

Trustee Board Meeting Minutes

Wednesday 19 March 2014 10am-12noon Reception Room Huddersfield Town Hall

Present

Mark Lacey (KCAB), Naseem Saeed, Hilary Thompson (Age Concern), Jill Robson (Mencap), Fatima Khan-Shah (Community Representative), Dave Rigby (Community Representative), Hazel Wigmore (Community Representative)

In Attendance

Rory Deighton (Director), Shabana Ali (Advisor), Clare Costello (Advisor), Helen Wright (Project Coordinator), Katherine Sharp (Volunteer Coordinator)

Apologies

Paul Bridges (Huddersfield Mission), Yasmeen Sharif (Barnardo's) Roger Milthorpe (Cloverleaf Advocacy)

1. Main Item: Calderdale & Huddersfield Trust Reconfiguration

In light of the significant changes in service that could occur as a result of a reconfiguration of services provide by Calderdale and Huddersfield Hospitals, we dedicated much of the March Healthwatch Kirklees Trustee Board meeting to understanding these issues better. Healthwatch meetings are open to the public, and around 20 people attended to ask questions of Steve Ollerton, clinical lead for North Kirklees Clinical Commissioning Group. Steve brought a colleague Julie Lawreniuk with him from the CCG, and from Calderdale and Huddersfield Foundation Trust (CHFT), Catherine Riley.

Two members of our team recorded the questions that were raised, and Dr Ollerton's responses. We will share these issues with Greater Huddersfield CCG to feed into their engagement process. In the passage below, all of the answers were given by Dr Ollerton unless it says something different.

Dr Ollerton started with a presentation on the drivers for change. A copy of this presentation is available on the Healthwatch Kirklees Website.

Members of the public and Healthwatch Board members then asked the following questions.

Q. How were people selected for the engagement that you have carried out so far in Dr's waiting rooms?

A. Randomly

Q. Is the final decision made by the CCG?

A. Yes.

Q. Is the decision to be based on the Keogh report recommendations or need?

A. Both. Keogh recommended 40-70 major accident centres. If there were 40, then neither Huddersfield Royal Infirmary (HRI) nor Calderdale Royal Hospital (CRH) A&E would exist. If we had 70, then one of these would exist. We have been talking to other CCG's in West Yorkshire and I believe that ultimately it will be all the CCG's decision how many major accident centres there should be in West Yorkshire and I think there should be 4.

Q. Why has there been no protesting in Huddersfield on the scale seen in Calderdale? I spoke to someone from Huddersfield Examiner who said there's no need to campaign in Huddersfield as the decision has already been made - Calderdale A&E will close.

A. No decision has been made at this stage, we are still looking in to our options. It is unsustainable to do everything twice (provide consultant led A&E services at the two hospital sites).

Q. Will people have to go to other places in the event of any accident?

A. No, there will be unplanned care facilities at both sites. We just don't know the level of service to be offered yet.

Q. If someone has a severe accident in Huddersfield, would they travel to Halifax?

A. It depends on the level of unplanned care being offered at HRI and the severity of the accident. Clinical decisions would be made at the time. I would only accept proposals which will improve healthcare for people, please be assured that we will only be accepting a scenario that is for the benefit of patients.

Q. Will there be a formal decision-making process?

A. Yes, and the process will all be made public.

Q. (radio interviewer) Will all engagement/meetings/consultation events be made public? A recent meeting in Hebden Bridge had only two attendees because of a failure to publicise the event.

A. We will make sure all events are properly publicised. We need to make you feel part of designing the future of hospital and community services in Kirklees.

Q. Resources are limited so will the decisions be influenced by financial constraints too? It's better to be open about this now.

A. (Julie Lawreniuk) Our budgets are not decreasing but increasing. This year there has been a 2% increase, next year it will be 1.7% increase. Over the next 5 years, the money we spend will increase by 60 million. This is still not enough to cope with growth in the elderly population, increase in complex health needs, need to improve quality and rising inflation. The Trust need to make efficiency savings.

Q. How quickly will services phase in/out?

A. It won't happen in the next calendar year. Community Services will be developed from April 2015.

Q. So the budget per capita...will it be more or less?

A. (Julie Lawreniuk) It will be more. There is a 'Case of Need' document which is publicly available. It will be on CHFT website.

Q. What about the people who don't have access to websites?

A. If people don't have access to the internet they can write to the CCG and ask for copies of any documents. Engagement will be happening in the community, staff will be out and about talking to people. Websites for engagement are just part of a wide range of ways people can talk to the CCG.

Q. What about the impact on the environment? Increased mileage for patients and visitors.

A. I understand this concern. I want people to visit hospital less and to have outpatient follow up appointments away from hospital (in their community, at the GP surgery). I think people will travel to hospital less not more.

