

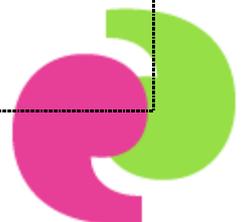
Healthwatch Kingston upon Thames

Hospital Services Task Group Meeting
Wednesday 3rd December 2014 10:00-12:00
At Healthwatch Kingston Meeting Room

Present:

Graham Goldspring, Chair	GG	Marita Brown	MB
Maurice McCullough	MM	Adelaide Boakye-Yiadom	AB-Y
Marianne Vennegoor	MV	Helen Haywood	HH
Emma Gittus, volunteer	EG	Julie Read, Kingston Hospital	JR
Jenny Pitt, HWK Staff	JP	Sandra Antaki	SA
Glenn Davies	GD		

ITEM		Action
1.	Welcome and Apologies GG welcomed the Hospital Services Task Group. Apologies were received from Nigel Spalding, Jo Boxer, Ann McFarlane and Raghad Al-Ugaily.	
2.	Notes of the last meeting and actions (22/10/14) The Board has seen these minutes. GG enquired as to any further thought regarding Nick Ainley, whereby JP informed the Task Group that correspondence with him had been left informal and open ended. It was confirmed that everyone had received the calendar dates from JP.	
3.	A & E Jo Boxer could not make today's meeting but forwarded her notes on this matter to JP. GG informed the Task Group that himself, Sophie, Jo and Jenny had visited Kingston Hospital last Thursday 27 th November to meet with Emma Duffy. GG confirmed that this had been a very productive meeting and that ED was keen to utilise HWK's help in generating feedback. Notes taken by those present were distributed to the Task Group. JP addressed the Group concerning Jo's report of the meeting. JP will combine all the A&E visit notes into one document for the Task Group and circulate to members.	JP
4.	Enter and View - A&E Kingston Hospital JP suggested the Enter and View be prioritised and planned at the next meeting for a date between January and April. GG suggested that in order to do this, it might be prudent not to invite a speaker along on this occasion. JP recommended setting achievable outcomes before the Enter and View takes place. She suggested focusing on the following: Improved access and care for those with disabilities and mental health issues; Improved Triage process facilitated by feedback collected from HWK; Recommendations concerning the quality of waiting time experience and issues of security at night; Improved communications for patients in A&E bays. GG suggested gathering general feedback in A&E so that main issues would present themselves through this response. A similar exercise could be done following the A&E refurbishment to compare findings before an Enter and View visit could be done to focus on the points raised by patients.	



	<p>GG offered to collect in all suggestions made by the Task Group in planning the visit. These could be discussed at the next meeting.</p> <p>MM informed the Task Group that he was the only person to attend the Picker Review of A&E. He was concerned that HWK had not been made aware of this in order to have a representative present. MM will email JP the summary of the Picker Review.</p> <p>MM enquired whether there were direct requirements of HWK with regards to how often and when Enter and View visits are made. GG also claimed that although Nigel Spalding provides a link, he feels the Group has lost touch with the Board. JP will make a note to look into this.</p>	<p>GG</p> <p>MM</p> <p>JP</p>
	<p>PALS Update</p> <p>This agenda item has been deferred to January. JP will circulate the current report for everyone to see so as comparisons can be made for January.</p>	<p>JP</p>
5.	<p>After Care and Discharge</p> <p>Julie Read, Kingston Hospital Discharge Manager, addressed the meeting concerning the discharge procedures at the hospital. She distributed copies of her accompanying presentation to the Task Group. The Task Group was informed that the borough has one of the oldest populations, with the needs of the elderly being highly important. In terms of discharging patients, an estimated time of discharge is anticipated within 24 hours. JR explained that links with the Red Cross and Staywell are maintained. Staywell helps provide some transportation for discharged patients and its volunteers meet, escort and help these people get resettled at home. GD enquired whether CCGs had commissioned this sort of work and JR confirmed that weekend and twilight services had been. JR went on to explain how Discharge plans are made with regards to the classification of patient's requirements. The main current local challenge for the Discharge Team at Kingston Hospital was identified as being a shortage of community beds in annex units outside of Kingston Hospital.</p>	
6.	<p>Communication about Appointments (Kingston Hospital)</p> <p>JP reported a lack of response with anecdotal evidence. It was decided that if there is any time at the next Task Group meeting, this item, as well as any further discussion on the A&E report, could be carried over.</p>	<p>JP</p>
7	<p>AOB</p> <p>GG suggested making the Enter and View visit the main agenda item for the next meeting in order to get the plans organised and finalised. GG also reminded the Task Group about the Affiliates Christmas gathering on the 15th December and the subsequent get together at approx. 6/6:30pm on the 18th December at the Druid's Head in Kingston.</p>	<p>JP</p>
8.	<p>Date of the next Meeting</p> <p>The next meeting will be held on Wednesday 14th January at 10am, at the Healthwatch office at The Kingston Quaker Centre, Fairfield East, Kingston KT1 2PT</p>	

