

Annual Report 2017/18

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Message from our Chair

It gives me great pleasure to present this Annual Report for the period 2017/18.

It has once again been a busy year with many changes taking place in health and local authority which have impacted on our work. Some of our CCG and Council colleagues have changed and we have had to build new relationships. We have recruited new staff members who have lost no time in getting to grips with the extensive activities of Healthwatch. Approaches to planning health services through Sustainability and Transformation Plans at regional level have been refocused on local health and care, allowing us to make a more targeted contribution to the future shape of services.

Our staff and volunteers have undertaken a huge work programme and their observations have made a real difference to the experience of service users and their families in many areas. This report aims to describe some of the main outcomes of our work.

As an organisation we want to support our local partners to improve the life and care experiences of local residents. We will continue to participate actively in the development of the health and care plan for Richmond borough during 2018/19 so our work underpins the Start well, Live well and Age well approach.

Julie Risley
Chair
Healthwatch Richmond Committee



Message from our Chief Officer

The 2017/18 Annual Report covers a year of great activity.

As an organisation of limited size, our people are the key to our success. I'm grateful for the support of our Trustees, Committee members and volunteers as well as to the staff team here whose dedication, enthusiasm and hard work are the cornerstones of our success.

The team have undertaken projects on residential care, mental health and urgent and emergency care. They've produced high quality reports, helping to improve care for local residents. We've run a high profile public event with Richmond CCG, and delivered on our plans to distribute our communications to most homes within the borough.

Looking to the future we have secured the contract to deliver Healthwatch Richmond for several years. Along with the recruitment of staff, trustees and committee members we have ensured a stable base for the future.

Mike Derry
Chief Officer
Healthwatch Richmond



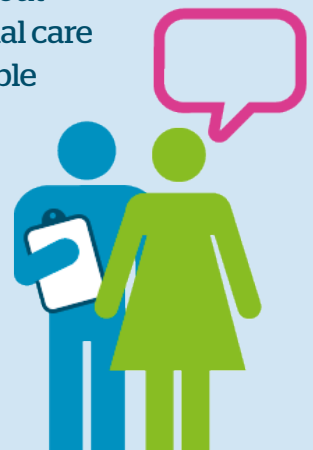
Who are we?

Healthwatch is the independent champion for people using local NHS and social care services. There is a Healthwatch in every area of England. Set up by an Act of Parliament we have legal powers that enable us to make a difference to local care.

We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country.

We let people know what's going on locally and work to ensure that there are meaningful opportunities for local people to have a say in the future of their services.

People can also speak to us to find information about health and social care services available locally.



Highlights from the year

Visiting Every Care Home in Richmond

This year we completed our planned three year review of all local residential and nursing homes in Richmond.

Through 29 targeted Enter & View and outreach visits to 17 homes we identified areas for improvement and met some people who were not happy with their care. But overall we found that care in Richmond is good. People receive good quality care, and have warm relationships with staff in positive environments.

Shaping local services and ensuring people are informed of change

Richmond CCG and their partners had planned changes to a local Walk-in-Centre during the year. We worked with them as a critical friend, sharing patients' views on the service and helping shape their plans.

These plans preserve parts of the service that people value and have the potential to improve the quality of care available and secure the financial sustainability of the service. We also provided advice on communications that resulted in changes taking place over a longer period of time and information being more widely communicated.

Improvements in Mental Health

Lavender ward

Our Enter & View visits and recommendations led to changes, including increasing the number and variety of activities for inpatients.

Early Intervention Service for early psychosis

Our review identified good practice with supporting carers. The trust agreed with our recommendation of rolling the learning from this out across their other services.

“It is really positive that the Richmond Healthwatch report has picked up the work that the Service has been doing with carers... the Trust has committed to the Triangle of Care, an accredited framework.”

Transforming Mental Health

We also ran a large public event with our local CCG attended by 109 people from a range of backgrounds. The event allowed people to discussing local mental health care and plans for the future. Their feedback led to a report with recommendations that will help shape the future of mental health services.

Our year in numbers

80,000 households in Richmond received information about Healthwatch



4,000 actions taken by local people in response to our communications

95% more people called our signposting line than last year



900 hours support provided by 25 volunteers



1,400 people engaged through a combination of outreach, signposting and projects

14 projects covering mental health, care homes and maternity care



Listening to people's views

Outreach

We visit organisations, community groups and places with high footfall to speak to people about Healthwatch and their experiences of NHS and social care. We call this work Outreach.

Outreach is our primary way of reaching new people, telling them about Healthwatch, encouraging them to get involved in our work and hearing their experiences. We use the experiences that people tell us about to identify priorities for future work.

An average outreach session takes around a day to arrange, run and record but no two are

the same. We visited 46 separate groups and spoke to almost 700 people including:

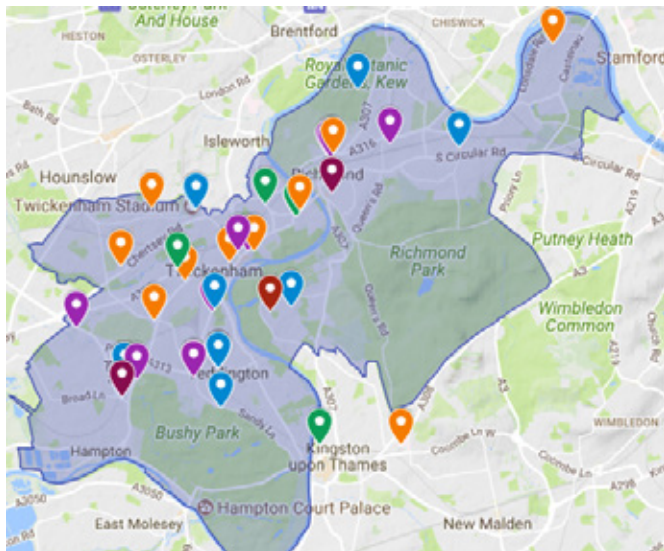
- Mums at a pampering session, parents and their children at play groups and support groups for parents of children with disabilities
- People of working age at supermarkets and volunteer fairs
- People with early stage dementia attending health walks
- Visiting care homes to speak to older people and carers
- Tea parties for people in areas of the borough with higher levels of deprivation

Overview of outreach in 2017/18

	Under 21	Over 65	Disadvantaged or seldom heard	Working age population	Total
Groups visited	9	11	15	11	46
People engaged	169	240	170	114	693
Experiences recorded	83	74	80	58	295

Our outreach accounts for:

- **63%** of all the patient feedback that we collect (295)
- **62%** of all new additions to our Mailing List (152)
- **26%** of all our signposting activity (53)



This year we have also reviewed the geographic spread of our engagement, an important consideration for a borough separated by the river. The majority of the spaces without flags are parkland but we will use the map to help us identify areas to focus our engagement next year.

