

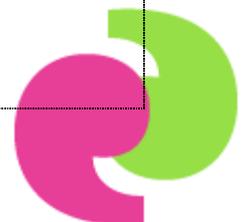
**Healthwatch Kingston upon Thames**

Hospital Services Task Group Meeting  
 Wednesday 9<sup>th</sup> Dec 2015 10:00-12:00  
 At Healthwatch Kingston Meeting Room

**Present:**

|                           |    |                           |    |
|---------------------------|----|---------------------------|----|
| Graham Goldspring (Chair) | GG | Jenny Pitt (HWK Staff)    | JP |
| Glenn Davies, affiliate   | GD | Jo Boxer, affiliate       | JB |
| Marita Brown, affiliate   | MB | Fergus Keegan & colleague | FK |

| ITEM |   | Action |
|------|---|--------|
| 1.   | <b>Welcome and Apologies</b><br>Apologies received for Raghad, Stephen, Marianne, Louise, Pippa and Anne B.   |        |
| 2.   | <b>Notes of the last meeting and actions held on 28<sup>th</sup> Oct 2015</b><br>Minutes agreed and corrected to show Anne Macfarlane's presence.   |        |
| 3.   | <b>Kingston Hospital Enter &amp; View Visits Debrief</b><br>JP circulated the draft report. GG discussed the discrepancy between the PLACE assessment and the findings on Hardy Ward. With the group's permission he would like to present the report that he and Pippa Collins produced to the PLACE board for further talks. All agreed that overall the report was positive. There were a few suggestions for corrections to recommendations, particularly around the IT system. Need to have the correct info recorded at the patient's entry into the system which travels with them. One other correction was to state that patients should be informed as early as possible about discharge. GG outlined the Hardy PLACE assessment reports. Privacy, dignity and wellbeing scored badly, down by 25%. | JP     |
| 4.   | <b>CQC Stall</b> Nothing to report  |        |
| 5.   | <b>PALS &amp; Complaints Report</b><br>GG would like to suggest we look at the ongoing problem with communications & appointments. A&E still has the highest number of complaints. Looking at future E&Vs, GG felt we should talk to patients about communications and appointments. JP will collate the details of the patients from the recent E&V visit to chase up in the New Year about their discharge experiences. Group to plan how we will liaise with these patients. Put on agenda for next meeting.   | JP     |
| 6.   | <b>Planning of Enter &amp; View Visits to Kingston Hospital A&amp;E Dept</b><br>To be held over to the next meeting. JP to send out dates to affiliates to request volunteers to be involved.   |        |
| 7.   | <b>Kingston Hospital Quality Account and priorities for 2016</b><br>FK explained about the quality account and the lead time (published in May 2016). Each year the Trust needs to identify areas of priorities for the coming year. Patient Experience, Safety and Quality of Care are the 3 major areas which the Trust will seek to improve. Will also be looking at improvements around technology, and administration. End of life care and discharge  |        |



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|----|--|----|
|    | <p>planning are also areas that will be looked at. FK will give a year-end position on these priorities. Need to identify on those for 2016-2017. FK wants to hear from the task group about priorities by the first week in January. By February we will have a draft of which will be circulated for feedback. Then there will be a formal period of consultation plus a HWK statement to be included from HWK chair and manager.</p> <p>GG referred to problems around communications and appointments that have been flagged up in the PALS report. Also the earlier points about technology and keeping patient's rep/carers contact details. GD was concerned about the Trust judging its own standards. FK responded that by law they are required to have an independent audit. In the account on page 72 are details of the limited assurance. The Grant Thornton organisation does this for the Trust. They test out the answers that are provided in the Quality Account. JB asked if any Grant Thornton staff are medically qualified and FK said no, but they don't need to be. GD asked about back up for the computer system. FK said that unexpected problems do occur, while upgrades take place in a planned way. The system is called 724, it runs 30 minutes in lag. So if the system goes down, then there is access to data that is 30 mins old.</p> <p>JB reported that the staff &amp; patients are unhappy about the IT communications, particularly around Pathology. FK asked if the IT and communications would be a priority? JB wondered if the Trust can access the GP records? FK said this hasn't happened.</p> <p>GG would like that a major priority is developing IT. FK said that the priorities should have resonance in the wider community, for example food was a big priority in the past. GG asked members to invite their feedback to feed into our priorities by Wednesday 16<sup>th</sup> December. Then feedback to Fergus. Also consider how the Trust can evaluate changes and better outcomes in our feedback. JP to email out affiliates, requesting feedback under three areas Patient Experience, Safety and Quality of Care.</p> | JP |
| 8. | <p><b>Any Other Business</b><br/>None</p>  |    |
| 9. | <p><b>Date of the Next Meeting</b><br/>The next meeting will be held on 13<sup>th</sup> January at the Kingston Quaker Centre.</p>   |    |

