



Monthly Update on our work from Healthwatch Kent

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

How we made a difference

In July we met with Kent & Medway Partnership Trust, which provide mental health services. We met with the Director of Nursing and Head of Patient Experience.

We got updates on changes that had been implemented following our enter & View visits to their secure wards (<http://www.healthwatchkent.co.uk/projects>)

- The best practice on welcome packs is being shared across all units.
- Therapeutic staffing is now up and running in Canterbury and Maidstone with senior OTs and additional staff. A programme of activities that continue into evenings and weekends is being developed. Staff are difficult to recruit in Dartford so this has not happened here yet, but a recruitment company is helping KMPT look at how to attract and retain staff from the London Weighting areas.
- Smoking spaces have been created on each site to address the issues with going smoke free. The goal is to be smoke free but this addresses the concern of patients who would not be admitted because they could not smoke.

More detail is below:

<p>Following feedback from patients and carers, we undertook a series of Enter & View visits to Littlebrook Hospital.</p> <ul style="list-style-type: none"> • More age relevant OT activities in the communal room - e.g. games, card games, more interesting colouring and art pursuits e.g. therapeutic adult colouring books. Activities in the evenings and at weekends. Ensure that service users are aware of all of the OT facilities, including those outside the ward. • Update the Welcome Pack and ensure that all Service Users have access to a copy, and encourage staff to remind them about the contents. The planned update could include more detailed OT information including reference to gym facilities, Skype availability and the addition of Healthwatch Kent to the list of useful agencies. Also it would be beneficial if a small leaflet of essential information could be provided for carers to take away with them. This could even be done by patients as an OT activity 	<ul style="list-style-type: none"> • Weekday Activity schedule looks comprehensive- 10 activity boxes provided to each ward. Patient feedback used to inform types of activity. Still need reassurance about the provision of evening and weekend activities. • The best practice on welcome packs is being shared across all units.
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<ul style="list-style-type: none"> • Under the new staffing regime planned for spring 2016, attention should be given to staffing levels, to ensure that Section 17 leave is available as recommended in the care plan. • A further Healthwatch Kent initiative to explore the views of carers and families about Cherrywood Ward, and any visiting/transport issues. The Enter and View team were unable to speak to any carers. We would very much like to hear from them about their experiences too. 	<ul style="list-style-type: none"> • Staff are difficult to recruit in Dartford so this has not happened here yet, but a recruitment company is helping KMPT look at how to attract and retain staff from the London Weighting areas. • Littlebrook gave out 10 packs in March 16 to families and Carers linking in with HWK's Mental Health DTOC project (0 returned)
<p>Following an Enter & View visit to Priority House we made the following recommendations:</p> <p>The Welcome Booklet for patients is attractively produced and contains a lot of useful information, but unfortunately most respondents could not remember seeing a copy. The information in it could be reinforced by having copies widely available in the communal area, and for staff to remind patients of its existence. Enter and View Report</p> <ul style="list-style-type: none"> • The OT activities were much appreciated, but it would be even more beneficial if a small programme of activities could be made available during the evenings and at weekends. This may be resolved under the new Therapeutic staffing regime next year. • A designated smoking area in a quiet corner of the grounds with a shelter, would mean that patients were not congregating outside the main entrance to smoke. • Healthwatch Kent will consider ways to talk to carers in order to get a more complete view of the facilities and visiting issues. This could be by attending the Carers' group, or by an initiative to research carers' views via a questionnaire. 	<ul style="list-style-type: none"> • The best practice on welcome packs is being shared across all units. • Therapeutic staffing is now up and running in Canterbury and Maidstone with senior OTs and additional staff. A programme of activities that continue into evenings and weekends is being developed • Smoking spaces have been created on each site to address the issues with going smoke free. The goal is to be smoke free but this addresses the concern of patients who would not be admitted because they could not smoke. • Healthwatch Kent attended a local Triangle of Care meeting. • Packs were handed out to carers and families inviting feedback as part of the DTOC project(0 returned)

There were also further updates following on from our meeting with East Kent Hospitals University Foundation Trust:

<p>Following 2 Enter & View visits to A&E - QEQM we made the following recommendations</p> <ul style="list-style-type: none"> • Continue to work with the staff on the culture change programme, ensuring monthly meetings with staff are fully supported and the staff involvement in the day to day service being provided in A&E continues to increase. • Look at how the availability and use of the Discharge Lounge can improve the flow and therefore the experience of patients in A&E. • Resolve the issues around discharge at night time. Healthwatch Kent requests a copy of the Discharge Policy. 	<p>Improvements especially in staff FFT. New leadership is helping. Healthwatch to look at CQC findings.</p> <p>Working well. Trust is looking to extend criteria of those who can use it. Has 4 beds in it.</p> <p>Ongoing work to review night time discharges and movement on wards at night, As a policy no discharges at night, especially elderly and frail. It is featuring in complaints however. If HWK get feedback of this happening in places other than CDU and ED to let Sally know.</p> <p>40 new beds, many of which in Augustine Ward. Staff have been recruited to and are predominantly for people fit for discharge, including dementia patients and DTOCs.</p>
<p>Following 2 Enter & View visits to A&E - William Harvey we made the following recommendations:</p> <ul style="list-style-type: none"> • A system to address the waiting time for test results needs to be implemented. This appears to be a cause of lengthy delays 	<p>-Building Work completed mid July 2016 -Paediatric staff have been recruited to ED. -Looking to recruit volunteers to help deliver food and hydration in A&E</p> <ul style="list-style-type: none"> • The feeling is that this is more about staff keeping patients that are waiting for test results informed. Are trying to address and remind staff. • Looking to expand and increase opening hours- although there are

<p>At our earlier visit, staff talked to us about the trial of a new Surgical Assessment Unit to reduce the pressure of A&E by patients who required readmission following surgery. Healthwatch Kent would like to see feedback from this pilot and understand the next steps for this service.</p> <ul style="list-style-type: none"> • There was still no obvious information in the entrance to advise patients of conditions that could be treated by own GP and raise awareness of 111. 	<p>costs related to that. Really good FFT feedback. Some thought being given to doing something similar at QEQM. Very successful and has markedly reduced admissions.</p> <ul style="list-style-type: none"> • Might be on screens. Won't be on walls yet as building work still going on. Staff do try and remind patients as much as possible.
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How we influenced and worked with others

Stakeholder	Update
<p>Maidstone & Tunbridge Wells NHS Trust (MTW)</p>	<p>One off meeting with Sarah Overton (Head of Strategy) and Claire O'Brien (Deputy Chief Nurs Influence : Nicky facilitated and opportunity for them both to meet as they had not met and THE Corporate nursing team had no awareness of the new MTW Strategy</p> <p>New strategy is very culturally driven and doesn't actually contain much significant change so will not impact directly on the public First draft of strategy gone to Board, 2nd version going in September Will then share with staff before publishing in Christmas time INFLUENCE : Nicky raised concerns again about lack of engagement strategy and staff</p>
<p>Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)</p>	<p>We attended the Patient Experience Committee where we provided an update on our enter & view visit to A&E. Question - are complaints looked at in terms of special needs of patients? A - not specifically but recently Paediatric ED received training on making reasonable adjustments eg. allowing children with special need to wait in a car to be called.</p>
<p>Kent Community Health Foundation Trust (KCHFT)</p>	<p>We attended the Sandgate Road over 75 service Steering Group Influence: Robbie suggested to the group that the main desired outcome was to improve quality of life for patients as sometimes with this age group interventions are not always about making people live longer. Quantitative indicators were decided on Limits to what joint working could be done without a pooled health and social care budget.</p>

	<p>It was agreed that the practice assessment would be used and then shared with community nursing and Social services with clients permission.</p> <p>KCHFT quarterly liasion: In conversation district nurse manager mentioned that assessments for Continuing Healthcare take a lot of time. Continuing care team then do their own assessments anyway. The Edenbridge Medical Centre consultation was discussed so we were up to date. Steve booked to present to Governing Body on Sept 13th Adult Community Care in North Kent switching to Virgin from Sept 5th All KCHFT senior management from that team have now left. KCHFT are flagging concerns about the handover BSL Cards Updated about our plans to review the success of the BSL cards. KCHFT very welcoming HWK will need to visit deaf groups to gather feedback Language Cards Nicky shared feedback from Thanet that GPs were dismissing the cards and refusing translation services Bev recently visited a Nepalese group in Ashford who were having translation issues with the GP Practice HWK feedback Our volunteers are working well on the PEC Agreed to invite our rep to attend our quarterly meetings to help spread the knowledge KCHFT nearly ready for Accessible Information standard. Kent wide forum has been meeting regularly KCHFT doing lots of work around Carers. Jill Atwell from Carers Support has facilitated discussions for KCHFT staff on how to support carers and what KCHFT offer for staff who are carers. Very successful sessions so far. KCHFT welcomed out Carers Project</p>
<p>Kent & Medway Partnership Trust (KMPT)</p>	<p>We met with the new director of nursing. We summarised the progress so far with KMPT and the reports we had produced. Discussed aim for HWK to look at community teams, due to be re-inspected later this year by CQC so may not want to enter & view yet. Experts by Experience have visited all teams and some teams have peer reviewed each other. Quality account has been published, we advised that HWK had not seen it or provided a comment. We discussed our work on engagement, Janet informed us that a new community engagement strategy has just been drafted.</p>

