



Community Voices Kingston

5 July 2023

Healthwatch Kingston's open meeting - 2.15-3.15pm



Agenda

Welcome and introductions – **Tara Ferguson Jones**

New Intensive Treatment Unit, Kingston Hospital – **Angela Clarke**

Hounslow and Richmond Community Healthcare NHS Trust and Kingston Hospital – update on partnership – **Jo Farrar**

Engagement report from the Joint Forward Plan – **Hannah Keates**

Information Sharing – **All**



Kingston Hospital
NHS Foundation Trust

Building a new Intensive Treatment Unit at Kingston Hospital

ITU development

Planning is underway to build a new intensive treatment unit (ITU) within Kingston Hospital.

Outcomes for patients cared for in Kingston Hospital's intensive treatment unit are nationally recognised and the Trust has received agreement in principle to build a new facility on site, which will further improve the quality of the environment for patients, their families and staff working in the unit, as well as increasing the number of ITU beds.



Objectives

- 1 To improve the **patient, staff and visitor experience**
- 2 To respond to the **increasing number of patients** requiring critical care and maintain services that are reliant on critical care
- 3 To meet demand **safely** and without requiring the support of recovery or escalation into other clinical areas
- 4 To ensure the continuation of elective activity during future winter / pandemic pressures, thereby maintaining **lower waiting times** for patients
- 5 To maintain the Trust's rating of **Outstanding** and respond to **CQC recommendations**
- 6 To support staff training and in so doing improve **recruitment and retention**

Structure

The new building, which we hope to locate in the centre of the Kingston Hospital site, will comprise of four levels:

- **Ground floor (L2)** – car parking and plant room
- **First floor (L3)** – ITU support and future pharmacy
- **Second floor (L4)** – intensive treatment unit
- **Third floor (L5)** – mechanical ventilation plant and patients' sky garden

The new building will connect to Kingston Surgical Centre at Level 3 and Level 4.



Design

Key benefits of the new ITU design:

- 18x single bed bays and 3x isolation rooms
- Each bed is orientated to provide patients with views out of generous windows
- Generous relatives / visitor spaces
- Good staff observation of patients
- Spacious staff rest room, seminar and changing rooms



Engagement - patient experience

- In support of the business planning process for the new intensive treatment unit, Kingston Hospital's Patient Experience and Involvement Team has carried out an engagement exercise to identify factors that drive experience of care, and to gather feedback on the proposed floor plans
- Involving 10 patient / family groups together with Chaplaincy staff providing pastoral and spiritual support specifically in ITU, through small group discussions with Hunters architects and one to one interviews
- In addition, the ITU at Chelsea and Westminster Hospital was visited with a specific focus on understanding lessons from a patient and visitor experience perspective



Public engagement

- Plans to create a **short film** to share with our community and voluntary sector partners
- All information and details of future plans will be added to our dedicated web page:
kingstonhospital.nhs.uk/about-us/estates-and-facilities-updates/building-a-new-intensive-care-unit-at-kingston-hospital/



**Hounslow and Richmond
Community Healthcare**
NHS Trust



Kingston Hospital
NHS Foundation Trust

Update on our partnership

What we'll cover today

Moving our partnership forward: next steps for HRCH and Kingston Hospital (Better Together)

- Partnership background
- Our developing joint strategy
- Benefits so far
- What we've heard – informing next steps
- Timeline
- Engagement and key themes we're hearing

Background

Since 2021 HRCH (and Your Healthcare) together with Kingston Hospital - partnership to create a more sustainable and joined-up approach to tackling the big issues in local healthcare. We call this programme **Better Together**.

A significant part of this work involves **refocusing resources towards community based care**, close to where people live and work.