Grassroots Engagement Fund

Since 2016/17 we have worked with NHS South West London Collaborative Commissioning, which commissions healthcare across the area, to provide funding to grassroots organisations to enable them to run events that engage their communities in health commissioning discussions.

We were pleased that they have enabled us to continue this fund through to 2018. The funding period crosses into next financial year. At the time of publication we have funded, or committed to fund, 8 events involving over 500 people. Whilst we funded a larger number of events in the last funding cycle we expect that the total number of people reached across the two periods will remain similar.

We funded **8** events
involving over **500** people

Communications

As well as our outreach we ran communications and promotions including a leaflet drop to 80,000 households in Richmond. This encouraged people to contact us by phone or online to share their views and experiences and access our signposting service. This was the first time that we had used leaflet drops to reach the community and it was successful in increasing the number of people contacting us to 180 over the year, a 95% increase on last year.

180 people contacted us
95% increase on last year

Project work

We often collect people's experiences in structured ways as part of the data collection for our projects. We use a variety of methods to collect people's experiences including semi-structured interviews and surveys. The things people tell us in relation to projects are included in our reports and inform our recommendations. In 2017/8 we engaged with 466 people in this way through 15 projects.

466 people engaged with,
through **15** projects



What people told us about

We logged around 470 detailed experiences of care over the year covering a range of organisations and services. This is the equivalent of around 30 working days of conversations with members of the public. The range of NHS and social care services that we heard about is shown in the chart below and some of the themes are described under the headings on the following page.

What services did people tell us about?

- Other 22.7%
- Outpatients 11.7%
- Care of the Elderly 11.0%
- Inpatient Care 12.2%
- Cancer Services 6.7%
- Urgent Care 6.0%
- Accident & Emergency 5.5%
- Dentistry 3.8%
- Dementia 3.6%
- Psychiatry 3.3%
- Physiotherapy 3.1%
- Ophthalmology 2.4%





Outpatients: Patient experience suggests that most people are happy with the actual care that they receive but concerns do exist regarding the referral and appointment booking process. Patient concerns included confusing communications, being told they 'Did Not Attend' an appointment that they had never been advised of and being unclear as to whom they should contact. We completed a piece of work during the period which we hope will lead to improvements (see "Outpatients", page 22).

Care of the Elderly, Inpatient Care and Dementia care are all of high importance and overlap significantly. There was mixed feedback from people using these services and as a result this is a high priority for our work plan for 2018/19.

We review the feedback that we receive to identify trends and compare this with information from other organisations to identify priorities for our coming year inform and shape our work planning and inform our work during the year (see "Our Work Plan for 2018/19", page 30).

Urgent & Emergency care is an area where national media coverage has identified significant challenges. Local patient experience of these services was mixed and performance data for local providers has also shown problems such as failure to meet the 4 hour wait targets. In addition to this we were aware of significant changes locally such as the introduction of new Urgent Care and Urgent Treatment Centres. As a result we began a series of enter and view visits which will continue into 2018/19. (See "Urgent and Emergency Care", page 15 for information on our Enter and View visits, and "Teddington Memorial", page 20 for information on our involvement in the development of local services).

Other areas including cancer services and dentistry will be considered for review in future years alongside the patient experiences that we collect over 2018/19.



Making sure services work for you



Healthwatch organisations have special legal powers called Enter & View. These powers enable us to enter premises where NHS or social care is provided, speak to residents or patients, their relatives and staff, and observe the care being provided.

We produce reports based on the factual information we collect. Our reports provide specific recommendations for improvement. They also recognise good care.

Providers of NHS and social care have up to 20 days to respond to our reports and information requests. They must either follow our recommendations or reply in writing stating why they are not doing so.

We often find that our visits help us to verify information we have gathered elsewhere from local service users, patients and the wider community. In other instances, the visits enable us to find out more about a service on which we need more information.

When we are deciding to visit a provider, we look at a wide range of sources of information to glean a full understanding of the service.

To support this we meet colleagues from commissioners and regulators including Richmond Council, Richmond Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) to share information and ensure that our planned visits complement the work of other bodies.

In 2017/18 we undertook

10 Enter and View visits including:
4 Enter & View visits to **3** care homes,
3 visits to a Mental Health Ward,
and **3** visits to A&E departments.



We spoke to around **130** patients and residents
and around **50** staff on these visits,
an increase over previous years.



Our Enter and View Teams

We send a team of staff and volunteers to each Enter & View visit. Every member of the team has been DBS checked prior to visit, and all are trained in visiting services as well as in safeguarding vulnerable people. We provide ongoing support to our volunteers through regular meetings and training.

Enter & View volunteers are recruited all the time and we advertise these opportunities through our newsletter, emails, social media, outreach and events.

Volunteers

1. Penny Alexander
2. Bob Burgis
3. Carole Haskel
4. Sandra Hempel
5. Catherine Mann
6. Charles McAdam
7. Jan Marriott
8. Joy Wilk
9. Katherine Merrifield
10. Kathy Sheldon
11. Liz Grove
12. Perin Parri Hughes
13. Peter Hughes
14. Rae McDonald
15. Sue Bonnell
16. Yvonne Lincoln
17. Yvonne Peel
18. Julie Risley
19. John Thompson

Our authorised representatives in 2017/18 were:

Staff

1. Mike Derry
2. Bernadette Lee
3. Sandra Kenny
4. Ben Stamp



What we've learnt from visiting services

Improving Residential Care

During the last year we undertook:

- **4** Enter & View visits
- **3** outreach sessions to
- **6** different care homes

We met with residents, relatives and staff, to tell them about the role of Healthwatch Richmond and listen to any of their concerns about local health and care services.

