



<b>Healthwatch Kingston Board Meeting (Part A)</b>	<b>Date:</b> Wednesday 20 March 2019
<b>Report Title: Hospital Services Task Group Report (30 January 2019 to 20 March 2019)</b>	<b>Author:</b> Graham Goldspring, Chair HSTG (GG)
<b>PART A Agenda Item 12</b>	<b>Appendices:</b> Task Group Project proposal 2019/20

<b>FOR DISCUSSION AND/OR DECISION</b>
<p>The purpose of this report is to propose a work project for 2019/20, report on the project on Discharge from Kingston Hospital and update on Complaints and Guardianship.</p> <p><b>For consideration:</b> Approval of the project for 2019 -21</p>

- 1. Project on Discharge Survey at Kingston Hospital:** The next phase for another survey period is under way this month until 31 March. We have sent out another 500 questionnaires to Jane Suppiah. We have found that by comparing data between patients who had planned procedures and those who were admitted into ED that their discharge experiences were different. The final report is scheduled to be sent to the Discharge Team at Kingston Hospital sometime in April.
- 2. Kingston Hospital/ Homelessness Work** - Nigel Spalding has met with Sam Finn, Head of the Discharge Team at Kingston Hospital, together with Matt Hatton (Kingston Churches Action on Homelessness) and Guiseppina Donadio (SPEAR Homeless Health Link Team Leader) on 24<sup>th</sup> January to talk about the hospital’s procedures and practices for discharging people who are homeless when they are admitted to hospital. He circulated some notes and I will leave him to report to the Board. I believe there is to be a further meeting next month. The Task Group members are keen to explore ways of including homeless people in our proposed project.
- 3. Complaints and Procedures** - Since my last report, I attended a meeting of the Healthwatch Forum at which we were given more information about the background to the employment of a Freedom to Speak-Up Guardian, employed by Kingston Hospital who is Zoe Brown. I have not had the notes of that meeting to report the substance of this update.

- 4. Project Proposal for 2019/20:** There is a need to accumulate a bank of data, both qualitative and quantitative, about the experiences patients have had around the quality of their journey from admission to discharge. Up to now, projects have focused on snapshot views in Outpatients, A&E and experiences around discharge. What we need is patient experience feedback across all service lines at Kingston Hospital over an extended period. A daunting task for a Hospital Services Task Group of five volunteers! What we have come up with is a long term piece of work collecting information from patients over a period of initially two years with a possible extra year. We want to capture those experiences so that HWK can have the evidence to support the hospital in improving quality of care. Although PLACE carry out surveys looking at the management of wards by staff, I do not see any previous work on capturing experiences of patients in wards. Also there are other target groups which are being identified which would be good to include in this long term piece of work, such as patients with long term care conditions and patients who are homeless. In our approach we would be mindful of the quality priorities in pages 9-12 of the Kingston Hospital Draft Quality report 2019-20.

Therefore, we decided to start off by capturing the experiences of patients in 5-6 wards. The choice would reflect a wide range of patient conditions. The method would be to have teams of two HW volunteers to talk to patients about their care. In addition the current online survey would continue, with some editing to fall in line with our methodology. It occurred to us that patients in hospital for a clinical issue may also have experiences if they have mental health issues or have concerns about referral from primary care. We would like to invite all active affiliates to take part. Issues that arise relating to mental health and/or GP referrals, for example picked up by anyone from another Task Group can take that back to their group and engender a cross task group dialogue. Depending on capacity, this method would be extended to other service lines hopefully to build up a holistic picture of patient experience to inform the work of Healthwatch Kingston. A review and analysis of what has been collected and an interim report would be done in March 2020 and again in 2021. If the project is able to carry on for a third year, then a final report in 2022

We know that we need more volunteers to do such a project. The group has suggested inviting people who have used the hospital services to come into meetings, talk to us about their experiences and invite them to be volunteers. Maybe some patients we talk to would be interested in joining Healthwatch. We also think it would be good to invite HW Board trustees to take part in Enter & View sessions.

Appendix below: **Hospital Services Task Group proposed project work in 2019/20**

## Appendix: Hospital Services Task Group proposed project work in 2019/20

Collect feedback of inpatients' experience of their care in a selected number of wards at Kingston Hospital. The main method will be regular personal interviews (Enter & View) over a two-year period plus an online survey. The aim is to do this also with other target groups across services according to HWK capacity

