

Monthly Update on our work from Healthwatch Kent

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

How we made a difference

A number of actions have been completed by Maidstone & Tunbridge Wells NHS Trust, following work with Healthwatch Kent.

Activity	Action
Regular quarterly information from patients shared with the Trust	MTW to ensure they are using the intelligence to full effect
Healthwatch involved development of the new ward at Pembury. Raised questions around dignity and privacy	Changes made to the ward as a result of our feedback (privacy curtains and relocation of thank you cards from the sympathy area)
Healthwatch volunteer, Pam, now joining the Local Academic Board	Ensure Clinical staff are more aware of Healthwatch and the importance of what patients want/need. Pam to share feedback from patients directly with this group.

Activity	Action
<p>As part of our work on Winter Pressures. Enter & View visit to Maidstone A&E. Following recommendations made</p> <ul style="list-style-type: none"> • Ensure that all staff are aware of the “Hello my name is “policy and keeping patients informed about their care. • Remove the prescription machine from reception area as it appears to be confusing patients. • Ensure that waiting times are clearly displayed manually on the display board if the electronic screen is not working. 	<p>Healthwatch Kent volunteer, Pam, to raise at the Local Academic Board. The importance of staff introducing themselves to patients is included in triage training for Nursing staff. The practice development Nurse in the department has been engaged in raising awareness to all staff of the importance of introductions. As part of a new initiative a Safety Calendar is being introduced with a monthly theme to remind and encourage staff to consider key aspects of patient care and safety. The theme for September is going to be Communication with an initial focus on the national campaign ‘Hello my name is’.</p> <p>There is a requirement for this piece of equipment to be decommissioned and removed for the asset register of the department- this work is being supported by the estates team and the general manager of A&E who have been liaising with the company.</p> <p>A new electronic display screen has been purchased and will be in place once final IT work has been completed and the new</p>

<ul style="list-style-type: none"> • Add a display board /banner informing patients about the 111 service, nearest minor injuries unit, out of hours GP service and a reminder that department is an Emergency service. • Ensure the new GP triage system gets up and running as soon as possible to provide extra support for A&E. This system must integrate well with the current A&E pathways 	<p>patient administration system has been implemented- this should be in place by end of October. The system will be linked into the A&E IT system which will enable the wait times to be automatically updated. The team are however working through down time procedures if the system did fail following implementation.</p> <p>The A&E matrons are working with the communications team with regards to this recommendation which will improve signage to other services within the accident and emergency services.</p> <p>GPs are now in both departments and there is ongoing collaboration with the GPs and A&E to ensure that appropriate patients are triaged to the GP on arrival as part of the A&E pathway. This is an ongoing initiative that is being monitored closely by all partners to ensure maximum benefit for patients.</p>
<p>As part of our work on Winter Pressures. Enter & View visit to Tunbridge Wells A&E. Following recommendations made</p> <p>Ensure all staff are aware of the “Hello my name is” policy and to keep patients informed about their care.</p> <ul style="list-style-type: none"> • Accurate information must be displayed on the information screens and boards within the department to ensure patients are fully aware of the waiting times. • Install a banner/display board giving information about 111, local Minor Injury Units and reminding patients that there are alternative places to go for care. • Evaluate why patients are returning to A&E with the same issue. Is there another pathway for them? 	<p>Pam to raise in Local Academic Board</p> <p>A new electronic display screen has been purchased and will be in place once final IT work has been completed and the new patient administration system has been implemented- this should be in place by end of October. The system will be linked into the A&E IT system which will enable the wait times to be automatically updated.</p> <p>The A&E matrons are working with the communications team with regards to this recommendation which will improve signage to other services within the accident and emergency services.</p> <p>The Trust has a re attendance target which we are monitored against and is reviewed monthly by the lead Consultant for the department. The rate for the Trust is below 5% which is within target compared to National benchmarks. Any patient who</p>

<ul style="list-style-type: none"> • Ensure the new GP triage system gets up and running as soon as possible to provide extra support for A&E. This system must integrate well with the current A&E pathways 	<p>attends the department within 72 hours of their previous attendance is 'flagged' on the patient information system which alerts the team to the fact that the patient has recently attended.</p> <p>Any patient who is a 're attender' will have a consultant review at the time of re-attendance to ensure the discharge pathway on their initial admission was appropriate. For patients who frequently attend A&E those patients will have a personal plan of care which is reviewed by the consultant on every attendance with input from any other appropriate team within acute and community services. The practice Development sister is undertaking a research project into understanding why patients leave the department prior to being seen - these patients frequently attend the following day when perhaps the units are less busy. This research is in its early stages and the results will hopefully inform future work</p> <p>GPs are now in both departments and there is ongoing collaboration with the GPs and A&E to ensure that appropriate patients are triaged to the GP on arrival as part of the A&E pathway. This is an ongoing initiative that is being monitored closely by all partners to ensure maximum benefit for patients</p>
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How we influenced and worked with others

