



Monthly Update the work of **healthwatch**
Kent

This report gives examples of the things we have achieved in January 2018

Section 1: How we made a difference

We have had **416** contacts this month via telephone, email and face to face visits.

<p>We escalated a case of concern about NRS Equipment Services</p>	<p>We raised this with NRS and the commissioner KCC</p>	<p>Client received an apology and one of the learnings agreed was that that in future NRS would feedback an incident of this nature to the commissioners as soon as possible in order to enable them to consider any action.</p>
<p>A patient had told us that they had no-one to look in on them at home in the days after surgery, as per the hospital policy. They also said this requirement had not been explained at pre-op assessment. In addition to this the appointment letter and reminder had different entrances to use on them.</p>	<p>We shared this with East Kent Hospitals.</p>	<p>The trust asked us to apologise to the person and said that they should have been given a home care package or a bed in a community hospital bed and this discussion should have taken place at pre-op assessment. They will look into how expectations are pitched at pre-op assessment to make sure patients are getting the right information. There is a lot of work going on in with appointment systems but they will also refer these letters to the trust information group.</p>

Influence:

- West Kent Clinical Commissioning Group (CCG) are going to sign the Time to Change pledge. We been encouraging them to do this along with other CCGs.
- We shared our GP closure guide with West Kent CCG
- We shared out intelligence with the Care Quality Commission to help inform an upcoming inspection and linked them with Healthwatch Medway
- We met with East Kent Hospitals University Foundation Trust about the need to have some narrative for breaches of complaints response targets to understand why that happens. More complex cases need more time. We said that whatever the process is keeping the complainant involved throughout was key and action as a result was more important than timescales providing they were reasonable. We suggested a pre-emptive letter sent to all patients who have had operations cancelled to thank them and explain why and next steps. This was agreed.

Section 2: How we influenced and worked with others

Opportunities where we influenced the key strategies across Kent and worked with and influenced providers and commissioners:

Meeting	Date of Meeting
Darent Valley Hospital and Dartford Gravesham Swanley Care Home Collaborative Working Meeting	04/01/2018
Sustainability & Transformation Partnership Programme Board	08/01/2018
Meeting re Live Well and Kent & Medway Partnership Trust mental health services	09/01/2018
KCC Consultation Team & Public Health	09/01/2018
Integrated Urgent Care Programme Board	10/01/2018
Thanet Health & Wellbeing Board	11/01/2018
Sally Smith and Jane Christmas Chief Nurses East Kent Hospitals University Trust	12/01/2018
Accommodation meeting	12/01/2018
Kent County Council Sensory Services	12/01/2018
Prescription Services & Patient Participation Group Chairs	17/01/2018
East Kent Hospitals University Trust Complaints steering Group	18/01/2018
East Kent Hospitals University Trust Patient Experience Committee	18/01/2018
Healthwatch Kent Steering Group	18/01/2018
Swale Primary Care Commissioning Committee	19/01/2018
East Kent Hospitals University Trust Diversity & Inclusion Steering group	22/01/2018
Swale Clinical Commissioning Group Patient Liaison Group	23/01/2018
Swale Clinical Commissioning Group Patient Liaison Group Cancer Steering Group	25/01/2018
Kent Community Health Foundation Trust quarterly meeting	24/01/2018

Maidstone & Tunbridge Wells liaison meeting	24/01/2018
West Kent Clinical Commissioning Group Comms & Engagement Committee	24/01/2018
Deaf Community Access Project Support Group	30/01/2018
South East Healthwatch Network meeting	01/01/2018
Kent & Medway Partnership NHS Trust Trust-Wide Patient and Carer Experience Group	05/02/2018

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

This month we had 416 contacts with the public.

We have a programme of engaging with the public and hard to reach groups face to face. In April we visited:

09 January 2018	Ashford Volunteer Area Group meeting
12 January 2018	Hayley Coldwell Dental Nurse/ Oral Health Promoter Medway Community Healthcare
13 January 2018	RBLI - Information and Advice Day Headcorn
25 January 2018	Healthier Lilliott Invicta Health Community Interest company, 1 Northgate, Canterbury
25 January 2018	ASIST Suicide Prevention & Awareness training Chatham
30 January 2018	Coffee Caravan, Laddingford, Maidstone

Section 4: How we use public and stakeholder views

Kent wide

We have done some research on complaints carried out by other Healthwatch's and given our findings to the Chair of the Kent and Medway Complaints managers meeting. We continue to work with the meeting to decide a way forward

Four young people from Queen Elizabeth Grammar School, Faversham are drafting some questions around health and social care, to poll their peers about what aspects of health and social care are important to them.

