

Agenda

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Board Meeting - Part A

Date: Wednesday 21 October 2015

Time: 5pm - 6pm

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

1. **Welcome, introductions and apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 23 September 2015**
To approve the minutes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Chair's Report** Appendix A
6. **Manager's Report** Appendix B
7. **Task Group Reports** Appendix C
8. **Performance Report (Q1 & 2)** Appendix D
9. **Mystery Shopper Proposal** Appendix E
10. **Any Other Business**

DATES OF FUTURE MEETINGS

Thursday 13 November 2015 10.30am - 12.20pm

Wednesday 16 December 2015 5pm-7pm

Wednesday 13 January 2016 5pm-7pm

Minutes of the Healthwatch Kingston Board Meeting

23 September 2015

5pm - 6.30pm at the Kingston Quakers Centre

Present:

Grahame Snelling (Chair, GS), Nigel Spalding (Trustee, NS), Kim Thomas (Trustee, KT), Stephen Hardisty (Staff, SH), Jenny Pitt (Staff, JP)

1. Welcome and apologies

The Chair welcomed those present. Apologies were received from Joel Harrison (Trustee, JH), Helen Gravestock (Trustee, HG) and Patricia Turner (Kingston Voluntary Action, PT),

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the last meeting

The notes of the last meeting on 14 August 2015 were agreed as an accurate record.

4. Matters Arising

There were no matters arising not covered on the agenda.

5. Chair's Report

Health Overview Panel - Consultations are taking place about closure of the GP practice at Gosbury Hill medical centre. SH asked if HWK could escalate issues and emerging themes to the Panel. GS said that in the report that we write to the Panel we could suggest this is a way of working. SH will start putting together a report.

ACTION: SH

CCG Governing Body - Gosbury Hill came up again. GS feels HWK should remain neutral in its response to the closure. NS suggested we should keep watch on the situation. KT said the quality of the consultation should be HWK focus. SH suggested we should run this by the CC Task Group to show that we have run it through the committee and for the task group to look at the consultation process and flag up any issues.

ACTION: SH

111 reprocurement - SH commented that HW Richmond has taken the lead on work on this and would be happy to share work in this area. NS asked which task group would take the lead in this area, and SH suggested the CC Task Group.

CCG commissioning board - GS felt planned surplus (£1.7 million) should be explored in a public setting.

Health & Wellbeing Board - NS said that it was the first opportunity to report orally on what HWK is doing. GS would like to look at key issues at next meeting on 21st October.

South West London Collaborative Commissioning engagement event - Not many people knew about HWK. The meeting was complex for lay people.

6. Manager's Report

SH reported that each Task Group should have a trustee present at each meeting, so the Board needs to consider how it is involved in future arrangements. SH presented a meeting schedule to the board, to highlight need for developments. SH suggested that we should hold board meetings at a later time, 7pm, to attract more members of the community. NS supported the idea about getting people to attend the NHS Trust meetings, but concerns about affiliates officially representing HWK. SH isn't recommending that we apply for a formal place on a Trust board, but use the opportunity to raise the HWK profile. SH doesn't want to put people off with an official role. As long as HWK has all its policies and procedures in place, it should work. SH suggested that talking to the task group members should take this initiative forward, although a board meeting is necessary to flesh it out.

Proposed Community Engagement Initiative - SH explained the plans for the community cafe. SH said that there would be several sessions to "bed down", but then an official launch in November. GS suggested a debrief at the end of each session with RISE colleagues about key issues for people.

Proposed E&V visits - SH said that in planning a schedule the policies and procedures needed overhaul.

Active Affiliate December event - SH suggested we use this event to induct new affiliates.

Reports - Q1 & Q2 reports to be presented to the Board at October meeting. SH would also like to incorporate reporting on Task Group work plans and outcomes.

Active Affiliates - NS would like to see a 6 month review of the listing. JP will work on this with SH.

ACTION: SH/JP

7. Task Group Reports

Board happy with reports presented.

8. Strengthening Community Engagement

SH presented his report to the board. It should support people in the community to be involved in the commissioning process. SH feels next steps

is for Board to support the document as a future way of working, which they do. GS thanked SH for this work. SH will now to send this to the next meeting of the steering group with the endorsement of the board. Key points will be taken out with a rewritten introduction.

ACTION: SH

9. Document Review 2015

Trustees agreed that the policies should go on our website, with trustees sharing the workload. NS suggested we add task group Terms of Reference. GG would like to thank SH for an excellent piece of work.

10. Any Other Business

Board Planning Sessions - SH suggested a half day session at the end of November. All agreed preferences would be Friday pm and Saturdays.

Board Recruitment - SH has some ideas about active affiliates to approach as potential trustees. NS asked for a 1 page proposal for the board to agree. GS suggested we try to recruit 3 more.

Signed by the Chair of the Board of Trustees

Dated 21st October 2015

21 October 2015

Agenda Item 5: Chair's Report

Report by the Chair of the Board of Trustees

Purpose

To update the Board on the Chair's involvement with local strategic partnerships, governing bodies, scrutiny processes and other matters of interest.

Recommendations

The Board is requested to note and discuss the report.