This brought us to the end of our programme of visiting each care home active within Richmond at least once, whether as an Enter & View or as part of our outreach. We undertook this project to engage residents of care and nursing homes to understand the quality of local homes and to reach a group of people who would otherwise have difficulty having their voice heard.

We identified some areas for improvement in each of the homes that we visited and we met some people who were not satisfied with their care. Overall, however, the quality of care in Richmond is good. Most people were pleased with their or their relative's care, had warm caring relationships with the people who cared for them and spoke of living in positive environments. There is much for local homes to be proud of and we identified much good practice.

Residents, relatives and staff shared their experiences of life in the homes and we thank them for working with us. All the homes responded to our requests to undertake an Enter & View visit and provided us with the information we needed for our visits.

Generally the views of all the homes on local health and social care services were positive, particularly on community nursing and GP practices. However they raised concerns about hospital admission and discharge procedures (see page 15).

Laurel Dene Care Home

There has been an improvement in the numbers of permanent staff and in staff retention between our visits in 2016 and follow up in 2017. An activities manager was being recruited to expand the programme they can offer residents.

The home was generally well run and there was good communication between staff and residents and their families.

"They do take great care of people" - resident

"The work done here is fantastic, they are making a good job of it" - resident

"I enjoy working here and have been here 7 years" - care assistant

"There is a need for more activities, more stimulation and a bit more going on" - relative

"There have been some ups and downs" - relative

Deer Lodge

Deer Lodge is a small residential and nursing home, in Teddington. The residents and families were very positive about the care they received and said they felt included about decisions in the home.

“The manager is amazing, the support is very good” - resident

“I’m very happy here, there’s nothing to complain about” - resident

“We’re really, really happy, we’ve hit upon a gem in Deer Lodge” - relative

We shared some of the good practice that we’d seen at other homes and recommended that the home use colour coding to aid residents with dementia to find their way around the home. We also helped Deer Lodge address some issues that they had experienced with the NHS. Medical records had taken too long to transfer to a new doctor which had caused concern for the continuity of some residents’ care. We also raised the concerns they had expressed about hospital admission and discharge procedures, particularly for residents with dementia.

Hampton Care

Hampton Care is a large residential nursing home. It was in a period of transition when we visited with new owners and management. We observed that the home was well-run and that they have made good progress in starting to implement improvements including the effectiveness of the new care planning system, the review of their dementia care provision and the improvement of staff’s skills in working with residents who have dementia.

There was a welcoming atmosphere and we saw evidence of good relationships and good communication between management, residents and staff.

“Overall very good, welcoming and comfortable” - resident of 4-5 years

“Enjoyed the home and the carers were very good” - resident

“We feel our mother is safe here” - relative

Healthwatch Richmond liaised with Richmond Clinical Commissioning Group to draw attention to the home’s concerns about the delay in continuing healthcare assessments.



Hospital Discharge

Managers at a number of care homes shared their concerns with us about local services.

Some homes had concerns about admission to or discharge from hospitals. Examples were shared with us of people being discharged with catheters that should have been removed before discharge, of the homes not being informed of late or delayed discharge from hospital on the day of discharge and of problems providing care as a result. Some people had developed pressure sores in hospital and there was generally poor communication.

Healthwatch Richmond shared these experiences with our local hospitals and met with them to discuss the homes' concerns and to find out more about what they are doing to improve the experience of residents when they are admitted to hospital. The hospitals acknowledge there could be improvements and they are working with local commissioners to help transform the pathway. A new 'Red Bag Scheme' is being introduced across the borough to improve the admission and discharge process, reduce the length of stay in hospital and improve communication between the homes and hospitals. It is hoped this improved planning will enable other community services to be involved earlier with supporting the residents back in the home.

One nursing home raised the scope for nursing and care homes to play a bigger role in reducing admissions to hospital and providing further care in homes, for example by providing intravenous antibiotics in nursing homes rather than requiring people to be admitted for this. We shared these comments with commissioners and providers and are hopeful that we will see benefits for patients and the wider NHS.



Urgent and Emergency Care

In 2017/2018, we began a project to visit the local providers of urgent and emergency care to hear directly from patients about their experiences and find out how these services can be improved. Urgent and emergency care includes services such as Accident & Emergency (A&E) departments, Urgent Treatment Centres (UTC), Walk-In Centres and Minor Injuries Units.

Why did we do the visit?

This project responded to patient feedback of mixed experiences of these services and also recognised significant current changes to these services.

At the beginning of March 2018, we made 3 visits to the A&E and UTC at Kingston Hospital. The staff at Kingston Hospital were very helpful and gave us access to lots of different areas in A&E. Our team of Healthwatch volunteers spoke to 80 patients and relatives, gathering a wide range of valuable feedback.

“The department appeared clean and well presented - we were especially impressed with the recently completed refurbishments in the Majors and Resus areas. Patients gave lots of positive feedback about staff who were consistently described as being nice, friendly and helpful. There were, however, some concerns regarding the provision of food & drink to long-staying patients, as well as the consistency of communication provided to patients waiting for care or waiting to be discharged.”

Excerpt from our report due to be published in summer 2018.

Our full report will recognise the strong positive feedback that we heard about staff at Kingston Hospital as well as making recommendations about improvements that could be made to visual and verbal communication and access to food and water for patients and carers waiting in the department.

Mental Health Care

In late 2017 we began a review of inpatient and community mental health services in Richmond aiming to gather the experiences of service users and their families in order to highlight areas of good practice and identify what could be improved. We also wanted to explore the views and experiences of staff working in mental health and their perceptions of the current challenges to providing good care.

Lavender ward

Lavender Ward at Queen Mary’s Hospital is a mixed-sex ward for people aged 18-65 experiencing an episode of severe mental illness. We made three visits between July and August 2017 using our powers of Enter & View and returned in February to review progress against our recommendations.

