



## Monthly Update on our work from Healthwatch Kent

This report gives examples of the things we have achieved in **December 2016**

### Section 1: How we made a difference

Following visits to the Outpatient Departments at Maidstone & Tunbridge Wells Hospitals we received the following response from the hospital trust:

Firstly I would like to thank you and all of the volunteers who conducted this audit - their support of this work is most appreciated and we value their observations and recommendations outlined in the report.

We have reviewed the report in detail and have shared with a number of colleagues in the Trust and would like to offer you some initial feedback relating to some of the following recommendations.

#### **Signage.**

- The estates team have commissioned a small internal 'wayfinding' project that involves a review of signage on both sites of the Trust. This initial work will focus on the Maidstone site and will include making improvements to current external and internal signposting of all areas including outpatients and toilets. The lead for this work recently met with a number of Patient Representatives including representatives from Healthwatch who provided feedback on proposals. They are going to have continued engagement in this work stream.
- The full report has been shared with the lead for the 'wayfinding' work and she will consider all proposed recommendations that refer to improvements needed to signage in the scope of the project, including improved signage for people with impaired vision.
- The lead will also be reviewing the appointment letters sent to include information about parking and transport. At the meeting with Patient Representatives and Healthwatch representatives the group reviewed a patient information guide for the Maidstone site with a view to updating this document to include information about parking and transport. The group are going to have continued involvement in the revision of this document.

#### **Provision of information to patients about waiting times in clinics**

- There are current differences in how patients are provided with information about waiting times in clinics. This is currently managed with an electronic system on the TWH site and there is a reliance on verbal communication on the Maidstone site. The sisters of each outpatient department will support a review of current processes to ensure that patients do receive timely information about waiting times in each clinic.
- Of note the Outpatient departments are undertaking a manual audit on the start and finish times of each clinic. The aim of this audit will be to identify any specific challenges and for consideration to be given regarding any requirement for change.

### **Option of installing a vending machine in the waiting areas.**

- The contract for the provision of vending machines is currently under review and the feasibility of having one in OPD will be included in this review. This work is being facilitated by the Estates and Facilities team.

### **Review of temperature control**

- At the time of the audit in September it was reported that the OPD on the TWH site was exceptionally hot. This matter was raised to staff in the department at the time. The temperature is controlled on the site in zones and unfortunately the system for temperature control does not operate fully when the doors are open. Since September there has not been any further issues with temperature however this will continue to be escalated should there be a repeat of the situation. Clearly with the doors shut that can make access to each zone more challenging for patients in a wheelchair ; this is something for ongoing consideration.

### **Provision of dedicated wheelchair spaces in the waiting areas**

There are dedicated wheelchair spaces on the Maidstone site however on the TWH site there is limited space in the Zones where patients wait for their appointment. The staff currently flex the seating arrangements to facilitate a person in a wheelchair. The outpatient Sisters will be asked to consider any other options to provide more dedicated spaces which would in turn minimise obstruction to general patient traffic in each zone.

### **Improved lighting on the Maidstone site**

- Whilst not listed as a recommendation, there is a Trust wide review of lighting with the intention of implementing a full LED conversion of lighting which will improve the lighting in all areas, this work is due to be completed in 17/18 financial year.

Other issues that we have had an impact on this month:

Date	Issue	Organisation	Action Taken	Outcome
16-Aug	Family not being involved in mortality reviews		Raised with CQC in catch up. CQC currently doing a big piece of work about how families are involved in the process. Copy of report will be shared with HWK when completed.	<p>Learning from deaths needs much greater priority within the NHS to avoid missing opportunities to improve care. Bereaved relatives and carers must receive an honest and caring response from health and social care providers and the NHS should support their right to be meaningfully involved.</p> <p>Healthcare providers should have a consistent approach to identifying and reporting the deaths of people using their services and share this information with other services involved in a patient's care. There needs to be a clear approach to support healthcare professionals' decisions to review and/or investigate a death, informed by timely access to information. Reviews and investigations need to be high quality and focus on system analysis rather than individual errors. Staff should have specialist training and protected time to undertake investigations.</p> <p>Greater clarity is needed to support agencies working together to investigate deaths and to identify improvements needed across services and commissioning. Learning from reviews and investigations needs to be better disseminated across trusts and other health and social care agencies, ensuring that appropriate actions are implemented and reviewed. More work is needed to ensure the deaths of people with a mental health or learning disability diagnosis receive the attention they need.</p>
Oct-16	Community mental Health Teams	KMPT	KMPT provider team are looking at this	Agreed visits to community teams in Medway, Canterbury and South Kent Coast in March.
Dec 16	Parking issues for volunteer drivers	Thanet + Dover Volunteer Bureau	Shared EKHUFT contact with Thanet and Dover Volunteer Bureaus.	EKHUFT explained their decision as to why they couldn't offer volunteer free parking