Updates

1. As compared with my last report which summarised the proceedings and outcomes of a number of key meetings in the September cycle, the past four weeks have been very quiet in comparison, and so this report is briefer than the last. However despite the relative lack of formal meetings to report on there is still a good deal to describe. I would want to highlight the following:
 - The CCG's launch of a consultation about the future of primary care provision, that took place on October 7th and was attended by 30/40 members of the public and other stakeholders including some HW active affiliates. There was an opportunity to share some emerging themes from HW's enter and view and more general visits to primary care settings. Kingston performs better than the national average in terms of service user satisfaction but there are still ongoing concerns about aspects of the total patient experience to address. Kathy McDermott the project lead is to attend the November board meeting to explain more and listen to the concerns we have identified
 - JSNA public voice sub group meeting on September 30th - I co-chair this group that is responsible for ensuring that as the JSNA takes shape as the primary source of information to advise commissioners, the voice of consumers is heard strongly. In practice this means aiming to align surveys and other means of collecting information with the themes that the JSNA writing teams are focusing on at a particular time
 - I have been approached by Yogi Bowers who leads a group in Kingston concerned with promoting mindfulness as a preventive mental health

intervention. He is keen to work through existing groups and structures to ensure that it gets on commissioners' agendas, and has asked HW for support in this regard. Since HW can often be contacted by colleagues with a special issue to promote, I would be keen to discern the Board's view as to how best to take this request forward

- HW is planning to have an item at the Health Overview and Scrutiny Panel on November 24th. Our topic will be the work that we have completed since our inception in respect of Enter and View visits and what learning we have amassed. I hope that as many board members as possible will support us at this event.
- Over the next few months we will be working to support the CQC as they plan their inspection of Kingston Hospital in the new-year. Stephen and I will shortly be meeting with senior managers from the hospital to confirm arrangements for a series of E and V visits as well as a public meeting to capture as much valuable consumer information as we can to feed into the inspection and assist the CGC to frame their lines of inquiry.

Staffing news

2. We said a fond farewell to Sophie Bird on October 9th and we wish her well in her new post with the council. The nature of the work will mean that she remains in close contact with HW so we look forward to hearing of her progress in her work with the LD parliament. We are planning the recruitment for her post.
3. Stephen will be on leave for two weeks from the end of October and we wish him a well-earned rest after a hectic 6 months in post.

Active affiliates

4. As ever we thank your team of active affiliates who help with everything from E and V visits to being a real presence at key meetings across the borough. We could not be as effective as we are without their contribution.

Meeting in public

5. Through this report I want to remind board members and our affiliates that our board meetings are open to the public but every third meeting, the next being on November 13th, we aim to get beyond reporting on routine business and get to grips with a key topic that is of current interest in Kingston. These meetings provide a real opportunity to share our thinking and learn from the public and we can also use the opportunity to hear from a guest presenter. So as Kathy McDermott is coming along we plan to hear at first-hand about how the CCG is thinking of delivering improvement in this service sector.

21 October 2015

Agenda Item 6: Manager's Report

Report by the Manager of Healthwatch Kingston

Purpose

To update the Board on operational matters that impact on the role of Healthwatch Kingston (HWK) and to keep the Board informed of development opportunities and useful resources.

Recommendations

The Board is requested to note and discuss the report and approve next steps.

Review of Task Group Terms of Reference and membership

1. It was agreed at the Board meeting held on 23 September 2015 that the document review should include the Task Group's Terms of Reference. A revised document is included as Annex I. For the sake of consistency and to be compliant with HWK policies and procedures it is proposed that each Task Group will have the same Terms of Reference (with the exception of the relevant priority domain).
2. A major change from the existing version is the requirement for all Task Group members to have been recruited as an Active Affiliate. The reason for this is to ensure that HWK acts in accordance with its governance requirements particularly with respect to selection and appointment. This will ensure that Task Group members have agreed to abide by the Active Affiliate Agreement, have completed a DBS check and provided two references. Furthermore, once appointed an Active Affiliate must complete an induction which will include what is expected from their involvement with a Task Group.
3. Another significant change to the Terms of Reference involves encouraging greater participation from other members of the community. As a grassroots led organisation it is vital that HWK reaches out and attracts more people to learn about its work. Consequently, the revised Terms of Reference proposes that members of the public can attend Task Group meetings as observers.
4. If these new arrangements were adopted and approved by the Board at the meeting on 16th December 2015 then each Task Group would have to consider what the impact will be for future meetings such as the

size of the venue, the times of meetings and how questions from the public will be managed. In the meantime it is recommended that each Task Group should be sent the draft for comment.

5. It is good practice to review the membership of each Task group at least once a year. The reason for this is due to some volunteers no longer attending task group meetings which means that attendance is diminished and new volunteers are not given the opportunity to join to bring the task group back up to strength. Consequently it is recommended that task group members are asked to confirm their continuing involvement and those that do not are no longer considered members and removed from the circulation list. Although the opportunity to rejoin a task group will always be open to the individuals concerned.

Health Overview & Scrutiny Panel

6. As discussed at the last Board meeting consideration has been given to how HWK can work more closely with the HOP. Consequently I have written to the HOP requesting that a paper is presented at the next meeting to be held on 26 November 2015. At the time of writing confirmation has not been received from the Chair of the HOP (Cllr. Andrew Day). If it is then the document must be submitted to Marian Morrison (Democratic Support Officer) by 2 November 2015 for inclusion on the agenda.
7. Furthermore I have notified Marian of HWK's plans to carry out a number of Enter & View visits to Kingston Hospital as indicated in the next section of my report. This was in response to Marian's notification that the Chair of the HOP is planning to meet with CQC prior to their inspection of Kingston Hospital in January. I have suggested that this could be a good opportunity for the HOP and HWK to work together. Marian agreed and said she would set up a meeting with the Chairs of the HOP and HWK.
8. In the meantime it is proposed that I will draft a paper as directed by the Chair for the next meeting of the HOP, which, because of timescales, will need to be approved by the Board prior to its next meeting on 13 November 2015.

