

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Healthwatch Wirral organised two 'Question Time' events in July and August 2015. These events gave the public the opportunity to talk to senior executive staff at the WUTH and to learn more about the Trust's recent achievements. It was also a chance for the Trust to explain the challenges ahead for the NHS and the important changes that the Trust is going to make to meet the demands of the people of Wirral.

The panel of executive staff consisted of David Allison (Chief Executive), Jill Galvani (Director of Nursing and Midwifery) and Dr Evan Moore (Medical Director).

Karen Prior, Healthwatch Wirral Manager, facilitated the first meeting held at St Saviours Parish Centre, Oxton, Birkenhead on 28th July 2015. 34 people attended this event.

Sheila McClennon, BBC Radio Presenter and Broadcaster, facilitated the second event held at Heswall Hall, Heswall, Wirral on 3rd August 2015. 48 people attended the second event.

Healthwatch Wirral received a number of questions from the public prior to each event. These were included in the discussions.

David Allison and other members of the panel gave a short presentation before taking questions from the audience.

The presentation content outlined the main challenges that the Trust will face now and up to 2018 as well as the plans in place to address these.

The Trust employs 5000 people over various sites, including services provided at Arrowe Park Hospital, Clatterbridge Hospital as well as other services delivered at St Catherine's, Victoria Central.

The financial challenge was discussed and the range of cost improvement plans that will need to be made in the tightening financial climate. If the Trust continues with the same activity this year using the "tariff deflator" income will be down.

A deflator is a value that allows data to be measured over time in terms of some base period, usually through a price index, in order to distinguish between a changes in the money value of a gross national product (GNP) that come from a change in prices, and changes from a change in physical output. It is the measure of the price level for some quantity. A deflator serves as a price index in which the effects of inflation are nulled.

Staff costs are up and insurance premiums have increased as we live in a litigious society.

David Allison talked about the increasing demands as the population ages and people live longer. The Trust currently provides a comprehensive range of acute services to a population of approximately 400,000 people across Wirral and a wider footprint, including North Wales.

There is more choice and competition currently and the NHS is under considerable scrutiny on how they deliver quality care. There is a need for a more integrated approach to maintaining a sustainable quality service and the Trust is working with local commissioning groups, the local authority and other organisations, including third sector partners, to deliver a more joined up model of care.

The reasons why patients experience delayed discharges from hospital can be varied such as a lack of provision in the community. There can be up to 100 patients who are medically fit for discharge but are waiting and for intermediate care; this impacts on patient flow and can cause problems for A&E performance. David Allison informed the audience that this may be due to Social Care Services finances being reduced, which in turn has an impact on the Trust.

The Trust has invested in cutting edge IT systems with the aim that everyone gets the right information at the right time. This will support the Vanguard population health management approach. (Wirral has been chosen as one of the 9 Vanguard sites nationally).

The panel shared the Trusts recent achievements which included,

- A&E '4 hour' performance target - the Trust has made significant improvement, exceeding the target in June and July 2015
- Investment in clinical staffing - £1.3m invested in nursing and medical staffing in the financial year 2014/15 and a further £1.1m invested in 2015/16
- Stroke Services - results in the SSNAP national stroke audit by the Royal College of Physicians were the best in the North West of England
- Maternity Services - In the most recent National Maternity Patient Survey the Trust was rated as the number 1 in the North West and number 7 in England
- Children's Services - in the 2015 National Patient Survey of inpatient services, the Trust's Children's Services were classed as better than most hospitals for ten areas of the survey
- Breast Services - excellent inpatient Cancer Survey results. The Trust leads on breast screening for the South Mersey region
- Dermatology - the Dermatology Unit won Team of the Year award in the British Dermatological Nursing Group Awards.
- Emergency Department (Minors) - Friends and Family Test results indicate between 98% and 100% of respondents recommend the department

The remainder of the presentation was divided into 5 headings, the 5 key questions used by CQC when inspecting services,

Are services:-

- Safe?
- Effective?
- Caring?

- Responsive to people's needs?
- Well-led?

Jill Galvani and Evan Moore discussed the Trust strengths with regards to meeting each standard and any challenges they may have in maintaining them.

