

## MINUTES

### North East Essex Health Forum Committee (HFC)

Wednesday 2<sup>nd</sup> August 2017

1.30 pm to 3.30 pm

Ash Meeting Room, Aspen House, Stephenson Road, Severalls Business Park,  
Colchester, CO4 9QR

#### Present:

Ray Hardisty (Chair)	RH	Chair, Colchester Representative (Elected)
Yaa Dankwa Ampadu-Sackey	YDAS	Outreach Representative, Urgent Care & Primary Care Commissioning Representative, Transformation & Delivery & Quality Committees Representative (Deputy)
Marjorie Appleyard	MA	End of Life Representative
Maura Broad	MB	Colchester Representative (Elected), Outreach Representative & Finance & Performance Representative (Deputy)
Celia Crossley	CC	Finance & Performance Representative
Julie Hocken	JH	Carers Representative (Elected)
Myrna Liles	ML	Tendring (exc. Harwich) Representative (Elected), Transformation & Delivery Committee (TDC) Representative, North East Essex Clinical Commissioning Group (NEE CCG) Board Representative (Deputy)
Robin Rennie	RR	Colchester Hospital University Foundation Trust (CHUFT) Governor & Strengthening Communities Network Representative
Su Rhys Jones	SRJ	Colchester Representative (Elected) & Quality Committee Representative
Kim Simmons	KS	Community 360 Representative
Ann Watson	AW	Harwich Representative (Elected), North East Essex Clinical Commissioning Group (NEE CCG) Board Representative

#### In Attendance:

Paul Kitson	PK	Complaints Manager, North East Essex Clinical Commissioning Group (NEECCG)
Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (NEECCG)
Simon Morgan	SM	Head of Communications & Engagement, North East Essex Clinical Commissioning Group (NEECCG)
Lisa-Jane Morris	LJM	PALS Officer (North East Essex Clinical Commissioning Group (NEECCG))

Item		Action
901.0	<b>Welcome &amp; Apologies:</b> The Chair welcomed everyone to the meeting and noted that it was quorate.  Apologies were received from: Bonnie Jarman (CVST Rep.), Patricia Paxon (End of Life Deputy Rep.) Emma Sarson (Tendring (exc. Harwich) Rep. (Elected) & Maternity Voices Joint Rep.) & Mark Tatham (RCPB Rep.).	
902.0	<b>Declarations of Interest:</b> The Chair drew attention to the amended document and PM reported that further changes had also been made to YDAS' Declaration of Interests after circulation.	
903.0	<b>Minutes of Meeting held on Wednesday 5<sup>th</sup> July 2017:</b> The minutes were agreed as a true and accurate record of the meeting.	
904.0	<b>Actions from Previous Meetings:</b> There were no actions from the July 2017 meeting.	

905.0	<p><b>Matters Arising:</b> There were no matters raised.</p>	
<p>906.0 906.1</p> <p>906.2</p>	<p><b>Issues Raised by Patients, Public, Carers &amp; PPGs:</b> <b>Patient Route between Walk in Centre and A &amp; E:</b> YDAS reported that she had not heard anything further on this, but hoped to be able to report further at the next meeting.</p> <p><b>Translation Service &amp; Accessibility:</b> The Chair drew attention to the circulated report and asked whether the Committee were happy with the suggested wording to be placed on the NEECCG website. CC felt that the word “service” should be replaced with “provider”. SM replied that the wording needed to be finalised and there was a desire to make it more patient friendly. The amended wording would be shared with the HFC. The Committee then approved the suggestions made in the report, pending the finalised wording.</p> <p>The Chair stressed the importance that people were aware of the need to request translation services, if needed, for every appointment. SRJ asked whether the hospital used the same telephone translation service as the police. The Chair confirmed they did. SM commented that it would be sensible to look at the way the hospital handled translation services and try to link up with them.</p> <p>CC asked what the legal situation surrounding provision of translation services was. No one present was able to provide any further details on this, but the Chair commented that it was the responsibility of the patient to request translation services, however, they would not do so if they were unaware that such a facility existed. He also mentioned that some people were not keen on telephone translation, preferring a face-face translator to be present. However, he did accept that this was not always possible.</p> <p>AW asked whether the hospital kept a register of multi or bi-lingual staff who could translate if required. SM replied that he did not know, but will look into how the hospital handles translation requests.</p>	<p>SM</p>
907.0	<p><b>Word on the Street:</b> <u>Item 018 – GP Re-organisation:</u> CC commented that there was no indication that the creation of GP hubs will necessarily increase travel distances. SM stated that some engagement events will be carried out once more was known about the future of primary care and how it will evolve.</p> <p><u>Item 019 – Pharmacists &amp; Self-care:</u> The HFC noted the comments. CC felt that, as pharmacists were healthcare professionals they would only recommend appropriate products to patients.</p> <p><u>Item 020 – Pharmacy Service Information:</u> The Chair stated that information on pharmacy services was available via NHS Choices and wondered if this could be linked to via the NEECCG website. SM did not see why not and agreed to look into doing this.</p> <p><u>Items 021 – Urgent Care Review &amp; 020 – Carer’s Concerns:</u> These were noted and the Committee asked PM to pass them on to the relevant teams within the NEECCG.</p> <p><u>Item 023 – Crusader Surgery PPG:</u> The Chair reported that the Care Quality Commission (CQC) had recently inspected the surgery and had not found any issues regarding the Patient Participation Group (PPG). He suggested that this be forwarded on to the Tendring PPG Liaison group for discussion. The Committee agreed. PM will add to the agenda for the October 2017 meeting.</p> <p><u>Item 024 – Fryatt Hospital, Harwich:</u> The Committee requested that this be forwarded to Jane Mower, Estates Development Manager, NEECCG. PM to action this.</p> <p><u>Items 025 &amp; 026 – Translations Services:</u> These items were discussed under minute number 906.2 and the Communications Team will provide additional information regarding translations services on the NEECCG website.</p>	<p>SM</p> <p>SM</p> <p>PM</p> <p>PM</p> <p>PM</p>