Proposed Enter & View visits

9. Plans are in place to conduct a number of activities prior to the CQC visit to Kingston Hospital in January 2016. This approach has been welcomed by CQC and includes:
 - Enter & View training/refresher session on 20 October 2015
 - Enter & View briefing session on 19 November 2015
 - 5 x Enter & View visits to the following wards:
 - Blyth 24 November
 - Bronte 25 November
 - Hamble 26 November

- Hardy 1 December
 - Keats 2 December
 - Public meeting ('listening event') in partnership with CQC on 10 December 2015 (venue tbc)
10. As indicated at the last Board meeting and Enter & View visit to Fairhill GP Practice is planned to take place on 21 October 2015 as is a visit to Tolworth Hospital on 23 October 2015 by members of the Mental Health Task Group.

Young Healthwatch

11. HWK continues to support the involvement of young people to help improve local service provision and provide information about what they think about services. Activities of note since the last Board meeting are:
- A return visit to Kingston Hospital on 14 October 2015 to attend a pre-launch event for the new paediatric menu, which will include tasting the food and making recommendations
 - A HWK survey carried out by the Challenge Network (which delivers the National Citizen Service initiative in Kingston) to determine awareness of mental health issues amongst young people. The survey was conducted by a group of young people in Kingston town centre on Saturday 26 September 2015. 49 responses were returned to HWK and a report has been published on the website.

Active Affiliates

12. An event for Active Affiliates is planned to take place on 16 December 2015 3pm - 5pm at KQC. The proposed agenda will include:
- Welcome and introduction by the Chair of the Board of Trustees
 - The role of the Board and future strategic direction
 - An overview of HWK's revised governance structure and operational arrangements, policies and procedures
 - Arrangements for setting priorities for 2016-17
 - Launch of the new Active Affiliate Resource Pack
 - Q&A session
13. A revised active affiliate register has been produced in accordance with HWK policy which has been published on the website.

Board development event

14. A meeting of the Board has been arranged to take place on 27 November 2015 10am - 12pm at KQC. The meeting will be an opportunity to discuss plans for 2016-17 and could include:
- Future board arrangements (e.g. frequency, venue)
 - Board recruitment and role of trustees

- Strategy and priority setting 2016-17
- Contractual arrangements (moving towards independence)
- Governance vs. management

November Board meeting

15. It is proposed that Kathryn MacDermott, Head of Primary Care Development, is invited to the November Board meeting to present emerging themes following the two workshops followed by a Q&A session. If agreed Kathryn will be available from 11.30am.

[insert name of task group] Task Group Terms of Reference

1. Aim

The aim of the [insert name of task group] Task Group is to support Healthwatch Kingston (hereafter HWK) to deliver its health and social care work plan with a specific focus on the commissioning and delivery of [insert name of priority domain] services and how they relate to the system as a whole.

2. Objectives

- To propose priorities and draft a work plan in line with the objectives of HWK's strategy for endorsement by the Board as set out in the Decision Making Policy & Procedure
- To provide general information and advice, if requested, to members of the public who raise concerns related to the commissioning, provision or regulation of mental health services
- To gather feedback from local people on [insert name of priority domain] issues, passing this on to the staff team and the Board as appropriate. Feedback may be sought from a variety of methods and sources such as:
 - Surveys and questionnaires
 - Focus groups
 - [insert name of priority domain] specific meetings (e.g. NHS Trust Board public meetings, network meetings, voluntary and community sector meetings)
 - Enter & View visits
 - Other methods as agreed by the Board
- To represent HWK at relevant meetings and events as agreed with the Board
- To nominate Task Group Active Affiliates to assist HWK in investigating mental health services, for instance through Enter & View visits, service reviews and statutory consultations
- To review the Task Group's priorities and work plan regularly to ensure they are relevant and to recommend any amendments to the Board for final approval

3. Accountability

The Task Group will be accountable to the HWK Board who will be responsible for deciding if the Task Group is meeting its objectives and functioning effectively.

4. Working Arrangements

- The Task Group will appoint a chair by consensus and, if possible, a deputy who must be an Active Affiliate or Trustee and will be responsible, with staff support if required, for deciding and circulating the agenda and notes for meetings

- The appointment of the chair and the deputy must be approved by the Board and will be for a period of one year unless determined otherwise by the Board
- The chair and the deputy will be trained in their role so that they are able to manage meetings confidently and in an orderly fashion. Supervision will be provided by the manager and/or the Chair of the Board of Trustees
- In the interests of continuity the chair and the deputy will be encouraged to serve more than one term consecutively subject to Board approval
- A schedule of meetings will be planned at the start of each year for a period of twelve months unless circumstances dictate otherwise
- Task group meetings will take place every 6-8 weeks, although additional meetings may be called to address urgent matters or to respond to essential unplanned activity
- Papers for each Task group meeting will be circulated at least one week in advance unless circumstances dictate otherwise
- A member of staff or a nominated Task Group Active Affiliate will take notes and, if required, will report back any urgent matters or issues of concern to the Board as soon as possible
- Notes of each Task Group meeting will be circulated to members no later than two weeks after each meeting and published on the HWK website unless exceptional circumstances dictate otherwise
- Reports or any other document that are produced by the Task Group must be approved by the Board before circulation
- A review of these arrangements will form part of HWK's evaluation process