Partnership principles

1

Test of any change: it benefits patients and/or our population, builds resilience and has value for money

2

Parity of Esteem: equal voice for acute and community services, where there is consensual approach to reaching shared decisions

3

Drivers of our collective activity would enrich staff, broaden their experiences, support innovation

4

Patients and staff are actively engaged in shaping and informing our collaborative work

5

Operating model supports Place and locality delivery and helps patients move seamlessly between primary, community and acute care

6

Empower our staff to make improvements at scale and pace

7

Streamline governance to empower staff

8

Where economies of scale are sought, these would be co-designed, i.e. no asset stripping

Two organisations, one purpose

A joint strategy means we can take bolder, collective steps towards addressing long-term and systemic issues, such as health inequalities and organisational boundaries.

Our purpose: working together with our partners, we provide holistic health and care services aimed at improving the health and wellbeing of our local population and provide a range of more specialised services across South West London and beyond.



Better Together: Progress

In April 2022, we brought the executive leadership teams of HRCH and Kingston Hospital together as one, remaining individual trusts, but establishing a **Committee in Common** to make key strategic decisions with the benefit of expertise and insight from across the full range of services.

NHS Hounslow and Richmond Community Healthcare NHS Trust

NHS Kingston Hospital NHS Foundation Trust

Committee in common members

Non-Executive Directors			Executive Directors		
 Sukhvinder Kaur-Stubbs Chair in Common	 Jo Farrar Chief Executive				
 Zaheer Ahmad Associate Non-Executive Director in Common	 Masood Ahmed Associate Non-Executive Director in Common	 Ginny Colwell Non-Executive Director in Common	 Sam Armstrong Director of Corporate Affairs	 Kelvin Cheate Chief People Officer	 Tara Ferguson Jones Director of Communications
 Durka Dougall Non-Executive Director in Common	 Richard Guest Non-Executive Director in Common	 Phil Hall Non-Executive Director (HRCH)	 Nic Kaine Chief Nurse	 Thom Lafferty Deputy Chief Executive and Director of Strategy	 Tracey Moore Chief Operating Officer (acute)
 Sylvia Hamilton Non-Executive Director in Common	 Damien Regent Non-Executive Director (KHFT)	 Cathy Warwick, DBE Non-Executive Director (KHFT)	 William Oldfield Chief Medical Officer	 Yarlmi Roberts Chief Finance Officer	 Anne Stratton Chief Operating Officer (community)

Sylvia Hamilton is the Senior Independent Director

Our ambition is...

For our Places,
our Services and
our People to **Thrive**



This ambition resonates with both our clinical and corporate colleagues. It captures the imagination of our staff and empowers them to innovate and improve, having clear aspirations to provide the very best care for our populations, with a focus on continuous improvement.

Our shared objectives

Thriving places

Improve the health and wellbeing of our population



Strengthen care and support in our places



Reduce inequalities



Make our communities the most environmentally sustainable in London



Thriving services

Strive for excellence in care delivery and deliver our Quality Priorities



Develop our elective service offering; working with South West London partners



Develop and lead on the South West London Community Services Strategy



Improve our digital capabilities



Improve our economic sustainability



Thriving people

Develop a unique reward, support and development offer to our people.



Ensure our workforce reflects the communities we serve at all levels



Make 'bottom-up' engagement with our people the standard way of progressing positive organisational change



Benefits we've seen

- **Virtual ward** – caring for more people at home through the use of remote monitoring equipment
- **Proactive anticipatory care** in Kingston and Richmond – supporting people with long term conditions to stay well at home
- **Workforce development** - staff broadening their skills by working across community and acute services
- **Patient safety partners** ensuring the patient voice is at the centre and sharing the learning
- **Inspiration Fund** ensuring teams across community and acute service had access to funding to improve services
- Unified **corporate departments**, adding resilience and reducing duplication and cost
- **Consolidated health and wellbeing service** now spans both trusts, making better use of resources
- **Improved recruitment** into our community services

Moving forward together

The Committee in Common have asked us to work up the **strategic case** to further develop relationships between HRCH and Kingston Hospital, including the option of a merger.

We believe this is the next logical step in our partnership and is the **best way to help us take our joint strategy forward** for the benefit of local people.