Patients told us that they experienced compassionate and responsive care that was appropriate to their needs. However limited therapeutic activities, both in number and variety, greatly undermined their experience as patients. From these findings, we produced a list of 19 recommendations including improving ward activities.

During our follow-up visit, it was clear from patient feedback and ward documentation that the Trust had implemented many of our recommendations and was making progress against most of the others. Importantly the number of patient activities during the week had increased dramatically due to more staff being trained to run activities and new recreational equipment being purchased to diversify the activities available. Positive patient feedback recognised this improvement.

Read more about our work in mental health in “Making a difference together”, pages 19-21.



How we have helped people access the care they need

Local Healthwatch have a statutory role to signpost people to support and information about local NHS and care services and how to access them.

Our staff provided signposting information to 181 people (up 95% on last year), who called the office (54%), spoke to us at outreach sessions (31%), and contacted us online (14%) or by post (1%).

Mostly people contact us about their own needs (61%) or those of a friend or a relative (27%). Health or social care professionals make up about 10% of our contacts with the remainder being unknown (2%).

On average it takes 30 minutes to understand a person's needs, find and provide the information that they need and record our work. There is however variation with contacts ranging from just a few minutes to over an hour where more research is needed.

What did people contact us about?

GPs are the most common subject of signposting activities (17%) with smaller numbers calling regarding Council Services (9%) and Dentistry (7%) and about 20% of calls are split across our main local providers (West Middlesex Hospital, Kingston Hospital, Hounslow and Richmond Community Healthcare and South West London and St Georges Mental Health Trust). Almost a quarter of people calling us for signposting information do not reference a provider at all (23%).

Where do we signpost people?

There are no clear trends regarding the things that people call us about. The NHS and Social Care are broad areas and calls cover a wide range of services, national and local issues, rights, processes and questions about access.

181 people contacted our staff for signposting information
95% increase on last year



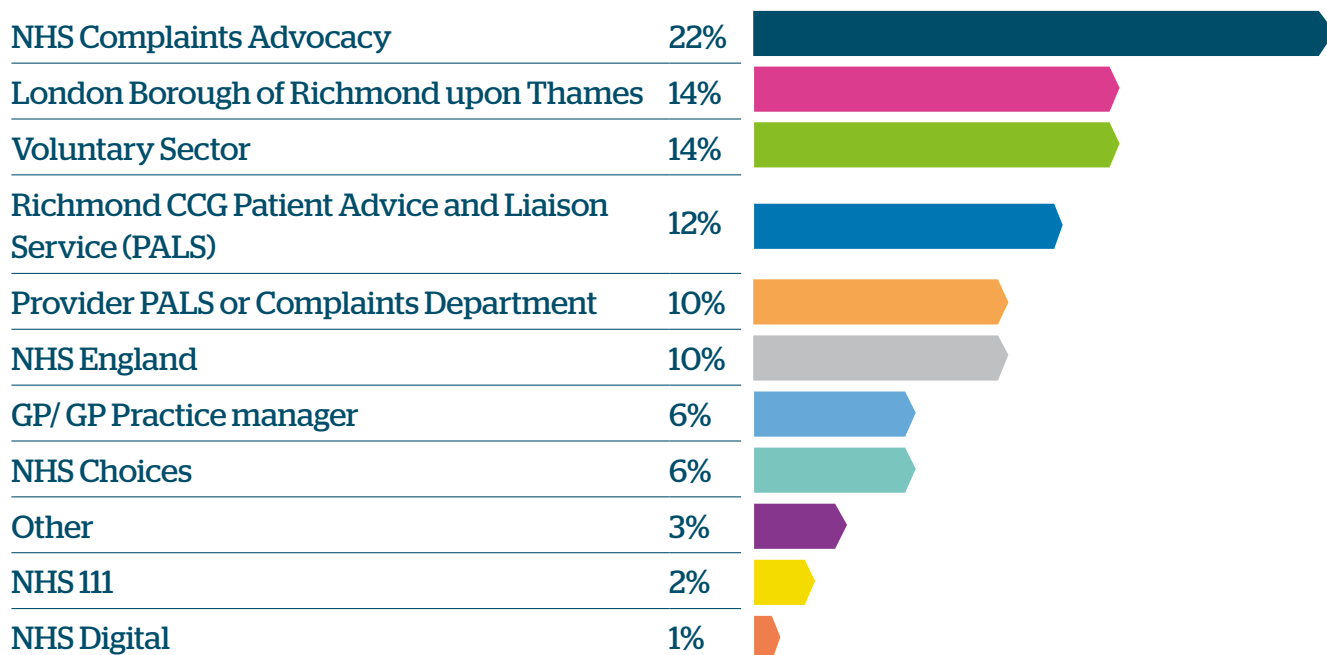
- **54%** telephoned the office
- **31%** spoke to us at outreach sessions
- **14%** contacted us online or
- **1%** by post





Whilst it is difficult to say why people call us, we can be reasonably accurate on where we signpost people to:

Where signposted?



“Thanks for your assistance. You have a magic touch!

Richmond CCG phoned me, apologised profusely and have undertaken to [resolve the issue] by this Friday. I think this episode illustrates strongly the importance of organisations like Healthwatch”

A user of our signposting service

Making a difference together

Through our focused projects, our engagement with patients and the public, influencing providers and commissioners of NHS and social care, we are able to bring about changes to things that matter to local people. We also do a lot of work through our communications and events to support local people to have their say on the issues and services that are important to them.



Much of the change that we stimulate is through influencing commissioners and providers around the meeting table. This can take the shape of asking questions or making suggestions that help organisations make better decisions. It can sometimes be difficult to measure our interventions or their impacts directly but our engagement has ensured that local people receive better information about changes. This is discussed in “Working with other organisations” page 23.

How your experiences are helping to influence change

We also have the statutory power to make formal recommendations about what could or should improve. Organisations which receive our recommendations have to respond within 20 days to explain what they will do to address our recommendations or, if they are not taking action, why not.

