



Annual Report 2018/19

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Message from our Chair

Another busy and successful year in the life of Healthwatch Richmond. I hope the narrative which follows will give you a real sense of what we have been involved in and the results of our activity.

Mental health has finally received the level of focus and interest nationally which those many people who are affected by mental ill health deserve, whether they are sufferers or family and friends of people who are affected. Healthwatch Richmond has majored on local mental health services over the past 18 months, looking in depth at the way services are delivered and how they are perceived by service users and carers.

Our many reviews have covered all local services and the responses to our reports and recommendations by the trusts which deliver those services have been very positive. We look forward to seeing how actions by the trusts will improve the experience of those people who need their services.

Our reviews of urgent and emergency care have also had reassuring responses from hospitals and we have already seen improvements implemented. Similarly maternity services at our two local hospitals.

In order to be able to do the work we do we rely heavily on a wonderful, dedicated body of volunteers - Trustees and Committee members as well as our many Enter and View volunteers. Without them our work would not be possible. They are ably supported by our permanent staff who I would like to thank for their commitment and hard work through what has been a challenging year. But it is fair to say that most years in health and social care are challenging and we look forward to another fascinating programme of work as major changes occur in NHS structures and with the impending - we hope - publication of the Social Care Green Paper.



About us

Healthwatch is the independent champion for people using local NHS and social care services. 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 then share these views and take action on the things that matter to local people. We visited around 50 community locations and spoke to around 800 people recording about 600 people's experiences in 2018/19.

The actions we take might be sharing experiences with people in power or reviewing local services. We reviewed 7 services and fed views back to a wide range of services.

Changes in staffing and the booking process within outpatient physiotherapy led to different messages about timescales for booking appointments being given to patients by the booking team and the physio.

We picked up through outreach and engagement that patients experienced confusion and delay. We reported this to the provider and shared anonymous feedback. As a direct result they reviewed the system and made changes.

We also share people's experiences with Healthwatch England, the national body, to help improve the quality of services across the country.

As well as taking action ourselves 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. We sent out around 100 bulletins and newsletters over the past year to over 1,200 people letting them know about opportunities to get involved directly in decision making about NHS or social care.

People can also speak to us to find information about health and social care services available locally and last year we supported around 140 people to find the information that they needed.

People are at the heart of everything we do:

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- visiting services to see how they work
- running surveys and focus groups
- going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.

Highlights of the year

Getting people involved

Over the past year we've reached over 6,800 people:

- 3,700 people through our Bulletins and Newsletters
- 1,500 people through social media
- 780 people through our outreach & engagement work
- 140 people used our signposting line
- 670 people through our projects
- 40 people volunteered their time as Trustees, Committee Members or Enter & View Reps

Making a difference

We've undertaken in depth projects and made recommendations to a numbers of services and national policies. We've also used patient experiences to drive changes and improvements directly.

Whilst we can make recommendations it is up to staff at local providers to make changes. The impact of our work is reliant on colleagues trusting our findings and using them to make improvements. The need for improvement doesn't necessarily mean things were not good enough before, it can also be about becoming outstanding.

Some of the improvements that people will experience as a result of this collaboration include:

- Patients at Kingston Hospital's A&E enjoy a better environment and better access to food, water and information.
- Patients at a West Middlesex Hospital will find more staff and improved support during mealtimes and should have better interactions with midwives.
- Patients, especially those with disabilities and those with children should find improvements to the environment at Teddington Memorial Hospital.
- Patients accessing musculoskeletal physiotherapy through HRCH should be able to book appointments more easily.
- We're really hopeful that patients will soon find contacting mental health teams and accessing psychological therapies easier.

The views and experiences of local people drive our work and provide us with the information that we need to take action on the things that matter most to local people.

We visited 45 community groups, events, and health or public spaces across the community and spoke to almost 800 people about the care that they've received or told them about Healthwatch and how we can help them.

Map of Healthwatch Richmond Engagement



How we've made a difference

Our primary purpose is using the experiences of local people to make services better. When we take action or speak up on behalf of patients, services listen to us and care is improved for everyone.

We have special legal powers that help us to do this. We can enter places where NHS or social care is provided, speak to patients, carers and staff about their experiences and observe the care that's given. We're also able to make recommendations about how a service could or should improve and request information. Organisations have to respond to these requests within 20 working days setting out what they'll change, providing us with the information that we've asked for, or explaining why they're not taking the action that we've requested.



