Healthwatch Kingston upon Thames
Hospital Services Task Group Meeting 19.07.17
At Kingston Quaker Centre

Present:

Marianne Vennegoor	MV	Graham Goldspring (Chair)	GG
Nigel Spalding	NS	Pippa Collins	PC
Sophie Bird, Healthwatch Kingston	SB	Jo Boxer	JB
Tamsin Day, Kingston Hospital	TD	Anna Perkins, Kingston Hospital	AP

ITEM		Action
1.	**Welcome and apologies** The Chair welcomed the group. Apologies from Anne Blanche, Helen Haywood.	
2.	**Notes and actions of the last meeting** 2.1 It was raised that times of the meetings do not suit everyone's availability, SB to ask all members to vote on whether people prefer afternoon or morning slot and book meetings for 2017 accordingly. 2.2 Helen Haywood is a Governor of Kingston Hospital therefore there are updates and information which should be shared by appending information to meeting minutes for future reference. 2.3 SB to make correction to last meetings minutes – Helens name. 2.4 SB provided an update on the STP passed on by HWK Trustee Liz Meerabeau. It was reported that communications and engagement around the STP have been very poor and not accessible for lay people. This is agreed by other SW London Healthwatch, they will discuss actions at the next SW London HW Network Meeting. Action – SB to follow this up with Liz Meerabeau and report back at the next meeting. 2.5 MV will continue to collect information of Guys and St Thomas NHS Trust discharge programme to help inform the discharge project work. 2.6 Minutes of the last meeting were agreed as correct	2.1 SB/ALL 2.2 SB/HH 2.3 SB 2.4 SB 2.5 MV

3.	**Presentation by Anna Perkins and Tamsin Day on the Kingston Hospital Discharge Service. (For full details of the presentation see attachment)** • It was commented that approximately 70 patients are being discharged each day, there are challenges in this. • Kingston are performing well comparatively to other NHS London Hospitals in relation to discharge targets. They are meeting the STP trajectory. • Challenges are delayed transfer of care and working in partnership with other organisations. Discharge can be very complex, difficult for families, patients and staff to organise. They have to manage a balance of discharge and admission, especially at peak times like winter. Challenges arise across the whole health and social care arena. • Over last 12 months they have been working very hard, by working with NHS England and NHS Improvement. • They have developed the *Faster Flow Safer Care and Discharge Programme* – consisting of 8 work streams. This program is governed by the Emergency Care Program Board, Chief Operating Officer therefore it is across the Board of the Hospital and their partners. • If they get clinical side right, discharge goes more successfully. • Kingston Hospital now has expert Discharge Coordinators for more complex discharge cases. They have invested in this team, over the last 15 months, 4 new additional staff members have been recruited, 2 are qualified nurses. • They need more consultants and senior decision makers available at weekends. It is mainly here they perceive there to be a shortfall. • Last winter they ran a Pilot programme. This was very successful, not just about admission avoidance, they invested in a geriatric specialist consultant leading the team. The programme was targeted at identifying people's frailty. Very thorough assessments were initially carried out by a senior consultant. • They then assessed the community to identify support available. • As this was organised very well early on, it makes for a good start to discharge and recovery. • The Pilot programme saved bed days, avoided 5 admissions a day and reduce length of stay Emergency. • This was funded for the Winter period and stopped in March, many lessons had been learned from it with thorough evaluation and it has led to the new discharge model currently in place. • JB asked that with the portion of high levels of older people being admitted how can the staff team cope. It was reported in response that the Elderly care wards have 2 Geriatricians each. They do work across other wards also so share their expertise. They recognised they need to do more for acute readmissions unit. • It was reported that there is a Kingston Hospital Discharge policy. It is up for review currently. In order to follow the policy all patient's medication needs are on a single IT system. The	

	Consultant signs off a patients discharge; this is then sent to pharmacy automatically. • In A& E every day there is a conversation about every patient, medical care or discharge. Sometimes the communication at the bed side with the family members and the patient doesn't go right. This is what they are trying to improve. • A very high amount of patients have dementia, it would be helpful to have something written up for when friends/ family arrive – they are considering putting an estimated delivery time above each bed, however there are positives and negatives to this. It can cause people undue stress to patients. / families. They are discussing and learning from other trusts. • They provide patients being discharged with a sandwich, picnic pack and aim to get them home by lunch. • They have said they need to work with families better to coordinate lunch about the timing to take them home, and make good use of the discharge lounge. In the Lounge there is a Nurse, food and drink. • Availability of transport is something which can be delayed. There is contracted firm, contracted about 18 months ago to provide 24 7 transport, they are a national company so can meet extra demand. They do not provide transfers for critical care. They can be changed for different needs, such as wheelchairs, they have stretchers etc. • Kingston Hospital has a fast track pathway policy of 24 hours for people who wish to be discharged out of Hospital for palliative care. This process trumps other transport services and patient needs. • Unfortunately, the local Hospice and other care agencies do not always have beds available for end of life care, this is then a challenge. • Kingston Hospital have a new Principle Pharmacist, there are new schemes in the planning stages (e.g. prescribing Pharmacists) • For the vast majority of patients, the Discharge process works, however if there are changes made to care decisions it can delay and disrupt the procedure. • Feedback on discharge is already being collected at various places around Hospital. Each ward has surveys, example Stroke Ward, Big Annual Staff survey run by Picker Institute – sent out to all patients discharged. • Action TD agreed to send out a request to Hospital wards to ask for feedback including feedback on the Transport service. • The Friends and Family test has always gained low levels of feedback however it is now being improved, a new company has been commissioned to carry out the service. • There is a Service line governance meeting monthly, where they look at complaints through PALS and other sources, and learn from this. This entails both good and bad feedback.	SB /TD