5. Expected Behaviours

- Members are expected to read the papers prior to each meeting so that they can make a meaningful contribution and participate effectively at each meeting
- Members are expected to follow up on any actions assigned to them within the deadline given and report back at the next meeting or as agreed by the Task Group
- Members are required to adhere to the Confidentiality and Data Protection Policy & Procedure to ensure that information and data is stored and circulated in an appropriate way
- Members are required to abide by the Code of Conduct and any other policies and procedures which apply to the work of the Task Group
- Members are expected to represent HWK only, not their own interests or personal agendas, and to declare any conflicts of interest in advance in accordance with the Conflict of Interest Policy & Procedure
- Members who have been involved with the Task Group for some time and gained considerable experience will be expected to support new members so that they feel welcome and have the confidence to participate

6. Membership

- Membership is open to anyone with an interest in mental health services and who has been recruited as an Active Affiliate in accordance with the Active Affiliate Policy & Procedure
- New members will be briefed by a member of staff and/or the chair on the current work of the Task Group prior to their first meeting so that they have an understanding of the work plan and are able to make informed contributions

- Membership will be approved by the Board and reviewed on a quarterly basis
- The Board may remove any member who fails to abide by the Code of Conduct and any other policies and procedures which apply to the work of the Task Group
- All Trustees will be ex-officio members of the Task Group and the Board will endeavour to ensure that at least one Trustee attends each meeting of the Task Group
- Membership is on a voluntary basis as set out in the Active Affiliate Agreement and may be cancelled by a member at any time, although a minimum of two weeks notice is requested where possible to minimise disruption to the work of the Task Group
- The Task Group will need a minimum of five members to be operational and a maximum of 12 members (excluding Trustees) to function effectively
- Representatives from mental health services who are not Active Affiliates may be invited at the Task Group's discretion
- Members are asked to provide as much notice as possible if they cannot attend an event or meeting, either internally or externally
- For the Task Group to be as open as possible and to facilitate more involvement from the community anyone from the public can attend as an observer so long as they have provided sufficient notice and there is enough room available at the venue. It will be at the discretion of the chair to allow questions from members of the public

7. Amendments to the Terms of Reference

Any member can propose amendments to this Terms of Reference which should be put in writing and discussed with the chair who will decide whether to submit to a Task Group meeting for discussion. If agreed the chair will submit a revised document clearly showing the proposed amendments to the Board for approval.

8. Document Control

Title of Document: Task Group Terms of Reference	
Board Approval Date: [TBA]	Version: 1.0
Effective Date: [TBA]	Version Date: 21.10.15

21 October 2015

Agenda Item 7: Task Group Report

Report by the Chairs of the Task Groups

Purpose

To update the Board on the work of the Task Groups.

Recommendations

The Board is requested to note and discuss the report.

Community Care Task Group Update

1. The last meeting of the Community Care Task Group took place on 30 September 2015. Key discussion points included:
 - RBK commissioned care agencies - the plan is to send out a survey to users of RBK care agencies as soon as the group has had a chance to analyse the full data from the RBK survey at the next meeting. The aim of the survey will be to determine people's experiences of services and their quality.
 - Kingston Coordinated Care Programme - an update on the current position of this high profile RBK work stream was provided and it was noted that the integrated customer journey model was subjected to paper testing which demonstrated an number of improvement to the patient experience should as reducing the number of steps patients are put through as well creating better economies of scale for health and social care services. The next phase is to go live as a Care Exchange dealing with real cases which will run up to December.
 - Carers update - the group is keeping a close eye on funding for carers in Kingston and how this compares with other boroughs.
 - Enter & View visits - the plan is to conduct one visit per month to a GP practice or care home.
2. The next meeting will take place on 25 November 2015 and will include an update on the planned care agencies survey.

Hospital Services Task Group

3. The last meeting of the Hospital Services Task Group took place on 16 September 2015. Key discussion points included:

- Enter & View visits - future plans to visit Kingston Hospital will include Healthwatch Richmond where appropriate to do so.
 - PALS & complaints report - the information contained in these reports will be used to identify service areas that should be visited by HWK.
 - Work plan priorities - the group has made some amendments to the work plan to reflect progress to date.
4. The next meeting will take place on 28 October 2015 and will include an update on the planned visits and associated activities prior to the CQC inspection in January 2016.

Mental Health Task Group

5. The last meeting of the Mental Health Task Group took place on 21 September 2015. Key discussion points included:
- MH Trust discharge protocol - recognition that discharge from secondary to primary care requires a whole system approach. The trust will implement this new way of working following ratification processes. HWK wants reassurances that the process is patient-centered and that the needs of service users and their carers is embedded within discharge arrangements.
 - Enter & View visit - Lilacs and Jasmines wards will be visited on 23 October 2015. Teams will work in pairs and will visit at different times of the day.
6. The next meeting will take place on 2 November 2015.

Learning Disability Project Group

7. There has not been a meeting of the Learning Disability Project Group since the last Board meeting.
8. The next meeting will take place on 2 November 2015. At this meeting the group will plan for an Enter & View visit to Surbiton Health Centre in mid December.