Over the past year we've:

- Reviewed urgent and emergency care at
 - Teddington Memorial Hospital, and
 - Kingston Hospital
- Reviewed mental health services including
 - Richmond Wellbeing Service,
 - Richmond Home Treatment Team, and
 - Recovery and Support Team
 - This follows our 2017/18 reviews of Lavender ward and the Early Intervention and Support Service
- Reviewed inpatient care at West Middlesex University Hospital
- Reviewed care during pregnancy (Antenatal Care)
- Held an event to give 100+ people a say in the future of adult social care

Enhancing Urgent & Emergency Care at Kingston

Our volunteers visited the Emergency Department at Kingston Hospital in March 2018.



Overall, we were impressed with the service being provided. Despite the lengthy delays that patients could face, the department appeared to be clean, well run and working hard to meet the increasing demands it was faced with.

We spoke to 80 people about their experiences. Most were positive about staff, who were clearly working hard to provide thoughtful and professional care.

*“Excellent...cannot fault”
“Superb, kind and considerate”
“Brilliant...lovely...helpful”
“Great...very friendly... good with kids”*

Whilst the service was positive overall we also worked with the hospital to make improvements. The hospital have acted to address the recommendations we raised and have made a number of improvements:

- We found the main entrance was poorly signposted and was icy and slippery when we visited. Better signage has been installed and a plan has been developed for responding to bad weather and keeping the entrance safe.
- A few patients had negative experiences of receptionists and we could overhear what should have been private conversations. Reception staff have engaged with training, reviewing customer care and the environment to preserve patient privacy better.
- Patients with mental health conditions faced long waits for assessment in a busy environment. Staff have received additional mental health training and a planned new mental health assessment unit has opened.
- Access to food and drink was inconsistent, with some patients waiting several hours without food or drink. A vacant Housekeeper post was filled and a new drinks trolley is available for patients in Majors. Staff have undergone further training on meeting patients’ nutritional needs. We requested that wall-mounted hand gel dispensers be installed in the waiting areas.
- Staff were not always clearly explaining to patients what was happening next, especially during the triage process. Staff have been directed to explain this better and the hospital has invested in wall art explaining the different areas in the department and the process.

Improving Inpatient Care at West Middlesex

In October 2018 we made a series of visits to the adult inpatient wards at West Middlesex University Hospital. We spoke to over 100 patients and their relatives and almost 30 members of staff.

Patients were generally very happy with the care they had received and staff were widely praised for their friendly approach.

*“Restored my faith in the NHS”
“I’m given all the care in the world”
“Angels without wings”
“Excellent, knowledgeable, caring,
nothing too much trouble”
“been so kind.. a real star”*

Whilst we felt care overall was good and staff on all wards were observed being kind, caring and professional, we found a concerning number of problems on a single ward. These related to staffing levels, care at mealtimes, medication provision and patient hygiene. Following our report management has changed, staffing levels have increased and staff are working to address the issues that we identified.

We gave the hospital detailed feedback about their service and they provided us with a robust action plan of improvements including:

- Improving hygiene at mealtimes by opening hand wipes for those who cannot do this themselves, and offering people who use bedpans or commodes the chance to do so in advance to avoid them having to do this during mealtimes.
- Monitoring patient feedback about communication with doctors and medical leads to address the communication problems, lack of information about scans and medication changes that patients had experienced.
- Using our observations of dementia care to target training to the needs of staff.



Reviewing Mental Health Care

During the year we reviewed the main Mental Health Services for Richmond. We made 35 visits to community services speaking to 103 patients, 14 staff and collected 89 responses to online surveys.

Across all teams, people told us that most staff worked hard to provide a service that was tailored to their needs and showed genuine care and compassion. However, gaps in care remain, with some people reporting barriers to access for IAPT services and a limited continuity of care for people with the home treatment team, and recovery and support teams. Collectively, there was a strong sense from patients and carers that services need to be better integrated to avoid lapses in communication, or long delays to treatment when people are transitioning between primary care and secondary care.



Richmond Wellbeing Service (IAPT services)

The Richmond Wellbeing Service provides psychological therapies in the form of group workshops or individual therapy for people with mild to moderate mental health conditions. More recently, they have expanded to include specific workshops for people with long term health conditions to help manage the psychological impact these conditions can have.