	<p><b>Item 027 – Chaperones:</b> The Committee noted the comments, but felt that they could take no further action on this. They also felt that it would be addressed somewhat by the addition of further, and clearer, information on translation services to be added to the NEECCG website.</p>	
<p><b>908.0</b> <b>908.1</b></p>	<p><b>PPG Matters:</b> <b>PPG Liaison Meetings – July 2017:</b> The Chair drew attention to the two sets of minutes previously circulated. YDAS commented that she had not received information, such as slide presentations, following the PPG Summit. The Chair replied that the slide presentations had been emailed to PPG Liaison group members with the July 2017 meeting documentation. No minutes of the Summit had been produced.</p>	
<p><b>909.0</b> <b>909.1</b></p>	<p><b>Update from Community 360 &amp; CVST:</b> <b>Community 360:</b> KS referred to her report previously circulated and stated that Community 360 had had a very busy month.</p> <p>Referring to volunteers at Colchester Hospital, KS reported that there were now 318. However, the Home from Hospital scheme was still struggling to recruit volunteers from the Tendring area.</p> <p>In regard to Colchester Borough Homes, MB asked how long the collaboration with Community 360 would last. KS replied that they were funded for one year ending in May 2018.</p>	
<p><b>909.2</b></p>	<p><b>CVST:</b> The Chair referred to the report previously circulated. MEA commented that it should read that Clacton Age Concern, rather than Age UK, was uniting with CVST.</p>	
<p><b>910.0</b> <b>910.1</b></p>	<p><b>Local Health Matters Meetings:</b> <b>July 2017 Meetings:</b> The Chair drew attention to the Tendring minutes, which had been circulated, and the Colchester minutes tabled at the meeting. He commented that the attendance at the Tendring meeting, held at Clacton, had been an improvement on the previous month's meeting held in Harwich. He felt that the future of holding meetings in Harwich may have to be looked into again, if attendance continued to remain low.</p> <p>There was some discussion about the presentations from the CHUFT Cancer User Group (CUG) and, in particular, the 62 day target. CC felt that it was important that pressure was put on the hospital to address the problems around this. The Chair commented that the CUG was keen for patients to be aware of this target to ensure that they kept appointments. However, he felt that the onus was not simply on the patient. CC agreed and felt that the hospital should be looking into why they were not reaching targets. She too felt that it could not simply be because of patients missing appointments. She reported that the F&amp;P Committee had requested that Nick Hulme, Chief Executive at Colchester Hospital come along to explain the issues surrounding the failure to meet the target. The Chair felt that it may be beneficial for him to also attend an HFC meeting to talk about this issue. If the situation continues then the Chair will look into arranging this. The Committee agreed.</p> <p>The Committee felt that some departments were excellent at reminding patients to keep appointments and felt that there needed to be more consistency throughout the whole hospital.</p>	
<p><b>910.2</b></p>	<p><b>August 2017 Meetings:</b> PM tabled the agendas for both meetings.</p>	
<p><b>911.0</b> <b>911.1</b></p>	<p><b>Outreach and Engagement:</b> <b>Out and About:</b> The Chair drew attention to his report and added that a meeting with the outreach team had been held on Monday 31<sup>st</sup> July 2017 and there had been discussion about the engagement packs previously provided. Some improvements are planned and the Chair and PM will organise these.</p> <p>JH asked whether they would be attending the Tendring Air Show. The Chair replied no, as previous attendances had shown that most people visiting the show came from outside of North East Essex.</p>	