The Physical Disability forum will hold a full forum meeting on March 23rd, 2018, speakers are currently being sought. The forum has been invited to feed into national disability policy by the All Party Parliamentary Group for Disability. To date one volunteer has shown an interest

The volunteer timeline which was drafted as an outcome of the volunteer survey, continues to be monitored at monthly team meetings

Our 'help cards' continue to fly off the shelf with over 1700 delivered to date

We continue to assess what Neurological services provide, these services straddle different services, so care is needed to pinpoint exactly what we will be looking at in terms of project outcomes. A project plan will be drafted in February

West Kent

We will continue to monitor the outcomes of our West Kent Discharge project

East Kent

We have summarised our recommendations from the GP surgeries in the South Kent Coast area. These will be sent to volunteers in the South Kent Coast area for discussion with local GP Practice Managers

As part of our East Kent Discharge project, further community visits need to be planned

We have now carried out 18 of the 24 enter and views into care homes across the county. This is part of the national Independent Age project.

February activity planned

Kent wide

We are still trying to speak to G4S - we have raised the lack of communication with the CCG about the lack of response

We will be continuing our care home enter and view visits this month, and re-scheduling 3 that were stood down for many reasons

Our Big Red Bus replacement is currently being planned by our sister company 'Engage'. This will not now take place until the Spring of 2018

We will start to plan how we will do further Accessible Information Standard visits to the other Trusts and KCC.

West Kent

We are asking up to 1000 members of the public a series of questions about how they find the right service for them, is information readily available? what do they do if they are unsure? and how is the best way to communicate with them? We will also be asking the providers and commissioner how they communicate with the public. This is live, but we have only had limited update to date. We are thinking about other ways to get people to give us their views

We will get our live 'doodle poll' out to young people this month to find out what health and social care services are important to them

North Kent

Our Virgin Healthcare project is now live, with 700 packs delivered to the Isle of Sheppey which will be distributed by healthcare staff to ask patients for feedback on their care at home. All packs have now been distributed. Unfortunately, we have only received 18 responses returned. One of our volunteers has agreed to collate the responses. This project will close at the end of February 2018

East Kent

As part of the East Kent discharge project we have one further visit booked in to the QEQM on 20th February to talk to patients. We are checking volunteer availability to attend the three Intermediate Care Centres including Westview in Tenterden, Broadmeadow in Folkestone and Westbrook in Thanet, to talk to patients about their experience of discharge from hospital.

Following our interim update on access to health and social care focusing on the Eastern European population in Thanet, we met with Thanet CCG in August and agreed to alter the draft report slightly to give it a more balanced view. This was published in December and another meeting with the CCG is due to take place on 23rd February

We met with EKHUFT and have agreed to split the Accessible Information Standard (AIS) report that we did as part of a Kent wide project into various issues such as comments relating to AIS, Estates and other services

Section 5: Providing Information & Signposting
Information & Engagement Service Monthly Report: January 2018

<p>Number of Contacts This month: 416</p> <p>Accumulative Year 5 To month end: 7618</p> <p>Total accumulative: 12,020</p>	<p>Public Enquiries: Telephone:12 E-Mail:10 Texts:7</p> <p>Public Voice contacts to Helpline: Telephone: 43 Email:29 Forms:80 Webform:9 HWK General Contacts: 148</p>	<p>Provide A Quality Service Accessible to All:</p>	<p>Route to the Healthwatch Kent (Chart attached)</p>
<p>Public contacts response rates:</p>	<p>Telephone: Same Day: 53 1 day :0 3 day+:2</p> <p>Email: Same Day: 39 1 day : 0 2 day+ :0</p>	<p>Public Voice:</p>	<p>Your Comment Counts Forms (incl. Web): Events/visits Attended: 4 Total number of individual feedback contacts collated: 186 (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)</p> <p>(Engagement Chart attached)</p>
<p>Signpost and advise the public to assist navigate the health & social care services in Kent.</p>	<p>Enquiry Themes (Multiple topics can arise per contact) A: Local Health/Social Care Services: 11 B: Rights/responsibilities: 1 C: Complaints: 4 D: Complaints Advocacy: 15</p>	<p>First point of contact service activity:</p>	<p>HWK General: 148 (volunteers/engagement/invitations/info-sharing by external organisations):</p> <p>Admin Tel & Email: 71</p>