21 October 2015

Agenda Item 8: Performance Report Q1 & 2

Report by the Manager

Purpose

To provide the Board with a report on the performance of HWK over the last two quarters of the reporting year (April to September 2015).

Recommendations

The Board is requested to approve the report and endorse its findings.

Key Points

- A. This document sets out a new way of reporting HWK's performance against its key performance indicators as advised by the HWK commissioner. It is intended to be a streamlined version of previous versions, user friendly and focused on important key developments over the reporting period.
- B. The key performance indicators included in this report are related to HWK's statutory functions as set out in the service specification. In order to reduce duplication and repetition this new way of reporting focuses on Top 10 KPIs, each with a strategic outcome and performance measurement supported by evidence that shows how each KPI has been delivered.
- C. It is important to note that HWK's functions are interdependent and some activities such as Enter & View can be applicable to more than one KPI as is the case with intelligence gathering and partnership working across the health and social care sector.
- D. In accordance with best practice it is proposed that the achievements recorded in the report should be subjected to an external evaluation, which can be arranged by Healthwatch England subject to Board approval.
- E. If approved by the Board it is recommended that the report is published on the website and comments invited from the public and any other interested party.



**Performance Report
April to September 2015**

1. Introduction

- 1.1 This reports details the activities undertaken by Healthwatch Kingston (hereafter HWK) for the reporting period April to September 2015. The report is produced in accordance with contractual requirements set out by the Royal Borough of Kingston upon Thames who have a statutory responsibility to commission the functions of Local Healthwatch.
- 1.2 Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012 details the functions that Local Healthwatch must carry out to fulfill its statutory duties:
- A. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of services
 - B. Obtaining the views of local people regarding their needs for, and experiences of, services and to make these views known to commissioners and providers of services
 - C. Enabling local people to monitor the standards of provision of services and whether and how services could and ought to be improved
 - D. Making reports and recommendations about how services could or ought to be improved which should be directed to commissioners and providers of services and people responsible for regulating services such as the Care Quality Commission (CQC)
 - E. Providing advice and information about access to services so choices can be made about services
 - F. Formulating views on the standard of provision and whether and how services could and ought to be improved, and sharing these views with Healthwatch England
- 1.3 For the purposes of this report what we do and how we have achieved it is listed against a specific function of HWK, which includes our Top 10 key performance indicators (KPIs), expected outcomes, how these are measured and the evidence we use to demonstrate our achievements.
- 1.4 Some of the key new developments of this reporting period include raising awareness of the role of HWK, increasing the number of people involved in our work and improving our engagement processes with the local community. These proposed new developments will specifically target the following objectives:
- Promoting our role, activities, achievements
 - Increasing awareness and participation
 - Recruiting volunteers
 - Networking
 - Developing stakeholder relationships
 - Evaluating our effectiveness
 - Strengthening community engagement across the health and social care sector

2. Our key developments

2.1 Formal partnership with Refugee Action Kingston (RAK) which has received funding from the Big Lottery to act as lead partner to develop a Centre for Community Resilience and Engagement. Other partners include Mind and Job Centre Plus. The benefits of HWK entering into this agreement are:

- To champion (in partnership with RAK) the voice of refugees, asylum seekers and migrants so that they have a positive influence on the development of health and social care services
- To encourage and support refugees, asylum seekers to become active participants in the work of HWK so that their needs are heard by those who commission, deliver and regulate health and social care services
- To learn more about the needs of refugees, asylum seekers and migrants to complement future needs assessments and strategic direction
- To understand the barriers and seek solutions to involving refugees, asylum seekers and migrants across the health and social care system (i.e. language, cultural insensitivity, discrimination and stigma)
- To enhance and strengthen our community development and stakeholder engagement processes, partnership working and feedback mechanisms to ensure they are culturally competent and sensitive to the diverse needs of refugees, asylum seekers and migrants

2.2 The 'Working Lunch' (3 x community engagement initiatives) which invite people with an interest in a specific service (mental health, learning disability, carers) to HWK where they will be offered lunch and refreshments alongside a presentation on HWK, why it exists, its priorities and how it will have a positive impact on improving health and social care services in Kingston. The presentation is followed by an audience led discussion where attendees are prompted to ask how they would like to be involved and if not why. The benefits for HWK are:

- To demonstrate HWK's proactive approach to engaging with local people
- To raise awareness of the role of HWK to potential future participants in our work
- To support a pre-engagement ethos
- To strengthen our commitment to co-production
- To identify barriers to engagement and sustaining involvement
- To support the development of a person-led community development approach
- To evaluate our effectiveness at engaging with and recruiting people to contribute to our work

2.3 'Spotlight' on services, which aims to highlight specific service areas that HWK recognises as being of high quality and/or valued by the people that use them. The initiative can be considered a light touch Enter & View that will provide HWK with the following benefits:

- To provide positive stories about local service delivery which are published on our website and in our e-bulletin
- To demonstrate HWK's proactive approach to engaging with local service
- To provide HWK volunteers with opportunities to gain experience visiting/understanding services as a step towards undertaking formal Enter & View
- To expand our reach to cover consumer specific issues and raise awareness (e.g. health inequalities)
- To promote our commitment to ensuring service users have a voice
- To support the marketing of our brand as the local consumer champion
- To support the evaluation of our Enter & View process