Questions to the panel

(q1) What services do you out source, or use private providers?

- a. Security, catering and cleaning staff are all by WUTH. Some suppliers are external but we use local contractors whenever possible and there are no PFI's (private finance initiatives)

(q2) Are diagnostics to be outsourced?

- a. This is being delayed until next summer. The commissioners need to bring it into a single contract and the hospital will need to bid for the overall contract. The Trust needs to hear public views about commissioning services.

(q3) What is happening about staff recruitment?

- a. There is a need to have the right number of staff to care for the rising number of patients using the hospital services. The ratio should be 1 registered nurse to 8 patients during the day and 1 registered nurse to 10 patients overnight, any less may cause care to diminish. The Trust proposes to increase nurse numbers and will encourage Chester University nurse students to come to Wirral after qualifying. The WUTH Board agree and support this proposal. The Trust will recruit nurses from England, Wales and Ireland but will also recruit from overseas as there are more nurses available. The Trust will use a specialist recruitment service who will ensure that essential criteria are met. This criteria will include that the nurses must be able to communicate effectively, be properly trained and must be experienced (not newly qualified)

(q4) Why are nurses seen in uniform outside the hospital?

- a. Nurses are allowed to go home in their uniform but are encouraged to cover up (there are no staff changing rooms or lockers on site). Scrubs are worn in areas where infection may occur. If staff are seen shopping etc. in their uniforms they receive a reminder about trust policy as there has been a focus on not wearing uniforms outside of the Trust.

(q5) With all of the problems around delayed discharge, would it be possible to merge hospital and community nurses?

- a. The move to introduce this would be difficult as it can be very challenging for nurses to change from a community environment to a hospital environment. The hospital and the Community Trust are not looking at this at the moment.

(q6) Could community nurses be specialist trained?

- a. Getting enough skilled nurses on the community is a big challenge.

(q7) There is an 11% increase in patients over 80 with increasing complexity of demand. With the bed blocking issues what is the Trusts experience of this?

- a. Patients who recover after having interventions in hospital sometimes have nowhere to go or do not have care packages in place. Sometimes patient's partners are admitted too, no one is turned away. Better provision is needed in the community. There can be up to 100 people who are medically fit for discharge but are waiting for intermediate care and this is the equivalent to 3 wards. The social care assessment period is 8-10 days and this can be more of an issue in Cheshire. Some patients may be in hospital for months. There is a need for more Intermediate Care (IMC) beds in the community. The problem is ongoing and work needs to be done to resolve these issues. It will be a big task.

(q8) Does the Trust plan discharge from the day of admission?

- a. Yes although we have more success with elective surgery discharges.

(q9) Can waiting times for appointments and treatment be reduced?

- a. Waiting times are good in Wirral. Most non urgent activity is 18 weeks, diagnostics is 6 weeks, Outpatients is 6 weeks, surgery is 6 weeks, GP referral to treatment is no more than 18 weeks, and urgent cancer referrals are 2 weeks. The Trust can work quickly and patients are seen in a timely fashion. A single electronic health record is being worked on for health and social care which will enable all clinicians to access information whether they work in the hospital or outside the Trust.

(q10) Will the system for appointments be improved as I contacted them to re arrange my appointment and then received a letter to say that I did not attend?

- a. The Trust is sorry to hear that has happened. This can cause wasted appointments. Managers are looking at this issue and changes are coming.

(q11) Are your staff familiar with caring for people with diverse needs; such as personal care for people from an ethnic background? I was an inpatient and the staff did not know how to manage my hair and skin care. I was also offered a curry as an alternative to the menu on offer.

a. We will set up a meeting with you to discuss your concerns.

(q12) Will there be any new arrangement for A&E attendances after the urgent care review?

a. We will work with other healthcare providers and commissioners and are looking at other options. If a single front door approach is decided staff must be confident in signposting patients to appropriate services or options. The Trust has made significant improvements to the Emergency Department facility and have replaced the signage.

