



## **Healthwatch North Somerset Directors Meeting**

**Tuesday 12<sup>th</sup> April 2016**

**at**

**Nailsea Methodist Church, Nailsea BS48 2DS  
3pm - 4pm**

### **MINUTES**

**Present:**

Georgie Bigg (GB) [Chair]  
Dick Whittington (DW) [Treasurer]  
Lance Allen (LA)  
Joanna Pritchett (JP)  
Celia Henshall (CH)

**In attendance:**

Eileen Jacques (EJ - Chief Officer HWNS)  
Janice Walsh (Operations Coordinator HWNS)  
Shaun Fitzpatrick (North Somerset Council)  
John Gowar (JG)  
Mary Adams (MA - North Somerset CCG)  
Angela Aspinall (North Somerset CCG)  
Hannah Sloan (North Somerset CCG)  
Pauline Genge (HWNS Volunteer)  
Brian Kemmish (HWNS Volunteer)  
Chris Elliott  
John Rose (HWNS Volunteer)

**01-16 Apologies for Absence**

Apologies were received from:

Tim Evans

Celia Henshall

**02-16        Declarations of Interest**

None stated.

**03-16        Public Participation**

**Question**

JG asked how do members of the public know how HWNS is representing them at the People and Communities Board meetings and how do HWNS feed back to them.

GB explained that there are two public meetings per year. Outside of those meeting there are more detailed workshops that work on examining particular priorities, one of the recent topics being obesity. These workshops are not open to the public but the information that is taken to the agenda is based on intelligence received by HWNS and through other forums that the members are linked to.

JG said that the most recent minutes available on-line were from March 2015.

GB advised she will look into that and ensure more recent minutes are made available.

MA also advised that dates of important meetings for various Boards can be found on the NSCCG website.

**04-16        Minutes of Meeting 11<sup>th</sup> August 2015 - GB**

The minutes of the meeting of 11<sup>th</sup> August were checked for:-

- 4.1 For accuracy
- 4.2 For matters arising
- 4.3 Outcome of actions

The minutes were agreed as a correct record and there were no matters arising or actions.

**05-16        Finance Report - DW**

DW gave overview of finances. Previous year should end with a slight underspend. For the year 2016-2017 the budget has been reduced but should be manageable as no longer using services of outside PR company and hoping to have minimal recruitment costs in the year ahead.

**Chief Officer Report - EJ**

EJ presented the CO report to the Board and invited all in attendance to share comments or questions.

Update on engagement. Possibility of concentrating on specific geographical areas, perhaps some of the rural areas, and 'blitzing' to find out as much as possible about the health and social care services in that area.

Team will be at North Somerset Show and have organised Mavis the Bus for three dates in the summer.

Enter and View visits planned for April and hope to then do one each month. In the longer term we are looking to work with people with mental health issues and learning difficulties to carry out enter and view visits of mental health care facilities and services for people with learning disabilities.

Just coming to the end of the Patients in Control project. Waiting for the six month evaluations before making the results of the project public.

Coming to the end of the Heart of Weston project. EJ distributed survey that has been used to gather intelligence on Central Ward.

HWNS has been invited to hold two workshops at the Annual Healthwatch Conference on Thursday 8<sup>th</sup> June.

Team are now 'Dementia Friends' and as an organisation have signed up to the Dementia Action Alliance.

EJ explained that very difficult to identify HWNS 'outcomes' as we can only really go by what the providers say they are going to implement as a result of our recommendations. It's difficult to obtain intelligence about whether these actions are actually working and making a difference as sometimes there is a long time lag.

MA commented that the CCG rely heavily on the intelligence that HWNS feeds into them. She gave the stroke report as an example as this was the main driver for the CCG incorporating stroke transformation in the work plan. All reports from HWNS get scrutinised and possible actions identified.

GB thanked EJ and team for hard work.

JP commented that the Enter and View reports were very well done.

**Question**

Do you encourage people to join HWNS when out talking to the public?

Yes, absolutely. We always explain what we do, why we exist and the benefit of talking to us, and we have membership forms with us at our engagement activities.

**Question**

Are there any statistics about the effects of people who are taken to Bristol hospitals from North Somerset suffering worse effects due to the fact that they take longer to get there?

GB advised not sure there would be conclusive evidence as different factors to take into account.

MA said you would need to be very specific about what you wanted to know but invited the member of the audience to get in touch with HWNS and give detail that could then be forwarded to her at the CCG to investigate.

**Question**

With regard to the Central Ward findings, why is not being able to get an appointment with the GP any more of an issue for the people in that area than it is for everyone? Also, what is actually going to change to improve their health?

GB explained that the people in Central Ward have experienced quite a lot of changes recently and have other vulnerabilities. The Heart of Weston steering group includes a representative from the Economic Development Department and they will be looking to ensure local people get a say on future developments that will support and improve their wellbeing.

**07-16 Any Other Business**

None raised.

**08-16 Date of Next Meeting: Tuesday 12<sup>th</sup> July**

**Action Log**

Action Number	Start Date	Details of Action	Person	Date to be Completed

<b>Approved</b>	
<b>Date</b>	

## **Speaker Notes**

**Speaker:** James Rimmer, CEO Weston Area Health Trust

Mr Rimmer gave an overview of the current situation and future plans for Weston General Hospital. He stated that the hospital needs to change the way it works and he is well aware that improvements need to be made. The PRIDE values sum up the priorities for the Trust. The possibility of certain services moving onto the hospital site to develop a more direct link and support pathway for patients was discussed briefly.

### **Question**

You've mentioned that some service may be being brought onto the hospital site, but what services will be going off site?

Nothing is planned to move off site.

### **Question**

I'm interested to hear how you're looking to tackle the care form hospital issue.

One possibility is to engage with a care home provider. I don't consider a discharge ward to be the best option.

### **Question**

What will the integrated care hub that we've been hearing about look like?

A site with a GP/pharmacy centre and the possibility of 'clinics' for people who need to be seen within days but do not require immediate treatment.

### **Question**

How are you looking at recruiting quality staff?

This is a key issue for our Sustainability Board. We have quite a high number of long term locums and potential staff have over recent months been concerned about the future of the hospital and the security of a permanent position. This is something we need to address. However, we are managing to recruit high quality staff in some areas. The hospital has recently recruited an excellent orthopaedic surgeon and our nursing team is strong. We regularly get feedback about how caring our staff are. We're also looking at joint appointments with other hospitals as one way to attract new recruits.

### **Question**

Are you also looking at your non-clinical leads who might have the passion to lead teams and drive things forward?

Yes, absolutely.

### **Question**

What about training?

We have an academy on site and we are very much in favour of the 'grow your own' concept. What we feel is really important is listening to our staff and finding out what they need.

**Question**

I've only had good experiences at WGH but parking is an issue. What are your thoughts on that?

Hospital parking is a national problem. At Weston there's a reasonably good visitor to parking space ratio compared to other hospitals in the area.

**Question**

Could more be done in terms of disabled car parking?

If you have any ideas or suggestions please let us know.

**Question**

What are you going to do to ensure people with a sensory impairment are informed about changes and developments to your service?

Any consultations in respect of commissioning of services will be led by the Clinical Commissioning Group so any decisions regarding the process and format will be made by them and should be open to all.