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| **Healthwatch Kingston Board Meeting (Part A)** | **Date:** Wednesday 31 July 2019 |
| **Report Title:** A summary of Kingston Hospital NHS Trust Board meeting 5/6/19: papers reviewed in the context of Healthwatch Kingston’s top five priorities for 2019/20 | **Autho**r: Winnifred Groves, Trustee/Director |
| **PART A Agenda Item 9** | **Appendix: No** |

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| **FOR DISCUSSION AND/OR DECISION** |
| The Board is requested to note the content of this report.  |

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| **Healthwatch Kingston top five priorities 2019/20** | **Kingston Hospital Trust Board meeting June 2019 (Summary of papers)** |
| Mental Health / Time to Change: supporting time to change champions and events, monitor progress of specialist service provision to people with emotionally Unstable Personality Disorder (EUPD). | A **‘*Time to Talk’*** day involved Sally Brittain (Director of Nursing) touring the hospital encouraging people to talk and discuss their mental health. However, the board was also cautioned that some staff may not be as vocal as they might be, due to their cultural upbringing.Bullying of staff by patients and relatives was identified an area where more work needs to be done. KHFT will be looking at how to improve information for patients and relatives. The process of escalation is now very robust, and it is hoped this will demonstrate that senior staff will help with management of cases. A quarterly report is being received by the Nursing and Midwifery Board about occasions when patients and relatives have not behaved as expected and what is consequently being done. The Council of Governors (CoG) have requested to be kept informed formerly about the observation that Black and Minority Ethnic (BME) staff have a 36% chance of being abused by a patient or family member. The CoG will need to know what measures are taken to tackle this problem and how the CoG can be of assistance. It was suggested that the board consider the extent to which the issue should be highlighted to the local community. |
| Learning Disability | This year, only 0.8% of the workforce has declared themselves as having a disability which is a reduction by almost 1% on previous years. In addition, there has been a steady increase in those staff ‘*Not declared’* since 2015/16 and for the first time, a record of those staff who ‘*Prefer not to declare’* at 0.03%. KH intends to do more work to increase the declaration rate which anecdotally is believed to be under-reported.KH is committed to ensuring staff with a disability and those with long term health conditions feel confident and supported within their working environment. It notes that encouraging applications from disabled people creates a workforce which is more reflective and is good for business. It adds that the cost of making reasonable adjustments is often low. KHFT aim to raise awareness amongst staff and managers around their rights and responsibilities in this area. |
| Hospital Services: create online hospital services patient survey. Research patient experience of inpatient wards at KHNHS Trust. Monitor KH NHS Trust complaints and procedures.Work on support for people living with diabetes, support for families on End of Life Care. | Quality is an absolute priority for the KHFT. It is addressed first on the Trust board agenda and the board receives a formal quality report. The Trust quality Assurance Committee is a sub-committee of the Trust board, chaired by a non-executive Director. It receives information and assurance on quality and safety performance across the five CQC domains from various other Trust committees such as:1) Patient Experience Committee2) Infection control Committee 3) Clinical Audits and Serious Incidents, And reports back to the Board.The Trust has consistently achieved the 18-week Referral to Treatment standard during 2018/19.**Technology**: Deliver the aim of the ‘right information, in the right place, at the right time’ work will be undertaken with the Trust partners across the Sustainability and Transformation Partnership (STP) in South West London health and social care to enable information to be accessed in all care settings e.g. increase uptake of the NHS App. Develop plans to strengthen the infrastructure for connecting data across the system to support a population health focus.KH complies with the DHSC requirements which include ring fencing 2% of budget to target local health needs and DHSC priority areas include Asthma, Chronic Obstructive Airways Disease, Cancer, Dementia, Diabetes, Mental Health, Heart failure and Stroke. It is evident that these priority areas align with the recent South West London Care Group priorities and those of KHFT. This allows national priorities to be interpreted on a local level. **Research:** KHFT aim to enable more people to engage in Patient and Public Involvement (PPI) Activities. It will maximise opportunities for PPI in research by raising awareness of their ‘Be *part of Research Campaign’* and will initiate quality improvements projects to review current barriers to PPI and facilitate new strategies to ensure that there is equality in access. Research activities will include key areas but not limited to Diabetes, Mental Health and Ageing care, Cardiology and Emergency care.*Diabetes*: KHFT is amongst the best performing 25% of Trusts nationally for 3 patient safety indicators. The Trust achieved some of the lowest rates nationally for medication errors, glucose management errors and insulin errors (National Diabetes In-patient Audit). |
| Community care |  |
| Young people |  |
| Homeless people discharge from Hospital | KHFT is considered best in class for the work on stranded and super-stranded patients across London. |
| Live well, eat well, age well campaign | Interventions and events based on health and Wellbeing strategy: The KHFT board meeting was attended by a Health and Wellbeing Team who presented stories to explain the impact of the Trust’s focus on supporting the health and wellbeing of staff. Feedback from staff in the Emergency Department showed how the support had helped them with their mental health. |

**South West London Health and Care Partnership.**

The NHS, local councils and the voluntary sector in South West London have strengthen their commitment to working together to deliver better care for local people by forming the South West London Health & Care Partnership. In May, the Partnership published Health & Care Plans for public consultation in both Kingston and Richmond. The plans describe the Partnerships’ vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing. The two-year plans focus on where health, social care and voluntary sector working together has maximum impact and has been developed with local people, voluntary community groups and health and care partners, including the Trust. This is described in three priorities: Start well, live well and age well; developing community-based services to support and enable local people to lead longer and healthier lives knowing that when they need help, they can get it quickly and easily. KHFT welcomes the report and looks forward to working across the system in support of its delivery.