

Informal Joint Meeting with Royal Wolverhampton Hospital Trust – 13 February 2017

Attendance

Kath Perry
George Adamson
Charlotte Atkins
Michael Greateorex
Philip Jones
Ian Lawson
Stephen Sweeney
Shelagh McKiernan
Trish Rowlands
David Smith
Diane Todd
Conor Wileman
Ann Edgeller
Maureen Freeman
Barbara Hughes
Janet Johnson
Stephen Smith
David Leytham

Jasbir Jaspal
Wendy Thompson
Peter O'Neill

Apologies

Apologies were received from Councillors Craig Collingswood, Judith Rowley and Steve Simkins

Introduction

Cllr Kath Perry (Chairman – Healthy Staffordshire Select Committee) welcomed everyone to meeting. Cllr Perry explained that this was informal joint health scrutiny committee meeting with members of both City of Wolverhampton Council Health Scrutiny Panel and Staffordshire County Council Healthy Staffordshire Select Committee.

Cllr Jaspal agreed to chair the meeting.

Declarations of Interest

There were no declarations of interest on this occasion

Royal Wolverhampton NHS Trust Self-Assessment Report

The Chair welcomed David Loughton CBE, Chief Executive, The Royal Wolverhampton NHS Trust, to the meeting and invited him to present his report.

David Loughton briefly outlined the health services delivered across 20 settings across Wolverhampton, Cannock and the surrounding area by The Royal Wolverhampton NHS Trust. David Loughton commented on the tertiary services delivered to an estimated population of 1.9 million people covering a large geographical area. He commented that health services are under great pressure due high demand but highlighted the important contribution of social services provision in supporting the discharge of patients and easing this pressure. David

Loughton gave a recent example where the hospital had to deal with 20 ambulances arriving at the hospital when major beds were all occupied. Comment was made that the current challenges facing hospitals were not just relating to previous six months but as a result of national political decisions not to invest sufficient funds in social services.

The findings of CQC were highlighted which reported the hospital had achieved 85% A& E target – the performance target is 95% - which will be difficult to achieve. David Loughton reported that the hospital is doing well in terms of patient safety and tertiary services and that it receives high levels of customer satisfaction. However, the hospital is experiencing difficulties getting the 200 extra nurses recruited from the Philippines to meet the required language standards so that they can work. The hospital is however still able to attract high calibre consultants. The challenge for the hospital is that it needs nursing staff with 5-6 years' experience now, but the necessary work to train and recruit the workforce should have been done 12 years ago to replace staff leaving the health service.

David Loughton commented that the transfer of services from Mid Staffordshire Hospital in November 2014 had worked better than expected. However, there was concern about need highlighted in a report by Sir Bruce Keogh about the national shortage of consultants and the conclusion that there were too many A&E centres. A key recommendation in the report was that the number A&E centres should be reduced and concentrated into larger centres to achieve better patient outcomes and improve patient safety.

He commented that a full A&E service is not needed as 80 per cent of patients, who currently access the hospital, are dealt with within the four hour target, and are able to be discharged without the need to be admitted. David Loughton commented that people are happy to wait in an A&E to be seen within four hours rather than wait 72 hours to see their own GP.

£35 million had been spent on improving services at Cannock Hospital which had benefited patients living in Stafford and Wolverhampton areas, for example, reduced waiting times for diagnostic treatments. David Loughton added that the rheumatology service at the hospital has a national reputation for quality.

Reference was made to proposals in the Sustainability Transformation Plans (STPs) about the future of Stafford Hospital and a commitment offered to maintain the existing provision. David Loughton commented on the important contribution of minor injuries provision at Cannock Hospital to the overall performance of the services offered by RWHT.

Thomas Sheeran, Rheumatology Consultant, briefed the committee on recent developments at the hospital and the appointment of four new consultants since the merger. Thomas Sheeran commented that the hospital was still able to attract high quality candidates. A recent peer review in December 2016 had been very positive about the quality of the service provided and inspectors who visited took away ideas about how it could be implemented elsewhere.