<p>Clinical Commissioning Groups (CCG)</p>	<p>We met with Thanet CCG: They will be co-commissioning GPs and have a Primary Care Panel, may be place to share HWK feedback Meeting being sought/already set up with Oena Windibank, development board starting to meet, Ailsa to discuss with Oena.</p> <p>INFLUENCE: Discussed role of HW in engagement , use of PPGs etc. Discussed how HWK could help with ideas for engaging in strategy.</p> <p>Oena Windibank came and talked to the Thanet Area Team about The Thanet Integrated Care Organisation.</p> <p>She also consulted Steve Inett on how Healthwatch Kent thought the vascular and stroke consultations should progress in light of the conflicting timetable of the Sustainability & Transformation Plan</p> <p>We attended the East Kent Strategy Board to discuss the case for change and how to distribute it amongst our networks.</p> <p>We attended the Dartford, Gravesham & Swanley CCG Primary Care Commissioning Group where the commissioning of GP contracts was discussed.</p> <p>We also attended da forum to discuss the Sustainability & Transformation Plans</p>
<p>Kent County Council Social Care (KCC)</p>	<p>We met KCC re developing the new Adult Social Care Strategy. They are just about to start developing it and aim to consult on the document in September/October. They would like our help putting the document for consultation together.</p> <p>INFLUENCE: we suggested members of the Consultation Working Group might be willing to meet with the KCC team to help decide what goes into the document and how it is worded e.g. that it is relevant to people and easily understandable.</p> <p>INFUENCE: After that, we suggested they take it to a couple of older persons and carers forums in August to test out the strategy and get pre-consultation feedback on it before the formal consultation process. We suggested Tunbridge Wells and Thanet as they are both active and have HWK volunteers involved</p> <p>We met with the Accommodation Services Commissioning Team</p> <p>Older People's Consultation</p> <ul style="list-style-type: none"> • Discussed our feelings about the consultation process and our resulting scrutiny • Both of us felt it wasn't constructive and agreed that many learnings had been made • Agreed to involve HWK much earlier in the process in future and to deal direct and not via Consultation team • IMPACT : Offered to review all consultation documents which was well received

	<ul style="list-style-type: none"> • INFLUENCE : Felt our involvement with the Short Breaks programme has been positive
Voluntary Sector	We attended the Dover and Thanet Adult Strategic Partnerships where we got updates on the plans for organising GP surgeries into 3 areas in Thanet.
Health & Wellbeing Boards (HWBB)	<p>We attended Canterbury HWBB.</p> <p>We also attended the Kent board, where the Crisis Care Concordat was discussed.</p> <p>Influence: We raised concerns about the number of people that didn't then need secondary services who had substance misuse/personality disorder/housing issues and prompted a discussion and concerns about alternative places of safety.</p> <p>We also suggested there was a risk of not coproducing a service with users that it may not meet needs and suggested Porchlight might help.</p> <p>Public Health presentation on health inequalities, Steve commented on how proposals would be focussed and it was felt local HWBBs would be the leaders.</p> <p>The Sustainability & Transformation Plan was discussed where we stressed that patients should be involved in the presentations to NHS England.</p>

Healthwatch Kent took part in a project with the Kings Fund and Nuffield Trust.

The project seeks to understand the impact of public spending reductions on social care services over the last five years. The Chief Executive Officer spoke with the researchers to give Healthwatch Kent's view of some of the impacts of funding reductions.

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

We 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.

