

**Fylde Coast NHS Annual Health Event
and Annual Meetings 2015/16**

29th September 2016

Question and Answer Session

David Owen

Chairman of Fylde Coast 38 Degrees NHS Support Group

I have received a report in the last few days from Blackpool Victoria Hospital around the financial position. The Trust has had a loss of £37m (£17m this last year alone). This year the Trust is intending to break even. How are you planning to scale services to achieve this? How many beds, if any, will need to be removed to enable this to happen? The Trust had an end of year cash balance of more than £25m in 2013/14 and the previous two financial years and you have advised this evening that you are aiming to have £200k by end of next March. I do not mean any disrespect to managers who work in incredibly difficult circumstances but if the Trust's finances are at £200k we are getting down to the family silver and what will happen to finances generally if you fail to meet targets and do not have any reserves of cash. As a result of this, you have been told that you will receive £10m from the Sustainability and Transformation Fund this year but only if you break even. What would be consequences of not breaking even?

Wendy Swift, Chief Executive (Interim), Blackpool Teaching Hospitals NHS FT, responded:-

Thank you I will start to answer and will ask Keith Dickinson to come in and also Mark and Marie on quality.

Regarding the Sustainability & Transformation Plan fund balance of £10m, if we do not break-even we will lose 75% of this. It is based on percentage terms so we have to break even because we cannot afford to lose money on the Fylde Coast which is why we have significant plans in place.

On the services we do have a programme to scale back, a lot of which is about technical issues and good house-keeping measures, working closely with community regarding energy wastage, etc, but we do not cut back on any services without a full quality review. Any plans we have regarding savings are reviewed by clinicians. Any beds that have been removed have been as a result of developing services. You have just heard Dr Weatherburn talk about services in extensive care. We have also invested quite significantly in the last year on nurse staffing levels and multi-disciplinary teams. You will have seen this at Victoria Hospital around medical equipment and at Clifton Hospital around the dementia friendly work which is now a fabulous facility.

Professor Mark O'Donnell, Medical Director, Blackpool Teaching Hospitals NHS FT, responded:-

As Wendy stated, the Director of Nursing and I, as Medical Director, have an absolute veto on any schemes going through if we feel they will impact adversely on the quality of care to our patients. The focus of the Board is on the quality of care that we deliver. There is significant financial challenge within the Trust and Health Economy and NHS but we are absolutely focused on maintaining high quality delivery of care to our patients. Bed closures are not driven by financial costs but by the strategic agenda and we have spent the last year developing our clinical strategy and have involved consultants, senior nurses and therapists.

Our aim is to drive up the quality of care in the Trust into the top quartile and decile. We know our length of stay is longer than other Trusts and we if can improve the service to be comparable with other Trusts we will not need as many beds and therefore we want to improve the flow of patients. We want to move patients from secondary care to primary care and our work is aimed at preventing admissions.

We opened an ambulatory care service in June which has brought together the Medical Admissions Unit, Surgical Admissions Unit and new ambulatory care service located on the first floor above Accident & Emergency. Initial data indicates that we are able to prevent a number of inappropriate admissions to the hospital.

Marie Thompson, Director of Nursing & Quality, Blackpool Teaching Hospitals NHS FT responded:-

In terms of supporting Mark I would agree from a nursing point of view. It is about delivering quality care to our patients and families. In a complex organisation there are areas of waste and we want to be more efficient, i.e. theatres working to time, model out-patient department facilities. It is not right that patients have to wait for out-patient sessions and it is about how we can be more productive with medical records, etc. for example, where we know we can be more efficient and drive out cost in the system. From a nursing and midwifery point of view, the Trust has had challenges in the eight years since I joined the Trust but I am absolutely certain that we have safe staffing levels. We recognise the duty of care to our patients and families with safeguarding, patient safety and quality and it is important that we have a skilled workforce to support this. The Board reviews the monthly staffing data and undertakes six monthly deep dive reviews where they take stock of the Trust's services to check that we have the right workforce in place and if we identify gaps we have discussion at the Board about whether to invest further resource. In the last three years we have invested in nurse staffing levels. We now have to review how we deliver services in different ways as we establish and develop care models and we then have to respond to this in terms of the workforce recruited. We will have a more flexible workforce that is quite capable of operating between the hospital and community environment.

