

# Future of Acute Hospital Services in Worcestershire

Patient Public and Stakeholder Advisory Group 07: 16<sup>th</sup> June 2014

Enclosure 2

## Summary of Documentation to Patient Public and Stakeholder Advisory Group

<b>Author:</b>	Colin Beardwood
<b>Subject:</b>	Minutes of the meeting held on May 12 <sup>th</sup> 2014
<b>Mark As:</b>	Public

<b>Summary</b>
Minutes of the meeting held in May 2014

<b>Risks (where identified)</b>
n/a

<b>Recommendation</b>
The Patient, Public and Stakeholder Advisory Group is asked to <ul style="list-style-type: none"><li>▪ <u>Approve</u> the minutes of the meeting held on May 12<sup>th</sup> 2014</li></ul>

<b>Approval Process</b>		
Meeting – PPS Advisory Group	Approved - Yes	Date - 05/06/14

Please tick box to confirm that the documentation takes into account the NHS Constitution

# Future of Acute Hospital Services in Worcestershire

Patient, Public & Stakeholder Advisory Group– Actions & Agreement Log

Wyre Forest District Council, Kidderminster

12<sup>th</sup> May 2014, 4pm

## Action Notes

### 1. Attendees

The following members attended the Patient, Public & Stakeholder Sub Committee:

- Colin Beardwood OBE (CB), *Chair*
- Margaret Jackson (MJ), *Vice-chair*
- Sarah Makin (SM), Communications and Engagement Lead – Projects, Arden CSU
- Phil Street (PS), Manager, Worcestershire Council for Voluntary Youth Services
- Fran Oborski (FO), Chair, Wyre Forest District Council
- Cllr Ron Davis (RD), Councillor, Wychavon District Council
- Paul Crawford (PC), Patient Representative, Worcestershire Acute Hospitals NHS Trust
- Stephen Howarth (SH), Non-Executive Director, Worcestershire Acute Hospitals NHS Trust
- Steve Brown (SBr), Chair, Kidderminster Hospital Alliance
- Richard Quallington (RQ), Chief Executive, Community First
- Judy Adams (JdA), Lay member patient and public involvement, Redditch & Bromsgrove CCG
- Peter Pinfield (PP), Chair, Worcestershire Health Watch
- Stella Baldwin (SBa), Lay member patient and public involvement, Wyre Forest CCG
- Sarah Harvey-Speck (SH-S), Lay member patient and public involvement, South Worcestershire CCG
- Cllr Liz Smith (LS), Councillor/Cabinet Member, Worcester City Council
- Neal Stote (NS), Chair, Save the Alex
- Diane Jones (DJ), Lay member patient and public involvement, Herefordshire CCG
- Charles Goody (CG), Lay member patient and public involvement, South Warwickshire CCG
- Simon Trickett (ST), Chief Operating Officer, South Worcestershire CCG
- Margaret Sherrey (MS), Leader, Bromsgrove District Council
- Simon Angelides (SA), Programme Director, Arden CSU
- Bobby Hayer (BH), Programme Support, Arden CSU

### Apologies

- Claire Austin (CA), Communications and Engagement Lead
- Cllr Pat Witherspoon (PW), Councillor, Redditch Borough Council
- Cllr Bill Hartnett (BH), Leader, Redditch Borough Council
- Cllr Marcus Hart (MH), Chair, Health & Wellbeing Board / Worcestershire County Council
- Cllr Tom Wells (TW), Councillor, Malvern Hills District Council