David Loughton commented on the shortage of trained consultants who can undertake robotic surgery, particularly for treatment of urological conditions. David Loughton commented that as a result of this issue the waiting list for patients is growing, which is proving a challenge for the hospital. The number of cancelled operations is reducing, but is still a concern.

Questions from Health Scrutiny Members

The Scrutiny and Support Manager, explained that health questions were sent in advance to David Loughton to respond and Members were advised that there would be the opportunity to ask supplementary questions during the meeting. The Chair invited members of the committee to present their questions. A summary of the responses to the questions is given below

In response to a question, David Loughton responded that there were no plans to change eye clinic provision at any of the current sites. He commented on the incompatibility of the two hospital computer systems and the problems caused. David Loughton offered reassurance to the committee that work is being done to improve the situation.

In relation to the impact on maternity services at RWHT as a result of changes introduced at County Hospital, Stafford. David Loughton commented on the increased pressure on the service – the number of births have increased up to a 1000.

The difficulties in sustaining 17 A&E departments with staff available support nine departments were highlighted. As a result the pressures on the service are increasing and it not attractive to young consultants to consider a career in this area due to high levels of stress.

Thomas Sheeran commented that the procedure for discharge involves checking that the patient is safe and they be referred to outpatient services when considering their circumstances. David Loughton added that patients may need to be referred back to the hospital for further tests. He explained that the service receives 500-600 complaints annually which is very small compared to the number of people who are seen at the hospital.

A Member praised the quality of services provided at Cannock Minor Injuries Unit (MIU) but expressed concern about the implications for the future of the service following the publication of the STP and the possibility of people having to travel further to receive treatment. David Loughton gave a reassurance that despite the statement in the STP about changes to current provision there was a commitment that the MIU will remain open in the future. He added that the MIU contributes two percent to the A&E performance target and the service will need to be sustaining considerable losses before the hospital would be considered for closure, despite the suggestion in the STP.

The Committee discussed nursing vacancies and the impact on the service. David Loughton commented that there are 200 vacancies for trained nurses across the hospital. The recruitment process has been delayed as only three of the 35 nurses meet the required standard of spoken English. He explained that the vacancies

have filled using the nurse bank and the hospital has not had to use agency staff. The issue of filling nurse vacancies using nurses trained abroad is a national issue and commented that UK requires higher standard of English than that required to be able to work as a nurse in the US or Canada.

David Loughton commented that changes in the bursary paid to healthcare assistants has discouraged people from considering taking up nursing, which had added to the shortfall problem. The changes were introduced by Government to reduce staff costs by £800 million.

The Committee requested details of the survival rates for patients that have been discharged

David Loughton responded to the query about performance of Wolverhampton and South Staffordshire where patients ready for discharges have not been able to leave as care arrangements are not in place. He commented that his view Wolverhampton was more efficient in putting together care packages than, but accepted that the Council was trying to improve the service and also recognition of the different levels of funding available.

David Loughton commented that the need for further investment into social care budget has been raised in discussions with the Secretary of State.

A Member thanked Thomas Sheeran for the quality of service provided by the rheumatology unit but queried difficulties with the appointment booking system. They explained that in their experience, that when a patient is sent two appointment letters it is not clear what the nature of the appointment so that they book the necessary time – for example, dialysis treatment would normally require a whole day in hospital. Thomas Sheeran agreed to investigate the matter and report back the findings.

Thomas Sheeran advised the committee of the current appointment process and the investment in new systems, for example, text reminder service. The committee was advised that the service does not have mobile numbers for all patients which limits the effectiveness of the scheme. He added that the issues of the patient appointments was highlighted as a problem during early stages of the hospital merger discussions and there plans to further streamline the service intended to reduce the number of visits, where possible.

David Loughton added that he was surprised that issues with outpatient booking system had not been raised previously. RWHT hospital is rated as being in the top five for the quality of its clinical engagement work and Cannock Hospital is rated as 100% in friends and family test every week by patients, which is an indication of the high standard care provided by staff every week.

