

Acute Hospital Group

10th November 2009

Meeting notes - Draft



In attendance: Ruth Marsden
Sylvia Whitton
Lesley Saunders
Ron Hart
Susan Oliver, note taker

Apologies: Jean Turner

Ruth gave a short summary of the previous partnership with HEYHT. Unfortunately information often fell into an abyss and the departure of the designated lead had led to little information being passed on.

Sylvia and Ruth have continued to take issues up through their role within Radiology.

PPI were involved in writing the job description and the selection of the new manager, Margaret Parrot however her role covers both Governance and Risk and Patient Engagement.

Ron felt there was less interest in patient engagement as they recruit for Foundation status. Having recruited their own members they no longer need LINKs.

The extract from the HEYHT PPES document states that the Trust will work closely with the new body (LINK) to promote engagement and partnership working.

Ruth explained that NALM had asked Trusts 4 questions to identify how much and in what capacity LINKs were represented within the Trust.

Hull had sent in two contradictory answers: 'sit and listen' and 'active participant at the Board' therefore we are unsure which is accurate.

Ron feels that a gentle approach should be used at first in order to establish a new relationship between ERYLINK and the Trust.

Actions:

Susan to invite Margaret to the next meeting
Susan to identify if Hull LINK have a protocol agreement with HEYHT

Original roadshow feedback

Ron suggested it would be useful to have information from the PCT on where East Riding patients actually receive acute services.

Most issues raised on the original lists would best be checked out by a visit to the hospital.

Concern raised that rather than the collaboration between Castle Hill and Hull Royal Infirmary raising standards it has dragged down standards in both hospitals.

Ruth suggested that hospitals outside the East Riding should be removed from the list, however it was agreed that there was a need to follow East Riding patients wherever they received their treatment and therefore Scarborough and Scunthorpe Hospitals should remain part of the remit however it may be neighbouring LINKs that pick up on the issues.

It is important to survey the LINK membership to find out what the current issues are, with details, in order to inform the workplan. This then needs to be compared against the data available.

Suggested questions: Where (which hospital/clinic)?

What was the procedure/issue?

When did it happen (last 12 months for currency)?

Did you do anything about it, what was the outcome?

Reinforce this is not an individual complaints system.

PALS stats and brief headings do not provide the details required to identify issues.

Ron: the business unit report that is produced quarterly would be more helpful "Quarterly Integrated Governance Report".

Action:

Susan to request the above report from Margaret Parrot (to copy Suzanne into e mail)

Susan to create and circulate questionnaire to membership

Ron and Host to analyse findings from questionnaire.

Sylvia: It is important to include the membership in the findings:

This is the problem

This is what you told us

This is what we've done about it

This is what we can not deal with but we've moved it forward in the following way.....

It is probable that transport will be one of the issues raised, for this to be passed on to the transport group.

Lesley: concern regarding the move from acute hospital delivery to day care particularly for people with head injury and what appears to be the lack of funding moving with the patient.

Sylvia: discharge is a real issue.

It is believed that Hull Link are undertaking a piece of work on HRI and discharge arrangements.

Lesley: discharge is a different issue when the discharge is to a rural area.

Action:

Susan to clarify with Hull LINK what action they are taking regarding discharge.

Ron suggested that the Acute Hospitals and Community Care sub groups should have a combined meeting inviting a PCT Commissioner and Social Care Commissioner in order to gain a total strategic view. This should help to identify the way forward.

Lesley: With head injury the medical condition is dealt with but they do not deal with the impact of the head injury/the whole person.

Ron: There is a need to deal with the medical **and** social needs of people particularly when isolated in rural areas.

Ruth: Hull hospitals focus on “do it less, do it better”. A reduction in beds to put stock into the system. Creating space through elective care.

Alot of issues will have been part of previous PPIF work

Action:

Host to check on PCX system

Concern raised once again regarding lack of LINK representation on Trust Board. Is there an opportunity to make further representation? Need to bring this issue up with Margaret on her visit.

Ron: Gather ‘supporting evidence’ from NALM survey, the national picture and Margaret’s response before presenting to Chief Executive once again as this may be the one and only chance.

Sylvia: concern that at the meeting it is positive but that it does not lead to a positive response afterwards.

Ron and Ruth still continue to attend as representatives of ERYLINK as Steven Greep has said that they should continue, this to be revisited in the New Year.

Ruth: research in the Health Service Journal (HSJ) states that Foundation Trust members are not actively voting and people are being voted on as Governors unopposed.

Other items discussed:

Quality Accounts – Ruth is creating a draft. Trusts have been told to work with LINKs. Margaret Parrot has been reminded of this by Ruth.

Supported by the letter from David Nicholson.

Action:

Ruth to extract the relevant section from David Nicholson's message and her response to forward to Host.

RNIB – report asks that LINKs look at access issues in all their workplans.

What do Commissioners write into the provider contracts regarding supporting people with visual impairment?

What steps does the acute hospital take, what provision is made for blind and partially sighted people?

Outpatients – Eye Clinic appointments had been flagged up as an issue previously and a lot of work undertaken to create better provision. Julie ? had been key to this and made major changes and strides forward, could this be a way of having an impact upon the whole hospital.

Sylvia: **Missed outpatient appointments** often lead to patients being sent back to square one to start the appointment process again, it will be interested to see if this appears as an issue.

Terms of Reference/Description of Group checked, altered and agreed.

Next Meeting: Monday 11th January 2010
10.00am

Venue: Adult Education Centre, Hallgate, Cottingham (to be confirmed)