### 1. Introductions – new members and declaration of interests

<p><b>1.a.</b> CB welcomed new members DJ and CG to the group and they were asked to complete a declaration of interests form. CB noted that he is waiting on a response from Birmingham South Central CCG for representation to this group. CB noted to the group that he has written to Roger Hollingworth on behalf of this group thanking him for his contribution.</p>	
<p><b>2. Terms of Reference</b></p>	
<p><b>2.a.</b> MJ noted that she attends the Women and Children Task and Finish Group meetings and it has been suggested that there should be a representative of mothers on this advisory group. SH-S noted she is happy to represent mothers on this group. MJ noted it was also suggested that representatives from this group look at the specification outputs from the three task and finish groups. JdA volunteered and PP will ask Healthwatch for a volunteer. SH-S will look at the specification from the Women and Children Task and Finish Group.</p>	
<p><b>3. Apologies</b></p>	
<p><b>3.a.</b> CB noted that MH and PW have given their apologies for this meeting. Also, CA.</p>	
<p><b>4. Minutes from last meeting</b></p>	
<p><b>4.a.</b> The group agreed Encl 1 as an accurate record of the last meeting. SA noted that action 4.a.3. is still outstanding as the transport study is not ready. SM noted for action 4.a.4 Central Midlands CSU is looking to attend the next meeting in June as the model was not developed enough for this meeting. SA noted for action 5.a.3 he will circulate the organisational flow charts and a project plan to the group.</p>	<p><b>4.a.1 Action SA,</b> send Terms of Reference to DJ</p> <p><b>4.a.2 Action SA,</b> circulate organisational flow charts and project plan to group</p>
<p><b>5. Programme Update</b></p>	
<p><b>5.a.</b> SA explained that feedback from this group was taken to the programme board to advise that public consultation should start in September. SA noted that by the end of this month we need to get sign off on the clinical specifications, activity modelling and finances then we need to take all of this to NHS England and the governing bodies for final approval. SA noted there is a lot of work to be done in a very short timescale and there has been advice from lawyers that the public consultation should run for 12 weeks. SA explained to the group that for the Strategic Sense Check there are 3 areas: 50 supporting documents, a narrative summary and a slide presentation. SA noted that the two SROs, Mark Wake and himself will be presenting at the sense check and there will be verbal feedback on the day and written feedback shortly afterwards. SA noted that he expects the feedback to report good progress but very challenging in terms of timelines.</p> <p>PP asked if it was appropriate to give the public 4 or 5 broad headlines describing the current status of the programme. RQ and LS agreed that it</p>	

would be good practice to provide an update. SBr noted that he feels if there are no updates or relevant dates that nothing should be said. CG noted that NHS constitution states that all NHS bodies have to engage the public at every stage and all appropriate documents should be made available on the website.

CG noted that NHS constitution states that all NHS bodies have to engage the public at every stage and all appropriate documents should be made available on the website. SA agreed to put the heat maps and the programme timeline on the programme website.

PS expressed concern that the group still hadn't seen the project plan and that the time after a 12 week consultation would be too short to complete everything before purdah and the general elections in 2015. PS said his understanding from the last meeting was that the consensus was for a 9 week consultation. CB noted that he believes the consensus from the last meeting was 12 weeks and also starting in August was inappropriate. SA noted that he had feedback from Capsticks who provide legal advice to NHS England that the consultation should last 12 weeks. JA reiterated we need to consider the dates of the CCG governing body meetings in December and ensure that they are in public.

CB noted his concern to the group that publishing a public statement at this stage could be misinterpreted. SM noted to the group that the communications team produces a newsletter and suggested it could be updated to be more public-facing and be circulated more widely. SH-S suggested to the group that the website would be an ideal place to put this information. SM noted the newsletter is not confidential and is circulated to a wide stakeholder list including councils, MPs, volunteer groups, CCG and Trust boards, some of whom add it to their websites or include it in their public board meetings. It was suggested that we could include a summary of the process in the stakeholder newsletter i.e. where we are at and what the next steps will be. SA suggested that we review the issuing of a public update at the next meeting as by then we will have more information which we can possibly make public.