Dec 16	Low participation in Diabetes UK audit	Ashford CCG	Written to diabetes leads in each of the CCGs to see what action they are taking	<ul style="list-style-type: none"> <li>• We are including participation in the audit as a 'Must Do' for primary care in the EK diabetes pathway that is currently in development.</li> <li>• We are developing a support pack for practices that will be available to download from our practice support tool including contact details for our practice engagement officers who will be able to offer support. We also have offer of support for practices from Paula Carr and these contact details will also be made available.</li> <li>• We will have communication alerts sent to practices to notify them of the upload window at the start date</li> <li>• We will actively monitor uptake during the upload window and will contact/visit practices to offer support where required</li> </ul>
Dec 16		DGS CCG		<p>Up until 2 years ago, the CCG had an NDA participation rate in excess of 90%. Unfortunately however, in 15/16 the upload process was changed nationally from an automatic extraction to a manual one. This left practices confused as to the process and with very little support. As a result, participation that year was just 2%. In order to get back to the participation rates we'd seen in previous years, in 16/17 we prioritised the audit and supported practices to upload their data. Despite technical difficulties for Vision practices (all but one of our practices use 'Vision'), we were able to increase uploads significantly from 2% to 44%. Both NHSE and HSCIC recognised the technical difficulties and praised us on our continued efforts to support practices despite this. As a result, we will be getting extra support from HSCIC next year and a teleconference has already been arranged for March in order to mitigate risk. In addition, we have secured the support of the Paula Carr Charity who will be on hand to offer practices individual support during the upload period.</p> <p>The data that's currently published is based on 2015/16 participation rates which is why unfortunately we are classified as 'poor' and in greatest need of improvement in the CCG IAF. We've increased participation by over 40% since then. The CCG plan to work toward a 90% participation rate for 17/18.</p>

## Section 2: How we influenced and worked with others

### How we influenced the key strategies across Kent:

Strategy	Update
Kent & Medway Sustainability & Transformation Plan (STP)	We met with consultants and project managers from the programme to discuss setting up a K&M Patient & Public Advisory Group, we agreed to act as interim chair. We also discussed the idea of empowering existing members of patient & public participation groups and using them as ambassadors
STP East Kent	We attended the East Kent Patient & Public Engagement Group, we discussed the activity around developing options for hospital care where we alerted the team to the need to evidence engagement with the public. We also discussed the creation of the Kent & Medway PPAG and how it could interact with the EK group.
STP West Kent	We met with the Accountable Officer, Chair, Lay Member and Finance/Governance Director to discuss progress on STP, they do not yet have a planning structure in place but have identified the clusters of surgeries in West Kent.
Kent County Council (KCC) Transformation Plan	We met with the lead for Phase 3 of the plan and discussed the creation of a public advisory group to engage on the design proposals in this phase
Kent Health & Wellbeing Board Workplan	We met with public health to look at how public engagement can happen at strategic meetings re the Joint Strategic Needs Assessment, we agreed we would offer the opportunity to a volunteer. We attended the first meeting to develop the new Health & Wellbeing Strategy

### How we worked with and influenced providers and commissioners (stakeholders):

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	We attended the patient experience committee and shared our findings on complaints management Trust is struggling to reach 30 day response targets, We said it was key to keep complainants informed when timescales change. we suggested that really low compliment and complaints at Buckland and Royal Vic might need to be looked at. We suggested that actions in response to complaint themes were communicated with the public. Work going on to reduce the number that get to the complaint stage - earlier resolution. Translation services Some wards are still using local staff to translate instead of Big Word interpreters - this is being stopped