2.4 Integrated Community Engagement Network model produced in response to our involvement with the Kingston Co-ordinated Care Programme. The aim of the model is to present a new concept that strengthens existing community engagement processes and to address some of the issues identified following a CCG led community engagement workshop in May. The key themes of the model are:

- To develop a collective approach to community engagement by changing the culture and the way services respond to the community (i.e. community engagement is part of every organisation's governance arrangements, performance management processes and is included in outcome measures).
- To organise a community-wide network of people that is empowered to decide for itself what needs to be done to improve services (i.e. pre-consultation engagement and developing solutions together such as service re-design options).
- To share intelligence about what the community says about local services so that the voice of the public influences change for the better across the health and social care system (i.e. start planning service change early with the people who use services and the community in which they live).
- To expand the range and scope of community engagement activities and their impact (i.e. understand people's experience of services through on-going dialogue, case studies, user led initiatives and user led facilitated events).

2.5 The 'Garden Party' has been established, to be held once a year, to recognise the contribution volunteers make to the work of HWK. This year it was held in August and coincided with the launch of our annual report 2014-15. Next year it will be planned to take place during national Volunteers' Week in June.

2.6 Review of HWK's governance structure and operational arrangements and associated policies and procedures related to the delivery of our functions. This process has involved the revision of a suite of documents that have been published in draft form on our website where members of the public are invited to contribute to their development as well as any

other interested party. The consultation will run for eight weeks and will end on 15th December 2015. The process is intended to ensure consistency and robust standards in the development of policies, openness and transparency and a clear audit trail for the approval and authority of our policies. In this process the word ‘policy’ covers all policies, procedures, codes of practice, standing orders and other documents that are approved by HWK Board and are binding on Trustees, staff and volunteers (known as active affiliates).

3. Our functions and what we have achieved

A. Promoting and supporting the involvement of local people

KPI	Engage with local people
Outcome	HWK on behalf of the community has a positive influence on the delivery of health and social care services
Performance measurement	Local service delivery is shaped by the involvement of local people.
Evidence	<ul style="list-style-type: none"> • Joint work with Alzheimer’s Support Group to gather feedback from carers of people with dementia about improving service delivery to share with Carers Partnership Board • Emerging themes identified from case studies to inform improvements to the way the system operates • Views of young people gathered to understand their awareness of mental health issues • Local people invited to HWK to talk about specific service areas (e.g. mental health, carers, learning disability)
KPI	Involve local people
Outcomes	Local people are involved with setting priorities and the delivery of associated work plans
Performance measurement	Local people contribute to identifying priorities and the development and implementation of work plans
Evidence	<ul style="list-style-type: none"> • HWK strategy co-produced with local people • Local people involved in the work of the Task Groups (mental health, hospital services, community care and learning disability) • Progress against Task Group work plans is presented at public Board meetings • Task Groups include representation from service user, patient and carer community organisations • Partnership with Refugee Action Kingston to increase representation from people with refugee and asylum seeker backgrounds
KPI	Support and train local people
Outcome	Volunteers are recruited, trained and participate in a range of activities
Performance measurement	Healthwatch Kingston increases the number of volunteers involved in its work
Evidence	<ul style="list-style-type: none"> • 42 new volunteers recruited

	<ul style="list-style-type: none"> • 25 volunteers completed Enter & View training (including people with learning disability, visual impairment, refugees and asylum seeker backgrounds, young people of school age) • 16 volunteers involved in supporting engagement activities • 8 volunteers involved in outreach events • Event ('The Garden Party') held to celebrate the work of HWK volunteers and to launch the annual report
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B. Obtaining the views of local people

KPI	Gather and collate the views of local people
Outcome	Proactive and effective approach in place to reach out and attract the views of the whole community
Performance measurement	HWK increases the number of opportunities for people to leave feedback about services
Evidence	<ul style="list-style-type: none"> • 23 comments received via the website from people describing their experience of services • 45 views about specific service delivery obtained during Enter & View visits • 24 views related to specific service areas (mental health, carers, learning disability, primary care) collected at engagement events such 'The Working Lunch', outreach stalls and community festivals • 4 case studies obtained from 1:1 interviews with patients and service users
KPI	Participation from minority groups
Outcome	Seldom heard and hard to reach groups are provided with opportunities to engage with HWK
Performance measurement	HWK reaches out to groups representing minorities and increases the number of people facing health inequalities to be involved in the work of HWK
Evidence	<ul style="list-style-type: none"> • Partnership with Refugee Action Kingston to champion the voice of refugees and asylum seekers • Involving people from grassroots led groups (e.g. Yemeni Women's Association, Recovery Initiative Social Enterprise, Eco-op) • Joint working with Learning Disability Parliament
KPI	Ensure the views of local people influence service delivery
Outcome	The views of local people can be seen to have an impact on improving services
Performance measurement	HWK uses its influence at a strategic and operational level to convey the views of local people to ensure that commissioners and providers act on this information
Evidence	<ul style="list-style-type: none"> • Representation at Health & Wellbeing Board, Health Overview Panel and CCG Governing Body • Action taken by providers to the recommendations of Enter & View reports • Representation at Kingston Hospital Local Healthwatch

	<p>Forum</p> <ul style="list-style-type: none"> • Representation at KVA’s Community Development Network • Representation at the CCG’s Equality & Diversity Steering Group • Representation at RISE’s Kingston Community Grassroots Network
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C. Monitor the standards of local service provision