Keith Dickinson, Deputy Director of Finance, Blackpool Teaching Hospitals NHS FT, responded:-

With regard to the break-even figure, we have signed up as a Trust to achieve this and we are working closely with Clinical Commissioning Group colleagues to deliver this. If we do not receive the £10m funding, there will undoubtedly be some form of intervention from the Regulator as we will miss our control figure and we will require some support. Other Trusts are in a worse position and we are confident at this stage, working closely with our Clinical Commissioning Group colleagues, that we will not be in that situation. Regarding cash, the projections and plans indicate that we will not run out of cash and we are working actively to generate more cash.

Ian Johnson, Chairman, Blackpool Teaching Hospitals NHS FT, responded:-

This is exactly the type of questions that would be asked at Board meetings and I would encourage you to attend our Board meetings which are held in public. You will hear challenge, debate, patient stories, reports on quality, finance, etc. The Trust is determined not to be in a bad financial position.

Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group, responded:-

Neither the hospital or Clinical Commissioning Groups are taking money out of the system on the Fylde Coast. Our job is to live within our means and to make the best use of the money we received. We have been talking to our colleagues in Social Care. Our allocation has continued to rise but is not keeping up with the ever increasing demand for health care so we are all trying to make the most effective use of the money given. We have to make decisions about priority areas to focus on to improve health and well-being and clinical outcomes for our patients and some might be at the expense of what everyone would like at the most convenient time or location. We have to make sure we are not wasting money and we are as efficient as we possibly can be and we have to engage the community in these conversations and it is important that you have your say about what is important to you because as time goes on it will be increasingly difficult to continue.

Ramesh Gandhi

Trust Governor and Member of Fylde Coast Health Mela

I would like to mention the various Health Mela and the varying levels of support from Blackpool Council, Blackpool Clinical Commissioning Group, the Hospital Trust and Fylde & Wyre Clinical Commissioning Group. We are now supported in Preston, country wide and internationally and a large percentage of people have problems, i.e. blood pressure, and there is full support for them to take their own health under their own control and I would like to thank them for this support. It is good that tests can be undertaken on one day which is cost effective.

I have every sympathy for what is happening at the hospital. It is always worse in Blackpool because it is a tourist town and has a transient population. We have to look after them and their health problems but another thing I noted recently relates to Accident & Emergency units. I know Blackpool is like everyone else. Accident & Emergency admissions are always high and we struggle to maintain the targets but what happens when Accident & Emergency departments are closed down. As far as I am aware Chorley Accident & Emergency is closing. What happens to those people and if they go to Preston it then can over subscribe and is there any chance of Blackpool closing or being overwhelmed.

Amanda Doyle Chief Clinical Officer, Blackpool Clinical Commissioning Group, responded:-

Chorley had to close a few months' ago because they were unable to recruit sufficient doctors to staff the department safely. Recruiting senior medical staff is a problem throughout the country not just in Blackpool. We need significant numbers for 24/7 rotas. Chorley has changed the service to be an Urgent Care Centre so there is still some provision at Chorley for patients with minor ailments. More serious cases are diverted to Preston and we have monitored closely the impact on other Trusts, in particular Wigan, East Lancashire and Preston. Services at Preston and Chorley are delivered by the same Trust and therefore they were able to dedicate a team in Preston so the outcomes have not been worse and the impact on other hospitals has been small and the impact on Blackpool has been negligible. Part of the Healthier Lancashire Programme is to review these services to ensure we have the right provision in the right places at the right times.

