

**WIRRAL COUNCIL**  
**HEALTH AND WELLBEING OVERVIEW AND SCRUTINY**  
**COMMITTEE**

8<sup>TH</sup> NOVEMBER 2011

<b>SUBJECT:</b>	<b>PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTUTRE</b>  <b>WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST – UPDATE REPORT</b>
<b>WARD/S AFFECTED:</b>	<i>'ALL'</i>
<b>REPORT OF:</b>	<b>GARY DOHERTY, ACTING CHIEF EXECUTIVE.</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR ANNE MCARDLE</b>
<b>KEY DECISION?</b>	NO

## **1.0 EXECUTIVE SUMMARY**

This report provides an outline of the work undertaken in the following areas:

- Vascular Services
- Site Strategy
- Infection Prevention and Control
- Dementia
- End of Life Care
- Staff Satisfaction and Patient Satisfaction
- Single Sex Accommodation

## **2.0 VASCULAR SERVICES**

Members will recall that in January 2011, the Cheshire and Merseyside Vascular Review Consultation commenced, led by a Review team established by the Primary Care Organisations for the whole of the region. As such, the Committee has received reports on 22/03/11 (minute 72) and 20/06/11 (minute 5).

In developing the case for change and documentation, the Review Team was advised by a Clinical Advisory Group. This group involved relevant clinicians from across the region including representative of the vascular and interventional radiology teams from Wirral.

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In response to the proposal set out within the Consultation document produced by the Cheshire and Merseyside vascular review Team, for there to be two Arterial centres for the Cheshire and Merseyside region, this Trust, in partnership with the Countess of Chester, submitted a proposal to be designated as the shared service providing an Arterial Centre on one site and Vascular Services on the non arterial site.

This proposal required the partnership/network to provide information on how it would intend to meet the clinical standards for the Arterial centre and the Vascular services for the non arterial site.

Both Trusts were therefore clear from the outset that neither Trust could be successful in submitting individual Trust applications and that this was not a procurement or tendering exercise. This decision, though entirely appropriate, has had a fundamental impact upon our ability to engage successfully and upon the perception described above.

In assessing the potential applications from the other Trusts currently providing these services, the Board took seriously the intent for there to be two centres for the region. The likelihood of a Trust in Liverpool being designated as the north Mersey centre was high and as such, the location of the centre to serve the south Mersey conurbation would require a different approach than that deployed historically by this Trust.

The proposal submitted included the recommendation that the shared service Vascular Centre should be based on the Countess of Chester site. Whilst the purpose and intent of the review was supported by clinicians, the recommendation regarding location was not.

The Board's first priority is to provide the best care for the population we serve by ensuring that we maximise the sustainability of services provided from our hospitals, as well as working to develop centres of excellence for care where there is clinical evidence to support fewer numbers of larger centres to improve outcomes. As a result, the agreement between ourselves and COCH for the proposed Arterial Centre to be located at COCH was based on a number of requirements (in addition to those set out within the clinical standards developed by the Clinical Advisory Group) as follows:

The development and implementation of the Arterial Centre based on the COCH site must:

- Ensure that the procedures to be undertaken at the Arterial Centre would be no more than and limited to those surgical procedures agreed by the Clinical Advisory Group in the review documentation, unless agreed jointly in the best interests of our patients;
- Ensure that the services provided to and the designation of the Hyper Acute Stroke Unit at Arrowe Park would not be compromised;
- Ensure that the agreement to the shared service would not compromise the future designation of Arrowe Park as a Trauma Unit;

- Ensure that WUTH is able to continue to develop and provide its Interventional Radiology Service;
- Ensure that the implementation of safe renal care for patients in the Arterial Centre would not compromise the position of WUTH as the Renal Centre for Wirral and Chester;
- Ensure that the future shared Vascular Service provides the necessary support to all other relevant surgical services and also supports WUTHs ability to provide excellent teaching and experience for doctors in training e.g. surgical middle grade doctors.

Whilst appreciating that many of these requirements are operational issues that would normally be the subject of dialogue during implementation, we recognised that given the potential impact upon our hospitals and our patients, that it is essential that the Board of Directors was clear that these are the conditions upon which it approved the proposal and that any development away from this would require a re consideration and Joint Board and commissioner agreement in advance of any change rather than after the event.

In conclusion, this Trust is committed to improving outcomes for our patients and recognises that this will mean that some of its services will need to be provided on a larger footprint. Sometimes this would mean enhancement here, sometimes elsewhere. In doing so however, it must also protect our ability to provide those services for which we agree with commissioners that local access is essential, particularly in light of the demographics of our community.

### **3.0 SITE STRATEGY**

Placing patients at the heart of healthcare is at the core of our work at Wirral University Teaching Hospital NHS Foundation Trust. We do this through our vision of Excellence in Healthcare, which has been adopted throughout our Trust not only as our vision but also as the way in which we ensure that we provide our patients with the best possible care, services and hospital experience.