In total we spoke to 110 people, including 54 current or recent patients. Overall, we found that the Richmond Wellbeing Service provides a high quality package of care which meets NICE recommendations for IAPT services. Patients particularly praised the relevance of therapy group content and how staff presented information. Furthermore, people with long term conditions described the condition-specific workshops as having a “transformative” effect on their lives.

The main issues patients raised were around access to initial assessment, clarity over the service available, and being triaged to the right level and type of treatment for their needs.

As a result, East London Foundation Trust implemented a robust action plan based on our recommendations, including:

- Refresher skills training in identifying social anxiety to improve triaging to the right support and to help anxious patients engage fully in courses
- Revised assessment questions recognising people’s previous exposure to therapy to optimise triaging people to the appropriate level of support
- Introduction of condition-specific letters detailing the diagnosis and recommended treatment, including the duration and content of courses

Richmond Home Treatment Team

The Richmond Home Treatment Team (HTT) provides intensive support for people currently going through a mental health crisis and is run by South West London & St George's NHS Trust.

We spoke to 31 people about their experiences, 13 were current patients which represents approximately 40% of an average caseload. Overall, the feedback we received from most patients and carers suggests that the Richmond HTT is providing a good service which fits most patients' needs. The care and compassion shown by most staff resonated strongly with patients and carers and significantly contributed to their perception of good care. The level of support provided is scaled back at gradual and appropriate intervals as the person recovers.

However, all patients saw different staff at most appointments which had several negative implications, including barriers to building a rapport with staff and a variation in levels of staff interaction across appointments. To develop and expand on the service currently offered, patients expressed a desire for more psychological therapies that are tailored to help with prevention and coping strategies for managing crisis symptoms.

The trust told us that a good deal of internal work on crisis care is currently underway. They recognise the need for more therapy provision that is specific to mental health crisis and plan to raise this with commissioners this year.

Recovery and Support Team

The Recovery and Support Team provides ongoing support for people with complex mental health needs and is run by South West London & St Georges' NHS Trust.

Only 50% of the 39 patients we spoke to were currently satisfied with the service they received. While patients recognised that most staff were working hard, poor consistency of care driven by high staff turnover, and a disparaging attitude from some psychiatrists and nurses had a significantly deleterious effect on their experience.

Patients also reported long waits for psychological therapies with waits ranging between 6 months and 3 years. There have also been ongoing difficulties with contacting the team due to the current structure of the trust's contact centre; we understand that this is now under review and that the trust has already invested considerable funds to rectify the problems raised by patients and carers.

We have reported the issues raised with us to the trust and have asked for clarification of their plans for improving recruitment and retention and restructuring the central switchboard system.

Care during pregnancy (Antenatal Care)



Through face-to-face interviews and an online survey we collected the experiences of over 100 women about the care they received during pregnancy (antenatal care). Overall women were happy with the care that they received and with the staff who cared for them. 86% of respondents rated their care positively.

At West Middlesex Hospital fewer patients gave overall positive ratings of their care (78%) than the average (86%). Some patients provided negative statements about feeling ignored by staff; finding staff unhelpful, insensitive or uncaring; and asking for care but not receiving it.

"Some professional manners were missing and cold towards me when pregnant and sensitive."

"Attended maternity triage 2 weeks before the due date on advice of GP. They said 'that's pregnancy for you!' and didn't investigate fully"

"I had a few great midwives before and after but they were overshadowed by the poor ones."

A number of people also raised concerns about administration at

West Middlesex Hospital. Several people said that their records were not updated despite having made repeated requests.

West Middlesex Hospital acknowledged our findings and set out a detailed action plan committing to meaningful improvements in care including staff training and reflection on patient feedback, and schemes to recognise and incentivise good care.

"There are really no excuses for rudeness and poor professional interaction. This is not the standard I expect from the team. This survey will be shared with the teams for reflection and learning. Our practice development team will look at sessions for the clinical leads to enable better monitoring of care within their defined areas."

West Middlesex Hospital

Both Kingston and West Middlesex Hospitals welcomed our review and provided detailed responses to our recommendations, which also covered referrals, administration, and providing information.



Helping you find answers

The NHS, social care and the voluntary sector provide a huge range of support but people often find it difficult to get the information they need to access the care that they need.

Healthwatch plays an important role in providing advice and pointing people in the right direction when they need support.