Q. If both hospital A&E's close and people are treated and told to go home, what happens then?

A. Both A&E's will never close. If you had a heart attack today you would be taken to Leeds, possibly have a stent fitted and spend one night there, then return to HRI.

Q. I've had to use A&E on a number of occasions and I'm always shocked at the number of people who appear to have nothing wrong with them, just sitting in the waiting room, laughing and seeming to be having a good time.

A. Yes, about 55% of people do not need to attend A&E. We need to understand why this is, and try to address it.

Q. You talk about care closer to home but services are disjointed, there are lots of gaps. Will this improve?

A. This needs addressing and we will be looking at this.

Q. There is less money for community care so how will this work?

A. We will invest more in services in the community in future

Q. We tried to book a seat and couldn't get through, nobody was manning the phones.

A. (Rory Deighton, Healthwatch Kirklees) That wasn't the CCG, it was Healthwatch Kirklees. The press release was sent last week but only went in Examiner yesterday. Our phones were unmanned from 4-5pm because our staff were out at meetings. We will make sure it doesn't happen if we do it again. It's part of a learning process for us as a new organisation.

Q. If engagement is failing at this stage, what hope is there for future engagement?

A. We will do our best to get it right in future.

Q. Will some meetings be held in the evening?

A. Yes

Q. I had a heart attack 2 years ago and there was no transport to take me to Leeds and no beds available. I went on to have another 5 heart attacks and was in hospital for 17 months.

A. We will make sure there are safe systems in place in the future. If you had a stroke, the best place to go is Calderdale as this is where the stroke unit is. CT scan available 24/7. Stroke consultant available 24/7. It is impossible to keep this level of staffing and specialism at all hospitals.

Q. In the event of major accident/incident, time is off the essence. It's essential that people don't have to wait. We should keep both A&E's fully functioning. Should be asking the government why they are doing this. There is a political agenda. Are the CCG putting pressure on the government?

A. We are always pushing for better funding. Not pushing for both A&E's to stay as they are.

(Catherine Riley) We understand that people are worried about the time it might take to get to A&E. Hospitals already have different specialisms with acute trauma going to HRI and critical cases going to Leeds. Paramedics make decisions on where people need to go. They assess whether it's safe to travel 45mins to get to hospital. Yorkshire Ambulance Service will need to be set up to cope with extra demand.

(Steve Ollerton) Paramedics are sometimes working to stabilise a patient for an hour before they feel it is safe to transfer that patient to hospital. The most crucial thing is to get an ambulance to the scene. We appreciate that ambulance services will need to be further developed to deal with any changes that are made to the way the service is provided.

Q. How will you regain the trust of communities after things like closing St Luke's? SWYFT guaranteed there would be mental health in-patient beds in Huddersfield and it hasn't happened. People feel very let down. Also, people need things explaining in plain English. There are far too many different terms being used, eg acute, emergency, specialist, unplanned. Will there be extra funding for Yorkshire Ambulance services whatever the change?

A. The CCG were not involved in SWYFT re-organisation. I would like to think I am trustworthy and I will be attending as many meetings as possible. I am an honest person. I could deflect most questions but I don't want to do that. The process will be clinician led and will give honest answers which people will hopefully believe.

(Dave Rigby) Provision of mental health beds is still under discussion.

Q. The M62 is busier than the M25. Travel times will be seriously affected. Facilities at HRI and Halifax should be increased. You should be doing the exact opposite of the proposals and increasing the number of beds.

A. Yorkshire Ambulance Service will fully test travel times for safety. Having to send patients to hospital is often seen as a failure of care. We want to keep people out of hospital and build up community based services.

Q. (radio) I'm picking up that you want people to take much more responsibility for their own health and there should be more preventative work. Will there be campaigns on this?

A. The local authority will be releasing a self-care hub and this will be web based. Kirklees only at the moment but I know Calderdale are very interested in this. Will support people with long term health conditions and enable more self-management. Prevention will also be really important.

Q. It's said that people want services closer to home but emergency services will be further away. I'm cynical about planned care being on one site as this will make it easier to privatise.

A. There won't be any privatisation. Patients want the majority of care closer to home. It's impossible to have a fully functioning A&E in every area.

Q. Will the whole process be transparent and will decisions be made based on the best outcomes for people?

A. Absolutely. I promise.

Q. Do you have any numbers on the people who use each A&E

A. Calderdale 70,000; Huddersfield 68,000. 55% in minor injuries, 44% in majors. Less than 1% in resuscitation (approx. 1,000 patients across both A&E's) Many of these people could be seen in other settings and have their concerns addressed more appropriately.