Wendy Swift, Chief Executive (Interim), Blackpool Teaching Hospitals NHS FT, responded:-

The impact from Chorley has been negligible. We have no plans whatsoever to close Blackpool. There are well over 80,000 patients who attend the department. We also work very closely with the Walk In Centre, Urgent Care Centre and Same Day Health Centre in Fleetwood. We are recruiting staff within our Accident & Emergency Department.

Professor Mark O'Donnell, Medical Director, Blackpool Teaching Hospitals NHS FT, responded:-

Accident & Emergency is a national shortage specialty. It is difficult to recruit to and difficult to recruit to the specialty of Emergency Medicine which is different to Accident & Emergency. We are fortunate in Blackpool that we have a successful emergency medicine service and we have recruited two extra locum consultants in Accident & Emergency which takes us up to critical mass and the extra people in place has allowed us to see patients in a much more timely fashion and therefore the system is much quicker and more efficient. There is no way we can divert 80,000 patients therefore the department is safe for the foreseeable future.

Caroline Watkins
Stroke & Older Peoples Care (UCLAN)

It is excellent that you are able to improve staffing numbers at a time when budgets are so challenging. One of the things that has improved, as well as having the right numbers, is having the right staff with the right knowledge skills. When budgets are cut, the availability of staff for training is reduced. I am wondering what is happening in terms of ensuring staff are given the most up to date evidence based training.

Wendy Swift, Chief Executive (Interim), Blackpool Teaching Hospitals NHS FT, responded:-

We have a comprehensive programme for training and support to our staff. It is difficult to release staff when there are pressures on wards and on clinical services but we do everything to ensure this takes place.

Nicky Ingham, Director of Workforce & OD, Blackpool Teaching Hospitals NHS FT, responded:-

We need to ensure that we train staff and we need to keep staff skills and knowledge up to date so they can give their best to our patients.

Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group, responded:-

The new model of care that Dr Naughton talked about requires a workforce with different skills. It is difficult to recruit doctors so we are developing some clinical staff with different skills, i.e. paramedics to work in Urgent Care Centre/Walk In Centre, not only to recruit and retain but to transform the way we deliver care.

Mick Martin
Blackpool, Fylde & Wyre Trade Union Council

I think Mark O'Donnell answered some of the questions.

The "Choose A & E" 4 hour target is not being achieved this year. Is this a result of lack of staff or lack of beds within the hospital? If patients cannot be seen in Blackpool they may well be sent to Preston or Chorley. With regard to the nurse fill rate, is the standard rate being achieved? I know we have to make cuts.

Wendy Swift, Chief Executive (Interim), Blackpool Teaching Hospitals NHS FT, responded:-

Regarding Accident & Emergency yes we do have queues due to the volume of patients. On Monday there were 32 attendances in one hour. There is a high volume of patients coming to Accident & Emergency and it is increasing all the time. To the best of my knowledge we have never been on divert (Marie confirmed this). We do not divert we manage the work. We have a director on-call and we manage the patients and ensure they are treated in a high quality care way. We do the best we can with the resources we have. The target is 95% within 4 hours. Some days we achieve 94% or 95% and other days, ie Monday, we achieved 85%.

Marie Thompson, Director of Nursing & Quality, Blackpool Teaching Hospitals NHS FT responded:-

We publish on the website every month the fill rates for registered and non-registered nurses. There is no national target but the internal target is to achieve a fill rate of over 90%. It was 90.8% this month. Some months we are under this but what is not reflected in the data is the decisions that are made on the day. We have a daily safe staffing meeting where the senior matrons review the position and we will deploy staff as appropriate to support safe care. We want to give assurance that every effort is made to ensure we achieve safe staffing. We can also deploy staff from the internal bench.

Andrew Harrison, Chief Finance Officer, Blackpool Clinical Commissioning Group and Fylde & Wyre Clinical Commissioning Group, responded:-

With regard to the question about diverting resource, there is a national process whereby money transfers from the Clinical Commissioning Group to the hospital (PbR). It is a complex system which involves checking what is happening between these transactions. We are now looking at this in a different way to meet the needs of local organisations to ensure the Fylde Coast pound is spent in the best way possible.

