

Note of meeting of members of the Hospital Services Task Group

24/4/14

10.00-12.00

At the HW Kingston Office

Present: Graham Goldspring (Chair), Eleanor Levy, Anne McFarlane and Nigel Spalding (Notes)

As only GG, EL and NS were present at the start of the meeting, and no apologies had been received, it was decided to re-schedule meeting. AM arrived at 10.20 and it was agreed that the work of the Group continue to be discussed without having a formal meeting. It was agreed that a short note of this meeting of Group members be produced.

Initial conversation focused on:

- The blue bracelet used at Kingston Hospital to identify patients with dementia, details of which GG brought to the meeting
- Concern about the experience of a wife with dementia provided with the meeting papers - GG intended to discuss with RE whether this information could be forwarded by him to a relevant contact in the hospital
- The level of staffing in Kingston A&E
- Visits undertaken by AM with the CQC to a dementia ward at the hospital, which was good, but suggested there might be different practice in different wards
- The need for the diagnosis of dementia, and its various forms, to be more effective and accurate
- A positive assessment of Tolworth Hospital but concern about news of a patient seeking advice not being told about the Care Support Team next door
- The amount of organisational change that the NHS has undergone, the negative consequences this had had and the tensions between GPs and the hospital

Conversation then turned to the Task Group priorities and there was some consensus that the Group should focus on three areas: A&E, Communications and the provision of holistic care. It was agreed that projects should be developed on each of these areas.

The meeting then focused on what might be done in relation to A&E. The first step was to identify what information the Group should review and it was agreed that staff be asked to try and gather the following information together for the Group's next meeting in June:

- The piece of research done by Age Concern on people going through A&E
- CQC inspection reports
- Feedback from HWK's affiliates - to be requested
- Data from A&E such as waiting times, assessments, outcomes etc
- Weekly data collection from patients on the ward
- Any information available from the Hospitals' patients group. It was also agreed that they should be invited to come to the Group and that someone could be co-opted onto the Group.
- Patient Experience Action Team reports. GG highlighted the recent loss of access to such reports by the patient group in which he had been involved.

Action RE/DM

Identifying the above information included discussion about the need to obtain both quantitative data (mostly from the hospital) and qualitative (some of which would come from elsewhere). The possibility of an Enter and View was also discussed but the challenges and limitations of doing this in A&E were noted, eg people waiting in A&E

might not be receptive to being asked questions, although general conversations might be possible, and they would not be able to provide information on their experience of diagnosis and treatment, only waiting times and their experience with reception.

It was agreed that the next two Task Group meetings should focus on A&E with the first one, in June reviewing the above information (insofar as it could be obtained). An A&E/hospital manager might then be asked to come to the subsequent meeting with other HWK Affiliates also being invited to attend. The focus of the meetings would be on the work of A&E - how it currently operates, current issues, potential developments and HWK might contribute.

It was also agreed that the next meeting also review the other listed priorities in order to decide what to focus on next. It was suggested that doing 2 or 3 things well, demonstrating some positive outcomes, would be better than several things poorly.

It was noted that the work outlined above might prove to be a useful model for future project work.

It was noted that the next scheduled meeting of the Group was on 3 June but as AM was not available on that date, it was agreed to put the meeting back by a week to 10 June in the hope that this date would still be suitable for HWK staff. This amendment was made in the meeting room diary.