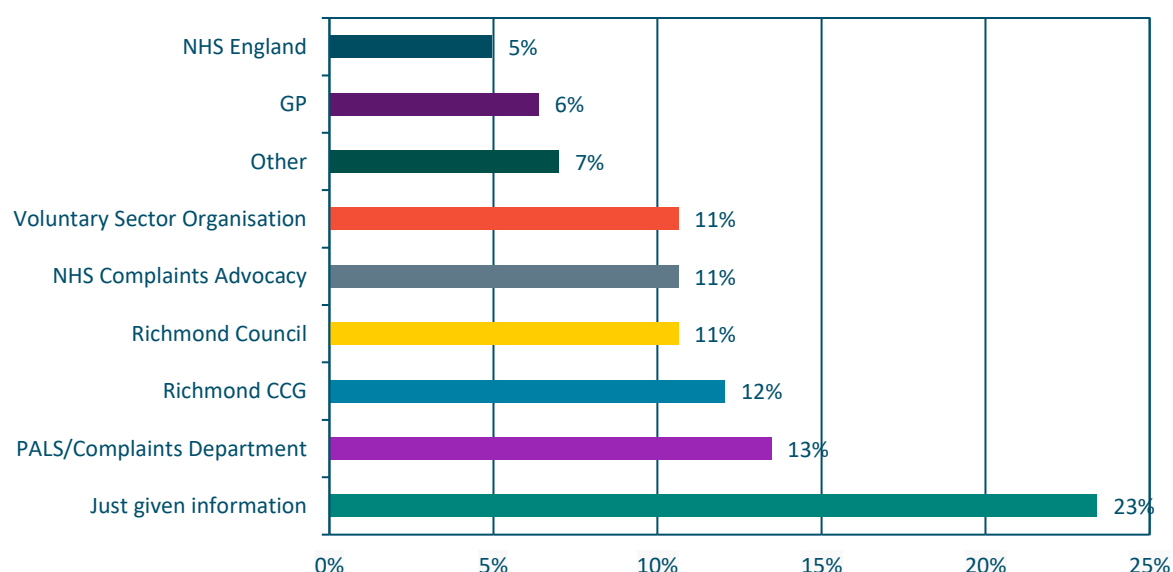
We provided signposting information to 140 people this year. This is down on the previous year's 181 which was boosted by the distribution of a leaflet promoting our service which was sent to every address in the borough in 2017/18.

Whilst funds do not allow us to promote our signposting service in this way every year we have produced a signposting leaflet with Richmond CCG and the London Borough of Richmond upon Thames that will promote our service as well as help people to find the help that they need. The work and cost have been borne this year but distribution will take place in early 2019/2020 and we expect to see an increase in signposting activity as a result.

What did people ask about?

On average each signposting action takes about 30 minutes to listen to the person's needs, find and provide the right information and record the interaction. Each contact is unique so it is difficult to say with accuracy what people contacted us about. However the chart below gives a general view of where we signpost to.

What organisations did we signpost people to?



"Other" covers a range of organisations such as NHS 111, an Ombudsman or a community pharmacy

Does our signposting service work?

It is difficult to measure our signposting service directly as interactions are often short and we're not able to follow them all up.

We are therefore very grateful for the feedback that people who use our services provide us from time to time.

"Thank you for pointing me to information about how to access support for my patient. I was impressed by how quickly you were able to provide information and will definitely use you again in the future"

NHS professional, Richmond Rehab Centre

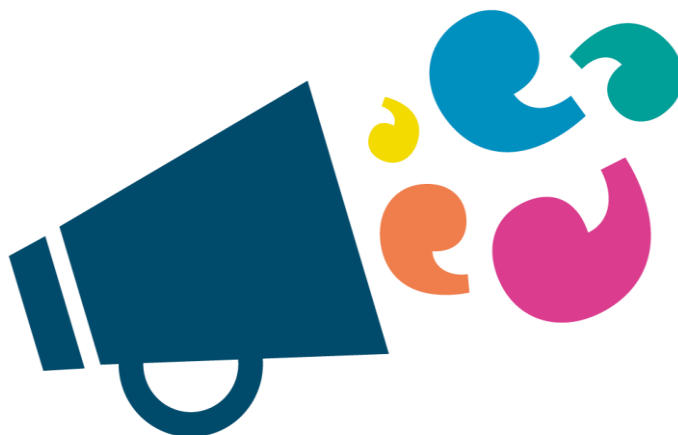
"Whilst we were writing up the signposting call the patient called back to express shock at having been able to get through to the Mental Health Trust at all and that his/her problem had been resolved immediately as a result of our signposting. The patient had previously met with problems navigating the switchboard such as calls being connected to numbers that rang out or reached answering machines where messages were left that were not responded to."