Strategic Case: Options

1

**Stay as
we are**

2

**Complete
or partial
merger**

3

Disaggregation

4

**Merger with
other Trust**

We would like you views on these options - survey

Why now?

We are supporting more and more complex patients in the community. A merger would provide an opportunity to bring clinical teams together, putting us in a **better position to provide more support in the community.**

The external environment in which we operate is uncertain. Growing the **size and scale of operations** can safeguard us against the implications of such uncertainties.





Why now?

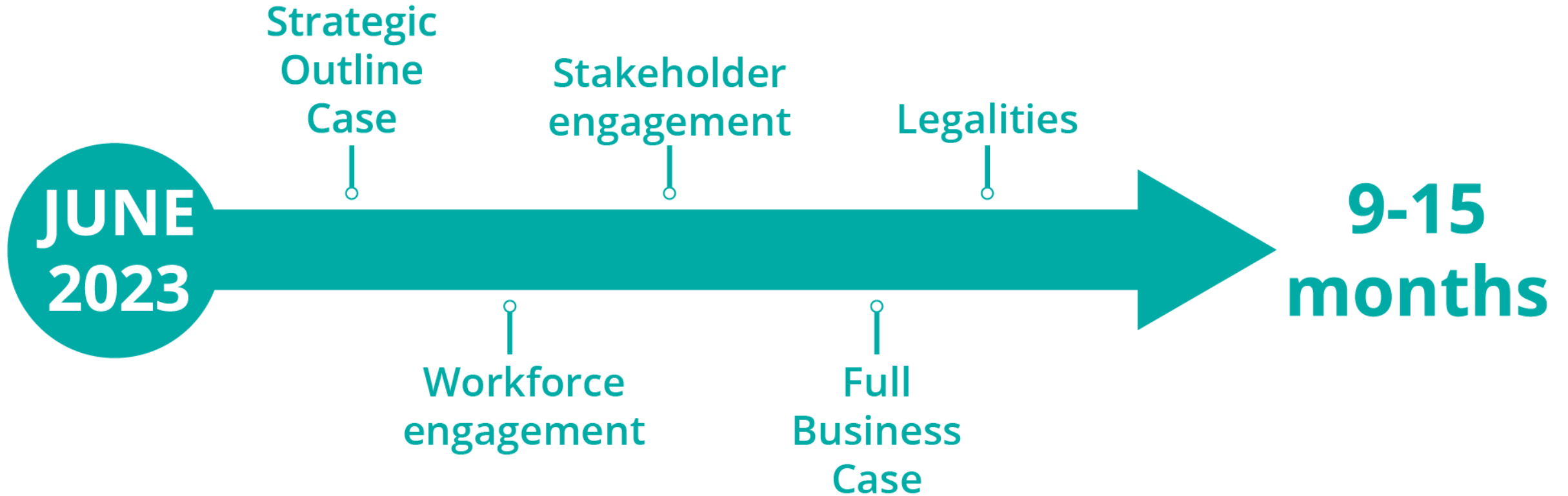
A number of **national priorities** will only be achieved at a local level through seamless service delivery:

- Reducing health inequalities
- Community-based support for older and frail people
- Working as one to improve the health and wellbeing of our population
- Preventing hospital admission and expediting discharge

Potential benefits for local people

- As one organisation we will have more freedom to **re-allocate our resources into the community** where they will be most effective. And when people do need hospital care, they will have a more seamless and timely referral
- **Larger staff group** - this will increase our diversity, capacity and resilience and give staff greater opportunities for development, which will lead to better patient care
- **Virtual wards** – increasing capacity - step up from the community as well as step down from hospital
- **More volunteering work in the community** – development of our established volunteering services
- **Financial efficiencies** – things we only need to do once, which will enable us to direct more funds directly back into local services
- **Services that you can rely on** – as a single organisation, we can improve the long-term sustainability of our current service provision