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	<p>We attended a meeting preparing for the upcoming inspection from the Care Quality Commission. We shared our concerns about A&E and appointment waiting times, along with the movement of patients at night. We also shared our good relationship with the Trust.</p> <p>We were also part of the Diversity & Inclusion Group and agreed to give a second opinion on their Equality & Diversity Framework submission. We raised concern about the lack of progress on the Accessible Information Standard requirements.</p>
Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)	<p>We met with the hospital and CCG to discuss the progress on our project re discharge.</p> <p>We met with the Chief Executive of the Trust to discuss findings re discharge of patients, the difficulties with getting social care and how they work with patients with a learning disability. The</p>

	trust feels patient transport has improved under G4S.
Clinical Commissioning Groups (CCG)	<p>We met Swale 7 Dartford, Gravesham and Swanley CCGS to discuss the upcoming urgent care review, agreed Healthwatch Kent needed to be better involved in the engagement for this. We also discussed some of the challenges from lack of GPs and lack of care homes on Isle of Sheppey</p> <p>We also attended their Finance, Performance & Quality Committee where we shared intelligence about Darent valley Hospital and the community trust.</p> <p>We attended the Quality Surveillance Group where concerns about services are discussed and contributed some of our insights on the main providers in Kent.</p> <p>We agreed to speak at all upcoming engagement events for the county wide review of stroke services.</p> <p>We took part in the Communication and engagement Sub-group of the East Kent Strategy Board, looking for more details of what will be delivered in the community.</p>
Kent County Council Social Care (KCC)	We met with Mark Lobban to get an update on their Transformation Plan and how Healthwatch can help develop solutions with the public.
Care Quality Commission (CQC)	<p>We met with the social services inspection team, where we discussed shared concerns re Deprivation of Liberty assessments and Do Not Resuscitate protocols.</p> <p>We also met with the Mental Health inspecting team and offered to help them get better links with Kent CCGs and share our reports on recent visits to mental health wards.</p>

How we reach out to the public, listen to them and are using their feedback

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

Twitter 1,144

Facebook 986 likes

Consumer newsletter 864 subscribed

Mailing each month to 509 District Councillors and 29% of them read it

We are booking slots for our CEO to present to all the Governing Bodies and NHS Boards across Kent to present about our work and to launch our Engagement Guide

Linked to this we have developed the concept of Engagement Healthchecks for health & social care organisations. This will provide them with a free review of their engagement with patients and the public and make recommendations on what can be improved

We also have a programme of 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:

East Kent Mencap Event	Faversham	04/08/2016
New Romney Library (Morning)	New Romney	19/08/2016
Cheriton Library (Afternoon)	Folkestone	19/08/2016
Darent Valley Hospital - Information Stand	Dartford	31/08/2016

We have had contact with **184** people this month via telephone, email and face to face Public Voice visits.

Volunteers

There are currently 76 volunteers with Healthwatch Kent four of whom were interviewed this month. No volunteers left although three have had to step back from their activities for a period due to health or other pressures.

External representatives

2 volunteers attended Tonbridge & Malling Seniors Information & Advice Day and gave information to about 30 people

One of our volunteers contributed to the discussion at the WK CCG Co-hosting meeting Hospital Information Stands

4 of our volunteers manned the information stand at QEQM speaking to about 20 people as they made their way in and out of the hospital

The first monthly Information stand was held at Darent Valley Hospital asking people about their experiences of the hospital in general and specifically about discharge. 2 volunteers and a member of the Information and Signposting service manned this.

Working with our service providers

5 volunteers met with representatives from Darent Valley Hospital as part of the various teams working with providers to improve services and two of these also met with the CEO A volunteer attended EKUFHT's pre-CQC inspection presentation and four others were part of KCCs focus group

Area Team Meetings

18 Volunteers attended their local area team meetings to review what was happening in their area and discuss what local improvement initiatives they, through Healthwatch Kent, could be effective in promoting or initiating. In Thanet they are continuing looking at the effect on patients of GP closures and Ashford and SK Coast are beginning a programme of visiting community groups to improve Healthwatch Kent outreach and gather public experiences.

Working Groups

6 volunteers took part in the Deliberation and Directions group that decides on which projects Healthwatch Kent will take forward as well as reviewing the progress of current projects.

The seven members of the volunteer Development Group provided insight on various topics including Hot Topics development programme, the External representatives programme and prioritization of meetings

Project Meetings

A volunteer met with 2 members of staff to discuss the first Physical Disability forum which is taking place in October.

Another volunteer met with Maidstone and Tunbridge Wells Hospital trust to discuss forthcoming Enter and View visits

4 Readers helped by proof reading reports

Training

Equality and Diversity Training was given to 2 Volunteers and 1 member of staff

4 volunteers attended an Induction held on a Saturday to accommodate volunteers who work.

Enter and View Visits

One visit was carried out to the new Bluebell ward at St Martins Hospital Canterbury where two volunteers spoke to patients and staff. A report on this visit will be available shortly.

5 members of the Enter and View Team met to plan and organise our visits into Outpatient clinics at Tunbridge Wells and Maidstone Hospitals. These visits will take place in September.