Signposting call. 25/10/2018

"Thank you for helping me arrange physiotherapy for my parent after their hip replacement operation. After being told by my parents that they were unable to get seen via the NHS by their GP (because he had the operation privately) I gave your team a call. The information you provided has meant that my parent now has the care they need.

A massive thank you for your knowledge along with your polite and courteous nature. This is a huge weight off my mind!

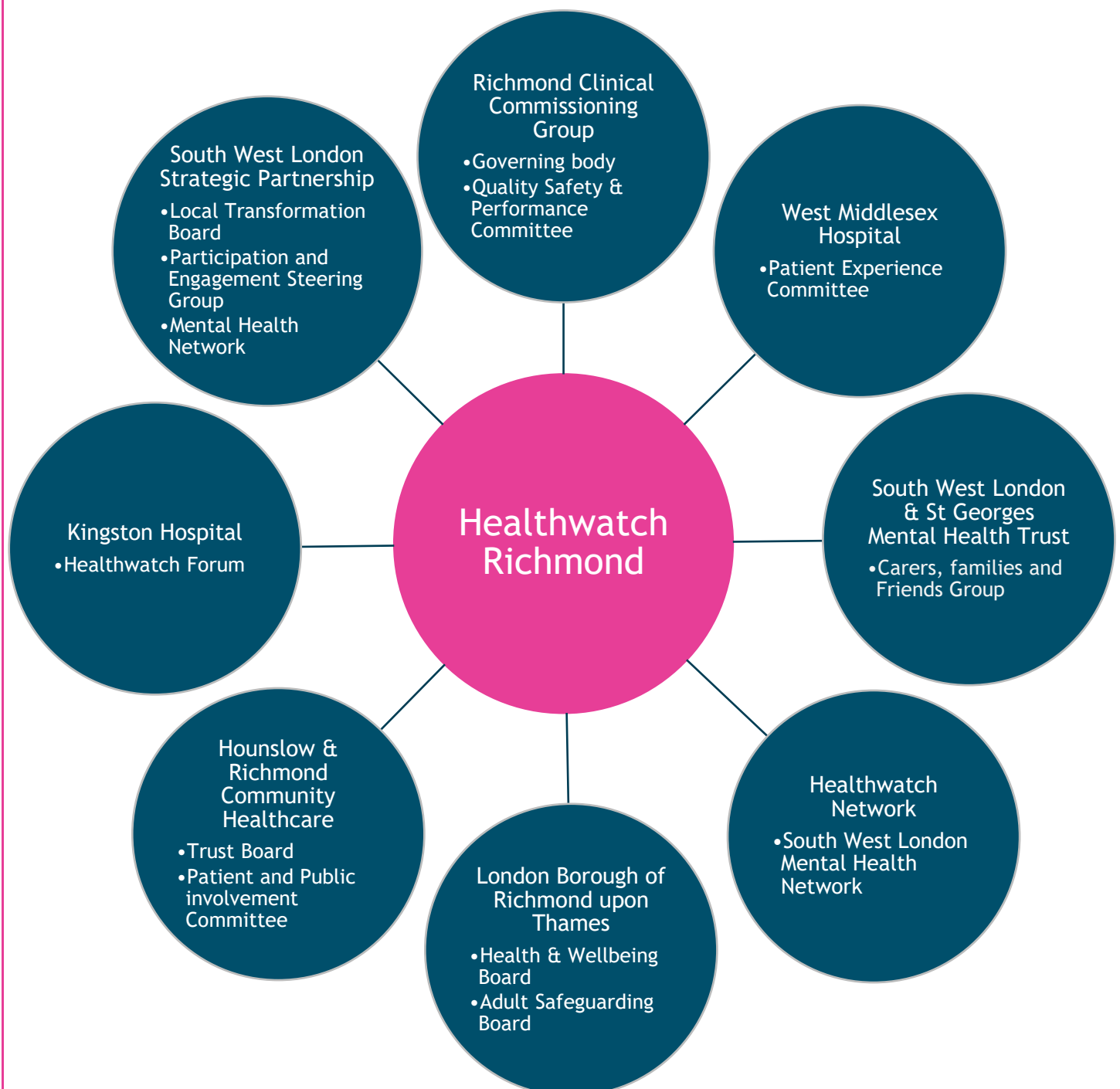
Member of the public. 26/11/2018



Working with other organisations

We work hard to ensure that we're involved with commissioner and provider organisations so that we can influence policy and service change. Our close working with these organisations also helps to strengthen our relationships, making it easier to influence them.