Criteria for selecting an issue <i>(Staff and Task Group Chairs can help you better understand each question)</i>	Write in your answer	Scoring	Score Given
1. How much evidence is there that this issue is of <u>importance</u> to local people?	<p style="text-align: center; font-size: 2em; opacity: 0.5;">DRAFT</p> <p><b>HWK Past evidence from A&amp;E, outpatients and Discharge experience from wards plus online PE feedback have indicated issues important to patients.</b></p> <p><b>Other evidence from CQC, PLACE assessments, PALs reports, online surveys and Friends &amp; Family tests</b></p>	<p><b>1 = There is no actionable, material, evidence</b> (it is only ad hoc/informal/anecdotal/only word of mouth)</p> <p><b>2 = There are only intermittent reports</b> (there is some informal commentary)</p> <p><b>3 = There are persistent accounts</b> (we have seen a detailed, consistent commentaries)</p> <p><b>4 = There is compelling evidence</b> (we have seen a high volume and/or deeply legitimate and verifiable level of concern)</p>	3
2. To what extent do we <u>believe</u> Healthwatch Kingston can actually <u>make a difference</u> on this issue?	<p><b>Past experience has shown a willingness of Kingston Hospital to be receptive and supportive to our work. It welcomes our evidence to inform their practice.</b></p> <p><b>We can influence by tracking different experiences by patients over a long-time scale by tracking the effect of seasonal demands and staff pressures.</b></p>	<p><b>1 = There is no possibility of making a difference</b> (it is beyond our capacity to influence)</p> <p><b>2 = There is only a small chance that we can make a difference</b> (we might be able exercise some influence)</p> <p><b>3 = There is a good possibility that we can make a difference</b> (we can see how and with whom we can make a difference)</p> <p><b>4 = We are sure we can make a difference</b> (we know the recipient of our report is going to act upon our recommendations and make a difference)</p>	4

<p>3. To what extent does this issue <u>disproportionately</u> affect people who are experiencing greater discrimination/disadvantage/exclusion and/or have the poorest health and social care outcomes.</p>	<p><b>Patients who fit into one or more of the Equality Strands may have disproportionate experiences of services due to discrimination or health outcomes or both. Issues around homeless patients need looking at.</b></p> <p><b>There is little evidence at present, but a long-term survey would give a more accurate indication of concerns</b></p>	<p><b>1 = There is no material evidence</b> (service provision issues affect all members of the public with no disproportionality)</p> <p><b>2 = There is some evidence</b> (There are issues, but these may not be material)</p> <p><b>3 = There is consistent evidence</b> (Persistent and verifiable issues that may not be of the most serious consequence)</p> <p><b>4 = There is overwhelming evidence</b> (Serious, persistent and neglected matters that require strong intervention)</p>	<p>2</p>
<p><b>TOTAL SCORE</b></p>			<p>9</p>

If the total score on the table above is less than 8, then the issue should not be selected as a Task Group project for 2019-20. There is no need to go onto the next page.

If the total score on the above table is 8 or more, then the scoring on the next page should also be undertaken:

Criteria for selecting an issue <i>(Staff and Task Group Chairs can help you better understand each question)</i>	Write in your answer	Scoring	Score Given
4. To what extent does HWK have the <u>capacity</u> to work on this issue?	<p><b>The capacity restraint on HW staff and TG members would be lessened by the long-time scale of the project, enabling surveys and visits to be done according to changing pressures</b></p> <p><b>TG members have had experience on E&amp;V and outreach projects</b></p>	<p><b>1 = There is no capacity</b> (neither HWK staff nor task group members have the capacity – including time and/or the relevant knowledge and skills – to work on this issue)</p> <p><b>2 = There is serious capacity constraint</b> (there is little available resource)</p> <p><b>3 = There is some capacity</b> (HWK staff and task groups members can devote reasonable resource)</p> <p><b>4 = There is no capacity constraint</b> (all the necessary time, knowledge and skills are in place)</p>	3
5. To what extent is Healthwatch Kingston the most <u>appropriate</u> organisation to take up this issue?	<p><b>Volunteer users of services are able to investigate patient experience from the hospital independently and objectively. Healthwatch is unique in obtaining real evidence, particularly through the Enter &amp; View process.</b></p> <p><b>A long-term patient experience survey has, as yet, not been carried out by HW Richmond as far as I know</b></p>	<p><b>1 = The issue is not relevant to HWK</b> (the issue is outside of our remit)</p> <p><b>2 = It might appropriate for HWK to take up the issue</b> (HWK could undertake the work but another organization is already doing the work and/or may be better equipped to do so)</p> <p><b>3 = It is appropriate for HWK to take up the issue</b> (nobody else is doing the work or HWK can complement the work being undertaken by others)</p> <p><b>4 = There is a compelling reason for HWK to take up the issue</b> (HWK is the most relevant body to take up the issue because nobody else is taking it up and/or it is the best equipped organization to do so and/or because the issue needs to be considered by an independent body such as HWK)</p>	3
TOTAL SCORE:			6

If the score on the table above is less than 5, then the issue should not be selected as a Task Group project for 2019-20.  
If the score on the table above is 5 or more, then the issue can be selected as a Task Group project for 2019-20.