

# Agenda

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## Hospital Services Task Group

**Date:** Wednesday 27 July 2016

**Time:** 10am - 12pm

**Location:** Large Committee Room, Kingston Quaker Centre, Fairfield East,  
Kingston upon Thames, KT1 2PT

1. Welcome, introductions and apologies
2. Notes of the meeting held on 29 June 2016 5 minutes
3. Matters arising 10 minutes
  - 3.1. Update on Pippa Collins letter to Duncan Burton
4. Incident Monitoring & Patients' Complaints 10 minutes
  - 4.1. Proposed meeting with PALS team at Kingston Hospital
  - 4.2. To discuss follow up report
5. Health & Social Care Work Programme 2016-17 1 hour 25 minutes
  - 5.1. Progress Reports: Communication & Discharge Appendix A & B
  - 5.2. Discharge & Communications: Enter & View planning in outpatient locations
  - 5.3. To agree and discuss suggested questions for questionnaire Appendix C
  - 5.4. Discuss time frames for visits and agree dates
  - 5.5. Methodology for surveying in the community
6. Any Other Business 10 minutes
  - 6.1. Latest CQC Report on Kingston Hospital

### DATE OF NEXT MEETING:

Wednesday 7 September 10am - 12pm

## Healthwatch Kingston upon Thames

Notes on the Hospital Services Task Group Meeting  
 Wednesday 29 June 2016 10:00-12:00  
 At Healthwatch Kingston Meeting Room

**Present:**

Graham Goldspring, Chair	GG	Pippa Collins, Active Affiliate	PC
Nigel Spalding, Trustee	NS	Laura Bond, Active Affiliate	LB
Glenn Davies, Active Affiliate	GD	Anne Blanche, Active Affiliate	AB
Marianne Vennegoor, Active Affiliate	MV	Stephen Hardisty, Manager	SH
Jo Boxer, Active Affiliate	JB	Diva Shah, Research Officer	DS

ITEM		Action
1.	<b>Welcome and Apologies</b> Apologies received from Marita Brown	
2.	<b>Notes of the last meeting and actions held on 18<sup>th</sup> May 2016</b>  2.1. Notes of the last meeting were agreed as an accurate record of proceedings	
3.	<b>Matters Arising</b>  3.1. No matters arising	
4.	<b>Incident Monitoring &amp; Patients' Complaints</b>  4.1. Task group reviewed PALS report (Patient Advice and Liaison Services report) on complaints and incident monitoring at Kingston Hospital Foundation Trust. Group ascertained that PALS reports were messy, contradictory and lacks follow on from previous report. PALS reports also from users' point of view - we don't know the Trusts' responses to the complaints. Or how complaints have been upheld. HSTG can look at ways of simplifying PALS Report.  4.1.1. GG: PALS reports are raw data of complaints that mention "no clear themes recognised". Yet, there are clear themes that do come up across the whole report. Such themes are 'diagnosis' and 'communications and appointments' (page 1). Page 8 of PALS report - the reasons for complaints not upheld have not been provided in the report. Page 10 and 11: the improvements in appointments are relative - improvements in appointments are not the picture you get when reading the report. There's no comparative measure provided in reports - longer term comparison.  4.1.2. PC: what does an "incident" mean? How is it coded? A Sister should be working on trends within ward level, for example if a person is overdosed, is this	HWK / PC