Our Healthwatch Committee members are a mixture of volunteers and trustees. They sit on around 25 boards and decision-making or oversight committees across NHS and social care organisations and at South West London level.



Our people

Healthwatch Richmond is a partnership between the Trustees and committee members, our volunteers and our staff. Our reputation with the NHS, Council and other stakeholders and the success that we've achieved with making improvements are the result of the hard work of many people. We're very grateful to them all.

Volunteers

Trustees and Committee members

- support our day to day running e.g. governance
- ensure the high quality of our work
- set our annual work plan
- lead our engagement with key stakeholders: Richmond CCG, Richmond Council, NHS providers and the South West London Strategic Partnership

Trustees: John Thompson (Chair- till March 2019) Julie Risley (Healthwatch Committee Chair), Anne Marimuthu (Treasurer), Sian Rees (Audit Committee Chair), Laura Fox, Kathy Sheldon, John Anderson, Mary McNulty, Peter Hughes, Robin Jowit, John Wright

Committee members: Jodene Young, Paul Pegden Smith, Dugald Millar, James Hunt.

Enter & View Representatives

- visit services to make sure they're meeting people's needs
- collect people's views and experiences which we use in our reports
- raise awareness of the work we do in the community

Enter & view representatives:

Bernadette Lee, Penny Alexander, Bob Burgis, Carole Haskel, Sandra Hempel, Catherine Mann, Jan Marriott, Joy Wilk, Katherine Merrifield, Kathy Sheldon, Liz Grove, Perin Parri-Hughes, Peter Hughes, Rae McDonald, Sue Bonnell, Yvonne Lincoln, Yvonne Peel, Julie Risley, John Thompson, Batcho Notay, Paul Gilbert, Dugald Millar, Jane Keep, Caroline Snow, Kerry Godden.

Staff

Our staff undertake the work of the organisation on a day-to-day basis including outreach, signposting and communication work.

Staff: Mike Derry (Chief Officer), Sandra Kenny (Project & Outreach Officer), Ben Stamp (Project & Outreach Officer), Leslie Spatt (Administration Officer).

At the end of 2018/19 we said goodbye to Ben and Sandra and welcomed Jessica Beeson and Sara Rossi as new Project & Outreach Officers.

Our finances

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

We spent our contractual income in 2018/19 but we ended the year with a surplus due to generating additional income from work for other organisations, reduced staff costs due to staff reducing their working hours and we have continued to keep our back office costs low.

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.

Income	2018/19 £	2017/18 £	2016/17 £
Funding received from local authority to deliver local Healthwatch statutory activities	146,000	146,000	146,000
Additional income	14,000	14,000	10,000
Investment from RHV Reserves	-	-	10,800
Total income	160,000	160,000	166,800
Expenditure	£	£	£
Operational costs	43,000	34,900	51,400
Operational staffing costs	102,500	107,800	108,300
Support and administration costs	1,100	1,300*	6,100
Total expenditure	146,600	144,000	165,800
Balance carried forward	13,400	16,000	1,000

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 finalised. As such they may be subject to revision at a later date.

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

Our plans for next year

Very sadly and unexpectedly, John Thompson our Chair and colleague passed away this year. John was generous with his time and leadership experience and had sat on the boards of a number of commissioners, providers and related organisations.

He was valued and respected for his scholarly advice and supportive pleasant character and the direction he gave will be greatly missed by us all.

We are fortunate to have strength within the organisation so Julie Risley will act as Chair while we recruit.

Looking back

We delivered much of our planned work for 2018/19. This was a substantial undertaking and led to significant improvements in care described in “How we’ve made a difference”, pages 4-9.