Our recommendations are usually based on the evidence that we collect from people about their experiences through our project reports. In 2017/18 we made 11 reports with recommendations, all of which were responded to within the 20 day timeframe.

The following section describes some of the work that we’ve undertaken and how we’ve used our power to make recommendations (See “Making sure services work for you”, page 11 for recommendations arising through our power to Enter & View).



Transforming Mental Health Event

In November 2017 we ran a large public event aimed at explaining planned changes to mental health care, to give people a chance to share their experience of care and to debate the issues with leaders in the sector. We organised this on behalf of Richmond CCG.

In total 148 people registered an interest for the event and 109 people attended on the day. Attendees came from a range of backgrounds including people who used services, carers, interested members of the public, professionals from NHS/social care and the voluntary sector.

We collected 140 comments during the event's discussion groups, Q&A session and via written feedback. These were analysed and a report was produced with recommendations to which the CCG responded (visit our website for further information). The feedback collected, along with the findings of our wider Mental Health work will help shape future mental health plans.

“We asked Healthwatch to organise the event so we could test our developing plans with local people, and the feedback gathered will help us when working with our providers to refine our plans for 2018/19 and beyond.”

Tonia Michaelides Managing Director,
Kingston and Richmond CCGs

Teddington Memorial Hospital

Richmond CCG and their partners plan to integrate Richmond's extended hours service and Walk-in-Centre at Teddington Memorial Hospital into an Urgent Treatment Care (UTC). We had worked with them as a critical friend to help shape their plans including highlighting how important walk in appointments were to many patients.

The final plans included:

- NHS 111 being able to book an appointment for you at the UTC if they determined that you need one. Currently they can simply advise you to walk-in.
- People walking in may be offered an appointment at a specified time rather than having to wait an indeterminate period of time to be seen, allowing better use of the service's capacity and patients' time.
- The service will open 8-8, closing 2 hours earlier than previously during the week and 1 hour earlier on weekends and bank holidays. However GPs will be available for those who need to see them 8-8, 7 days a week.



These plans seem to preserve parts of the service that people value and have the potential to improve the quality of care available and secure the financial sustainability of the service.

We advised Richmond CCG and Hounslow and Richmond Community Healthcare on communications about the changes and our recommendations resulted in the changes being introduced over a longer period and information being more widely communicated.

Early Intervention Service for early psychosis

The Richmond and Kingston Early Intervention Service (EIS) provides psychological therapies and pharmaceutical intervention for people aged 18-65 experiencing their first episode of psychosis.

To understand patient experience we conducted in depth phone interviews with 15% (11 of 70) of the patients and their families about the quality of care they had received from EIS. Patients were largely positive about the treatment available to them. Clear and consistent communication and timely access to interventions were perceived by patients as integral to their recovery.

“I remember being seen very quickly. I felt welcome from my first interaction with the team. All my concerns were instantly put at ease”

The families we spoke to also praised the open and transparent attitude across the EIS team and felt very involved in their relative's care. We commended the Trust on this area of good practice and they have agreed to take action to roll-out learning across their organisation using the Triangle of Care approach.

“It is really positive that the Richmond Healthwatch report has picked up the work that the Service has been doing with carers. As a Trust we are very aware of the debt we owe our carers. We realise that carers have often found negotiating their way through mental health services stressful and frustrating. As a result, the Trust has committed to the Triangle of Care, an accredited framework spearheaded by the Carers Trust UK.”

Michael Hever, Head of Nursing & Quality, Community Services, Southwest London and St George's Mental Health Trust

Improving Access to Psychological Therapies - Richmond Wellbeing Service

Improving Access to Psychological Therapies (IAPT) provides Cognitive Behavioural Therapy (CBT) based skills training for people with common mental health needs. They support 4,500-5,000 patients per annum through a range of therapeutic seminars and individual therapy.

We began engaging patients in late 2017/18 through an online survey and face to face interaction with patients to understand their experiences of the service. At the time of writing we had spoken to approximately 110 people and have plans to engage with professionals both within the service and in related services.

Our data analysis will be completed in 2018/19 and we anticipate recognising good practice and making recommendations which will include the need to improve access to the service in relation to people with co-morbidities.



Outpatients

As a result of the concerns that we'd received from the community (see "What people told us about and our plans for next year", page 9.), we explored the complex pathways that patients enter when their GP refers them for an outpatient appointment.

Different systems are used for referring and booking appointments by each of the several organisations involved in processing an appointment and responsibility changes depending on circumstances and the stage in the appointment process.

We concluded that there is a significant difference between the experiences that patients have shared with us of their care and the ambition for a robust and fail-safe referral system. This situation appears to be instrumental in creating the challenges that patients have shared with us. There are many problems within the referral process and we recommended Richmond CCG resolve these issues and set up a process of clear oversight for referrals.

Whilst there is much to do to improve the systems it is clear that NHS outpatient care is changing. There are many improvements on the horizon and the move of appointments out of hospital and into community settings presents opportunities to improve patient experience.

Care in Pregnancy - Antenatal Care

There is a national drive to improve maternity services and make them safer, more personalised, kinder, professional and family friendly. All women should have access to information to enable them to make decisions about their care.

In partnership with the main providers of maternity care, the patient representative groups (Maternity Voices Partnerships), Children's Centres and the Health Visiting Service, we have worked to gather the experiences of people using antenatal care through one-to-one interviews and an online survey.

Our staff and volunteers visited local Children's Centres to meet women using the midwife and health visitor clinics. The online survey was promoted with support of local grassroots organisations and a social media campaign. The data collection continued until the end of April 2018. We collected detailed experiences from over 100 people who were currently pregnant or had given birth in the past 2 years.

We expect to publish a report in summer 2018 which will highlight where services are working well and make recommendations to commissioners and providers of services about areas for improvement in antenatal maternity care.



BABY ON BOARD

Working with other organisations

Influencing commissioners and providers and maintaining good relationships with these stakeholders are a vital part of our work and success. Our work with other organisations usually takes the form of seats at regular committees and Boards but there are also regular meetings. We meet and communicate regularly with key staff from local organisations.