Outline plan



Communications and engagement

Engagement

Extensive internal staff engagement – **change unsettling**

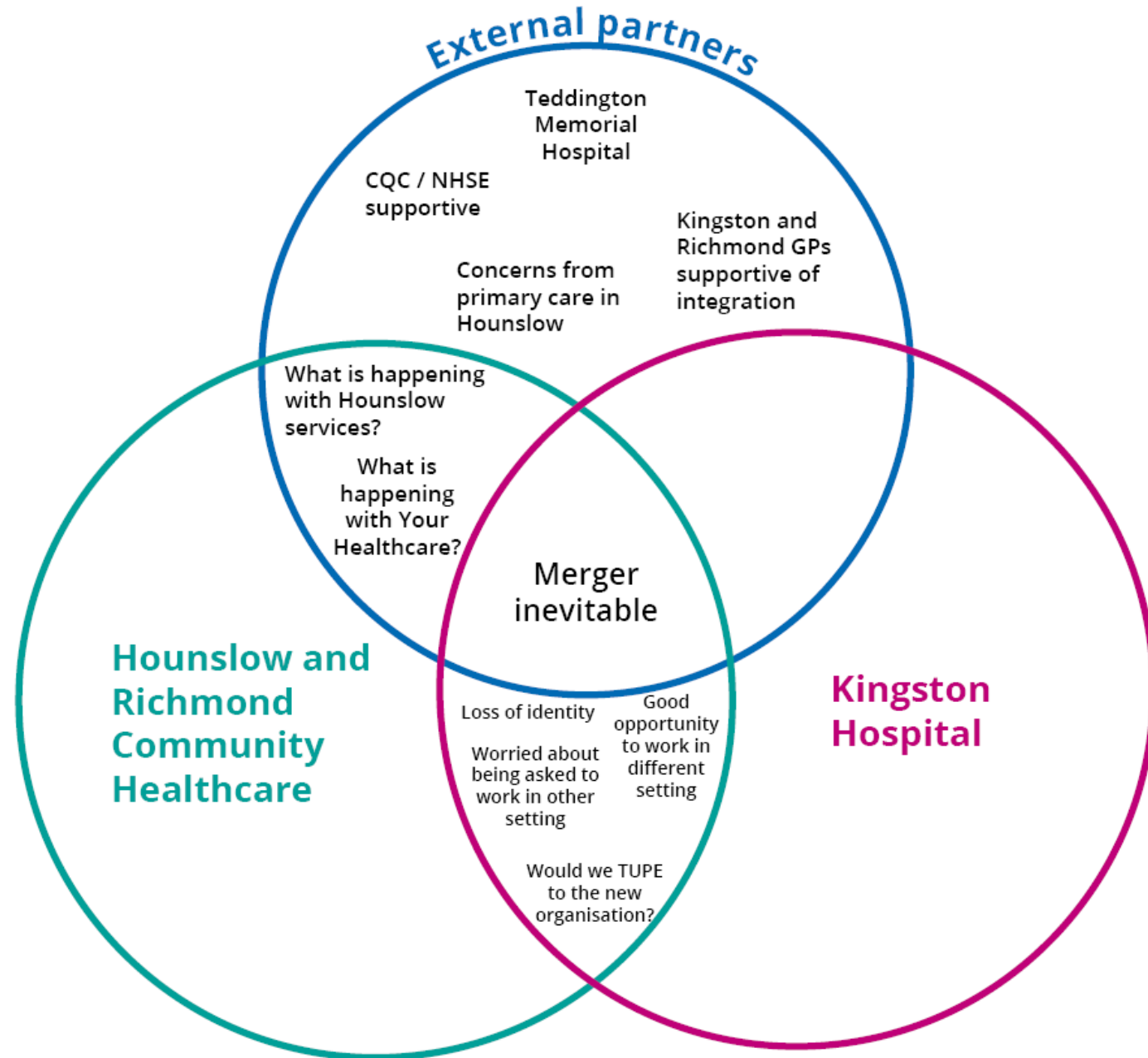
Engagement with partners to ensure they are sighted on our plans for working across acute and community services - 'thriving places' engagement event with our partners



Who are we engaging with?