How we use public and stakeholder views

Project progress

The project on the Children & Adolescent Mental Health Service is now closed and the initial draft report was received at the end of May. Next steps are currently being worked on with Healthwatch Kent and the contract holder of the service.

As requested by Darent Valley Hospital a second phase of the discharge project is currently underway, to increase the number of patient experiences gathered when using the discharge process. These visits will be completed by the end of October and a draft report of the findings will be compiled.

The General Practitioner (GP) project visits have now been completed. Our volunteers visited 3 surgeries on the South Kent Coast and spoke to a number of 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 are currently being drafted with a report due to be published by the end of October.

Healthwatch Kent carried out an initial End of Life Care project earlier in the year. The findings of this project mainly focused on data and interviews with providers and organisations providing the care. One of the recommendations from this initial work was to carry out a second phase of the project to gather public views about the end of life care process. We had a project planning meeting on 12th September with the volunteer sponsors of the project. At this meeting it was agreed that we would use the National questionnaire recently completed by the NHS Trusts as a basis for our questionnaire for the public. We are currently identifying community groups to visit to ask the public for their experience of end of life care and what they would wish for, when facing the end of their life.

The Mental Health out of County Bed project has now been completed and the report is awaiting publication. An action plan has been drafted to take forward the recommendations which will be shared with the provider of the service, Kent and Medway Partnership Trust. Healthwatch Kent will discuss the recommendations with the Trust and keep carers groups and other organisations up to date with the outcomes.

On the 5th October 2016 the first county wide Physical Disabilities forum will take place at the John Gallagher Football Stadium in Maidstone from 11.00 to 15.00. We are actively promoting this event via our website and by contacting all the identified disability organisations. Attendees will have the opportunity to have their say about the services that are provided to them and plan next steps for a continuation of the forum.

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 draft framework for our volunteers to use to assess how PPGs are progressing. Once we have had

an initial meeting and completed the framework with them, we will be able to offer some advice on how to progress.

Healthwatch Kent has asked the Five Health Trusts and Kent County Council (KCC) to fill in a table showing how they are progressing against the Public Ombudsman for Health and Social Care ‘Five step Plan to Complaints’ which all organisations have signed up to. The findings of this report are due to be published at the end of September.

Healthwatch Kent are currently drafting interview questions to ask members of the deaf community what their experience has been when using the British Sign Language ‘I need a BSL interpreter’ card have been in terms of accessing interpreters. The idea of the card is that when shown an interpreter should be available for them at their first appointment.

The Care Act 2014 came into effect on 1st April 2015 which entitles all main carers who have caring responsibilities to request a Carers Assessment. This assessment is a key gateway for accessing help and support services to assist carers with their caring duties. We are currently in contact with the 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. Following on from this initial research, Healthwatch Kent will be talking to a variety of carers group to see if people know about this entitlement, if they have been offered a Carers Assessment and if so how useful has it been for them.

Following a meeting with Kent County Council (KCC) to discuss the integration of health and social care, Healthwatch Kent have agreed to carry out some work to find out if members of the public who are in receipt of health and social care services have seen an improvement in their services. The project plan has been drafted and identified four schemes in the county to investigate. This draft will be sent to KCC shortly, so that they can agree the planned activity and the schemes identified as part of the project.

Providing Information & Signposting

<p>Number of Contacts This month: 184</p> <p>Accumulative Year 4 To month end: 1563</p> <p>Total accumulative: 5466</p>	<p>Public Enquiries: Telephone: 41 E-Mail: 9</p> <p>PV contacts: Telephone: 3 Email: 8 Forms: 13</p> <p>HWK General Contacts: 110</p>
<p>Public enquiries response rates:</p>	<p>Telephone: Same Day: 38 1 day: 3 2 days: 0 3 days+: 0</p>

	Email: Same Day: 6 1 day: 2 2 days: 0 3 days+: 1
Signpost and advise the public to assist navigate the health & social care services in Kent.	Enquiry Themes (Multiple topics can arise per contact) A: Local Health/Social Care Services: 14 B: Rights/responsibilities: 2 C: Complaints: 9 D: Complaints Advocacy: 10
Provide a quality service that meets range of needs using a variety of formats.	1: Provision of contact info: 9 2: Research information: 17 3: Referral: 10 Case Study: Disjointed Prescribing Practices. Client feedback: Out of 36 clients who were invited to comment 25 responded, 17 very satisfied, 2 wanted to comment once acted on information provided and 6 no response.
Provide A Quality Service Accessible to All:	Route to the Helpline Year (Chart attached)
Public Voice:	Your Comment Counts Forms: 13 Events Attended : 4 Total number of individual feedback contacts collated : 63 (Incl. Letters/Tel/Email/Feedback from External visits and Forms)
First point of contact service activity:	HWK General (volunteers/engagement/invitations/info-sharing by external organisations): Tel & Email: 110 Admin (internal signposting/info sharing) Tel & Email: 45

Working with Healthwatch England and other local Healthwatch

At their request, we have shared our processes on acting as a critical friend in consultations with Healthwatch Blackburn with Darwen.