<p><b>912.0</b> <b>912.1</b></p>	<p><b>Health Forum Specific Issues:</b> <b>Action Plan:</b> The Chair's report was noted. SRJ asked whether there had been agreement to form "super PPGs". The Chair replied that this was not definite at present.</p> <p>PK asked whether there had been any progress on reforming the CHUFT Patient User Group. The Chair replied that he had not been successful to date. ML asked how patients would find out about the group. The Chair replied that it had only been in its infancy prior to Tammy Diles' departure to take up another position within the hospital, so had not been generally publicised. He will continue to try to start up the group again. SRJ commented that Neurology User Group would definitely be interested in becoming involved.</p>	
<p><b>912.2</b></p>	<p><b>Patient Representatives:</b> The Chair drew attention to his report. He stated that he had contacted HFC &amp; PPG Liaison group members in the search for a representative on Urgent Care and Ambulance. YDAS had volunteered for the Urgent Care representative role and the Committee now approved this. However a deputy was still needed. MB volunteered; the Chair thanked her and her application is under review.</p> <p>Moving on to the Ambulance representative, the Chair reported that one Tendring PPG Liaison member had initially volunteered, but was now not certain that he would be able to take on the role. A deputy was also still required.</p> <p>There was some discussion regarding Dawn Bostock's (DB) position as deputy representative for Urgent Care and Ambulance. The Chair reported that she had indicated a desire to step down and it was therefore decided to remove her from these roles and further active involvement with the HFC.</p> <p>MEA and ML requested that information on the Ambulance representative role be sent to them and they will consider filling the deputy role. PM will action this.</p>	<p><b>PM</b></p>
<p><b>912.3</b></p>	<p><b>Elected Member Resignation:</b> The Chair drew attention to his report on Don Manhire's resignation from the HFC. He requested that the Committee approve his proposal that the position remain vacant until the next round of elections at the beginning of 2018. The Committee agreed this.</p>	
<p><b>913.0</b></p>	<p><b>Healthwatch:</b> The Chair's report was noted.</p>	
<p><b>914.0</b> <b>914.1</b></p> <p><b>914.2</b></p> <p><b>914.3</b></p> <p><b>914.4</b></p> <p><b>914.5</b></p>	<p><b>NEE CCG Committees with Health Forum Representatives:</b> <b>Ambulance Service:</b> No report.</p> <p><b>NEE CCG Board:</b> The Chair drew attention to his report and apologised on behalf of the NEECCG and himself that there had been confusion over the submission of previous HFC reports to the last Board meetings. Together with AW, he will combine the two reports into one and this will be submitted to the Board for its next meeting.</p> <p><b>Maternity Voices:</b> There was no report.</p> <p><b>End of Life:</b> MEA drew attention to her report which was noted. KS asked whether there was much utilisation of the end of life volunteers within the hospital. MEA replied that she would look into this and asked KS to provide further details.</p> <p><b>Finance &amp; Performance (F&amp;P):</b> CC drew attention to her two reports and explained that the most recent also encompassed the initial report. Expanding on her report she stated that the NEECCG financial situation was on target. She also mentioned that GPs had up to 6 years to submit costs to be refunded. Some funds were held back for this purpose.</p> <p>The main areas of concern related to cancer and A&amp;E, both of which were not achieving their targets. During July 2017, A&amp;E had seen a downturn and had only managed to see 60% of</p>	<p><b>RH</b></p> <p><b>KS</b></p>