George Holden
Public Governor (with particular interest in young people)

The question is focused to Andrew Weatherburn.

A very impressive presentation on the extensive care service which you have developed which clearly is not only effective but cost effective. I am wondering whether there is potential for extending this for the care of young people with complex difficulties, particularly with Mental Health and Social Services. It is about how your model can be replicated for these young people who need a lot of health care.

Andrew Weatherburn, Consultant, Blackpool Teaching Hospitals NHS FT, responded:-

The model can be adapted. It is generic model which can be moved to young people. The Consultant Paediatricians are looking at this.

George Holden

What is the potential for the Clinical Commissioning Groups to take your very effective service and turn it into something for young people which clearly needs to be developed on the Fylde Coast.

Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group, responded:-

The extensive care service model focuses on the frail elderly and can be adapted. Some of the work around Head Start and Better Start in Blackpool focuses on providing very proactive care at a young age for pre-school aged children and Head Start focuses on mental health in adolescents and young adults and we are looking at adapting this in different ways particularly in Blackpool for people with lifestyle problems.

Tony Naughton, Chief Clinical Officer, Fylde & Wyre Clinical Commissioning Group, responded:-

One of the things that we know from experience is that it does not matter where or who delivers the care; it is about being well-organised. People have been managed in the community for many years but we recognise that, for the voluntary sector and housing charities and safeguarding teams, it is important to integrate these services to wrap around the individual rather than the system. We want to integrate services around the individual. It has been a silo based system where people go to different services with their problems.

At the end of the session, Mr Fisher confirmed that the questions and answers would be published on the website of each of the three organisations.

Questions and Answers (received via form or after the meeting)

38 Degrees

How much did each Clinical Commissioning Group spend with Spire Fylde Coast during 2016/17.

Andrew Harrison, Chief Finance Officer, Blackpool Clinical Commissioning Group and Fylde & Wyre Clinical Commissioning Group, responded:-

I am writing to provide you with the information to a question which you posed to me personally following the conclusion of the Fylde Coast Health Event and Annual General Meetings at Lowther Pavilion on Thursday 29 September 2016.

You requested to see how much each Clinical Commissioning Group spent with Spire Fylde Coast Hospital during 2015/16. Please find the details of this below:

- NHS Fylde & Wyre Clinical Commissioning Group - £3.634 million
- NHS Blackpool Clinical Commissioning Group - £5.614 million
- Total (both Clinical Commissioning Groups) – £9.248 million

I hope this response provides the answer to your question. However, if you would like to make any further enquiries regarding this matter, please contact NHS Blackpool Clinical Commissioning Group by emailing jonathan.bridge@blackpool.nhs.uk or calling 01253 956594.

Finally, may I thank you for attending the event at Lowther Pavilion last week. I hope you enjoyed the event and found the evening informative.

Form Completed Anonymously

I am not a health worker, just a member of the public. As such, can someone assure me that the criteria for treatment will be on clinical need and not cost. I read about treatments being refused, such as cataract, in other areas and hope that will not happen here.”

Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group, responded:-

Thank you for your question.

We can absolutely assure you that the criteria for any treatment will remain based on clinical need and not on cost.

We have a duty to spend the money we receive from the Government in a fair and efficient way, taking into account the health needs of the whole local community. As there is only a set amount of money available to spend we sometimes have to make difficult decisions about which treatments are not routinely provided.

There are some procedures that evidence reviewed by national experts has suggested have only limited or temporary benefit and which are not felt to be necessary to maintain good health. These are referred to as Procedures of Limited Clinical Value and these are not always funded by the NHS unless certain criteria are met. You may have seen reports that suggested we may plan to stop referring patients to certain treatments. These were misleading in that we were reviewing our list of procedures of limited clinical value but were never planning to stop treatments for people who had a clinical need for them.

Cataract operations are not part of the list of procedures of limited clinical value and there are no plans to add them to the list.