- Governors
- Place committees
- Health and wellbeing boards
- Care Quality Commission
- Healthwatch organisations
- Voluntary sector
- Primary Care
- Social Care
- Community Voices Groups
- MPs and councillors

What we have heard



Discussion

Views on the strategy and next steps in our partnership?

We will also be sending you a survey to gather your feedback specifically on the options.



What we heard from staff



Continuity of patient care: is lacking in areas including heart failure services, dementia and end of life care – because services are not working as one team, because people work in different organisations.

Outpatient services: if we were one organisation it would be easier to make better use of capacity and run more outpatient services in the community – single referral process for patients too

Decision-making is slowed down: due to differing governance structures, duplicate sign off processes

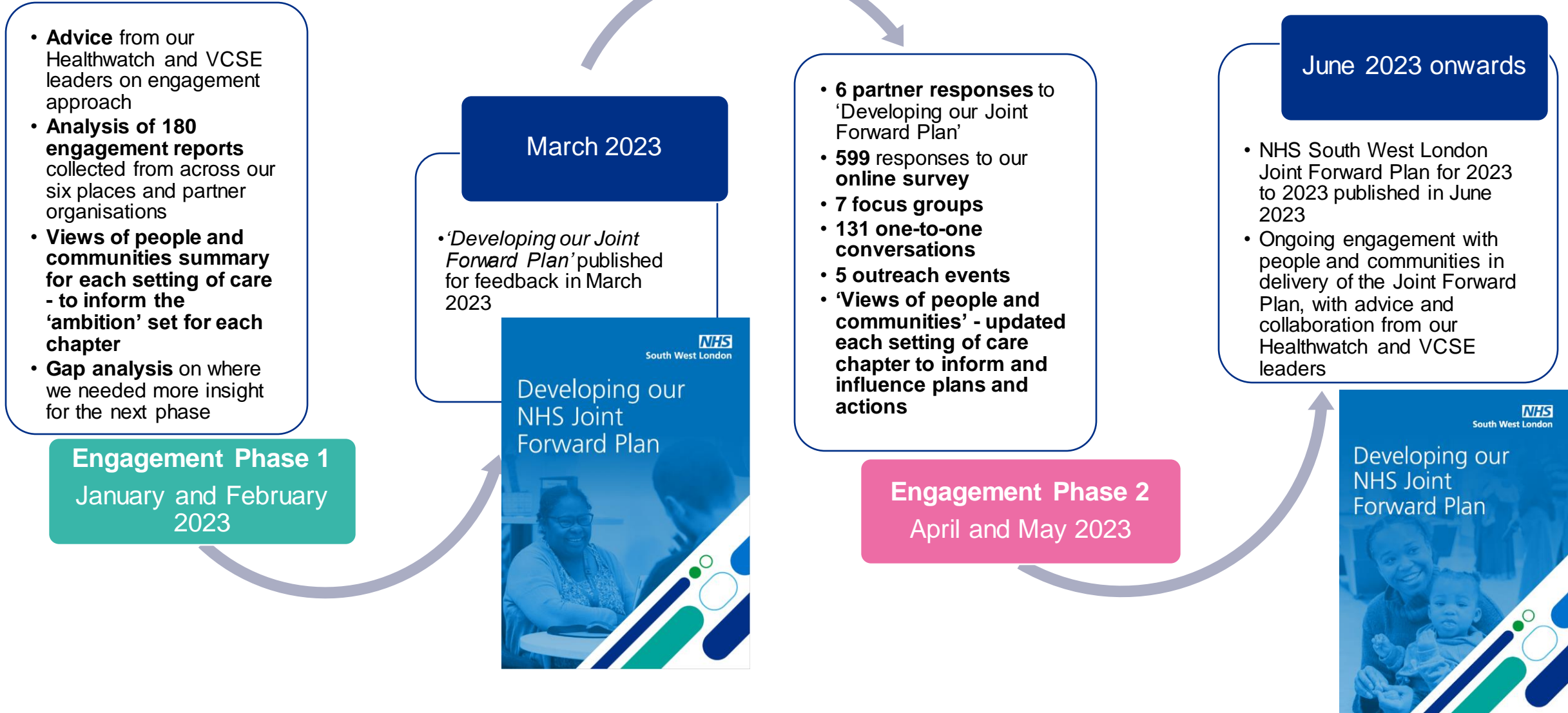
More prevention work: we should be doing more prevention work to help people stay well