01/07/2016 KCC Sessions House

12/07/2016 KCC Invicta House

19/07/2016 Faversham Health Awareness Day

21/07/2016 Sevenoaks Library

27/07/2016 The Eden Centre

We have had contact with 277 people this month via telephone, email and face to face Public Voice visits.

Volunteers

Currently 78 volunteers 26 of whom were active this month

3 new volunteers were interviewed, one of whom with special needs, decided that he would prefer the support of an office environment.

2 volunteers and a member of staff attended Induction training and 6 others attended developmental training which included a presentation by East Kent University Hospital Foundation Trust outlining the Case for Change.

2 volunteers attended a governance meeting

12 volunteers from across the county attended meetings or events including Health and Wellbeing Boards, Trust Patient groups, CCG events, GP closure support sessions and talks to Patient Participation groups within GP practices and four others helped with background research

As part of our GP project looking at appointment systems, 5 volunteers carried out Enter and Views to three practices on the South Kent Coast.

2 Volunteers worked with the Kent and Medway NHS Mental Health Partnership helping them improve their services.

How we use public and stakeholder views

Projects

* The CAMHS project 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.

* The initial Darent Valley hospital project was completed at the end of April and the first draft of the report was received at the end of May. During discussions with the hospital it has been agreed to do some further enter and view visits, to gather more patient and relative satisfaction with the discharge process. These visits are currently being planned.

* The General Practitioner project initial stage of carrying out enter and view visits to 3 South Kent Coast was completed at the end of July. We had a good response from all three practices where we talked to patients and staff. We are currently awaiting a draft report of the project.

* The young peoples' research project has been completed. We are looking at ways to take this work forward, therefore further work has been agreed to add more weight to the existing draft project documentation. Volunteers and the paid team have agreed to meet to take this forward.

* The initial End of Life Care project has been finalised, however, it was somewhat limited in terms of gathering patient, families and carers feedback on their experiences of the end of life process and did not look at how people envisage their own death. It has been agreed to carry out a second phase of this project to specifically target patients, their carers and families. We are currently in the process of organising a meeting to draft an action timeline to deliver this project. Volunteers will be used to talk to identified groups and individuals.

* Mental Health out of County Bed project - the second draft report was received in mid-May. There has been some feedback from the Trusts who were cited in this report. Unfortunately, there were no conversations with the Trusts, with information for the project coming from freedom of information requests, therefore further talks are taking place with Kent & Medway Partnership Trust.

* The Integration project has now been completed with all three meetings taking place in three locations across the County. The notes and case studies from this project have been circulated and work is currently underway on an Engagement strategy. It is hoped that organisations will sign up to the strategy in the same way that they signed up to Healthwatch Kent's Consultation guide.

- * The first meeting of a county wide Physical Disabilities forum will hold its meeting on 5th October at the Gallagher Stadium in Maidstone. A draft agenda has been circulated and a meeting to finalise the agenda and to set times for the forum will take place with the project officer on 16th August. Publicity for the event is well underway.
- * The Chief Executive Officer is attending the Dental Network meeting on 8th June to discuss the Dentist action plan going forward. The public leaflet has been printed and is currently being circulated to members of the public.
- * Healthwatch Kent are in the process of visiting some Patient Participation groups (PPG's) to explain the role of Healthwatch Kent and to understand some of the issues they are facing. Further work is ongoing identifying volunteers who may be able to assist some PPG's who are struggling to move their group forward.
- * Healthwatch Kent has written to all the Trusts and KCC asking them to complete a simple table to show how they are progressing towards the Parliamentary Health Service Ombudsman's 'five steps to making a complaint' document. The responses will be put into a report to benchmark how each Trust and KCC are achieving against the plan which will be shared with them all on completion.
- * Our Big Red Bus Tour 2016 - the top three priorities identified by members of the public for what services were most important to them have been added to our work plan for further investigation later in the year.
- * Work is currently underway identifying relevant deaf groups/cafes to visit to find out how successful the British Sign Language cards have been in terms of accessing the cards and using them.
- * Following the implementation of the Care Act 2014 Healthwatch Kent are currently identifying carers groups that volunteers could visit to ask people if they have been offered a care assessment, how the process worked for them and what outcomes have they seen following their assessment. An online survey is also live to gain people's views and the Information & Signposting service will have hard copies of the survey for people to complete when they are out and about
- * We spoke to Kent County Council about their plans for spending the Better Care Fund during this financial year. It was agreed that the original projects identified in the project document could be used, but it was agreed to update the document with more information which has been requested from KCC.