(q13) The proposal to move vascular surgery to create a centre of excellence at Chester has gone quiet since the consultation. What is the present position?

a. There are 2 vascular centres which have seen a reduction in mortality rates recently. People are having better outcomes. The centre at Warrington has moved to the Countess of Chester and Widnes has moved to the Royal in Liverpool. The local provision is outpatients at Arrowe Park site and inpatients at the Countess of Chester.

(q14) How is the Trust managing the No Smoking policy as people are still smoking in the external grounds of the hospital?

a. We actively discourage smoking and approach people who are found smoking outside. The security men move people on and patients are counselled in smoking cessation. WUTH would like to encourage people to write to local media to highlight this concern.

(q15) What do the panel think about Vanguard/Vision 2018 and how will the trust be involved in it?

a. The Trust has invested in cutting edge IT systems so that everyone gets the right information at the right time. This will support the Vanguard population health management approach. Wirral has been chosen as one of the 9 Vanguard sites nationally. NHS England will be funding programs to deliver new models of care in Wirral.

(q16) With the Vanguard Vision of more services being provided in the community will this mean hospital closures? Liverpool has a similar scheme - an episode of Panorama showed that it was inevitable that

some hospitals will close due to community services taking their funding so is it possible that this could happen to WUTH?

- a. The Vanguard process will mean integrated Health and Social Care with focussed importance on early intervention. The organisations will be restructured and there will be different ways of working with GP's. Services will be wrapped around the patient and some areas may integrate services. There will be more focus on integrated teams in the community starting with diabetes and respiratory conditions. This should reduce the number of people attending the hospital for treatment and care. Inevitably this would mean less beds at the hospital. Rapid progress needs to be made in the next 3 to 5 years.

The status quo is not an option and healthcare needs to be more integrated. The hospital will have 250 beds that are free due to the changes but demand is still going up. Liverpool has the most fragmented hospital provision and Wirral has an aging population that needs a large hospital. It also needs smaller hospitals with more integrated care that focuses on prevention rather than cure so there is no danger of any hospitals closing.

(q17) What about the breaching of the 4 hour waiting target in A&E?

- a. The A&E dept have failed the target of 95% in the last 5 quarters but after a substantial investment of over £3 million we have improved the rate and are optimistic that this will continue. Currently we are at 98%. We are adding another 2 wards of 28 and 36 beds and will have 40 Intermediate Care (IMC) beds in the community for the Winter. We are also recruiting more nurses at the moment and are looking outside Britain as there are fewer nurses available nationally.

(q18) Is using agency nurses costly?

- a. Yes, the additional cost goes to the agency not the nurse.

(q19) I recently attended ward 12 and there were more nurses than patients?

- a. This ward is an orthopaedic ward and is protected (no emergency patients are admitted) for infection prevention and control. Depending on demands at the hospital staff may be moved around depending on the elective work being done at the time.

(q20) What do you think about GP's doing surgery instead of referring to a consultant?

- a. GP's, after training, may do procedures locally. They are a 'stand-alone' business and may use this financial opportunity to enhance their income. Their approach is 'What is best for my patient?' Procedure like dermatology, removal of cysts etc. can be done in the community but the like of colorectal surgery has to be done in hospital.

(q21) What is happening around IT in the future as I feel we should take advantage of technology?

- a. Sharing of information is essential and a common IT platform is being considered. It is important that the right professional has the right information at the right time. IT systems must be supported by a platform that sits above them. The platform should be established by the end of March 2016.

(q22) There was talk about a computer system years ago but it seems to have been dropped.

- a. There is a national programme for IT and the system you refer to was to have provided one solution for NHS. Many organisations opted out as they did not have confidence in it and felt that it would not deliver and meet the needs of patients.

We have invested in the Wirral Millennium system which has been developed by Cerner and has proved to work well internationally.

Wirral is one of the leading and most advanced IT enabled Trusts in the country.

(q23) What safety systems are in place regarding access to medical records and selling of patient's information?

- a. The Trust follows Information Governance policies and legislation is in place to safeguard data.

(q24) Would it be possible for patients who are bed blocking and awaiting discharge to be looked after by less qualified staff?

- a. The 40 IMC beds in the community could be used. The Trust intends to look at its estates and their usage as part as the Vanguard program.

(q25) Do you think that patients should be more responsible as there are often high DNA (do not attend) rates?