	<p>End Of Life Carers (VOICES) Bereavement Questionnaire 450 (increase from last year - 300) questionnaires are being sent to bereaved relatives, commenced November 2016, for a period of three months Early responses have rated care as good to excellent</p>
Maidstone & Tunbridge Wells NHS Trust (MTW)	<p>We are part of the Patient Experience Committee and heard about the success of dementia cafes in the hospitals and are part of the patients &amp; their medicines working group, improving this for patients We also attended a new working group which came from the Patient Experience Group, there were discussions regarding a proposed audit on Protected Mealtimes, the Wayfinding/signage project . How to recruit more volunteers.</p>
Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)	<p>We met with the Chief Executive Officer and discussed the outcomes from a recent Rapid Improvement Exercise on discharge, and how this would marry with our discharge report findings. We discussed some of the difficulties with the project and agreed to attend executive team meetings to raise awareness of Healthwatch's role.</p>
Kent Community Health Foundation Trust (KCHFT)	<p>We attended Tonbridge hospital Patient Experience group we were updated on patient discharge and future plans for the site</p>
Kent & Medway Partnership Trust (KMPT)	
South East Coast Ambulance Trust (SECAmb)	
Primecare	
NRS	
Virgin	
Clinical Commissioning Groups (CCG)	<p>Swale: We attended the meeting to discuss the Discharge to Assess project in Swale, but no decisions could be made because commissioners nor virgin Care attended. We are part of the Self Help group to improve patients managing their conditions and wellbeing, we suggested using the network of parish councils to share information. Thanet: We updated on engagement plans for developing GP surgeries and undertook an Engagement Healthcheck West Kent: Met with Debbie Dunn, Quality in Primary Care lead, Discussed our Healthcheck and our findings CCG uses the Microsystems programme which requires patient involvement but this is not currently working very well (the programme is but hard to get the right patient involved We discussed that Healthwatch could recruit, train and support an army of patients to support the programme</p>

	<p>Also discussed our leadership training which she was very interested in. She is going to meet with Alison &amp; Richard to discuss</p> <p>We agreed that the breadth and depth of change needed means that the CCG will need to make a significant shift in order to involve patients effectively</p> <p>Agreed that part of this is to rethink how they use and work with PPGs</p> <p>We also met with the Accountable Officer, Chair, Lay Member and Finance/Governance Director at West Kent who accepted the findings of our recent engagement healthcheck.</p> <p>We discussed our concerns about the recent consultation on gluten free prescriptions</p> <p>We met with the Accountable Officer for Ashford &amp; Canterbury CCG,</p> <p>Discussed whether capacity is not being utilised effectively</p> <p>Lots of good joint working but 1st year in 5 years we've seen increase in attendance to A&amp;E</p> <p>We discussed how engagement for the STP might work and discussed not using events as the main mechanism but empowering community networks and PPGs to engage with patients and public.</p> <p>Steve to raise with K&amp;M STP, East Kent PPEG next week and to discuss with Claire Thomas or Neil Fisher.</p>
NHS England (NHSE)	
Public Health (PH)	
Kent County Council Social Care (KCC)	We attended the Kent & Medway Adult Safeguarding Board to get assurance on how risks to patients and service users are being managed across health and social care
Voluntary Sector	We attended the county Mental Health Action Group and presented our reports on Children & Adolescent Mental Health Services, Out of Kent placements, and our enter & view visits. We also met with the chair and discussed community mental health services and lack of clarity on services for people with long term conditions.
Health & Wellbeing Boards (HWBB)	

### Section 3: How we reach out to the public, listen to them and work with volunteers

We continue to increase our contacts with the public in a number of ways:

Twitter : 1071 followers (1025 in April)

Facebook : 575 likes (373 in April)

Newsletter : 836 subscribed (824 in April)

We work with lots of organisations and groups who are our ‘Community Champions’ that let us know about concerns in health and social care. You can see some examples of what they raise and how we respond in the next section. We currently have 301 Community Champions across Kent.

We also have a programme of ‘Public Voice’ visits which ensure we engage with people face to face. We focus visits in a different district every month as well as events elsewhere in the county. This month we aimed to do fewer visits to allow us to ensure we have analysed all the engagement from previous months:

Mental Health Users Forum (Speak up CIC) (SH)	Ashford	06/12/2016
Engage with Physiotherapy team EKHUFT	Canterbury	15/12/2016

We have had contact with **251** people this month via telephone, email and face to face Public Voice visits.

#### Volunteers

5 volunteers attended meetings with external organisations including Patient Representative groups for acute and cottage Hospitals, the lead officer group for Ashford Health and Well Being board and discussions about the future direction of a county wide Physical Disability Forum which Healthwatch Kent has helped to set up.

2 Volunteers gave out information and talked to patients about their experiences at QEQM hospital.

Only one area held their local meeting this month with 10 volunteers and some staff attending.

10 volunteers met with staff to plan forthcoming work areas and projects.