Duplicated administrative effort: e.g. ongoing need for separate procurement, finance, workforce systems

Joint Forward Plan – engagement update

A decorative graphic in the bottom-left corner of the slide. It features several overlapping shapes: a white teardrop shape, a green circle, a light blue circle, a dark blue oval, a light blue rounded rectangle, a dark blue diagonal bar, and a white curved line.

Engagement on the Joint Forward Plan



Engagement on the Joint Forward Plan



1. **Informed by the insight of over 180 reports** of insight from partners in South West London over the last 18 months.
2. **Gap analysis from those reports and cross-checked against EQIA** – further engagement on key populations groups, geographies and care settings areas where we have gaps.
3. **Healthwatch and Voluntary sector leads feedback** – as partners on ICB but also with their specialist people and communities experience and strategic overview.
4. **Place engagement infrastructure** – feedback and engagement with our six community voice forums/networks.
5. **Survey** – Responses from people who live, work or study in South West London to build on what we have already heard from people and communities and testing our ambitions.
 - Reaching out to our people’s panel.
 - Targeted social media to support breadth in responses from across our communities in our six boroughs.



Snapshot of our engagement and outreach

South West London

We prioritised our activity to reflect the 'settings of care' sections within this Joint Forward Plan, using a range of approaches including:

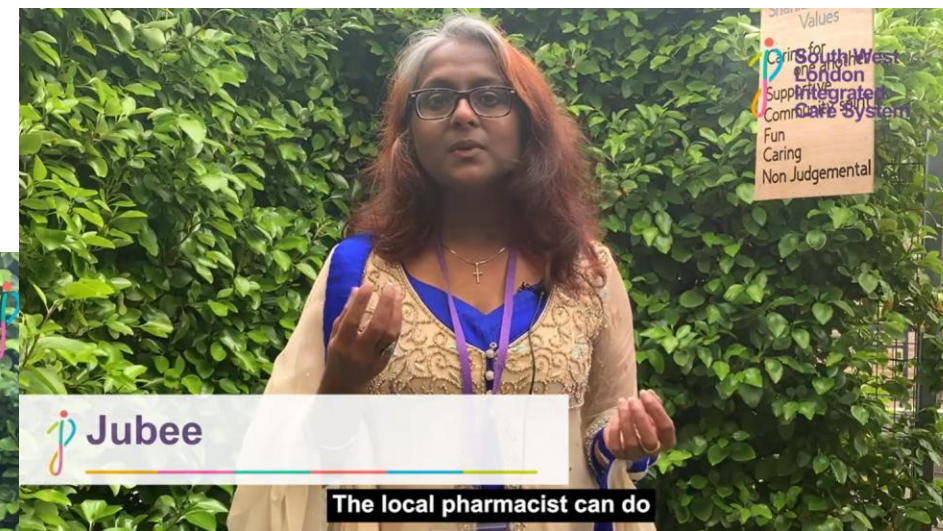
- **Partner views** – asking partner organisations and their leaders to share their views on our published document
- **Survey** – hearing from people who live, work or study in South West London for example, from communities, frontline staff and students
- **Focus groups** – led in partnership with trusted community and voluntary sector organisations and aimed at specific population groups, for example with refugee and asylum seekers in Mitcham Library and adults with learning disabilities in a community centre in Kingston
- **One-to-one conversations** with people who need additional support for example parents and carers at a Croydon Babyzone drop-in event
- **Outreach engagement** and discussions at existing community events and forums for example secondary school young people at a Beautiful Minds school event in Twickenham



A short film....