(Catherine Riley) Many people don't realise they could use their family doctor.

(Steve Ollerton) - Some people from European countries don't 'get' the GP system and will turn up to A&E for everything. We need to understand and address this.

Q. There's lots of mistrust about engagement. People don't think they will be listened to and don't see the point in putting their opinions forward. There's not enough clear, simple information for people to be able to make decisions about where to go.

A. The engagement strategy will have dates and times. Dawn from CSU will contact Fatima. Navigation of the system needs to be made simpler for people.

Q. Will GP hours be increasing if people are to access more services in the community?

A. GP's are individual businesses. CCG doesn't commission them. CCG has some influence with GP's but can't say 'you must work 7 days a week'. Some practices have started opening Saturday mornings and I think we will see more of this. Some are considering opening 7 days per week.

Q. There will be a loss of 100 beds across both sites. How can this happen with the increase in population and the number of students living here?

A. The number of hospital beds is not a good measure of available services. We will be designing services so people don't need to go into hospital. There will be plenty of beds available to cope with demand. The CCG won't sign off any plans if they are not safe and in the best interest of patients. We will be asking the hospital trusts how they will still be able to deliver safe, effective services with 100 fewer beds.

Q. We need better integration between health and social care, as there is in other areas.

A. Yes I agree.

Q. Changes to Clause 119 will mean hospital A&E's can close without consultation.

A. We are the local decision makers and will follow a process.

Q. If there is just one A&E with acute provision, is there any plans for expansion of services to cope with additional numbers coming from Calderdale & Dewsbury?

A. Yes, we will need to build. Will also need to ensure community services, primary care and education services are all in place before any changes happen.

2. Second Item; Healthwatch Kirklees Board meeting

Section 1 Reporting

1. Minutes of the last meeting and actions arising

Trustees agreed that the minutes of the last Trustee Board meeting were accurate. The action points were then reviewed:

Action	For	Complete?
Review the current issues chart and its functionality HW had reviewed the current issues chart and suggested an alternative. We will discuss this in more detail at the next meeting.	RD & HW	Partially
Develop a map of user groups to be used in conjunction with the current issues chart to ensure HWK is working with all people in Kirklees This issue will be covered at the staff away day on	KS	No - scheduled for staff away day
Send through the NKCCG report/contact for the report on travel structure.	NS	Yes
Make any comment on the presented reports. We agreed that time is tight and that we would need to review this part of the agenda. Naseem after the meeting requested that RD/HW put together a summary of where we were to send to the Trustees as an interim report before the next meeting. This report would tie in well for the need for us to complete an annual report, and also for contract monitoring and outcomes measurement.	All trustees	No - by next Trustee Board meeting
Consider what pieces of work to be more involved with If Trustees would like to be more involved in pieces of work that they are interested in, then they they are welcome to approach staff members. Staff would welcome Trustee input to any of these projects.	All trustees	Yes
Consider how HWK can make issues and reports more accessible to the public.	RD & HW	Partially
Focus the executive summary of the “Welcome to my world” report, and ensure that recommendations are clearly outlined	RD & TW	Yes
Proof read GP report	RD & HW	Yes
Consider where the “Why can’t I find an NHS Dentist in Kirklees” report should be passed to	RD & SA	Yes
Liaise with CC to provide information about complaints in children’s services, to be added to the complaints guide	YS	Yes
Remove reference to “bureau” from the sickness policy, and remove sickness entitlement in probation period	RD	Yes
Write to all staff to confirm the change to their contract to include this policy	RD	Yes

Send through the information from the Charity Commission to HT & JR	ML	Yes
Establish dates and times for Trustee Board meetings for the rest of 2014	RD	Yes

In light of the extended discussion on CHT Naseem asked that the Team complete a review of our progress to date, to be shared with Trustees prior to the next board meeting.

ACTION: Team to complete progress review

NS asked RD to formally invite Community Representatives FKS, DR and HWigmore to join the Healthwatch Board.

ACTION: RD to formally invite Community Representatives who have attended 3 meetings to join the Healthwatch Board.

We agreed to suspend the following items on our agenda.

1. Dewsbury Hospital & Mid Yorkshire Trust- next steps
2. Review of current work programme
3. Ongoing work & feedback (dependent on time)
 - The experiences of patients detained under Section 136 of the Mental Health Act.
 - Reconfiguration of Sexual Health Services from Princess Royal Hospital
 - Food in Hospital Facilities.
 - Cervical Screening rates in North Kirklees
 - NHS Dentistry in Kirklees
 - NHS Experiences of people who are Deaf or hard of hearing

Fatima Khan-Shah presented “Dementia Friend “training awards to staff members.

The meeting ended at 12.10