

**Healthwatch Kingston**  
**Hospital Services Task Group Meeting**  
18<sup>th</sup> May 2016 10:00am-12:00pm  
At the Healthwatch Kingston office, Kingston Quaker Centre,  
Fairfield East, Kingston KT1 2PT

**Agenda**

- 10:00 **Welcome**  
Apologies and overview of meeting  
*5 mins*
- 10:20 **Notes and Actions of the last meeting** held on 3/3/16  
Including response concerning Sarah Gigg's request for amendments to her delivery  
*20 mins*
- 10.25 **Incident Monitoring & Patients' Complaints - update and action**  
Pippa Collins letter to Duncan Burton, and response  
*15 mins*
- 10.40 **Priorities and Work Programme for this business year**  
Stephen Hardisty
- 11.45 **Any Other Business**
- 12:00 **End**

**Date of the next meeting: 29<sup>th</sup> June 2016, 10am-12pm, Kingston Quaker Centre**



PALS reports is around appointments and communications.

- PC said research shows that many patients fail to complain after a bad experience. Patients can often feel they are not able to deal with the stress and anxiety of the process. Response by SG
- Staff and ability to speak out (there is a Government freedom to speak out guidance paper- guidance due to come out soon)
- SG said that Kingston Hospital has only had 4 concerns logged since 2014 this is lower than hoped is too low and they hope to measure this expect to see if it's this number raised once they start implementing the best guidance whistle blowing policy.
- This is a very complex , huge subject
- There are other London Trusts who have started to make changes.
- National guidance is due in the coming months and Kingston has decided to wait for this additional guidance to inform further improvements.
- Kingston Hospital has decided to wait until guidance is out before they start implementing full action plans.
- The guidance recommends the Trusts have an allocated member of staff to act as a Right to Speak up Guardian. Their role is to coordinate the best practice whistle blowing guidance through all governance and structures within the Hospital.
- They have so far implemented a new portal for staff (for Raising Concerns) this is a pilot scheme. Staff can post open comments online so opinions can be shared and staff feel they are not alone if they have a concern. It's fully anonymous, and goes to an independent source. Since this pilot 50 people have come forward with comments that would not have formally been raised. It is working progress toward a new action plan.
- Kingston Hospital provides a dedicated email address for staff to use to raise concerns to the non-executive directors who are assigned to whistle-blowing
- sends out a weekly email asking staff if they have any concerns to forward their views to Kingston Hospital (Human Resources) this is raised at staff inductions and training to encourage staff to use it.
- SG will send SB the full response to circulate around group members as it is more complex and has a lot of info.

### Group feedback

- Communication and complaints needs to be carried out in a variety of ways to reach people fully.
- Patients need to be encouraged to give feedback on the spot, during their time at Hospital.
- SG to update on developments of the Whistle blowing

SG

ALL/SB

	<p>guidance action plans and attend further HS TG Meetings if requested to discuss further.</p> <ul style="list-style-type: none"> <li>● Members of the group to think about ways in which patients can be supported to make on the spot complaints- SB will send comments to SG</li> <li>● Sarah will send SB her response to circulate to the group. SG ALL/SB SG 5. Liaising with patients about discharge experiences Is there a way in which HWK can gain feedback from patients about their discharge?</li> <li>● SG stated Kingston Hospital Patient Surveys have raised concerns around discharge.</li> <li>● Although the Friends and Family test does pick up issues around discharge, it does not dig deeper into specific issues associated as it's a quite standard survey.</li> <li>● The trust has a quality goal to improve patients discharge. SG will liaise with HWK when this has progress. Discharge issues raised by SG</li> <li>● When patients go through A &amp; E and they get back home there's often a delay in them getting their pharmacy requirements. As a result they now have more pharmacy staff in A&amp;E but this is a large project so is ongoing.</li> <li>● There are issues around delayed transfers from care (from A&amp;E to ward / from Ward to other care providers such as residential) quite significant delays. In 2014 Kingston Hospital started a big piece of work with all transport providers - now every day they meet and coordinate all the journeys to do it in partnership. It is working well.</li> <li>● The Hospital has 2 "golden patients" who are high priority and will be first to be discharged, before 12 o'clock.</li> <li>● Communication - people raise concerns about being prepared for the support and care provided at home, and the management of treatment when they get home.</li> <li>● SG said discharge starts from the day they come in to Hospital, they have a big piece of work starting now and will come out next year ( a quality Goal)</li> <li>● HWK will be needed to be included in this , constant feedback and consultation. SG will liaise with HWK Group feedback</li> <li>● How can people then give their feedback about their discharge after they have left Hospital? SG will talk to the communications team to find this out and report back to HWK.</li> <li>● The CQC will release an inpatient report on Kingston Hospital shortly- this has substantial information around patients discharge.</li> <li>● SB will ask SG when this report will be out and report back to the group.</li> </ul>	SG
5.	<p><b>Liaising with patients about discharge experiences</b></p> <ul style="list-style-type: none"> <li>● Is there a way in which HWK can gain feedback from</li> </ul>	

- patients about their discharge?
- SG stated Kingston Hospital Patient Surveys have raised info around discharge.
  - Although the Friends and Family test does pick up issues around discharge, it does not dig deeper into specific issues around discharge, it's a quite standard survey.
  - The trust has a quality goal to improve patients discharge. SG will liaise with HWK when this has progress.

SG/HWK

### Discharge issues raised by SG

- Previously patients reported that following when patients go through attendance at A & E the emergency department and they get back home there's was often a delay in them getting their pharmacy requirements. As a result they now have more pharmacy staff in A&E but this is a large project so is ongoing.
- There were are issues around delayed transfers from care (from A&E to ward / from Ward to other care providers such as residential) quite significant delays. In 2014 Kingston Hospital started a big piece of work with all transport providers - now every day they meet and coordinate all the journeys to do it in partnership. It is working well.
- KHFT Identifies patients that can be discharged early and informs all departments so they can prioritize their discharge support. The Hospital has 2 "golden patients" who are high priority and will be first to be discharged, before 12 o'clock.
- Communication - people raise concerns about being prepared for the support and care provided at home, and the management of treatment when they get home.
- SG said discharge starts from the day they come in, they have a big piece of work starting now and will come out next year ( a quality Goal) HWK will be needed to be included in this , constant feedback and consultation. SG will liaise with HWK

SG/HWK

### Group feedback

SG/HWK

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- SB will ask SG when this report will be out and report

SG/ SB

	back to the group.	
6.	<p><b>PALS Complaints report</b></p> <ul style="list-style-type: none"> <li>• The PALS report complaints reveal there is an increase in complaints about communications.</li> </ul> <p><b>Communications about appointments</b></p> <ul style="list-style-type: none"> <li>• Appointments account for nearly half of PALS complaints.</li> <li>• The numbers of complaints have decreased, however it's still worth pursuing as there are complaints still being raised.</li> <li>• HWK should send an email out to all members asking for people's experiences of outpatients appointments- Nigel will formulate the statement to send out to all HWK stakeholders to circulate around group and approve.</li> </ul>	
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8.	<p><b>Any Other Business</b></p> <p>Future Enter &amp; View visits was not able to be covered but will be a priority for future meetings.</p>	
9.	<p><b>Date of the Next Meeting</b></p> <p>Wednesday 18<sup>th</sup> May 10 - 12</p>	