Future of Acute Hospital Services in Worcestershire

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

Redditch Borough Council, Redditch

29th September 2014, 4pm

Action Notes

1. Attendees
The following members attended the Patient, Public & Stakeholder Advisory Group: ▪ Colin Beardwood OBE (CB), *Chair* ▪ Margaret Jackson (MJ), *Vice-chair* ▪ Neal Stote (NS), Chair, Save the Alex ▪ Judy Adams (JdA), Lay member patient and public involvement, Redditch & Bromsgrove CCG ▪ Peter Pinfield (PP), Chair, Worcestershire Health Watch ▪ Sarah Harvey-Speck (SH-S), Lay member patient and public involvement, South Worcestershire CCG ▪ Richard Quallington (RQ), Chief Executive, Community First ▪ Paul Crawford (PC), Patient Representative, Worcestershire Acute Hospitals NHS Trust ▪ Cllr Liz Smith (LS), Councillor, Worcester City Council ▪ Cllr Pat Witherspoon (PW), Councillor, Redditch Borough Council ▪ Cllr Fran Oborski (FO), Councillor, Wyre Forest District Council ▪ Phil Street (PS), Manager, Worcestershire Council for Voluntary Youth Services ▪ Stephen Howarth (SH), Non-Executive Director, Worcestershire Acute Hospitals NHS Trust ▪ Cllr Hazel Wright (HW), Councillor, Stratford-on-Avon District Council ▪ John Cope (JC), Chair of PPG, South Worcestershire CCG ▪ Claire Austin (CA), Communications and Engagement Director ▪ Sarah Makin (SM), Communications and Engagement Lead – Projects, Arden CSU ▪ Simon Hairsnape (SHa), Chief Officer Wyre Forest and Redditch & Bromsgrove CCGs ▪ Lucy Noon (LN), Director of Corporate and Organisational Development, South Worcestershire CCG Apologies ▪ Jan Adams (JA), Board lead for PPI, Wyre Forest CCG ▪ Stephen Brown (SBr), Chair, Kidderminster Hospital Alliance ▪ Diane Jones MBE (DJ), Lay member patient and public involvement, Herefordshire CCG ▪ Cllr Ron Davis (RD), Councillor, Wychavon District Council ▪ Cllr Margaret Sherrey (MS), Leader, Bromsgrove District Council ▪ Cllr Marcus Hart (MH), Chair, Health & Wellbeing Board / Worcestershire County Council ▪ Cllr Bill Hartnett (BH), Leader, Redditch Borough Council ▪ Cllr Tom Wells (TW), Councillor, Malvern Hills District Council

▪ Charles Goody (CG), Lay member patient and public involvement, South Warwickshire CCG ▪ Bobby Hayer (BH), Programme Support, Arden CSU	
1. Introductions – new members and declaration of interests	
1.a. CB welcomed HW and JC to the group.	**Action 1.a.1- BH,** send declaration of interest form to new members.
2. Apologies – CB confirmed apologies received as in section 1 above.	
3. Minutes from last meeting	
3.a. The minutes from the last meeting were approved. Actions – CA reported that she had contacted LS re: promoting the consultation in the Council's newsletter but as the consultation date was not confirmed, this had been put on hold for the time being. CA reported that Baker Goodchild had been contacted but they are more expensive than the Royal Mail. SM – reported that she hadn't contacted Trinity High School yet as we don't have confirmed consultation dates.	
4. Programme Update – Simon Hairsnape R&B CCG and Lucy Noon, Programme Director	
4.a. SHa reminded members about the NHS England assurance panel on 6th August and how we had hoped that the panel would approve the consultation to start in September. However, NHS England was not entirely assured that we had all the evidence required and asked for further work to be done in some areas. At the last public and patient advisory group meeting, he had estimated that this work would take about a month, we would have another assurance panel and would start the consultation in October. Since then, it has been determined that there is more work to be done to receive full assurance. There is also now an absolute requirement that the work needs to be signed off by the Clinical Senate and we were hoping that they would meet in October. It now looks like this will be later which impacts on the timing of the next NHS England assurance panel and the start of the consultation. We are keen for all meetings and the consultation to take place as soon as possible but are aware that there are time restrictions due to the general election. LN added that we have made significant progress over the last six weeks, particularly on the business case and Paul Elkin has helped us on this. We are making the business case more public-facing and this will be made available at the start of the consultation. We are also working with Monitor and getting legal advice on the business case. We have set up a new sub-committee to look at patient safety and sustainability for the interim period and they have had their first	