In order for our patients to have a positive experience of our hospitals we need to have the appropriate services in the right place so that high quality treatment can be carried out in the right way and at the right time. We also need to provide services in a safe, comfortable environment that is fit for purpose and enables our patients to maintain their privacy and dignity. All these factors taken together greatly improve what is often referred to as a patient's "journey" and we are committed to doing everything we can to make that journey through our hospitals as smooth and stress free as possible. It is for these reasons, and also to ensure that we are making the most effective use of our accommodation, that we have undertaken a comprehensive review of the location of all our services.

Between 1<sup>st</sup> April and the 13<sup>th</sup> June 2011 we ran an extensive engagement programme called "Treating you well into the future". This programme involved hard copy, press, digital and face to face engagement methods the results of which were then subject to Independent analysis and the production of an Engagement report

used to inform the recommendations and consideration by the Board of Directors on 29<sup>th</sup> June 2011.

We were delighted that the feedback received as part of this engagement programme was used to improve upon the options for consideration and resulted in a decision that was owned and welcomed by our key stakeholders.

In summary the Board approved the following:

- To invest nearly £13million over the next 3 years on improving the services at Arrowe Park and Clatterbridge Hospitals and in particular to enhance the safety and quality of patient care at both sites;
- To develop Clatterbridge as a centre for the provision of outpatient and day case surgery;
- To maintain the dermatology service as an integrated unit based at Clatterbridge;
- To build upon the excellent services provided by Stroke and Neuro Rehabilitation Services by developing a nurse led integrated unit at Clatterbridge;
- To relocate and provide a purpose built breast clinic on the ground floor at Clatterbridge;
- Subject to further discussions with the key partners, relocate the Child Development Centre either in better accommodation at Clatterbridge or in the community;
- To provide the Surgical Division with additional time to develop detailed plans at specialty level to identify the level and type of planned surgical services at each hospital site and to explore the feasibility of developing joint orthopaedic services with the Countess of Chester.

It is anticipated that the final Strategy Document will be approved by the Board in January 2012 following detailed consideration of the work being undertaken regarding surgical services and the Child Development Development Centre. This is due to be considered by the Board at its next formal meeting on 30<sup>th</sup> November 2011.

#### **4.0 INFECTION PREVENTION AND CONTROL**

The Trust has now gone for over twelve months without any patients acquiring a MRSA bacteraemia .We have a very robust strategy in place for screening all patients on admission and ensuring that all patients are decolonised.

We also continue to have very low numbers of patients acquiring C difficile which in part is due to the proactive cleaning programme we have in place where there is a rolling programme of emptying wards and using special equipment which eradicates any C difficile in the environment. It is important that as we move into the winter period we continue with this programme.

## **5.0 DEMENTIA AND END OF LIFE CARE**

Care of patients with dementia and those at the end of their life are key priorities for us. Over the last months we have implemented the following:

- In partnership with Cheshire and Wirral Partnership NHS Foundation Trust we have developed a pathway for caring for patients with dementia.
- A training programme which raises awareness of how to care for people with dementia is being delivered to staff across the organisation. This has been developed in partnership with the Alzheimer's Society.
- A document called this is me is being used for patients and their families which helps staff gain insight into the individual preferences and needs of patients who have Dementia.
- We are in the process of implementing a reminiscence pod in one of the elderly care wards with the intention of rolling this initiative out across other wards.
- We are working with "Get into Reading" and are piloting some work on the stroke rehabilitation unit at Clatterbridge.
- All patients who are in the last few days of life are cared for according to the Liverpool care of the dying pathway.
- We now have an integrated Specialist Palliative Care Team with Wirral Community Trust.
- We are working with community colleagues and primary care to ensure that patients who are approaching the end of their life are cared for according to the End of Life Pathway.
- Ensuring staff are aware of the needs of patients and their families are key and we have recently undertaken an audit of staff awareness which demonstrated the need for further training. We have been successful in securing some money to deliver more training which is currently being undertaken.

## **6.0 STAFF SATISFACTION AND ENGAGEMENT**

The Trust employs just over 5,500 people from a diverse range of professions both clinical and non clinical and spends in the region of 75% of its total turnover on pay. Our workforce is therefore our most valuable resource in both the provision of excellent care and in ensuring that we achieve value for money as a public body. In 2010 the Board approved the Workforce Strategy 2010 – 2013 recognising that we faced a number of challenges, not least of which was ensuring that we are able to achieve the efficiency savings required e.g. £42m over the same period whilst continuing to provide and improve upon the safety and quality of care delivered for our patients.