	<p>patients within 4 hours instead of the 95% target. SM commented that the summer was the busiest time of the year for the hospital. CC felt that, if this was the case, then contingency plans should be in place to deal with the additional workload. The Chair stated that perhaps, not all patients visiting A&amp;E were in the most appropriate place. CC replied that, during this time, the wait at the Walk-In Centre had also been in excess of 3 hours. RR stated that some of this pressure would be relieved when a triage centre at the front of A&amp;E was completed. The Chair and CC queried this, saying that it was their understanding that the new building would house cancer services. CC had, however, raised the idea of such a triage centre at the F&amp;P meeting as she felt it was a logical solution.</p> <p>Moving on to cancer, CC reported that instead of improving the situation around targets, things had actually deteriorated. Referring to the 62 day standard, she stated that during May 2017, 73% of patients were seen within the target time. However, in April 2017 this had been 75%. The explanation given for this was a large amount of "did not attend" (DNAs); 18 out of 29 patients in breast cancer. CC re-iterated earlier comments that she found it hard to believe that the poor achievement of targets was simply down to DNAs. She felt that investigations should be conducted to see why Colchester Hospital fared so badly, compared to other hospitals around the country. MEA felt that there could be problems with patient transport contributing to the DNAs. SRJ felt it would be useful to know whether other departments had similar issues with DNAs. CC agreed.</p> <p>PK stated that, often, when waiting for cancer test results, patients telephone consultants who will then give results over the phone if they have come back negative for a cancer. This then means that patients may not attend the arranged appointment and are therefore logged as a DNA. CC responded saying the consultant should then inform the necessary person to ensure the appointment was cancelled. She again stressed the need for an investigation into the processes around these issues. YDAS felt that a reminder service would be useful as it could provide an opportunity for patients to cancel appointments no longer needed. She also wondered whether other departments operated such a system. ML commented that it was not always easy to cancel appointments as, often, the text number did not accept incoming texts or calls.</p> <p>There was some further discussion around this and the Chair stressed the need for an efficient appointment system. CC informed the meeting that Dr. Watson, Regulations Director at NHS England has expressed concerns and will be meeting with CHUFT.</p> <p>Moving onto Quality, Innovation, Productivity &amp; Prevention (QIPP), CC reported that, financially, this was on target. A large proportion of savings had been made via medicines management. However, there were problems with targets on delivery.</p> <p>There was a brief discussion on the cyber-attack and CC reported that only 1 computer at the NEECCG had been infected with a virus.</p> <p>CC then went on to speak about the poor uptake of pendant alarms and explained that a pilot scheme had been set up to try and ease the demand on the ambulance service and A&amp;E. The Chair mentioned that PM had emailed the relevant NEECCG staff member requesting that he present at the September 2017 Local Health Matters meetings. KS wondered whether NEECCG and hospital staff knew about the existence of the scheme, as a colleague had recently been admitted to hospital after a fall and had not been told about it. PM will write to Nadeem Iftikhar (NI), Junior Business Manager, Urgent Care at the NEECCG and raise concerns that staff are unaware of the scheme.</p>	
914.6	<p><b>Quality:</b> SRJ drew attention to her report previously circulated. There were no questions or further discussion on it.</p>	PM
914.7	<p><b>Transformation &amp; Delivery Committee (TDC):</b> ML drew attention to her report. PM queried whether ML had any actions from the recent TDC meeting. ML replied that she would speak with PM regarding this.</p>	ML
914.8	<p><b>System Resilience Operational Group (SROG):</b> There was no report</p>	

<p><b>914.9</b></p> <p><b>914.10</b></p> <p><b>914.11</b></p>	<p><b>General Practice Commissioning Committee (GPPC):</b>  There was no report. AW asked how members of the public could find out about meeting dates in order to attend. YDAS replied they were published on the NEECCG website. SM stated that they were also sent out via a press release. There was a short discussion about publicising events and meeting dates; AW and MB both felt there was too much reliance placed on websites and the internet. SM asked for suggestions as to how best to spread the message. MB suggested that it be sent to local press.</p> <p><b>Strengthening Communities Network:</b>  There was no report.</p> <p><b>Patient Advice &amp; Liaison Service (PALS):</b>  PK reported that there were still many issues being raised regarding dermatology due to its move to community outpatients from the hospital.</p> <p>There was some discussion around the Patient Transport Scheme (PTS) and some members requested copies of a leaflet that was available. PM will forward an electronic version to members of the HFC.</p>	<p><b>PM</b></p>
<p><b>915.0</b></p>	<p><b>NEE CCG &amp; CHUFT Press Releases:</b>  The following press releases were noted:-</p> <ul style="list-style-type: none"> <li>• July 2017 Board Meeting Notice</li> <li>• Funding Announcement</li> <li>• NEECCG rated “Good” by NHS England</li> <li>• RCGP Claim waiting times will increase</li> <li>• University and Trust unite on history project</li> <li>• New ventilator for critical care unit</li> <li>• Grateful patient gives portrait to chemo unit</li> <li>• CCG explores new ways to promote cervical screening awareness</li> </ul> <p>The Chair then tabled an additional press release relating to an engagement around the proposed amalgamation of 3 Clacton GP surgeries. He also informed the Committee of a request for a patient representative to work with the NEECCG Primary Care team on this, and asked for anyone interested to contact PM by 9<sup>th</sup> August 2017 after which she will forward the request to the Tendring PPG Liaison group.</p>	
<p><b>916.0</b></p>	<p><b>Reports from Outside Organisations:</b>  There were no reports.</p>	
<p><b>917.0</b></p>	<p><b>Any Other Business:</b>  YDAS queried why, in most cases, there were no dates set for the completion of actions. The Chair replied that this was because most of the Committee were volunteers. It was generally accepted that actions should be completed prior to the next meeting of the Committee at which they were given.</p>	
<p><b>918.0</b></p>	<p><b>Date of Next Meeting:</b>  Wednesday 6<sup>th</sup> September 2017  1.30 pm to 3.30 pm  CVST, Rosemary Road, Clacton on Sea, CO15 1NZ</p>	