KPI	Use evidence to improve services
Outcome	Evidence-based recommendations from a variety of sources and activities are used to improve service delivery and champion areas of good practice and excellence
Performance measurement	HWK increases the number of activities to monitor service provision supported by local, regional and national intelligence and research
Evidence	<ul style="list-style-type: none"> • 3 Enter & View visits undertaken to GP practices and Kingston Hospital • 1 ‘Spotlight’ visit to Eco-op • Sharing of information with Adult Safeguarding Board • Partnership working with voluntary sector agencies • Representation at the Kingston Co-ordinated Care Programme

D. Produce reports and makes recommendations

KPI	Use local intelligence to improve services
Outcome	The results of surveys, local research and the voice of the community influences service redesign, reviews and evaluations, procurement processes and performance of local services
Performance measurement	HWK is valued by stakeholders and the community and is seen to make a difference to the way services are commissioned and provided
Evidence	<ul style="list-style-type: none"> • HWK Annual Report articles • Formal response to Kingston Hospital’s Quality Report • Contribution to RBK’s Local Account • Involvement with the Strengthening Community Engagement Steering Group • Outcome of the Challenge Network survey into young people’s mental health (49 responses were received by HWK) • Partnership working with CQC including coordinating a joint response to planned inspections • Partnership working with GMC • Contributions to local developments such as transformation plans, strategies, service redesign, partnership working

E. Provide advice and information

KPI	Knowledge about local service provision
Outcome	Local people are able to receive accurate and timely advice and information about local health and social care and/or signposted to relevant agencies
Performance measurement	Local people understand their rights, are able to make choices and feel supported by HWK
Evidence	<ul style="list-style-type: none"> • 47 enquiries dealt with and recorded on the database • 8 people provided with advice about how to make a formal complaint • 5 people signposted to another Local Healthwatch • 11 people provided with information about local services • 3 Care Act information sessions • Website regularly updated with news about local services, consultation events and stakeholder engagement activities • Participation at Kingston Information and Advice Pilot Project led by KCAB

F. Sharing information with Healthwatch England

KPI	Formulate views on the standard of provision
Outcome	An independent, objective and impartial body that champions quality and, if necessary, raises serious concerns about service delivery with Healthwatch England
Performance measurement	Evidence based reports, findings and recommendations are submitted to Healthwatch England as well as local knowledge about services that may have a bearing on regional and/or national provision and performance
Evidence	<ul style="list-style-type: none"> • Representation at South West London/London-wide Local Healthwatch Partnership Groups • Representation at South West London Primary Care Co-commissioning Joint Committee • Representation at South West London Young People's Network • Attendance at Healthwatch England annual conference • Contribution to Healthwatch England surveys, reports and information requests (e.g. Local Healthwatch funding, hospital discharge special inquiry, access to primary care)

4. Summary of our principle activities

4.1 Our trustees, volunteers and staff attend many meetings representing HWK and contributing to a variety of planning groups, boards, networks, stakeholder groups and other meetings in operation across the health and social care sector both locally and regionally. One of the most significant challenges facing HWK is our capacity to be at every meeting and decisions have to be taken as to which ones should be prioritised. Our performance is dependent on maximizing our resources and targeting our

involvement where we can achieve the greatest benefit for our community. This will change from time to time and we will continue to be led by the needs of the people we serve. At the time of writing the following table shows where we have gone and how many times:

Description of activity	No. attended by staff/volunteers
Board Meetings	6
Task Group Meetings (mental health, hospital services, community services, learning disability)	14
Sub groups (psychological therapies, visual impairment, dementia, young people)	4
Engagement events ('The Working Lunch')	3
Surveys	3
Enter & View training sessions	5
Enter & view visits (incl. 'Spotlight' visit)	4
Information sessions (incl. outreach events, Care Act information)	8
Local/regional/national Healthwatch meetings and events	6
Local external meetings (incl. HWB, HOP, CCG Governing Body)	22
Regional external meetings (incl. SWL Collaborative Commissioning)	5
External workshops/focus groups/stakeholder events	7

5. Performance issues

5.1 There are no significant performance issues to highlight for this period.

21 October 2015

Agenda Item 9: Mystery Shopper Proposal

Report by the Manager

Purpose

To notify the Board of a proposal to carry out mystery shopping exercises across a number of service areas.

Recommendations

The Board is requested to discuss the report and decide on a course of action.

Key Points

- A. This document sets out the rationale and methodology for a pilot "mystery shopper" exercise to gather some initial evidence and test whether the process is a useful technique and is fit for purpose.
- B. The purpose of this pilot is to explore the experiences of people who have difficulty communicating with health and social care staff for a variety of reasons such as poor English language skills, sensory impairment and speech difficulties.
- C. The target group for this pilot was determined based on recent research as well as issues logged with Healthwatch Kingston that have highlighted a perception among some people who have used services that there may be a number of barriers and service deficits that suggest issues of unequal access. The evidence seems to suggest that this was a particular issue for people from Black Minority Ethnic backgrounds, refugees, asylum seekers, migrants and people with specific medical conditions.
- D. The aim of this pilot is to produce a snapshot and identify the extent to which services provide an adequate level of information, communication and signposting options to facilitate ease of access and improve the patient experience. Based on the findings of this pilot, and if appropriate to do so, recommendations will be suggested that will aim to have a positive influence on improving existing provision.
- E. This pilot fits the role of Healthwatch Kingston to gather evidence about "what works" in order to improve services for the benefit of the whole community and to address health inequalities. Furthermore Healthwatch Kingston has an important role to play in fuelling innovation, improving

quality and ensuring the needs of the patient are at the forefront of treatment and care.