	<p>logged? As the Healthwatch England report noted, a lot of people are not voicing incidents.  GG: possible under reporting due to a fear of repercussions against the complainant.  PC: this comes back to having good training of nurses.  JB: things have improved; very impressed with general care and approach of nurses. Improvement in A&amp;E.</p> <p>4.1.3. NS: These reports may be written for hospital services, not necessarily with public in mind. So there's positivity in receiving these reports.</p> <p>4.1.4. SH: our relationships with partners should be positive, therefore we should suggest making improvements. As a statutory body they have to provide these documents. But as a transparent body, these reports should be available to public.</p> <p>4.1.5. AB: pressure on staff adds when people come in to hospital when they don't know the system. For example, new staff members on leave, or transfers during February.</p> <p>4.1.6. Task group members to look at different PALS report across different hospitals to compare and contrast, and find methods of best practice in PALS reports. Suggestions for improvements to be sent by 13<sup>th</sup> July.</p> <p>4.2. PC drafted initial thoughts to Duncan's response. She would like more input from members due to wealth of knowledge to open up a positive and genuine dialogue.</p> <p>4.2.1. SH: By 13<sup>th</sup> July, hospital services task group to send suggestions for PALS reports. Any overlap with Duncan's response then can be sent together. Letter to Duncan to be sent by 13<sup>th</sup> July</p> <p>4.2.2. NS: invite complaints manager at future meeting to discuss PALS reports.</p> <p>4.2.3. MV: received an official invitation for HW Kingston to visit Guys and St. Thomas' Hospital. Use this opportunity to find areas of best practice.</p>	SH
	<p><b>Feedback &amp; Updates</b></p> <p>5.1. To note feedback from last Kingston Hospital Equality &amp; Diversity Meeting.</p> <p>5.1.1. GG, MV and DS to represent HW Kingston at future Equality and Diversity Meetings at Kingston Hospital</p>	

	<p><b>5.2. To note feedback form last Kingston Hospital Board Meeting</b></p> <p>5.2.1. Helen / Marita to confirm whether they can attend future meetings on behalf of HW Kingston. SH to email Helen and Marita.</p> <p>5.2.2. GD: there's a limit to our involvement and action</p> <p><b>5.3. To agree questions for Grahame Snelling's meeting with Ann Radmore.</b></p> <p>5.3.1. NS: explain the work of Hospital Services Task Group to Ann Radmore</p> <p>5.3.2. GG: What advice can we receive from HW England for Trusts' to take us seriously? Make it standard in letters to have a deadline for response.</p> <p>5.3.3. GD: various benefits attending different functions / meetings at hospital to raise our profile.</p> <p>5.3.4. AB: bring carers to every forum - not being adequately represented or taken seriously.</p> <p>5.3.5. NS: however, there is an issue when public don't show up for such events. It is a two way thing. How can we as Healthwatch help / engage in this?</p> <p>5.3.6. NS: if possible if we can collect information from hospital - have hospitals email our survey to their discharged patients and outpatients</p>	SH
6.	<p><b>Health &amp; Social Care Work Programme 2016-17</b></p> <p><b>6.1. Communication and Discharge project plan</b></p> <p>6.1.1. SH: try to make work as efficient as possible. During outpatient appointments we can also talk about discharges.</p> <p>6.1.2. SH: we want a report at the end of the day, to get to that report evidence gathering is important (Aim C).</p> <p>6.1.3. SH: important we work with partnerships in this case KHFT and voluntary sector</p> <p>6.1.4. GG: ask other task group members to help with this project. Have an Enter &amp; View by end of October</p> <p>6.1.5. NS: if possible if we can collect information from hospital - have hospitals email our survey to their discharged patients and outpatients.</p> <p>6.1.6. NS: also use social media and all other channels e.g. circulating posters where people go to.</p> <p>6.1.7. JB: have hospital send our survey with a freepost envelope with discharge notes. GG: this needs to be clearly signposted by relevant team during discharge.</p> <p>6.1.8. NS: map out a project plan and identify / delegate tasks.</p> <p>6.1.9. GD: initial plan: go meet service users which will help identify themes / trends then design survey</p> <p>6.1.10. SH: publicity material and mechanics to be agreed before next meeting.</p> <p>6.1.11. GG: agree questions for survey by next meeting. Have E&amp;V in different places in hospital</p>	

	that have communication and discharge - outpatient appointments.	
<b>7.</b>	<b>Forward Planner</b> The planner was amended	
<b>8.</b>	<b>Any Other Business</b> None	
<b>9.</b>	<b>Date of Next Meeting</b> The next meeting will be held on Wednesday 27 <sup>th</sup> July at the Kingston Quaker Centre, Large Committee Room	

