



EAST RIDING OF YORKSHIRE
Local Involvement Network
Your Voice on Health & Social Care

Acute Hospital Sub-Group Meeting

26th February 2010



Humber & Wolds
Rural Community Council
We'll work with you to make the difference locally

Venue: Cottingham Education Centre

Minutes

Present: Jean Turner
Ron Hart
Ray Evans – Sub Group Chair
Diana Sandy
Ruth Marsden
Susan Oliver

Apologies: Sylvia Whitton

1. Identify Sub Group Chair

Agreed for Ray Evans to Chair the Sub Group

2. Group Description

Group Description agreed
Budget allocation to be considered later

3. Minutes from the last meeting

Omission: PPIF Ophthalmic report to be located

4. Matters arising from previous meeting

Margaret Parrott, Hull and East Yorkshire Hospital Trust (HEYHT) was unable to attend this meeting but willing to attend future dates. She asked if the following were possible:

To know the reason for attending in order to come prepared.

To receive minutes in order to respond to anything relating to Hull and East Yorkshire Hospitals.

To have a protocol agreement in place (as per Hull LINK - distributed)

To understand ERYINK intended workplans in order to avoid duplication and aid work to be undertaken.

For Margaret to explain what HEYHT their current focus eg mixed sex wards.

Action: Ray and Susan to liaise prior to the next meeting to identify what needs to be discussed with Margaret.

Quarterly Integrated Governance Report had been requested however Margaret had concern that this information was an internal document produced by the Business Units. Margaret needed to identify if this report could be made available.

Action: Susan to formally request the report



Hospital questionnaire was not successful, 3 responses, mainly positive and included one from Pontefract General. Need to identify different way to capture this information. Perhaps the workshop activity at the Forum will produce the issues and concerns.

Hull LINK had undertaken a piece of work around Discharge visiting 2 wards at Hull Royal Infirmary (HRI). This report is due in March and will be shared with ERYLINK

Host finding it difficult to locate PPIF reports on the Ix/PCX system

Action: Ruth to assist Susan to locate documents and to send a summary of the Eye Clinic report to the Host

5. North Lincolnshire and Goole Hospitals PPI Policy

This policy was felt to go a step further than HEYHT Policy as it is proactively including LINKs whereas HEYHT appear to have shut out LINKs by their policy.

Action: The group requested that a positive response be sent back to Ian MacDonald

6. NHS Car parking consultation

Although the deadline had passed for consultation it was felt important to discuss this issue due to the impact on patients and visitors. Issues discussed:

- Research does not always reflect actual need
- Issues regarding rural area and lack of public transport
- Need for the HEYHT and East Riding of Yorkshire Council (ERYC) to work together to resolve the problems at Castle Hill Hospital (CHH).
- Land opposite CHH planned for Market Garden which will increase traffic but said to have 'no impact'.
- Car parks should only be for patients, staff and visitors to 'park and ride'.
- Where is car parking in the scheme of priorities? HEYHT has to get the best value out of their assets they will do all that they can do to resolve the situation.
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Action: To review the situation once the results of the consultation are published.

7. Ophthalmic Outpatients Unit

Consideration of the issues raised by the Older Peoples Charter Monitoring Group (OPCMG). Recognition that this is a very busy Unit. Observations were made on Steven Greeps response to the OPCMG. Ruth had responded informally to OPCMG providing a copy of a previous PPIF report. Cancelled appointments are a management issue. There is a plan to move the Ophthalmic unit into the new Eye Hospital. Susan was able to report that as a result of the concerns raised members of OPCMG had been invited to visit the Ophthalmic Outpatients unit.



Action: To place the Ophthalmic Outpatients Unit onto the 'Enter and View' programme for the sub-group.

Action: To request feedback from the OPCMG visit

8. Visits to Acute Hospital sites

8.1 Discussion took place as to whether Community Hospitals should come under Acute Hospitals remit, the connection due to transfer from acute to community hospitals (including the transfer of infection). Community Hospitals are seen as part of the Neighbourhood Care Team development.

8.2 As 4 members belonged to both Acute Hospital and Care in the Community Groups, if required it would be simple to undertake joint visits.

8.3 Aide Memoire prepared by Ray discussed and suggestions were made for inclusion of further detail.

Action: Ray to update and Susan to format

8.4 Agreed that the following needed to be established:

- A letter produced detailing the visit to be undertaken and sent to named person at the Acute location.
- A 'buddying' system needs to be in place for new members to work with experienced members.
- The front pages of Aide Memoir to be sent in advance of the visit for staff to complete
- Report completed to include good practice and areas for improvements.
- Issues to be discussed at ward/unit level ie ask why does this happen?

Action: Susan to produce 'procedure' and supporting documents as above

8.5 Cross Boundary Working Procedures need to be in place.

Action: Susan to liaise with surrounding LINKs to identify their workplan in order to avoid duplication.

Action: Susan to ensure that Cross Boundary Working Procedures are agreed and in place.

8.6 Units for 'Enter and View' visits were identified:

| | |
|--------------------------------------|-----------------|
| Castle Hill Hospital – Ward 2 | Lesley Saunders |
| HRI - Acute Assessment Unit (AAU) | Ron Hart |
| HRI - Accident and Emergency | Ruth Marsden |
| Scarborough Hospital A & E | Jean Turner |
| Catering arrangements – HRI and CHH | Diana Sandy |
| HRI & Scarborough - Ophthalmic Units | Ray Evans |



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Discussed the benefits of looking at a particular service across the patch in order to compare facilities and practices.

Action: Susan to send proposed Enter and View 'schedule' to those who have completed Enter and View training.

8.7 Discussion took place regarding the need for a protocol with the Acute Hospitals when undertaking Enter and View Visits. The Sub Group agreed that this was not required.

8.8 Discussion took place regarding the procedure produced for the Care in the Community Sub Group. The procedure was accepted by the Acute Hospitals Sub-Group with the inclusion of the Host being informed prior to any unplanned visit. This is essential to ensure that the Enter and View visit is 'authorised' and covered by ERYLINK Governance and Insurance.

9. Any other Business

Letter received from Cllr Barbara Hall regarding the experience of a neighbour in relation to a visit to CHH.

Action: Susan to write to Cllr Hall responding to the letter.
Patient Transport issues raised by Diana to be taken to the Transport Sub-Group.

Action: Passes for ERYLINK visits to be sought from PCT and Acute Hospitals

Next meeting: 24th March 2010
Time: 10.30am
Venue: TBA