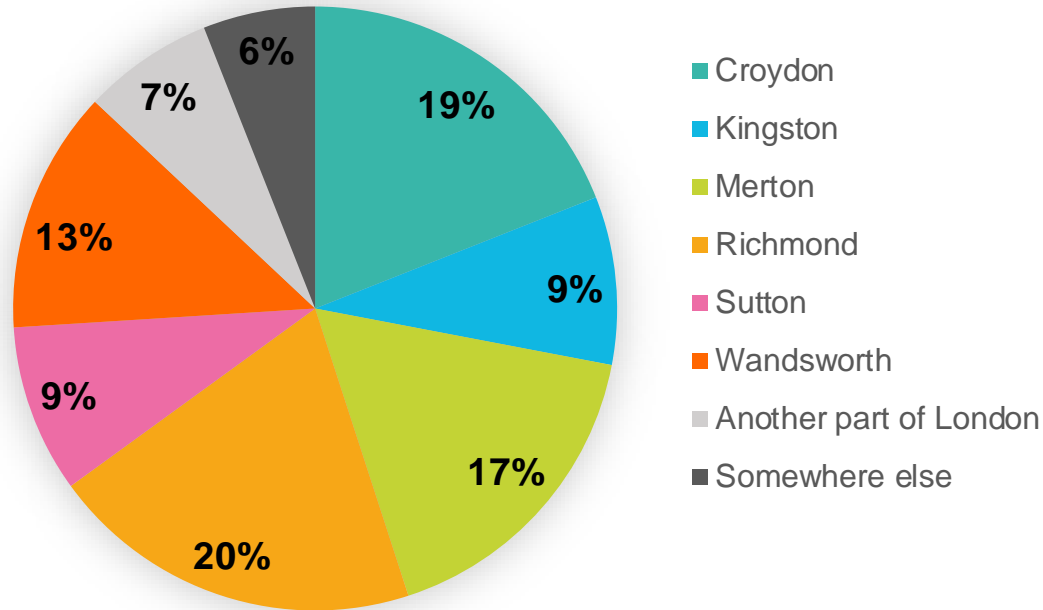
During a number of our Joint Forward Plan engagement events we asked local people to share their views on camera. We have put these views together into a short film that we played at the beginning of our Action Workshop for the South West London Integrated Care Partnership.

You can view this short film summary of local views [here](#)