One new volunteer was interviewed and one left to restart work.

#### Section 4: How we use public and stakeholder views

Previous feedback we have acted on:

#### Project Progress:

As requested by Darent Valley Hospital a second phase of the discharge project was carried out, to increase the number of patient experiences gathered when using the discharge process. This has been a difficult project in terms of getting dates that we can attend the discharge lounge from the nursing staff. We have now drafted our report and it is with the hospital for comments prior to publication.

The General Practitioner (GP) project visits have now been completed. Our volunteers visited 3 surgeries on the South Kent Coast and spoke to several staff and patients to find

out how easy it was to make an appointment, how the triage of appointments works and how complaints are handled. Our findings have been drafted into a report that we have shared with the GP practices involved, this will be published shortly,

The Mental Health Out of County Bed project has now been published. It has been well received by Kent and Medway Partnership Trust and the actions are being incorporated into new ways of working. The Trust have already reduced some out of county placements because of our report. Healthwatch Kent will continue to work with the Trust and keep carers groups and other organisations up to date with the outcomes.

The first official meeting of the county wide Physical Disabilities forum took place on 6th December 2016 at Lenham Community Centre. There were a mix of commissioners, service users and other organisations attending the meeting. The meeting reviewed the draft terms of reference and talked about how it may work in the future. Due to time constraints, not all items on the agenda were covered, so a further meeting to take the forum forward will take place on 10th January between 1.30 pm and 3.30 pm. The Wheelchair Procurement team have requested that they attend the February next meeting to discuss their current processes.

Healthwatch Kent are looking at how volunteers could assist some Patient Participation Groups (PPGs) who are struggling to achieve their aims. We have produced a framework for our volunteers to use to assess how PPGs are progressing. We are holding an update meeting with 2 volunteers and Healthwatch Kent staff on the 10th January to take this project forward.

The Five Health Trusts and Kent County Council (KFCC) completed a table showing how they were progressing against the Public Ombudsman for Health and Social Care 'Five step Plan to Complaints' which all organisations have signed up to. We published our report on 6th December, unfortunately due to sickness our Healthwatch representative could not attend the County Wide Complaints meeting in December to discuss the report with KCC and the Trusts, so this will now happen at the next quarterly meeting in March.

From 31 July 2016, all organisations that provide NHS care or adult social care were legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, so they can communicate effectively with health and social care services. Healthwatch Kent are currently gathering information from the Trusts and Kent County Council to review what they have/are putting into place to conform with this standard. A briefing will follow once all the information has been received.

We contacted carers organisations to identify how many Care Assessments have been completed, what the wait is for an assessment and the wait for a support plan. Healthwatch Kent also put online via Survey Monkey a questionnaire for members of the public to complete, asking if they knew they were entitled to a carers assessment, if not would they like to find out more and if they have had an assessment, how useful has it been. We heard from 38 people, some asking for more information, these have been passed on to the care agencies, 10 people asked for a copy of the final report, which will be sent to them on publication and 12 people requested a call back from our Information and Engagement team for a more in-depth discussion. We have started to draft our report findings which will be published at the end of January 2017.

Healthwatch Kent heard that In the South Kent Coast CCG area, the CCG had decided that they no longer wanted pharmacists to be able to order repeat prescriptions on behalf of their patients. They have worked with GP surgeries on this and about two thirds have elected to withdraw the ability of pharmacists to order repeat prescriptions from their surgery. Most patients must now order their repeat prescriptions from their GP directly instead. We undertook some enter and view visits to 6 pharmacies to gather the publics views about this change. We also put a questionnaire on line using survey monkey to gauge pharmacist's views. This project closed on Wednesday 14th December 2016. We are currently drafting our report which we are aiming to publish during the early part of the new year.