**COMMUNICATION PROGRESS REPORT: 27-07-2016**

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<p><b>Health &amp; Social Care Work Programme 2016-17</b>          Domain: Hospital Services          Priority 1: Communication          Project Plan Aim: A (To develop proactive relationship with key stakeholders to support the delivery of the project)</p>	
<p><b>1.1. Notify Kingston Hospital Foundation Trust of our project and request information about their communication processes</b></p>	<p>1.1.1. Meeting has been set up with Kingston Hospital requesting a tour of the site to identify outpatient locations HW can collect information and evidence regarding outpatient communication processes          1.1.2. Meeting with Kingston Hospital Foundation Trust will be on 29<sup>th</sup> July</p>
<p><b>1.2. Share project plan with stakeholders such as GP practices and voluntary sector</b></p>	<p>1.2.1. Work on project plan is still in progress thus has not been shared with stakeholders</p>

**DISCHARGE PROGRESS REPORT: 27-07-2016**

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<p><b>Health &amp; Social Care Work Programme 2016-17</b>          Domain: Hospital Services          Priority 1: Discharge          Project Plan Aim: A (To develop proactive relationship with key stakeholders to support the delivery of the project)</p>	
<p><b>1.1. Notify Kingston Hospital Foundation Trust of our project and request information about their communication processes</b></p>	<p>1.1.1. Meeting has been set up with Kingston Hospital requesting a tour of the site to identify locations HW can collect information and evidence regarding discharge processes          1.1.2. Meeting with Kingston Hospital Foundation Trust will be on 29<sup>th</sup> July</p>
<p><b>1.2. Share project plan with stakeholders such as GP practices and voluntary sector</b></p>	<p>1.2.1. Work on project plan is still in progress thus has not been shared with stakeholders</p>

**Enter and view****1. Discharge****1.1. Getting discharge right (HW England 'Safely Home')**

Across all groups, we found that people expected some simple things from the discharge process.

They expected:

- + To be treated with dignity, compassion and respect;
  - + Their needs and circumstances to be considered as a whole - not just their presenting symptoms;
  - + To be involved in decisions about their treatment and discharge;
  - + To move smoothly from hospital to onward support available in the community; and
- to know where they could go for help once discharged.

**1.2. Healthwatch York - Discharge**

Have you been discharged (sent home) from a hospital or care facility within the past 18 months?

How was it?

Did you feel ready to be sent home?

Did you get good follow up care?

How happy were you with your support after discharge?

What did or didn't work for you?

**1.3. Kent Healthwatch methodology**

An 'easy read' flyer explained that the project was looking to hear people's experiences and outlined the ways people could get involved. Patients were offered the chance to give feedback by a written form, a telephone interview, by email or through a face to face visit at home.

□ A 'Speak Out' Form, allowed people to make a written comment or raise an issue and send it by Freepost to Healthwatch Kent. The Speak Out forms for this project were identifiable as they all had the X corner cut off.

□ A questionnaire that guided telephone conversations conducted by Healthwatch staff and volunteers

**1.4. HW Kingston upon Hull E&V Discharge attached****ENTER AND VIEW VISIT TO HOMERTON HOSPITAL (DISCHARGE LOUNGE)**

Why were you in hospital?

Were you assessed on admission?

Did discussions take place with you or anyone about your discharge?

When were you told about your discharge?  
When planning your discharge were you asked about Transport, medication or after care?  
Do you know who to contact if worried on return home?  
Were you happy with the support offered?  
Did you receive a copy of your discharge papers?  
Did you get medication on discharge and was it explained to you?  
How do you feel about your overall experience?  
Was there any delay in your discharge and why? No but I am waiting for my meds  
How do you feel about your overall discharge experience?

## **2. Communications/Appointments**

Dipping into E&V reports of a number of Trusts around this theme seem to focus mainly on primary care or care homes but no specifically at Hospital level

## **3. GENERIC QUESTIONS IDEAS**

### Phase 1

- Outpatients/Reception Areas
- Concerns about how your appointment has been organised
- Information given to you about your appointment satisfactory
- Timescale of appointment
- Communication about your appointment and information about treatment/diagnosis
- Is this a follow up to a stay in hospital? If so talk about how you feel about your discharge
- Did they talk about a discharge plan?
- Prompt about concerns around discharge report/ medication/ transport arrangements/ care plan

### Phase 2

Patients in the community

Use Kent methodology as a springboard of ideas plus ideas such as social media, posters, leaflets etc.

Themes that come out of Phase 1 will inform as to more specific questions for Phase 2 survey.

Graham Goldspring  
12.7.16