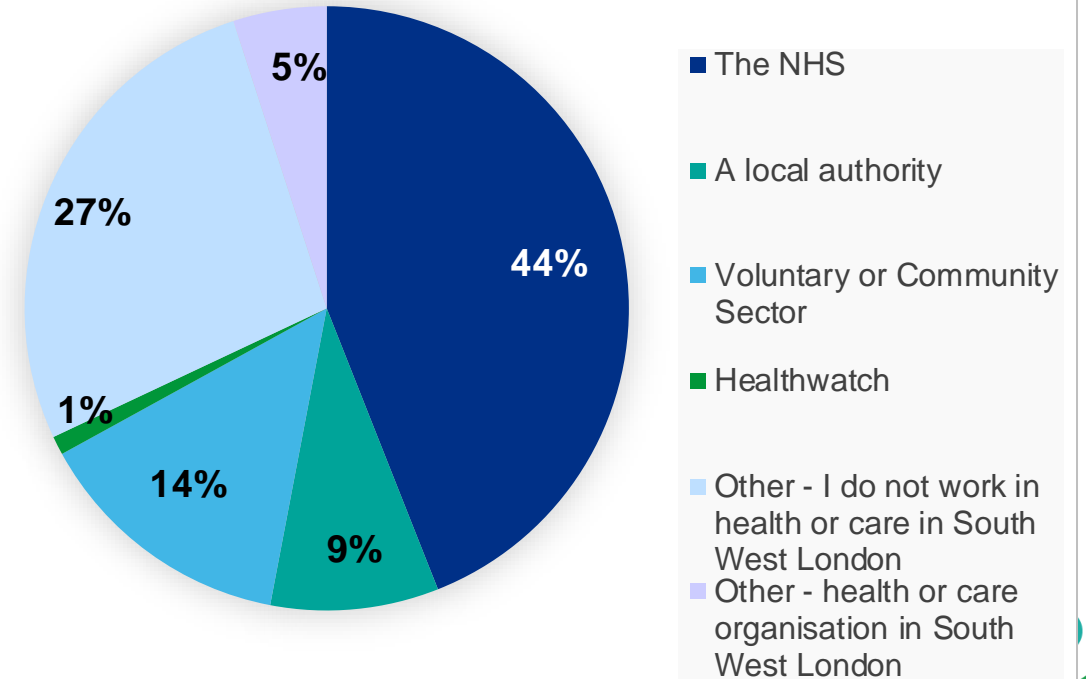


Responses by borough and workplace (as at 18 May)

Percentage responses by borough
(n=589)



Percentage responses by workplace
(n=291)



Engaging on the JFP In Kingston and Richmond...

In Kingston and Richmond, we engaged on the ambitions for those with learning disabilities and autism.

We ran two engagement sessions;

- Beautiful Minds schools' mental health conference, Richmond - 17 May
- Focus group with Eco-op at Searchlight Community Centre, Kingston – 23 May

We also spoke to the All Age Learning Disability Partnership Board and the Kingston & Richmond Autism pathway steering group



Richmond Youth Service and KRYC present

Beautiful Minds

17 May 2023
9:30-17:30

Heatham House Youth Centre,
Whitton Road
TW1 1BH

Come and talk to us and
be entered into a prize
draw to win one of three
£50 shopping vouchers

 NHS
South West
London







Take our
survey
and share
your
views
about
local NHS
services



SCAN ME

Who we have heard from...



<p>56% were aged 25 to 54 years old</p>  <p>(n=573)</p>	<p>72% identified as a women</p>  <p>(n=577)</p>	<p>63% identified as White British</p>  <p>(n=569)</p>
<p>40% identified as having daily activities limited or somewhat limited because of a health problem or disability</p>  <p>(n=582)</p>	<p>16% described themselves as unpaid carers</p>  <p>(n=578)</p>	<p>24% were a parent or guardian of a child under 18</p>  <p>(n=578)</p>

Headlines: Primary care

We want people in South West London to access primary care in the way that suits them best so that they can get the information, care, and support they need quickly. We want fully digital and connected primary care which eradicates clinical variation, improves health outcomes, and looks proactively at the needs of patients so that we improve the continuity of care for those who need it and keep people healthier for longer.



■ Definitely agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Definitely disagree

Insight and feedback:

- Agreement to enable people to access primary care in the way that suits them best, with many people talking about the problems of digital exclusion and the need to have face to face appointments.
- Strong feelings towards the importance of continuity of care aided by seeing the same GP ('family doctor').
- The highest number of comments related to not being able to access an NHS dentist and the cost of dentistry.

Our on-going plans for engagement

In the short term, this will include making sure that everyone we have heard from gets feedback on how their voice has been listened to which we hope is also reflected in this plan.

In the longer term, this will include:

- A themed engagement forward plan to inform our plan's delivery with partners support and informed by our equality impact assessments.
- Taking advice from and work collaboratively with our Healthwatches and voluntary, community and social enterprise organisations to maximise the opportunity to reach deep into communities and influence the planning and delivery of services.
- Regular cross-checking of what we hear from our people and communities is feeding in to our plans and delivery and produce an annual update on progress including a 'you said, we did' section in March 2024.
- Join up our engagement on this plan alongside our integrated care partnership priorities and strategy.

Thank you.

Please send any questions or additional feedback on local health and care

services to kingston.engage@swlondon.nhs.uk