

Draft minutes

Held on: Tuesday 15th July 2014

At: the Fleet

Time: 10.00 – 12noon

Attendees and apologies

Directors: David Whiles (DW), Gordon Lacey (GL), Mary Bryce (MB),

Apologies: Louise Ravensthorpe (LR), Gill Metcafe (GM),

Management Group: Rosemary Dickens (RD), Margaret Robinson (MR), Nicola Hampshaw (NH), Margaret Robinson (MR), Dennis Pinshon (DP), Jean Hobbs (JH), Gill bachelor;

Apologies : Barbara Cork; Geoff Bovan; Susan Mahmoud, Annette Beeton (AB), Ian Arnott (IA)

CAB HWP

Angela Burrows (AB) COO

Jennifer Hodges (JH) SO

Femi Olasoko (FO) CDO

Other Attendees

Mary Telford (MT), Liz Telford (LT), Peter Skivington (PS), Sue Turner (ST), Patricia Mendes (PM)(Peterborough City Hospital) Martin Lightfoot (ML)

C&P CCG

Jane Coulson (JC) apologies

Apologies: Jessica Bawden (JB)

Jo Fallon (JF) CCG

PSHFT

Chris Wilkinson (CW)

1. Welcome
 - I. DW welcomed everyone to the meeting
 - II. There were no declaration of interest
 - III. Apologies were noted
2. Previous Minutes
 - I. Minutes ratified from 20th June 2014

Actions from previous meeting:

MIIU access road following E&V, issues of safety for pedestrians. Highlighted issues in E&V report with pictures. Have had meeting with owners of that bit of land last week, they agreed with the issues and witnessed two mothers with prams who had problems of getting the pram across the road safely due to parked cars. Fencing and shrubbery, debris from building. Parking down the road on double yellow lined making it single way, concerns with access for emergency vehicles, will now be no parking down the access road up until the MIIU as well as for pedestrians to cross safely. Very impressed with the companies quick responses and how quickly they are actioning concerns we have raised. Overhanging trees, Lorries and emergency vehicles knocking branches off every time. Ambulance bay with four cars parked in it for over an hour. Have sent us photographs of changes already made. Will make a visit in a couple weeks time to review what has happened.

Annual report: Concerns over colour, but need colour at least for the pie charts, the AR is also a form of advertisement and colour is far more attractive and appealing to encourage people to read about our work. Is also available online.

Complaints handling: Friday afternoon meeting with PCH

E&V discharge lounge: very quiet, report will be shared with HWE special enquiry. Issues will be brought to the trusts attention.

Prisoner project: 16 organisations coming along this afternoon to hear more about the project and give them an opportunity to purchase the package and sign up to our train the trainer day.

DF: 17 attendees, some from HWP. Another session after the November community meeting.

CPFT Personality Consultation: Gordon and David facilitated public meeting for the public consultation, only HWP attendees. Change (reduction in Cambs) of service provision for personality disorders, however it results in an increase for services in Peterborough. Service closed and distributed from Cambs allowing a new service to be provided in Peterborough. Peterborough Scrutiny committee had not been given a presentation (Cambs had) but this was claimed in the CPFT report, PCC was not contacted. David got a presentation to the Scrutiny Committee.

3. Action Plans/Activity and Updates AB
 - I. **HWP Annual Report:** update
Healthwatch England Conference/Award
Outstanding achievement engaging with Hard to Reach or at Risk Groups. Fantastic and exciting project that has now
 - II. **Patient Forum Group** – Update

Votes will be happening in September for Chair of that forum. A attends as much as possible to stay updated and to share any soft intelligence regarding GPs

- III. **Healthwatch England – Special Inquiry** - update
- IV. **Hydrotherapy** – update
Awaiting announcement about what the organisation is that is funding two years up to 150000 shortfall to keep in open. Now the focus needs to be ensuring long term access to hydrotherapy pool
- V. **Cancer Services** – update – local project/Macmillan community worker (SURVEY)
Meeting coming up to find out where this project is going. We have provided support and feedback from cancer patients
- VI. **Complaints handling** – Update
Meeting on Friday to improve the way that complaints are handled at the hospital;
- VII. **Coronary Heart Project** proposal – lead Mge/Dir TBC – update
Waiting for approval that this will go ahead. We're happy to collate the evidence and then put forward a HWLinc, HWRut, maybe HWCams. Are patients still happy to go to Addenbrookes or would they like a particular procedure to be carried out at PCH. Action plan has been given and is awaiting approval.
- VIII. **Patient Assessor Group** (E&V Update – inc. HWE Special Inquiry)
E&V training in August, HWRut to attend. Training for lay people to go and observe the care environment. Rosemary and Susan. M to attend
- IX. **Mental Health** (Jennifer)
CPFT consultation report/response to be completed by the end of this week, thanks to everyone who has emailed me their feedback to this consultation. Videoscribe project, working with YHC and P+F Mind. World Mental Health day. Beds for under 18's in Pboro?
- X. **SEND Reforms** (L Ravenscroft)
Changes will come in to action as of the 1st September, hoping that L.R can give a more substantial update following this. G.B. question of when children are cared for at a distance away then there use to be a fund to help parents pay for travel? Should be in the care package, might not always be in the child's best interest to be with the parents. If it is deemed to be in the best interest of the child's health then that would be part in the care package. Not a fund just for visit, sometimes will fund for things that a parent needs to attend e.g. certain meetings. We need to ask the question as it seems that there is no clear answer.
- XI. **Prisoner Project** –Proposal project overview today/Train the Trainer: Sept 23rd 12-3:30pm
- XII. **Community engagement** – (Femi)
- XIII. **Communications:** Website; Twitter; Health Aware; Enews; events; (Jennifer Hodges)

A&E poster, to prevent people always using A&E. Welcoming comments. Will be in A&E, first line says "before you go to A&E"? Can't just be in A&E. Needs to be in Polish and put in Polish shops.