The Chair queried the adequacy of the provision of secure mental health beds and the impact on bed space at RWHT where a person needs a secure place. David Loughton commented on poor level of provision and gave an example of patient waiting 37 hours to wait for secure mental health bed. He further commented that the percentage of patients with an underlying mental health condition. David Loughton

advised the committee that Black Country Partnership NHS Foundation Trust is responsible for the delivery mental health services.

A Member welcomed the comments from David Loughton about the resistance to proposals affecting Cannock Hospital and invited further comment. David Loughton gave a brief history in the changes in the health service provision and the anticipated budget shortfall predicted by 2020. He commented that the expected savings were based on reducing demand for acute services as a result in investment in preventative treatment and improved population. However, he added that the evidence shows increases in the level of children assessed as being obese in Wolverhampton is increasing. In conclusion, it was considered that the plans in the STP will not deliver the £200 million as the expected savings will not be achieved because of increased demand on the health service. David Loughton commented on the health model developed in Germany which is based on delivery services as part of one organisation, rather than UK model which involves different health bodies and argued that there too many organisation to agree on key health planning decisions.

A Member commented on the proposal in the STP about the future of A&E in Burton and expressed concern about the plan and other changes to the current provision of hospitals. David Loughton commented that there has been a failure by decision makers to close smaller units which are no longer sustainable – a population size of 500,000 is needed to deliver safe services. He added his view that Burton Hospital should be merged with Derby Hospital as it is not clinically sustainable, but accepted that it does take time to achieve the change.

A Member expressed concerns about the issue of delayed hospital discharge and social care packages provision and commented that frail elderly people were likely to present the greatest difficulties to service providers in meeting their needs and the need for a proper assessment.

The current provision of step-down beds was queried and comment made on the impact on the number of delayed discharges. David Loughton commented that the hospital does use step-down bed for patients needing to be assessed before they are discharged. He added that the hospital would work with others to put together a suitable care package so that a patient is able to either return home or moved to an alternative care setting.

The committee discussed the type of hospital complaints received. David Loughton commented on the change in nature of complaints over the years – 80% of complaints received were about catering and parking – very few complaints about the quality of clinical care. David Loughton commented on process for patients to reports concerns or complaints about the service.

Concern was expressed in relation to WMAS outpatient appointment systems and the need to improve the logistics to ensure people do not arrive or miss their appointment. David Loughton responded that he was not aware of any difficulties with the non-emergency ambulance services. He further commented that the service is working well for renal patients who need visit the hospital three times a week. He added that he not received a single complaint about the ambulance service or the alternative taxi service.

A Member invited David Loughton about proposed in integration of Staffordshire Hospital detailed in the STP would work better with RWHT rather than Royal Stoke University Hospital. David Loughton commented that there was a general view that this was the right direction for the service.

Concerns were expressed about arrangements for the discharge of patients back into the community from Staffordshire Hospital. David Loughton commented that 80% of the difficulties in delivering a safe service are concerned with services at Staffordshire Hospital. He commented on the different experiences when dealing with social services who are part of the area, when compared to unitary authorities when managing the discharge of patients.

A Member commented on the current number of CCG's operating in the region and queried if six was too many. David Loughton commented that he considered that the existing four CCG's should be reduced to one as there was there was a lack of proper accountability in the current structure and concluded that it is a flawed arrangement with too many bodies involved in making decisions.

The implications of closing or moving services from Shrewsbury and Telford Hospital NHS Trust for services delivered by RWHT were raised . David Loughton commented on the impact on the hospital of the decision to close the A&E Department and expressed concern that he was not made aware of the decision until ambulances were arrived at the hospital. He commented that the hospital needs six weeks' notice of changes so that the necessary contingency plans can be made as it operating at capacity.

The Chair thanked David Loughton and Thomas Sheeran for their contributions to the discussion. Cllr Kath Parry commented that as this was the first joint health scrutiny meeting there will be future discussions about the next agenda.