This work is important in ensuring that we are well informed of local commissioning policy, the performance of local providers and that we make the right decisions about our future work. It is also vital in developing relationships with local stakeholders that provide us with the support and opportunities to undertake our work successfully.

Health & Wellbeing Board

As an active member of the Richmond Health and Wellbeing Board we have contributed to the development of the health and care strategy for the borough and the evolution of the Board itself. We have presented findings from our work to the members several times during the year. This has enabled the Board to be aware of the issues critical to local people and we have ensured our forward programme aligns with and supports the priorities for health and care in Richmond.

Richmond Clinical Commissioning Group Governing Body

We have an Observer seat on the Richmond CCG Governing Body. This enables us to be part of early discussions about changes and developments in health care and setting priorities. It provides us with a high profile position from which to champion patient and carer interests and enables us to bring the

findings of our work and feedback to the close attention of key decision makers.

Patient and Public Engagement Strategy Group (PPESG)

Along with other local Healthwatch organisations, the voluntary sector and clinical commissioning groups from South West London Boroughs (Richmond, Wandsworth, Kingston, Croydon, Merton and Sutton) we feed into the South West London Collaborative Commissioning Board to improve the implementation of engagement events, provision of information, and ultimately the development of future services for our local populations.

Mental Health Network

We represent all South West London Healthwatch on the group which oversees the strategy and priorities for mental health. This has enabled us to keep the focus of commissioners on what we hear is important to service users and carers. We canvass views of other Healthwatch colleagues and keep them informed through emails and updates at Healthwatch network meetings.



Quality, Safety & Performance Group

We are involved in these monthly meetings where the CCG seeks assurance on how the services they commission are performing. This therefore gives Healthwatch access to information on the quality of patient care. The committee receives narrative reports from the CCG's Quality Team which flag up any issues of ongoing concern but also assure the CCG about the corrective or improvement action plans that the providers have been asked to put in place. The issues covered include safeguarding, treatment, waiting times for cancer, children's mental health care and performance of A&E departments.

Supporting the Healthwatch Network

Through attending and hosting a range of meetings and participating in online meetings within the Healthwatch network we share

and learn from good practice, support neighbouring Healthwatch and coordinate our efforts. During the period we provided 3 months support to Healthwatch Kingston whilst they were recruiting a Chief Officer. In doing so we helped them to manage finances, recruit staff and produce an initial work plan.

"I wanted to write to put on record our sincere thanks for your significant contribution to helping to stabilise HWK after a period of unexpected turbulence. Standing in at short notice was very much appreciated and your work helped to put us in the solid place we feel we are in today."

Grahame Snelling,
Chair of Healthwatch Kingston



Safeguarding

During the year we proposed a new format for strategic planning of safeguarding communications and engagement. Whilst credit for achievements must go to the staff delivering the work, we supported what is widely accepted as a very successful Communications and Engagement strategy.

As well as involvement in its communications and engagement we sat on the Safeguarding Adult's Board and participated in a Safeguarding Adults Review.

Primary Care Commissioning

We participate in meetings with Richmond CCG every two months, sometimes in public, to feed into the strategic and developmental plans including developing primary care at scale, introduction of electronic referrals, primary care access hubs and the community pharmacy needs assessment as well as contractual matters.

Urgent Care in Richmond

Healthwatch Richmond has closely followed proposals for change in line with the NHS 5 year forward view and other key initiatives. We maintained the interests of the community through interventions in two key areas:

1. NHS 111 We chair the Patient Partnership Group of NHS 111 provision for the 6 CCGs of South West London. This has enabled patients to monitor and intervene where necessary in the NHS 111 development programme, including choice of provider, patient engagement strategy and overall operational effectiveness. Key impacts have been raising patient awareness in the 6 Boroughs and creating effective channels of communication to the managing bodies. A change in majority

ownership of the NHS 111 provider shortly after their appointment has underlined the importance of maintaining a consistent patient voice within the process.

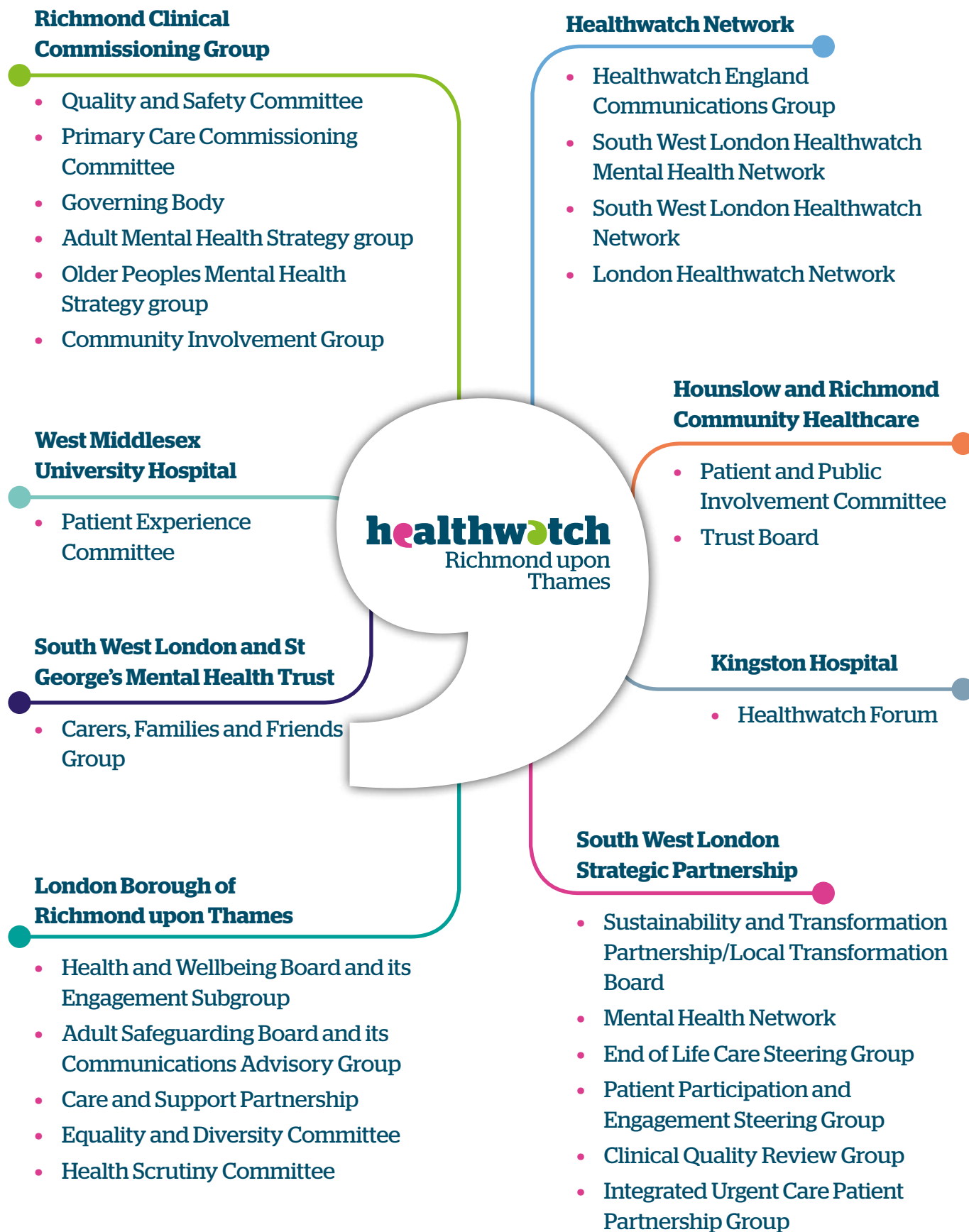
2. Urgent Care within Richmond. We've been deeply involved in scrutinising the creation of an "Urgent Treatment Centre" at Teddington Memorial Hospital. This will see the centre close from 8pm instead of 10pm and enable NHS 111 and local providers to book appointments for patients with clinical need. Through discussion with the CCG, we have:

- a. Ensured an effective Communications Plan for patients. The start of the changes was delayed to enable sufficient time for information to be publicised.
- b. Underlined the need for both sides of the Borough to be offered equivalent provision.
- c. Helped clarify the procedure for a new appointment booking system to supplement the present 'walk in' access and provided assurance that this change is clearly and fully explained to the community.

HRCH Board

Hounslow and Richmond Community Health NHS Trust is the only trust to invite Healthwatch Richmond to attend its board as a non-voting member. Healthwatch is grateful for this and plays an active part in helping shape the Trust's direction.

Healthwatch Richmond's work with other organisations



How we have worked with our community

We directly involve people in our work through volunteering and public events (see “Transforming Mental Health Event”, page 20).

We also support local people to get involved directly in the commissioning, provision and scrutiny of local services through our extensive communications.

People engaged with our communications around 4,000 times over 2017/18, whether by clicking on a link to take a survey, read a report, book an event or simply to find out more about a subject that they were interested in.

We can't track actions that people took with other organisations but we do know that, of the people who took part in our work:

- **1,450** people read reports on our website
- **140** people booked to attend an event
- **100** people responded to our surveys



Email

We target our email bulletins to people based on their interests. Bulletins tell people about how they can take part in events, surveys, consultations, opportunities to participate (such as Patient Led Assessments of Care Environment), CQC results and local and national changes. We also tell people about our work, promote our reports and recommendations and encourage people to get involved in our work.

- **15%** more people received our Bulletins in 2017/18 (1195 individuals).
- **80** newsletters and bulletins sent
- **+150** opportunities for people to engage with local services and decision making sent
- **1,765** separate actions taken as a result of our communications (one action = one person clicking on a link to book an event, take a survey, or read more)

Postal/Print Communications

Whilst more and more people are online, we know that email doesn't suit every person or every occasion and so we also distribute printed newsletters several times a year.

- **2,500** printed newsletters distributed
- **1,250** printed Annual Reports distributed

Owing to cost pressures we are considering more cost effective ways of sharing our Annual Reports in future.

Door-to-Door Communications

For the first time this year we distributed 80,000 flyers to homes in the borough. This resulted in an increase in contacts which was sustained for several months and contributed to increases in contacts with Healthwatch.

Social media

We have expanded our use of Facebook and Twitter. Both are useful in promoting us to working age audiences and especially useful for promoting events and engagement opportunities to this audience (i.e. online surveys and events)

Twitter

Twitter enables us to communicate on a more day to day basis with people.

- **1,400** followers
- **2,725** tweets (all time)
- **42,200** people saw our tweets (impressions)
- **380** people took an action as a result (engagements)

Facebook

We use Facebook in a targeted way, promoting events, online surveys and communications that are likely to be of interest to people who use the service. As a result:

- **8,674** people saw our posts
- **243** people took an action as a result

Website

Our website is a resource where we share reports, news and opportunities to take part in Healthwatch. More people are using our website year on year to read our reports, find out about our organisation and engage with us.



- **4,500** different people visited (+12.5%)
- **1,450** documents downloaded or links clicked (+17.2%)
- **65%** of visitors are female vs **35%** male
- **25-64** the age of visitors to our website, predominantly they are of working age, however significant numbers of visitors (15%) are aged 65+.



How we work

Decisions about what Healthwatch Richmond does are made by the Healthwatch Committee, a group of trustees and volunteers. We recruit to the committee by publicising vacancies through outreach to groups and events, our communications and social media.

The Healthwatch Committee sets the Annual Work Plan based on the experiences that we collect from local people (see “Listening to people’s views”, page 7), and their knowledge gained from engagement with local commissioners and providers (see “Working with other organisations, page 23). The Committee also oversees the progress of our projects and some of our committee members take part as Enter and View representatives (see “Our Enter and View Teams”, page 12).

We publish our work plan on our website and once we’ve undertaken our projects, we publish our reports including the reasons we undertook them, our recommendations and the responses to these. We have robust communications that we use to promote our work.

As we must respond to changing circumstances, priorities and opportunities as they arise, we may not be able to complete work covering all of the above plan within the year.