meeting. This is chaired by Mark Wake and involves all organisations with representatives on the Programme Board. LN has asked if there should be public involvement on this sub-committee and will speak to Healthwatch. We are using this extra time to complete more engagement including with staff and clinicians. We also want to focus on mitigating actions to prevent services from deteriorating. SHa added that we are planning for both consultation timescales – before and after the general election in May. CB commented that the public is wondering what's happening since the ICRP report in January and we need to keep the programme in their minds whilst not scaremongering. LN answered that we need positive messages and we need to support staff at the Trust so that everyone understands the reasons for the delay and what's being done to move forward. HW asked LN what the mitigating actions she mentioned are. LN answered for example, to resolve the issue of difficulties in recruiting to middle grade posts, we have talked to the Deanery about training and this will make the posts more attractive and improve recruitment. SHa added that we have also looked at the different options for neonates and have managed to find additional nursing support. NS welcomed the new sub-committee looking at risks and mitigation. He expressed his concern about capacity at hospitals in surrounding areas. The NHS England letter was distributed. SHa explained that the letter looks much harsher than the verbal feedback that was given on the day as it only has Pass or Fail. Some of the "Not Mets" were very close to being met. NHS England said that we had a good story but didn't tell it properly in the business case. They wanted a public-friendly business case but hadn't told us that before. CA added that the evaluation was based only on the written evidence provided and not on the verbal answers given. CB agreed and said that having been part of the team, he was very surprised by the letter which seemed to be much more critical than the verbal feedback. SH confirmed that the letter would be made public but he was slightly concerned about people reading it without an explanation. A number of questions were raised by members including the strong public and patient engagement criterion not being met, the delays possibly being deliberate, the financial implications of the delays, the impact on the sustainability of services and the risk that some services might need to change before consultation.	**Action 4.a.1- LN,** speak to Healthwatch re: participation in new sub-committee.

Members expressed disappointment and frustration that we're not moving forward. There was also concern that we might not be able to consult at all, due to purdah and the general election. PP reminded members of the terms of reference for the group and our role is to scrutinise the public engagement and consultation process. SH responded that the Programme Board, based on many years' experience, had agreed unanimously that we should continue but they were mindful of the risks of the delay. In relation to public and patient engagement, NHS England did not criticise the level of engagement but they wanted more detail i.e. a record of engagement activity since January 2012. They also had some queries about diversity and the protected characteristics. LN added that there's a lot of work being completed. We want to deliver a top quality pre-consultation business case and we are getting lots of support from Monitor, NHS England and the TDA to do this. The report with the letter provided advice for the health and care economy and NHS England has confidence in us to move forward. We have a robust governance and assurance process in place but it's difficult to put implementation arrangements in place before consulting. We have a robust project plan to address the outstanding issues and the Programme Board is receiving regular updates. We are also taking legal advice. LN also emphasised the important role of this advisory group. We need to provide assurance to the Programme Board before another NHS England assurance panel. SH emphasised that the delay is not NHS England's fault. They want thorough assurance and they are working closely with us. They understand the politics and the sustainability issues but it is important that these issues don't unduly influence the necessary assurance process. We hope to have realistic timescales by the end of this week. CB stated how impressed he is that people are working together on this programme and he wants this to continue despite the delay. JdA asked if we have an audit trail of all stakeholder engagement and CA confirmed that we do. She added that the latest we can start the consultation before the election is 1st January and then the decision would be made after the election. HW emphasised the importance of consulting with people living in South Warwickshire and suggested holding a public meeting in Studley. PP suggested that he and other members of the group could help to support the pre-consultation engagement work. CA asked for feedback on Chapter 13 of the pre-consultation business	**Action 4.a.1- LN,** Send reconfiguration guidance to members.

case. JdA asked for a clear clinical model. (She suggested that "clinical models" be changed to "clinical model.") CA confirmed that this would be given out at the pre-consultation engagement meetings. JdA requested this in advance. RQ asked the difference between the pre-consultation and consultation engagement. CA answered that it's a legal requirement to complete consultation throughout and all feedback given will feed into the process. RQ expressed concern that people would switch off. FO suggested including some editorial or an advert in the new Polish magazine. LN suggested that the presentation being delivered at the pre-engagement meetings could be delivered at the next meeting. This was agreed.	**Action 4.a.2- CA,** Send diagram of clinical model to members or give out at next meeting. **Action 4.a.3- SM,** Add presentation to agenda of next meeting.
5. Pre-consultation engagement – Sarah Makin	
5.a. SM explained that between now and Christmas we are planning some pre-consultation engagement, with a particular focus on seldom heard groups and those most likely to be affected by the proposed changes. She is optimistic that we will be able to engage with most of the groups being targeted, although she emphasised that would only be a representative number of these groups as a whole. CB asked if materials would be provided in different languages and CA responded that the normal process is to provide different languages and formats on request, to avoid wastage. HW expressed concern about engaging with socially deprived people and it was suggested that we do this through housing associations. SM confirmed that we are already linking with housing associations. JA also suggested that we attend a meeting of a patient group for the Health and Care Trust. PW suggested using Radio Hereford and Worcester. FO emphasised that free newspapers aren't delivered to socially deprived areas, which makes the postcards very important. She also mentioned a Polish worker at St Paul's Hostel in Worcester. The showman communities in Redditch and Stourport were also suggested as groups who should be engaged with. SM requested people to let her know if they could think of any more groups we could engage with and provide her with contacts.	**Action 5.a.1- SM,** Liaise with Health and Care Trust about possibility of attending a patient meeting.
6. AOB	
6.a. No AOB. CB confirmed that the next meeting would be in October and we would confirm the date with people shortly.	**Action 6.a.1-** BH, Circulate date of next meeting.