Introduction

1. The term “mystery shopper” refers to activity defined by the Market Research Society (2011) as follows:

“The use of individuals trained to experience and measure any customer service process, by acting as potential customers and in some way reporting back on their experiences in a detailed and objective way”

2. Mystery shopping is different from patient satisfaction surveys in that it explores the actual patient experience at a snapshot in time and records specific details of that particular experience.
3. It should be noted that there are some limitations to mystery shopping as a completely objective assessment as some subjective opinion is always involved. Data collection and feedback processes must be as objective as possible to minimise the effect of this.
4. Mystery shopping is not a new concept for health and social care services and there are many examples where it has been used by NHS and Local Authorities directly, national charities and more recently by Local Healthwatch.
5. The deceptive nature of mystery shopping, however, will continue to be viewed suspiciously by some although it is hoped that the potential benefits for improving service delivery will outweigh its negative connotations.

Context

6. Health providers must not discriminate against patients when providing information about services. If it is difficult for a patient to communicate, for example because they do not speak English as a first language, steps must be taken to present information to the patient in a way that they will understand. This could, for example, mean providing a professionally qualified interpreter or a sign language interpreter.
7. The environment in which a patient may present themselves should be, for instance, welcoming, comfortable, safe, have adequate signage, information points, provide easily accessible and relevant literature available in a number of languages, drinking water dispensers and appropriate seating.
8. Staff should have an appropriate level of awareness training so that they can be alert to the needs of patients who may be experiencing difficulties navigating the system or moving around the environment for whatever reason.

Approach

9. The pilot has four key elements:
 - A review of existing research on access to health services previously identified as having a potentially negative impact on the patient experience, namely GP practices, hospital services and psychological therapies
 - The development of mystery shopping scenarios, on site recording techniques and feedback processes
 - Training and management of mystery shopping volunteers who represent the target group
 - The collection and analysis of data recorded by mystery shoppers and the publication of a report identifying what barriers, if any, exist and recommendations supported by potential solutions

Ethical framework

10. HWK will ensure that the mystery shopping exercise will be undertaken in an ethical manner so, for example, the relevant organisations are informed that the mystery shopping exercise will be taking place, although the date and time will be withheld.
11. The scenarios will be based on, for instance, observing the environment, the attitude of staff, the advice they provide and the availability of information in public spaces. Mystery shoppers will not disrupt the routine functions or activities that will be taking place.
12. A clear concern will be that mystery shoppers will be using the time of staff to respond to queries and requests for information. The scenarios will be based on an understanding that as part of their day-to-day activities staff are often approached by people wanting answers to queries. The mystery shopper will not stand out from this normal interaction and the scenarios will reflect this approach.
13. Certain scenarios will test whether services provide interpreters. To eliminate any risk of an interpreter being called during the mystery shop, scenarios will be designed where the mystery shopper said they were calling on behalf of a relative who needed an interpreter.
14. Mystery shoppers will be required to report on both the positive and negative aspects of the issues to be investigated to ensure a balanced evaluation.

The mystery shoppers

15. Mystery shoppers will have been recruited or will be recruited in accordance with HWK's Active Affiliate Policy & Procedure which will require them to have undergone a DBS check. They will carry out a mystery shop in pairs although they may not act as such during the mystery shop.

16. The mystery shoppers will include people:

- From BME and asylum seeker, refugee or migrant backgrounds
- With speech and language difficulties
- Have some form of sensory impairment
- Who are carers of people with complex health needs
- Have long term conditions

17. The mystery shoppers will participate in a one-day training session run by HWK. The training will cover the following areas:

- Introduction and rationale to the pilot
- Personal experiences of accessing services
- Introducing mystery shopping and ethical considerations
- Developing and assigning scenarios
- Developing relevant feedback forms and advice on how to report effectively
- Role play including a mock run through by volunteers themselves
- Arrangements for a pre-mystery shop briefing

Developing the scenarios and feedback form

18. The Market Research Society advises that mystery shopping exercises should be:

- **Relevant** - the scenario must be designed to test the specific service behaviour that is the topic of study
- **Credible** - the scenario should be realistic, in that it mimics natural consumer behaviour in the service area concerned and can be enacted convincingly by the mystery shopper
- **Practical** - from the evaluation viewpoint, simplicity, brevity, and keeping the assignment appropriate ensures experiences are correctly reported
- **Safe** - the mystery shoppers should not be asked to do anything illegal or that puts them under any physical risk or threatens their personal safety
- **Objective** - the feedback form that the mystery shopper completes should be objective, with the majority of questions focusing on factual information

19. The scenarios will be co-produced in partnership with the mystery shoppers and will cover all the points of concern for the pilot. Each scenario will be assigned to a team of two mystery shoppers. The characters portrayed in the scenarios will reflect the personal backgrounds and characteristics of the mystery shoppers to improve credibility.

20. Mystery shopping is not a completely objective assessment of a service and some subjective opinion is inevitable. To minimise subjectivity a comprehensive feedback form will be developed for mystery shoppers to

complete after finishing their scenario and will be based on the collection of mostly factual information.

Next steps

21. If approved by the Board it is planned to conduct a pilot mystery shop in December 2015 with a report produced shortly thereafter.