This may result from commissioners, regulators or safeguarding authorities taking action with a provider that would conflict with our work. Similarly we respond to new information within the year and may agree to undertake work during the year due to new information about service quality.

A key development that we are anticipating in 2018/19 is the work of the Local Transformation Board and the production of the Local Health and Care Plan. This will have a significant impact on the direction of local services and commissioning and we will need to engage fully with these agendas.

Operationally we plan to improve our work by:

- Setting-up regular stalls at places with high footfall such as Teddington Memorial Hospital and Sheen Lane Centre, pharmacies and supermarkets.
- Making better use of our volunteers’ commitment through involvement in our outreach work and more involvement in our projects, whether through Enter & View or other ways of collecting people’s experiences.



Our Work Plan for 2018/19

Based on the review of patient experience, our understanding of local and national priorities, the work of key stakeholders and data sources such as public health, we've set the following priorities for our work in 2018/19:

Adult Mental Health

As part of our review of Adult Mental Health care we will collect people's experiences thorough Enter & View, surveys and interviews with patients, relatives/carers and staff of:

1. Richmond Wellbeing Service
2. Community Mental Health Teams
3. Crisis and Home Treatment Team
4. Adult Mental Health Social Services

Antenatal Care

We began reviewing people's experiences of Antenatal care in 2017/18 and will conclude this work with a report in 2018 (see "Care in Pregnancy - Antenatal Care", page 22).

Urgent and Emergency Care

Through a series of Enter & View visits we will review urgent and emergency care at

1. Kingston Hospital
2. West Middlesex Hospital
3. Teddington Memorial Hospital

We'll also watch developments at the following and consider how to incorporate them into the scope of this work:

- Urgent Treatment Centre at Teddington Memorial Hospital
- Urgent care as part of the proposed Richmond Primary Care Centre
- Developments at the Minor Injuries Centre at Queen Mary's Roehampton.

Inpatient care

Through Enter & View visits we'll review patient experiences of inpatient care, with a particular interest in elderly care, at:

- Kingston Hospital
- West Middlesex Hospital

Meet the team

The Healthwatch Team

- Mike Derry, Chief Officer
- Leslie Spatt, Administrative Officer
- Bernadette Lee, Project Officer
- Sandra Kenny, Project and Outreach Officer
- Ben Stamp, Project and Outreach Officer

Our Healthwatch Committee

- Julie Risley (Healthwatch Committee Chair)
- John Thompson (RHV Board Chair)
- John Anderson
- Laura Fox
- Mary McNulty
- Dugald Millar
- Kathy Sheldon
- Paul Pegden Smith
- Anna Hayes (till June 2017)

What next?



Opportunities and challenges for the future

Last year we reported on our major challenges and opportunities for the coming year. Below we set out how we have responded to many of these challenges over the period and what still needs to be done.

Economic

Our contract was due to expire at the end of March 2018. We successfully negotiated a direct award on level funding and we hope to sign this new contract in the near future.

This is an excellent result for us, our community and Richmond Council as we are able to continue to deliver a high quality service and excellent value for money. We're grateful to the team at Richmond Council for their support in this.

In 2015/16 we reported the challenges created by flat funding and increasing costs due to inflationary pressures and unsustainable office costs. We moved out of serviced offices and into offices rented from a local charity in May 2017. This is a sustainable and mutually beneficial arrangement.

We will continue to seek opportunities to generate funds to support and expand our Healthwatch activity in 2018/19.

Political

The integration of Richmond and Wandsworth local authority staff teams continues. We are working closely with the Healthwatch network to meet the challenges this may present. The differing geographies, reduced staff teams within these organisations, organisational change and change of key personnel, combined with a busy year for us added to the challenge.

The May 2018 elections have led to significant change in the local authority with a change in administration, many new councillors in place and a new scrutiny regime. Developing our relationships with these stakeholders will be of great importance over 2018/19.

Raising Awareness

We recognised last year that whilst we had done much to raise awareness, there was much to be done to reach the wider population. The distribution of our leaflet to 80,000 homes was highly successful in generating awareness. We will continue to raise awareness of Healthwatch Richmond in 2018/19.



Our finances

This financial statement provides figures accurate to the nearest £100.

We generated more additional income in 2017/18 through undertaking work for other organisations than we had planned for and managed to keep costs below expectations which contributed to a significant surplus.

We were awarded the Healthwatch contract for 2018 onwards via a direct award but as a contingency had budgeted for a tendering exercise to take place in 2017.

We hold reasonable reserves to manage cash flow and reinvest surpluses generated from additional work into delivering additional Healthwatch activity. This is shown in 2016/17 as investment from RHV reserves.

Essential operational costs affecting the delivery of the Healthwatch role include office and premises costs, meeting costs, travel, print, operational costs of undertaking projects, marketing and the insurance and financial support required to run the Healthwatch contract*.

Support and administration costs relate to the services and activities necessary to ensure that Healthwatch Richmond is run safely, legally, and effectively, and include audit and governance costs*.

Disclaimer: The financial figures are provided in good faith and, whilst we have no reason to doubt their accuracy, they are provided prior to our accounts being audited. As such they may be subject to revision at a later date.

Income	2017/18	2016/17	2015/16
Funding received from local authority to deliver local Healthwatch statutory activities	146,000	146,000	146,000
Additional income	14,000	10,000	11,400
Investment from RHV Reserves		10,800	
Total income	160,000	166,800	157,400
Expenditure	£	£	£
Operational costs	34,900	51,400	37,400
Staffing costs	107,800	108,300	111,000
Support and administration costs	1,300*	6,100	10,400
Total expenditure	144,000	165,800	158,800
Balance brought forward	16,000	1,000	-1,400

* From 2017/18, insurance and financial costs were included within operational costs as these are essential costs of operating the contract.



Contact details

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Twitter: @HW_Richmond

Facebook: facebook.com/healthwatchrichmond

We will be making this annual report publicly available on 30 June 2018 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee/s, and our local authority.

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.

If you require this report in an alternative format please contact us at the address above.

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