			(internal signposting/info sharing)
<p>Provide a quality service that meets range of needs using a variety of formats.</p> <p>Satisfaction😊</p>	<p>1: Provision of contact info: 1 2: Research information: 14 3: Referral: 15</p> <p>: Out of 22 clients who were invited to comment 15 responded and were very satisfied with the service they received.</p> <p>:Case Study: Access to Information Pre and Post Operation (Update)</p>		

Case Study: Access to Information and pre and post operation

Update following complaint resolution January 2018:

Client copied to Healthwatch Kent the letter he received letter from Chief Nurse & Director of Quality at EKHUFT regarding his complaint:

“The information leaflet for aftercare following surgery explains that the patients hand will be heavily bandaged and must be kept dry for 48 hours; however, she feels that it should updated to ensure patients who live on their own are fully aware that support may be required following surgery. This would give them the opportunity to arrange the appropriate support and also contact their GP to see what help is available, so that they can make a fully formed decision. I can confirm that this has been fed back to Mr. XXX for reflection and learning, and to prevent this from happening in the future. The leaflet information will be re-assessed and updated”.

Healthwatch Kent Action:

Healthwatch Kent raised issue at a periodic liaison meeting with the Chief Nurse and updated client following this discussion;

Dear XXXXX,

We now have an update for you, our intelligence lead has liaised with the Trust and here are the actions agreed around your complaint from the discussion with the chief nurse at EKHUFT:

- She told us that if someone really didn't have anyone to check in on them after surgery then the process that should be followed is either the patient would go to a community hospital for a few days after surgery or the Integrated Discharge Team would organise a package of care to visit patient at home. She apologised if this wasn't offered /suggested. There has been quite a bit of work on discharge at the Trust recently.
- They have had another complaint about expectations at pre-op assessment so has it on her radar to investigate the information being discussed at that point.
- Also shared point about appointment letters. Chief Nurse will check if the Trust Information Group still exists. If they do, then they will use the example in a wider review of appointment letters.

We hope that this is a satisfactory outcome for you.

CHARTS TO ACCOMPANY JANUARY 2018 PERFORMANCE REPORT

Chart One:

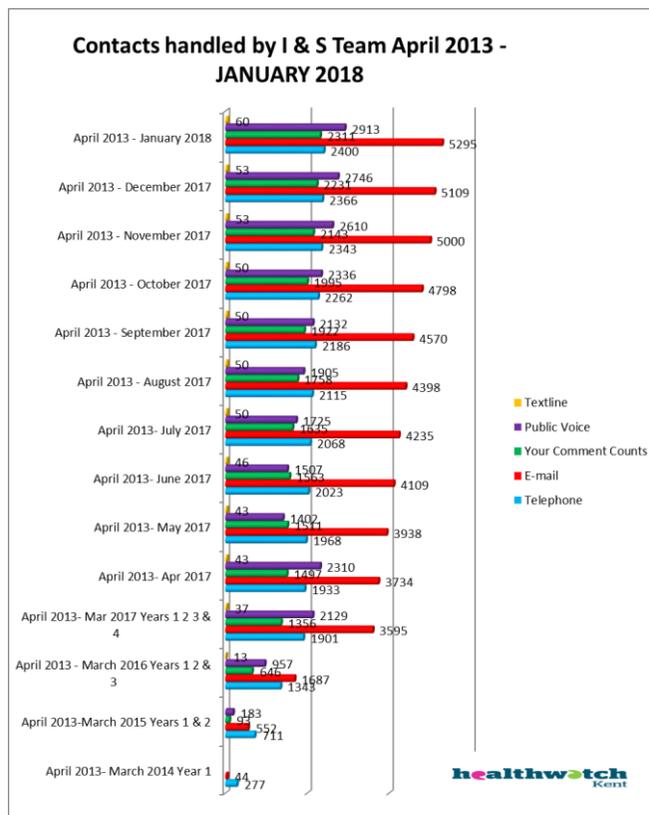


CHART THREE:

