

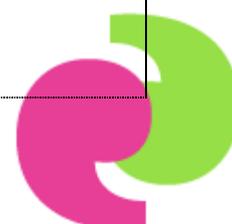
Healthwatch Kingston upon Thames

Hospital Services Task Group Meeting
 Wednesday 14th January 2015 10:00-12:00
 At Healthwatch Kingston Meeting Room

Present:

Graham Goldspring (Chair)	GG	Marita Brown	MB
Nigel Spalding (HWK Trustee)	NS	Glenn Davies	GD
Marianne Vennegoor	MV	Maurice McCullough	MM
Jo Boxer	JB	Ann McFarlane	AM
Jenny Pitt (HWK Staff)	JP	Raghad Al-Ugaily	RA-U
Rianne Eimers (HWK Staff)	RE	Grahame Snelling (HWK Trustee)	GS
Emma Gittus (HWK office volunteer)	EG		

ITEM		Action
1.	Welcome and Apologies GG welcomed the Hospital Services Task Group. Apologies were received from Sandra Antaki.	
2.	Notes of the last meeting and actions MM will email JP the summary of the Picker Review. The PALS Update has been circulated to members of the Task Group today. The Group felt it would like to see a more in-depth breakdown and so RE and JP will follow this up. NS asked that RE and JP also enquire about the outcomes of the PALS Report or what recommendations came out of it about what could now be done. JP will also clarify the points made by Julie Read at the last meeting concerning a shortage of beds and adjust the Minutes accordingly.	MM RE / JP JP
3.	Enter and View Visit Planning It was agreed that the best course of action would be to set 2 Enter and View dates; one prior to the A&E refurbishment and one afterwards. JP will make contact with Emma Duffy to agree upon suitable times. She suggested setting the first Enter and View visit date for Monday 23 rd March. The Group agreed that it would be best to do the E&V in teams of pairs to ensure that people have the support of another Task Group member when talking to members of the public and making notes. It was felt that 8 people should comprise the Enter and View team as a whole so as to allow for sickness on the day and for people to have breaks. It was also agreed to keep at least 1 person out of every pair undertaking the Enter and View visits the same on both occasions. This should create some continuity and allow for more accurate comparisons to be made across both visits. The selection of those attending the Enter and Views was to be left somewhat flexible for the present time. In terms of the overarching objective of the Enter and View visits, NS proposed that the Group work on the basis that it will aim 'To gain a better understanding of user and carer experience in A&E'. This was agreed by the other members as a general and achievable objective. From this, it was also identified that the 3 areas of A&E to cover during the visit should include: Majors, Minors and	JP JP



	Reception. JP will pull together draft survey questions submitted by task group members for the next meeting on the 25 th February.	JP
4.	<p>Communication about Appointments</p> <p>The Task Group had a general discussion concerning recent experiences with the appointments process. The use of text reminders for appointments was commented on. MV and GS commented on the improved efficiency of letters for subsequent appointments being given to patients directly at the hospital in order to save on posting. GD had to re schedule an appointment which was done very easily and efficiently. It was noted that generally appointments experiences had been positive, although this varies from department to department.</p>	
5.	<p>Annual Report for Board (2014) and Priorities for 2015</p> <p>GG stated that representatives from each Task Group had been invited to attend the Public Board Meeting on 12th February. Each group has been asked to provide a report for the Board, detailing its achievements and activities as well as its upcoming plans and priorities. GS explained that the Board was keen to know what the Task Groups have done over the year and what they plan to do so that support and interaction can be provided if needed. He said that it was often difficult for Board members to be able to make all Task Group Meetings but that both he and NS were aware that today's meeting was important in terms of Enter and View planning. GS expressed his approval of the Hospital Services Group's upcoming Enter and View visits since he was conscious that more could be being done. He anticipates that if the Task Groups could aim for 10-12 Enter and Views across a spectrum of services, they would be doing very well.</p> <p>GG asked if Hospital Task Group Members could email him their thoughts on the achievements of the Group and what they feel is now important to focus on. He can then formulate a Report from everyone's comments that is representative. GG asked members to send him their contributions to the report by Thursday 22nd January and he will compile it for the Board Meeting. The Group agreed that GG should be their representative and he will speak on everyone's behalf.</p>	Task Group Members/GG
6.	<p>AOB</p> <p>MM informed the Task Group that MB had been appointed a governor of Kingston Hospital and led a congratulations on behalf of the members. MM also made the Group aware of a food testing session that he will be attending at Kingston Hospital on Thursday 15th January. MM informed members of the Task Group that since the Patient's Assembly at Kingston Hospital had ceased to exist; a Quality Improvement Volunteer Group was set up in response to protests. It met for the first time on 7th January 2015. GS highlighted that he had met with Duncan Burton who is going to be interviewed for a HWK newsletter about what the Hospital is doing to engage with patient experience.</p>	
7.	<p>Date of the Next Meeting</p> <p>The next meeting will be held on 25th February from 10am-12pm at the Kingston Quaker Centre.</p>	