## Section 5: Providing Information & Signposting

<p><b>Number of Contacts</b> <b>This month: 355</b></p> <p>Accumulative Year 4 To month end: <b>2534</b></p> <p>Total accumulative: <b>6906</b></p>	<p><b>Public Enquiries:</b> Telephone: 13 E-Mail: 8 Texts : 7</p> <p><b>Public Voice contacts to Helpline:</b> Telephone:0 Email: 11 Forms: 134</p> <p><b>HWK General Contacts: 112</b></p>
<p><b>Public contacts response rates:</b></p>	<p><b>Telephone:</b> Same Day: 13 1 day : 0 2 days : 0 3 days+:0</p> <p><b>Email:</b> <b>Same Day: 8</b> 1 day : 0 2 days : 0 3 days+:0</p>
<p><b>Signpost and advise the public to assist navigate the health &amp; social care services in Kent.</b></p>	<p><b>Enquiry Themes (Multiple topics can arise per contact)</b> A: Local Health/Social Care Services: 2 B: Rights/responsibilities: 3 C: Complaints: 1 D: Complaints Advocacy: 19</p>
<p><b>Provide a quality service that meets range of needs using a variety of formats.</b></p>	<p>1: Provision of contact info: 1 2: Research information: 4 3: Referral: 20</p> <p><b>Case Study:</b> Access To Information</p> <p><b>Client feedback:</b> Out of 25 clients who were invited to comment 23 responded and were very satisfied with the service they received.</p>
<p><b>Provide A Quality Service Accessible to All:</b></p>	<p>Route to the Helpline (Chart attached)</p>

<b>Public Voice:</b>	Your Comment Counts Forms: <b>134</b> Events Attended: <b>3</b> Total number of individual feedback contacts collated: <b>163</b> (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)
<b>First point of contact service activity:</b>	<b>HWK General</b> (volunteers/engagement/invitations/info-sharing by external organisations): Tel & Email: <b>112</b>  <b>Admin</b> (internal signposting/info sharing) Tel & Email: <b>69</b>

### Case Study: Access to Information

Client rang the Helpline, he has an appointment for an Angiogram at the Queen Elizabeth the Queen Mother Hospital on 24th of January 2017.

He received a letter from the unit which included the paragraph that after the procedure "You Must have a responsible adult stay with you overnight" but no information or instructions on what to do if an issue arose (and what this might be?). He wrote to the cardiac suite and received letter from the Cardiac Suite Manager stating that he would receive information on how to contact them if he had issues after his procedure on the day he attended the suite.

Client is considering not having the procedure as he feels that aftercare should be provided if a patient is at risk of adverse reaction or not well enough to be discharged then they should not be sent home and instead should be kept in overnight.

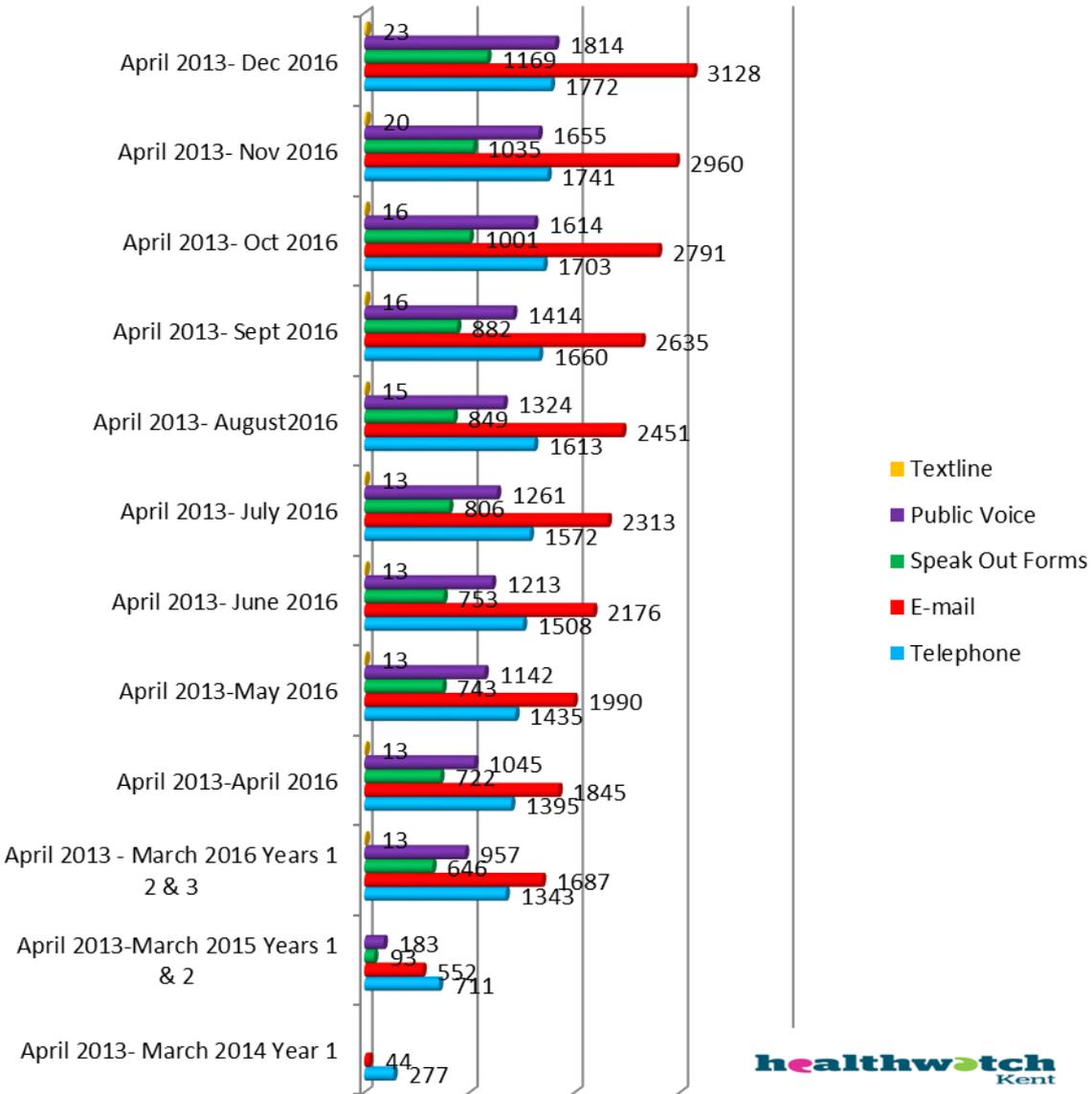
Client feels that the paragraph in the letter should be replaced with "If you suffer any discomfort then contact,...with Tel Number.