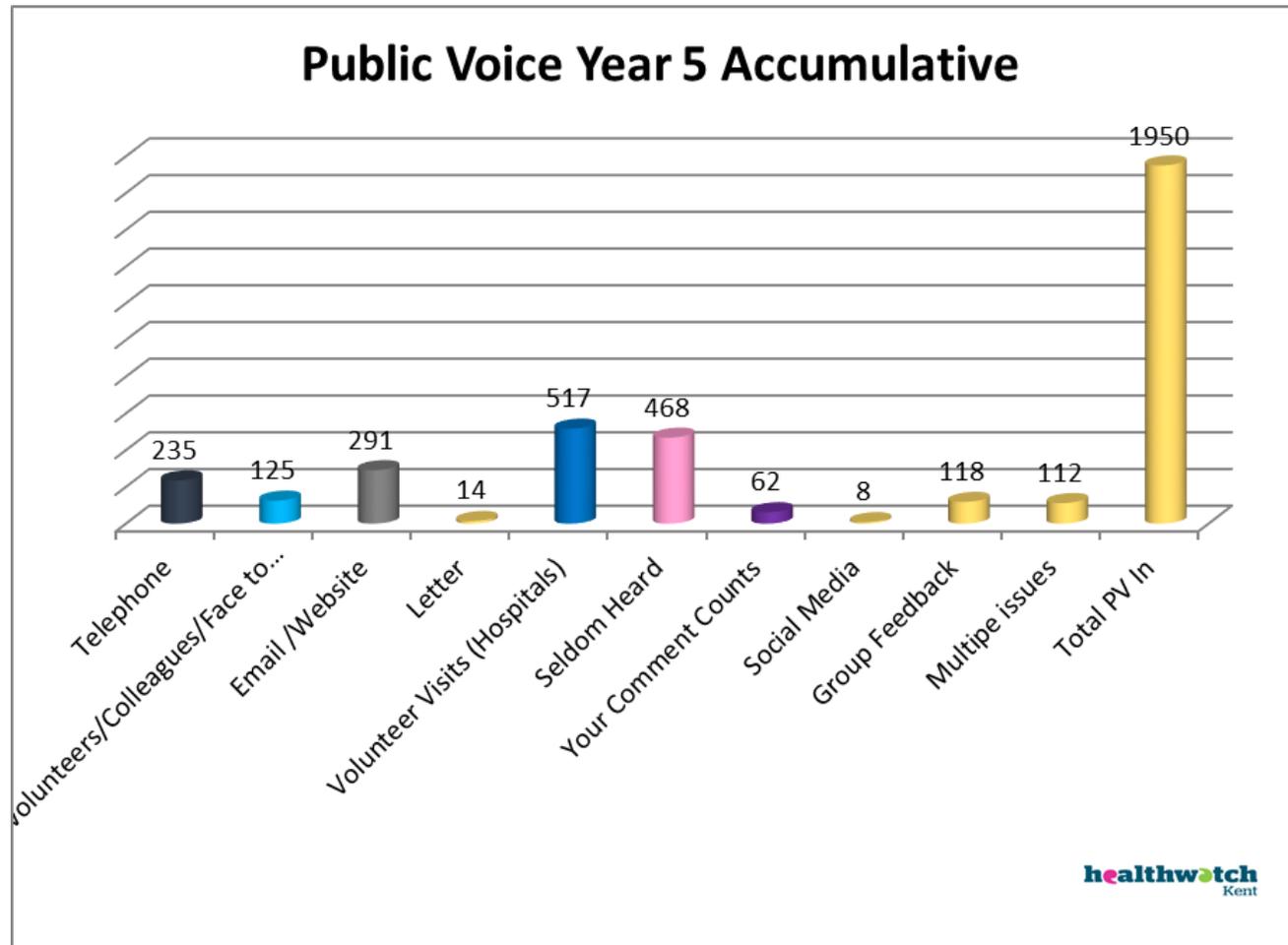


CHART TWO:

