

### EXPENDITURE SUMMARY



### INCOME SUMMARY



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





*Healthwatch Havering is the operating name of  
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