In year one of this Strategy, the Trust achieved its efficiency requirement and whilst it also made some significant investment decisions, there is no doubt that the way in which some of the changes were managed throughout the organisation had an impact on staff morale. This was reflected in the results of the National Staff Survey undertaken between October and December 2010 which, in the main showed a

deterioration on previous years and at a rate higher than that experienced by some of our peers.

Whilst there is no escaping that reductions in the paybill for the Trust have to be made and as a result reductions in our workforce are inevitable, the Trust is absolutely committed to improving staff satisfaction and engagement levels by addressing as many of the issues that are as much about how we do things as they are what we do, as possible.

Following a period of staff engagement we have agreed five priorities:

- We Want Our Staff to Feel That Delivering High Quality Patient Care Is Our Top Priority
- We Want Our Staff to Feel Valued
- We Want Our Staff to Feel Involved In Improvements and Decisions
- We Want Our Staff to Feel That There Is Good Local and Corporate Communication
- We Want Our Staff to Feel Developed and Supported To Deliver Their Role

A series of actions have already been undertaken including:

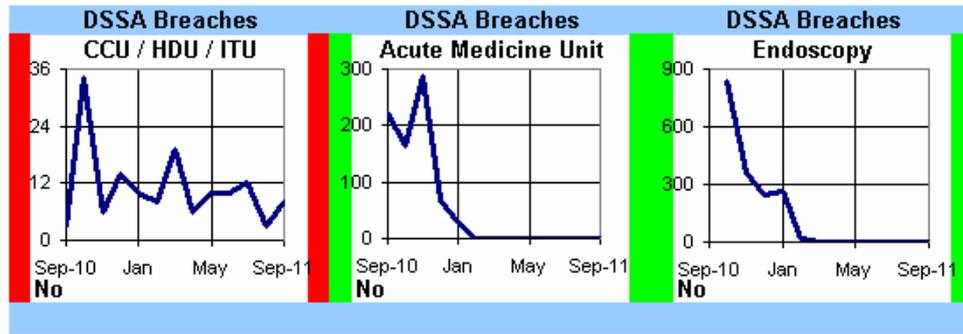
- Divisional action plans developed;
- Review of staffing levels on wards underway and programme to fill all vacancies by end November in place and on track;
- Learning with staff programme developed and implemented
- Performance reporting ready included on the viz wall and in the intelligent board;
- Roadshows redesigned to incorporate divisional leadership and section for staff to engage us on their ideas and priorities;
- National staff survey – engagement plan developed and being rolled out;
- Communication review underway at trust and divisional levels;
- Triumvirates and clinical service leads in place
- New leadership and management development programme for two levels of triumvirates in all divisions started;
- Partnership arrangements refreshed including agreements with both medical and non medical partners on how we are going to work together;
- Individual reviews (appraisals) up to 85% compliance;
- Resilience and change management training in place and going well
- Treating yourself well event great and lots of enthusiasm for the activities running since.

This is a sample of the activity aimed at addressing some of the key issues impacting upon our staff. We recognise that there can often be a direct correlation between staff satisfaction and Patient Experience and as such are clear that the feedback received from the local surveys undertaken i.e. Learning with Patients and Learning with Staff needs to be compared and used to identify any potential issues. Ultimately it is essential that our staff are equipped and motivated to provide the best possible services for our patients and feel supported by the Trust in doing so.

In addition it is important that we recognise and value the work undertaken by individuals and teams across the organisation and as such we were delighted to celebrate our annual Foundation Awards with over 700 staff members at the Floral

Pavillion on the 6<sup>th</sup> October. This is always a highlight for the Trust and provides a helpful and timely lift before we go into the winter months. The challenge for the leadership of the Trust is to sustain this recognition and sense of value throughout the year and this is a challenge that we are determined to meet.

## 7.0 SINGLE SEX ACCOMMODATION



The Trust has worked extremely hard over the last year to ensure that patients are cared for according to the Department's of Health Guidance on Same Sex Accommodation. We have introduced single sex units in Acute Medicine with a separate male and female unit. We also now have same sex lists in endoscopy and other diagnostic services. This has meant that we now only have clinically justified breaches in these areas. We endeavour to ensure that patients in critical care areas are transferred within the agreed timeframe; occasionally when there is high demand for particular specialty beds we do have a small number of breaches.

## 8.0 RECOMMENDATION/S

THE COMMITTEE IS ASKED TO NOTE THE DEVELOPMENTS TO DATE.

**REPORT AUTHOR:**

**APPENDICES**

**REFERENCE MATERIAL**

*Cheshire and Merseyside Vascular Review – Improvements to Vascular Services in Cheshire and Merseyside*

*H&WB – Minutes 22/03/11*

*H&WB – Minutes 20/06/11*

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<i>H&amp;WB</i>	<i>20/06/11</i>
<i>H&amp;WB</i>	<i>22/03/11</i>

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