SA noted the data for the heat maps has come from the CCGs and the Trust. SBa noted that there are gaps in all of the maps. SA noted he will go back to Mott MacDonald and the CCGs/Trust to validate the data and maps. SBr requested copies of the final validated heat maps. SA agreed to circulate the unvalidated version of the heat maps to the group by the end of the week and then the validated ones later. SA noted to the group he provided the heat maps before validation as they have been a long standing item. RQ suggested that we need to bear the heat maps in mind in our planning for consultation activities and we also need to consider that low patient flows from an out of town location might still mean a high number of patients relative to the local population numbers

**5.a.1 Action – SA**, to circulate project plan/detailed timeline sent to programme board

**5.a.2 Action – SA**, add public updates to agenda of next meeting

**5.a.3 Action – SA**, send heat maps to group by the end of the week

<p>compared with higher population densities in towns and cities.</p>	
<p><b>6. Programme Website</b></p>	
<p><b>6.a.</b> SM noted to the group the communications team has had difficulty in obtaining the .nhs.co.uk domain name but and so decided to launch with the .co.uk domain name to ensure there were no further delays. SM apologised for not circulating the website link to the group for feedback in advance of the launch, but asked to group to look at the website and send any feedback to her. SM noted the communications team is very willing to accept feedback but they have to remain independent and be fair to all groups and areas, therefore they need to retain editorial control. Where there are conflicting opinions in changing aspects of the website, CB and MJ offered to make a decision on the appropriate action to take.</p> <p>NS believes some of the wording on the website could be misleading for the public also the downloads section needs more user-friendly file types, for example pdfs and not zip files. CG noted the website needs to be simple, intuitive and should not need complicated software to view files. NS noted that the website should be open and honest including items like financial issues. He also commented that the programme website seems to be part of the South Worcestershire CCG website which could cause confusion for residents in North Worcestershire. LS agreed to test the website from a public perspective.</p>	<p><b>6.a.1 Action – SM,</b> send website link to group</p> <p><b>6.a.2 Action – NS,</b> send website feedback to group</p>
<p><b>7. Draft design of consultation materials</b></p>	
<p><b>7.a.</b> SM circulated draft consultation materials (postcards and stands) and asked the group to fill the forms with feedback and preferences. SM noted that it was the intention to send the postcards to the whole of Worcestershire. CG noted the material would also need to be sent to the surrounding counties. SH-S suggested that more information is needed on the postcard which provides context and background of the programme. LS commented that we shouldn't use the word "acute" as people don't understand this and suggested we need to include that this is not about community hospitals but about the Worcestershire Royal, Alex and Kidderminster hospitals. SH-S commented that the public don't need to know the name of the programme so we could just have a heading "views on hospitals" or similar. Other comments included the need to have images reflecting the three service areas in the proposals, take out the landscape pictures, include an ambulance picture and make sure that more ethnic groups are covered.</p> <p>ST noted that it is difficult to do this exercise in a large group and recommended that a few representatives be editor advisors for the consultation material. PP, NS, CG and SB volunteered.</p>	
<p><b>8. Draft locations of consultation events</b></p>	

<p><b>8.a.</b> SM noted to the group the draft locations are based on feedback from this group, recommendations from CCG communications and engagement staff and population size. SM noted venues were being proposed based on accessibility by car and public transport, car parking facilities, good size, disabled access, reasonable cost and facilities e.g. for presentations. DJ asked if Herefordshire is to be included in the potential locations. CG suggested Studley and Alcester as possible locations in South Warwickshire. ST noted that events in Herefordshire and South Warwickshire could be led locally by the CCGs in these areas. NS noted that shops/market stalls can be an effective channel to capture more people. SM noted that the plan is to have some public meetings and to also bus tours, community road shows and hospital road shows. CG suggested giving a live stream presentation to help capture the young and people who are free in the evenings. RQ noted the locations need to be informed by the heat maps. LS didn't feel that the Rugby Club was a suitable location for the Worcester event. CB asked the group to feedback any more views on the locations and venues in to SM.</p>	
<p><b>9. AOB</b></p>	
<p><b>9.a.</b> None.</p>	

End