Providing Information & Signposting

Telephone & E-Mail;	Month: 277 Year 2/3/4 to date: 5269 Chart One
Enquiry Types;	A: Local Health/Social Care Services: 28 B: Rights/responsibilities: 1 C: Complaints: 4 D: Complaints Advocacy: 14 E: HW General: 131
Call Response; No. of days	Same Day: 144 1 Day: 2 2 Days:0 3 Days+:1

Work Level;	1: Provision of contact info: 120 2: Research information: 20 3: Referral: 16
Complaints;	NHS: 17 Social Care: 1 Both: 1
Route to the Helpline;	Chart Two
Public Voice;	Speak out Forms : 23 Events Attended : 4 PV contacts logged: 43

Here is an example of how we support people via the Information & Signposting Service:

Client contacted Healthwatch Kent on 2nd June 2016 to share his situation with HWK.

He had passed all the tests with Kent Community Health NHS Foundation Trust, through their District Nurse (in-continance department) and had visited their offices the day before to sort this problem out. **Problem:** unsuitable pads for his situation. He had taken delivery of 9 packs of 50 pads that are no good to him.

The response he received to his requests for urgent ;

“Hythe District Nurse offices are sympathetic, but are hamstrung by Kent's Health Authority's rulings. All people with continence problems are given the same pads, regardless”.

These pads are only for people who have minor problems and not suitable for him. He has had the bottom half of his stomach, pylorus vagus nerve, and the top part of his duodenum removed by surgery in Guys Hospital. Client aged 69 years old he desperately needed help to contact the specific authorities to give him the proper pads. His last abode for 4 and a half years was: Pelham House Residential Care Home where they supplied him with the proper pads.

20th June HWK copied into email “Could you please chase up the delivery of the pads (Molimed Maxi) that are due to be delivered to me soonest? I have heard nothing from you or your colleagues, and the situation is getting quite urgent, (understatement). I still have slightly less than 450 of the useless pads previously sent to me”.

27th June HWK copied into email “this is a rather urgent plea to ask you to chase up the delivery of the MoliMad Maxi pads you are helping to get delivered to me. Reason? At home, (luckily) this afternoon I had a rather bad diarrhoea problem. Obvs. I won't go into the full details, but it all happened in the very short distance between my bedroom and the bathroom next door. Not funny, pads useless, and required me getting rid of all u'wear, and a pair of jeans too. (Beyond saving)”.

11th July HWK copied into email. “Could you please urgently chase up the delivery of (in)continence pads that you have promised will be coming to me? - Nothing has been

heard from your department, and I desperately need the MoliMed Maxi pads. Today I am having to buy, privately, some of these pads, from a medical supply shop in Folkestone. At over £9 for 24, I can't afford it. I am a pensioner, with absolutely no savings”.

14th July email in Client stated that he had still not received his pads but that this was only a delay between one branch of NHS and another but also said that he wanted to contact the head of Kent NHS Healthcare to shake things up and tell them that he possibly may ask for the services of a good Advocate.

18th July telephone call in from client “This afternoon I took delivery of the pads and after inspecting one stated they are exactly what I was waiting for”. Delivery Man told client “from Germany mate!”

26th July email received from client: “Ref: INCONTINENCE PADS FOR NEEDY PEOPLE. All of you at HealthwatchKent have been kept posted all along, mainly about all the mix ups with the wrong type of (in) continence pads that I originally been given by the Kent Health Service. All problems have now been solved, due to the dogged work done by Sara Trow of the NHS District Nurses (Shepway). I have now taken delivery of the proper pads for my situation. At last”.

Action for HWK: With client’s consent included the topic on the monthly Issues Table that is anonymised and shared with KCHFT and the Commissioners of health and social care service in Kent. Internal volunteer lead information gathering group will become aware of the public voice shared with HWK and consider whether this warrants further exploration as many people rely on this vital continence service that has undergone significant changes in last 18 months.

Working with Healthwatch England and other local Healthwatch

We joined the Customer Relationship Management software steering group to help improve the national database for all local Healthwatch

We took part in the Healthwatch Advisory Group meeting which helps inform Healthwatch England policy.