	• Action TD agreed to find out if the Hospital are willing to send out surveys to patients on behalf of HWK. • Discharge volunteers have wide and varied roles, such as running errands, helping to pack clothes, listening to people's concerns. Volunteers call the patients a few days after discharge, provide a pack of groceries to take home. • Once a week they operate a befriending call service for up to 6 weeks, help introduce discharged patients to lunch clubs/ socials etc. Sarah Mills, Kingston Hospital Volunteer Manager is willing to come and give a talk and inform more about the roles.	TD
4.	**Initial planning of Discharge project based on outcomes from presentation** **4.1** The TG needs to decide and plan a methodology to carry out this project. 4.2 It was raised that Staywell visit patients at home – They are commissioned for this service; they could help gather feedback from discharged patients. 4.3 The issue for HWK is reaching patients a few weeks/ months after discharge. Where does the responsibility stop for the Hospital? 4.5 The Task Group should consider setting up a Sub Group to launch the Discharge Project. 4.6 Action SB to contact the Kingston Hospital Volunteer Manager to explore working with Discharge Volunteers to gather feedback and information on patient experience.	4.6 SB
5.	**Kingston Co-ordinated Care Programme – update, Nigel Spalding** 5.1 NS highlighted that the Community Care Task Group is keeping updated on the KCC work programme. The Kingston Coordinated Care Programme is designed to create better coordinated care in Kingston and save resources. 5.2 RBK has an Advisory Group consisting of lay people to get involved in coproduction on the KCC. This looks at work streams such as re commissioning home care and use of technology. 5.3 From the next meeting there will be a recurring agenda update on the KCC Program.	

6.	**Healthwatch Members feedback form, Pippa Collins, Sophie Bird** 6.1 PC and SB presented the draft advert for feedback and feedback sheet which TG members reviewed and suggested amendments. SB to action amendments. 6.2 It was agreed that the message is to go out every 6 weeks. We will need to discuss how we collect information and code the different themes occurring in the feedback. Pippa and GG will via email around this when feedback starts to be generated.	6.1 SB
7.	**HWK Outreach report: Elizabeth's response to recommendations** 7.1 Task Group members were pleased and encouraged with the detailed response from Kingston Hospital.	
8.	**PALs report May 2017 - Discharge issues** 8.1 5 complaints were picked out regarding discharge although these did not provide any substantial insights. GS stated that there is an inaccuracy on the last page of the PALS report. Group members to check this and report back to SB. This may need to be raised with PALS.	8.1 ALL
9.	**Dementia Strategy Delivery Group Update, Graham Goldspring** 9.1 GG reported on the latest progress of the Kingston hospital Dementia Strategy Steering group and the launch of the finalised strategy. (See appendix A for detailed notes)	
10	**AOB** No AOB	
7.	Date of the Next Meeting –13.09.17, 10am – 12pm	

Appendix A

Dementia Strategy Delivery Group meeting 22 June 2017

An Abbey Pain Scale has been introduced in all wards. This is a procedure to identify pain for patients who cannot say they are in pain.

The Memory Cafe is being restarted

A formal poster is being designed to advertise for a Dementia Support Worker (DSW). The role includes more understanding of the carer's role in support.

Therapeutic Activity will be advertised throughout the hospital. It will be in the carers leaflet but there needs to be a way of raising public awareness about this.

The new Dementia Strategy for 2017 – 2020 is now available.

FFT scorecard – ED and AAU is now to be added to the scorecard.

Dementia report for April/May: % of patients where memory loss is found 73% April and 77% in May. Of those, the percentage of who are assessed is 84 and 90. Of these, % of referrals is 74 and 84.

Main factor affecting target levels is change of junior doctors. So reminder flags to junior doctors are on the CRS system for 30 days instead of 24 hours to continually remind them that the memory question must be asked for admitted patients over 75. There is also a case for looking at patients over 65 who have had falls to assess for dementia. By enlarging the cohort, this will add extra pressure on doctors and may affect targets. The quarterly results show an improvement. Find = 77%: Assess = 92%: Refer = 86%

Red Bag Initiative A project has been piloted to improve communication between care homes and the hospital. Each patient has a red bag which has personal possessions and relevant documents which travels with the patient to and from the care home. The way this works is explained on YouTube by searching 'Sutton Homes: Care Vanguard'. Richmond and Hounslow have signed up to this and is due to be signed up by Kingston. I suggested that this could be extended to patients who are cared for at home and are admitted to hospital regularly.

Dementia Strategy 2017-2020 This document is an update on the 2014-2017 document. One change is from 'involvement with carers' to 'partnership with carers'. Also where the subjective is 'I' this is now 'we'. Comments please to be sent to Olivia Frimpong before 30th June

Dementia Charity update Raising funds now to be focussed for Blyth and Kennet wards as being the next for refurbishment to dementia friendly standards.

Therapeutic Activities There has been an increase in the use of the activities room. Main issue is that resources have been taken/mislaid/stolen from the room. The room is used inappropriately by others when not used by dementia patients, especially at weekends.

Date of next meeting 24th August 2017