Management group soft intelligence

A new agenda item which will be reviewed, Mng Grp fed back that they often come to the community meetings with soft intelligence and there is no allotted time to discuss this. They can now highlight issues and book some time to discuss.

S.M: ENT potential tendering, quality of training to whoever does the triaging. It is very easy to miss a growth (especially in the hay fever season) what will happen with those who are misdiagnosed because of the training not being adequate. J.C will feedback as they have had very little feedback about the potential tendering so happy to hear anything. A.B highlighted importance to engage directly with the service users e.g. hospital “pamper night” for service users got a fantastic turn out and provided a lot of valuable and meaningful feedback from the people who access the service so they have an understanding of the service and will hopefully benefit. Problem with ENT is that you often have one-off patients, not regular. G.B lessons need to be learnt from Hertfordshire when a new service provider took over, the same surgeons did the treatment but the aftercare was worsened e.g. paperwork went missing.

J.C to get project manager to come to next community meeting

Continuing problem of services being commissioned and provided by different organisations that are not properly aware of each other and each other’s practices e.g. 111 did not know what time Dr’s would be at the MIU. M.R the body does not divide up in the way that these services does and like the body these services need to all work together.

Issues about terminology of “Cambridgeshire”, “county wide”, etc. Does this include Peterborough or not, very unclear in some advertisements.

AOB:

Ambulance, stat stickers are not compatible with the ones used at the hospital so have to be changed.

111 advice always blue lighted to hospital, therefore creating the pressure on the hospital.

Issue of not being able to just talk to a Dr. It is advertised as and advice services and therefore has to provide advice rather than just signpost.

1	June	PSHFT CQR	Gill M
2	7 June	MIU Enter and View Report	Angela B
3	26 June	Social Care Quality Group	Jean H
4	12 June	Older Peoples’ Partnership Board (PCC)	Margaret R
5	2 July	Peterborough Suicide Prevention Implementation Group	Rosemary D
6	3 July	Patient Reference Group	Gordon L
7	3 July	OPPBB (CCG)	Gordon L

PSHFT – update Chris Wilkinson

Continue to experience huge pressures in urgent care, weekly review from NHS England and monitor, working with partners across the system. Key things this week, new pathway in emergency short stay, emergency assessment unites beds in to trolleys. Idea that patients will get rapid review and along the pathway out of ED quicker. 7 day audit of admission to ED, an extremely high percentage of those probably did not need to be in ED, those who really need the department are amongst them within the huge waiting time. People often trying to get GP appointment or 111 tell them to come to A&E anyway. Looking at (with the CCG) whether they need GP presence in ED. M.B do they have the power to turn people away. C.W A conversation that is currently happening, but would have to happen very sensitively, aware that this is sometimes not happening when it should to ensure waiting times are minimum.

P.S 111 for the deaf people? Would need to check on that J.C/C.W. 1802?

111 limited to the algorithms which are only really useful for very simple, non-urgent conditions. Also limited that they cannot then book an appointment at the GP.

?? Patient made exhausted by the process because you have to give so much information to 111, ambulance, ED staff, general ward, etc.

M.B maybe there is too much choice, all these services that are all over the place should just be accessible at the one place that everyone goes to which is A&E.

Doctors who do not have English as their first language can make the whole process a lot longer and more frustrating. C.W communication is one criteria

The work around complaints, very important and part of the CQC report

CQC action plan to reinstituted the paediatric emergency department area so it is discreet for children rather than with the rest of the area.

Annual public meeting Thursday night.

C&P CGG Update – Jane Coulson

Thank you from governing body and CCG for input in to the older people's consultation, report went to governing body last week. Initiation of service has been put back several months as Jan would not be safe. Thanks to Gordon who went through consultation responses to verify the overall feedback. Published on website now. G.L the consultation wording was not meaningful and was emotive in making people think that if they labelled a service "least important" that the service would not be included at all. Feedback about this has been reported within the report (J.C). A.B response rate was less than 2% for the hard copy, 80% of those responding do not use the service, very small percentage of people who were not white. Removed the sexual orientation because it was not relevant, it's a national issue for LGB ageing care so it is relevant in an older person's service consultation to ensure that this group is engaged with. J.C went out to certain groups and was distributed very widely. Is a section within the report about how they reached groups, gypsy/traveller groups by contacting the support groups that work with them. Particular locations picked by them, times and with translators to make events as accessible for particular groups. A.B CAB do a

lot of work with gypsy/traveller communities but were never approached. Consultation paper was too long. Royston MP wrote to all of his constituents highlighted the importance of responding to the consultation about their community hospital.

5year plan, Cambs and Pboro entire health system identified as one of 11 challenged health economies due to ageing population, deprivation, get a lower amount for the population. Price water house cooper came in to address some of t, joint strategic plan steering group working across the whole system to look at a 5yr plan. Draft plan has been submitted to NHS England. J.C could arrange for someone to come to a meeting to discuss this.

Open to questions/feedback from guests/members of public/AOB

G.B Disabilities, had the CCG consultation asked whether they were disabled

?? GP at A&E, HWP have said that they could not ensure a GP available all of the time. C.W we have tried it before and it wasn't completely sustainable but it is an option being looked at to

62 Lincoln Rd demolition progress?? Throwing a brick next Thursday

?? Your own phone. To use out and about, not to take place of lifeline.