- a. The Trust agrees that this is a waste of resources and the public should respect the services available to them. The Trust is looking at a different service for outpatient bookings and other methods of cancelling or rearranging appointments. Any information around this will be publicised.

(q26) What are the implications around financial constraints on services?

- a. There may be less hospital consultants in the future and more complex service reconfiguration. People value convenience so there will be more centres of excellence, but this may mean people may have to travel further to get to them.

(q27) What is the Trust's action plan following the last CQC visit?

- a. Prior to the CQC visit in May 2015 the Trust had a rating of 6 which is the lowest risk rating awarded by CQC. At the time of the visit the hospital was under severe pressure and had to open escalation wards at short notice this resulted in staffing levels being difficult to maintain and the quality of care was inconsistent.

The Trust has learned from this and is planning for winter already and is building on good care being provided currently. More nurses are to be recruited to cover extra demands. The Trust accepted the report and has worked hard on implementing the action plan and is currently conducting mock CQC inspections.

(q28) The questioner had a positive experience at Arrowe Park hospital during an operation but, 18 months later, received poor care. He waited for 10 hours at A&E and was placed in a ward with no heating or lighting.

- a. It was acknowledged that the Trust was failing to meet the 4 hour target. In June, 3 million was invested on A&E staff. In a WUTH Board meeting in June-July it was found that 95% of patients were seen within 4 hours. There were many challenges in meeting this target including a large spread of flu and norovirus. However, performance is improving.

98% of A&E patients were seen within 4 hours in July and 2 additional wards have been planned for the Winter. There are also 40 intermediate care beds in the community. As previously mentioned the Trust is investing in nurses. Efforts are being made to reach the 4 hour target but there are many challenges, including staffing, space and funding.

(q29) On Ward 12, there seemed to be a surplus of nurses despite other wards having fewer nurses.

- a. Ward 12 is an elective ward and there needs to be more nurses on hand with some wards than others to treat elderly people with issues such as hip fractures/replacements.

(q30) GPs in Neston don't get the same access to information as GPs on the Wirral, which means less access to post-op care for people living outside Trust boundaries. Will Vanguard help?

- a. The panel said they would not address cross-boundary communication at the moment but that it was known that there need to be more links between West Cheshire and Wirral. There may be links established in the future since there must be more strategic healthcare alignment. WUTH is currently sharing rotas of some clinicians with the Countess of Chester hospital. This is made difficult by the fact that the Countess of Chester has an older legacy system and can't make upgrades due to lack of funding.

(q31) How can you reduce the volume of negative feedback about reducing services?

- a. A patient should spend no more than 30 minutes travelling to a hospital as a rule of thumb. Most hospital care is sub-optimal however and the Trust is looking for more consolidation and looking at relationships with other hospitals. There is a need to consolidate care across the country and for hospitals to chain together to get the right amount of clinical expertise (this has been done in Salford).

(q32) There seem to be more nurses in Liverpool than in Arrowe Park. Can you explain this?

- a. There is a feeling of competition between the two trusts but the WUTH is investing in recruiting more nurses. Social media such as Twitter have been used to do this

(q33) There are some safety concerns about the electronic sharing of medical information between establishments. What is in place to stop the information being shared by third parties?

- a. There is NHS legislation in place about information security and safeguards are currently operational to protect sensitive information. Sharing information among the right medical staff is the main priority. A&E needs to know the patient's key information right away in case of an emergency and reaching it through the sharing system is the most reliable way.

(q34) These electronic sharing systems have been around for twenty years but they were not successfully implemented. Will this system be any different?

- a. The previous electronic sharing system referred in this question (the National Program for IT) was unsuccessful because organisations opted out of the system due to lack of confidence. As previously mentioned WUTH has invested in the Wirral Millennium IT system and this has the ability to interface with other local health IT systems as part of the Vanguard program.

(q35) Could post-op people be put in a different ward with just carers, like a convalescent ward, instead of a normal ward?

- a. National minimum staffing levels limit this possibility. Community beds help with this.

(q36) 'Do Not Attend' levels are bad. How can you encourage patient responsibility to keep appointments?