Challenges:

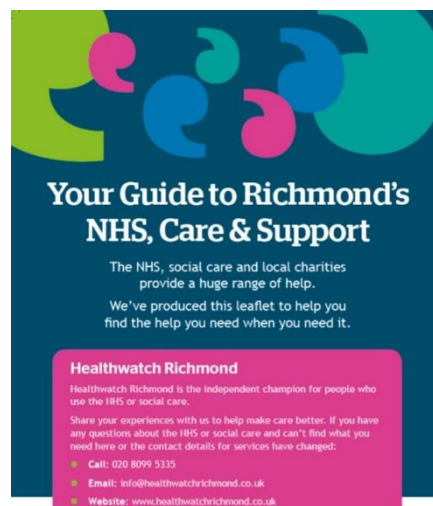
- ❶ CQC inspections meant that we couldn’t complete our planned review of inpatient care at Kingston Hospital or our review of urgent and emergency care at West Middlesex Hospital.
- ❷ We were also unable to complete our planned review of domiciliary care due to the Local Authority’s contractual action in this area.

Youth Out Loud

- ❶ We’ve worked closely with our colleagues Healthwatch Kingston on the set up of ‘Youth Out Loud!’ a group of young people from across our two boroughs who will work with us to review the services and issues that are important to young people. This group formally launched in early 2019/20 and we look forward to delivering an ambitious work plan together.

Signposting Directory

- ❶ We’ve produced a short leaflet with colleagues from the NHS, social care and voluntary sector setting out the support and services available to local people. This was distributed to every home in the borough and through health centres in early 2019/20. Substantially more people are contacting us to access care and support as a result and it has also raised awareness of Healthwatch Richmond.



Looking forward

We reviewed the experiences received over the past year to inform work plans. We'll also be carrying forward some existing work from this year.

Ongoing projects from 2018/19

Area	Activity
Urgent and Emergency Care	Undertake a programme of Enter & View visits to urgent and emergency care at West Middlesex Hospital
In-patient care	Undertake a programme of Enter & View visits to Kingston Hospital

New work for 2019/20

Area	Activity
Children's services	Run projects with our new group Youth Out Loud! (YOL!). These will be co-produced.
Health & Care Plan engagement	During early 2019 we will run engagement on the Health & Care Plan.

Areas that we will investigate together in 2019/20 for future activity

Area	Activity
People with Learning Disabilities	NHS Health Assessments for people with learning disabilities is a subject for review. Whether we or partner organisations undertake this will be decided in year.
Primary Care (and Homelessness)	Patient experience identified challenges with access to primary care including: <ul style="list-style-type: none">Communicating with the practiceRegistering with practicesWaiting time, length of appointment and choice of GP Our approach with this will depend on the appetite within RCCG to address some of this.
Dentistry in care homes	Dentistry in care homes has been identified by residents, carers and staff as a challenge. We hope to work with the local dentistry committee to review and improve this.

Important agendas for 2019/20

Area	Activity
Strategic Transformation Plan Health & Care Plan Long-term Plan	We anticipate that development of these key policies over the year will lead to substantial changes that we need to engage with. Our approach to this will respond to the way the agenda develops locally.
Social Care Policy	The Green Paper is due this year. We plan to work with the Council on a local engagement and response.

Barriers and opportunities

Political

The ongoing challenges and changes faced by the NHS and social care continue to present us with our biggest challenges and opportunities. Whilst there is much uncertainty in the wider environment we are confident that we'll see Health & Care Plans published this year. We built strong relationships with commissioners and providers over the past year that we hope will provide us with the opportunity to ensure that these are founded on strong patient and public engagement. There is of course risk of reputational damage to our public image should we fail to ensure this.

Economic

Despite spending more on delivering Healthwatch than we receive through the contract, we've ensured a healthy financial position through generating additional income year on year and working hard to keep costs down. As a result we have sufficient reserves to ensure that we're sustainable.

Whilst our current position is good, we've received flat funding since our inception in 2013 and inflationary pressures have begun to bite. Our projections show that over the next year we'll reach a tipping point where current levels of Healthwatch work can only be continued if supported by additional income or investment from our reserves.

Thank you

I'm delighted to close this report with an acknowledgement of the excellent achievements of the organisation and to give my heartfelt thanks to all the staff, trustees and volunteers who have contributed to it.

We've spoken to more people in 2018/19 and collected more experiences than in any previous year. We've delivered a substantial amount of high quality, impactful work and been at the cutting edge of change representing the interests of local people.

John Thompson, our late chair, will be greatly missed.

Contact us

Healthwatch Richmond is part of Richmond Health Voices Registered Company (08382351) and Charity (1152333)

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- 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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