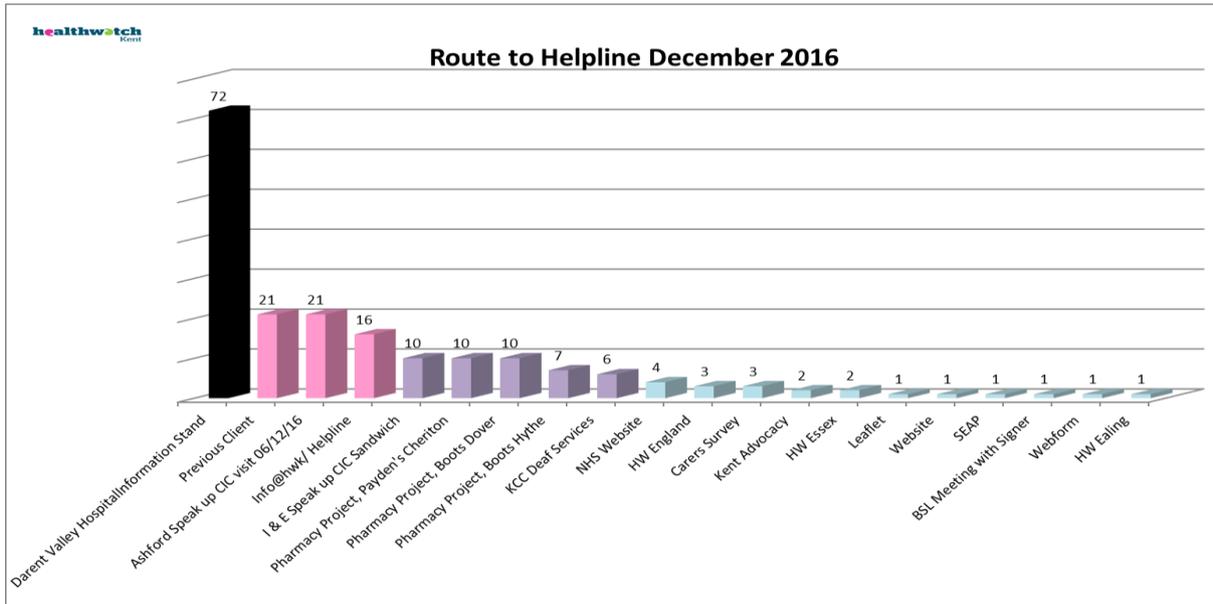
He also feels that he is not the only elderly person that lives alone that may not have the procedure as they:

- a) Have no one to ask to stay overnight
- b) Do not want friends/ relative/stranger in their home overnight.

Client has written to his GP re the situation but as yet has had no response.

## Contacts handled by I & S Team April 2013 - December 2016





## Section 6: Working with Healthwatch England and other local Healthwatch

We had our quarterly meeting with Healthwatch Medway and shared work we are doing re GP appointments and got an update on Medway Hospital