- a. There is a need to respect services but, sometimes, rearranging appointments at short notice is unavoidable. Therefore, communication between patients and healthcare needs to be good and, to do this, WUTH has implemented a text message service to assist communication.

Feedback forms received post event

% of attendees who strongly agreed or agreed that;

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| • the event was useful | 96% |
| • the content was easy to understand | 100% |
| • They understood more about the Trust than they did beforehand | 86% |
| • The material covered was relevant to service users | 91% |
| • The material covered was relative to them | 86% |
| • The presenters delivered the material well | 96% |
| • The venue was appropriate | 100% |
| • The event was the right length | 91% |
| • The event answered many of their questions | 86% |
| • I know where to go to get further information | 86% |

What were the strengths of the event and what did you find most useful?

- Full information, good presentation and visual aids.
- Honest responses from the panel
- Interesting nurse recruitment information.
- Questions asked and direct replies.
- Good questions and responses.
- Very informative event.
- Candid approach.
- Being able to put faces to names.
- The panel were very honest and did not hide the fact that there is still work to do to address the challenges the hospital faces in the future.
- Good venue.
- All presentations were good and questions were answered well.
- It was admirable to see senior members of staff in attendance.
- Information about Vanguard.
- The speakers were approachable and well informed.
- The panel listened to questions from the floor and responded positively to people's concerns.
- The speakers encouraged involving people in discussions.
- That the Chief Executive did not try to say everything was wonderful. He admitted it wasn't and explained, to a degree, why. I realise he could not state in public that money for the NHS had not kept pace with inflation.

- People had time to ask questions and the panel answered honestly and clearly.
- The meeting was both informative and worrying to the extent of how much the Trust is in debt.

Which parts were the least useful or enjoyable?

- Not enough details around infection control
- Responses to questions were sometimes statements
- Enjoyed all parts of event.
- Understanding who delivered what.
- Knowing that there are different providers at WUFTH
- Event could have been longer. People seemed to be very interested.
- Presentation seemed rushed.
- People talking about their personal issues despite being asked not to.
- Some of the people in the audience who asked questions were part of the Trust or known to them. I would suggest that everyone should say who they are, what their interests are and if they are involved or work in the NHS no matter how tenuous the link.

What are the key messages that you took out from the event?

- Vanguards future?
- Update of information from Trust
- How the Trust are going to meet the challenges
- The need for all organisations to work together.
- That the Trust are trying to make improvements.
- That the hospital are trying to address the problems and are including staff in their actions.
- Some problems such as bed blocking can be due to external factors such as patients being unable to access care packages quickly.
- Learning about Vanguard and new IT system
- More understanding of future NHS plans
- I appreciated the information given including the financial sustainability of the hospital.
- That demand is increasing at a rapid rate and we all need to be aware of complexities.
- Continuous improvement is alive and well in Wirral.
- Single access to services and the new thoughts on helping people to get to the appropriate services when attend the hospital.
- Problems - things may get worse before they get better.
- We should be training more nurses and doctors.
- Hospital senior management is working hard to improve patient and public care and experience.
- Some things i.e. Bed blocking is beyond the hospitals control

Conclusions -

Both events were well attended and most people gained a better understanding of the Trust and its future plans. The panel were honest and explained clearly the challenges the NHS face locally and nationally.

The audience were particularly interested in Wirral's Vanguard status and future IT development. However, issues relating to smoking within the hospital grounds, safe staffing levels and wearing uniforms out in the community are still ongoing concerns.

Recommendations -

The Trust should continue to work towards their goals to be locally focussed and regionally significant. Wirral public sector, as a whole, should recognise the opportunity it has in being selected as a Vanguard area and use this to tackle the whole system issues to improve experiences for patients, carers and staff.

The Trust should remain committed to listening and learning from their staff, members and service users by providing similar forums to the Question Time events. This will also give the Trust a platform to share achievements and information with the general public.

At this point, the panel ran out of time and closed the event.

Due to time constraints some questions were unable to be addressed by the panel and were submitted to the Trust for a response.

This report is not yet complete as Healthwatch Wirral is still waiting for these responses from the Trust.

The final report will be re-published at the end of November.