

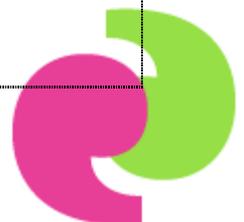
Healthwatch Kingston upon Thames

Hospital Services Task Group Meeting
 Wednesday 10th June 2015 10:00-12:00
 At Healthwatch Kingston Meeting Room

Present:

Graham Goldspring (Chair)	GG	Marita Brown	MB
Stephen Hardisty (HWK Manager)	SH	Anne Blanche, Carers UK	AB
Marianne Vennegoor	MV	Raghad Al-Ugaily	RA
Jo Boxer	JB	Pippa Collins	PC
Jenny Pitt (HWK Staff)	JP	Fergus Keegan, Deputy Director of Nursing, Kingston Hospital	FK
Julie Read, Patient Flow Manager, Kingston Hospital	JR	Louise Smith, HW Richmond	LS
Glenn Davies	GD	Kathy Sheldon, HW Richmond	KS

ITEM		Action
1.	<p>Welcome and Apologies GG welcomed the Hospital Services Task Group. Apologies were received from Nigel Spalding and Anne MacFarlane.</p>	
2.	<p>Notes of the last meeting and actions PALS report was not the detailed one that was required, so JP will contact Kingston Hospital for a quarterly Complaints & PALS report and also an Annual Report that is due to be presented at the Trust's upcoming Board Meeting. GD met with Staywell to gather info about discharge, but it was anecdotal. JR suggested contacting Roberta Cole at the CCG who commissioned work with Staywell. Better Care Programme update was circulated. SH said it would be helpful if we look at impact it has on services, especially acute service providers like Kingston Hospital. FK reported that impact would be measured against planned work, rather than any immediate significant impact. AB reported that £300k for carers had been subsumed into the Better Care Fund, and which was not ring-fenced. GG requested that the Better Care Programme is a regular agenda item so that we can see evidence of improvements.</p>	<p>JP</p> <p>JP</p>
3.	<p>Discharge FK apologised for the lateness of the reports. Happy to provide a narrative. Kingston Hospital discharges about 1,000 patients a week and works with 5 different boroughs in South West London. GG asked how the Trust responds to the Picker Review, whereby 12 out of 15 discharges are recorded as below average in terms of patient experience. FK responded that the Picker Survey is statistically significant, but that the Trust is only one cog in the system along with commissioning, primary care and social services. The number of complex dementia cases is not the same as the national average. MV asked how students impact services. FK said that they predominantly access A&E and the sexual health services. JB said that the delay in discharge is usually because of a wait for</p>	



	<p>medication. Is there are lack of pharmacy resourcing? FK said that drugs are now managed electronically but there is a 3 hour wait from discharge notice to the medication arriving to the ward. JP asked how we could improve communications to patients about this. FK explained that there are also other factors, some of which are unpredictable, so it's difficult to explain to patients and nurses often don't have the time.</p> <p>SH said that HWK would want to know about patients who are challenging and difficult to discharge as care homes won't take them. Perhaps HWK could raise the issue and bring recognition? FK said that data about Delays to Transfer of Care could be shared with HWK. JP to chase. KS brought up the issue of cuts and that if pre-discharge planning was carried out by primary care services, this would have a good impact on discharge.</p> <p>JB asked whether there was a delay in social care organising assessments. FK said that there is a 72 hour deadline.</p> <p>MB asked why medication isn't ordered as soon as the patient is deemed ready to discharge, rather than when the ward round finishes. FK explained that junior doctors have a difficult workload to manage and a pharmacy backlog often occurs because of the complexity of cases. GG extended his thanks to JR and FK for attending the meeting and giving their insight.</p>	JP
4.	<p>Response to Enter & View at A&E</p> <p>GG thanked the Trust for its concise response. He asked whether the signage had been improved and FK will check with Nic Burgess, A&E Admin Manager. JP said the report had been presented at the last Healthwatch Forum. This is attended by all the local Healthwatches, with an opportunity to feedback concerns and issues to the Trust senior staff. JB asked about consultant recruitment and triage. FK said that it was difficult to recruit to A&E posts, but when it was possible, consultants did operate a front-door triage, but that on the whole nurses carried this out.</p>	
5.	<p>Held-over items</p> <p>Due to timing, the PALS report and Priorities will be held over until the next meeting.</p>	
6.	<p>Date of the Next Meeting</p> <p>The next meeting will be held on 1st July, 10am-12pm at the Kingston Quaker Centre.</p>	

