

**Friday, February 6, 2015, 2pm - 3pm, Cardiac Lecture Theatre,
Lancashire Cardiac Centre, Blackpool Victoria Hospital.**

Mr Gary Doherty, Chief Executive of the Trust, hosting 'Chief Executive's Question Time'.

Question: What will the new community service (extensive care service) achieve and will it be an integrated service?

Answer: It's a pilot service, based on American idea, which we have been working on for some time now. People who use the service will see a consultant or a senior GP. The service will include specialist nurses and other expert members of staff. There will also be someone called a 'Navigator' based in the community, who will help you if you need to go somewhere else for treatment. The pilot scheme will be for will be for people with multiple health issues.

Question: Are mortality rates doing down?

Answer: Yes. The recently released national figures are for the period up to June 2014. We monitor rates on a weekly basis and have seen continued falls. We started on quite a high level – at 130 – and the “expected level” would be 100 (though not many hospitals are actually at the expected level – most are just above or just below). We are on a journey that is bringing it down. Where we are today is that we're at 111 and the expected range is 110. If we keep going in this direction we will end up within the expected range.

Question: I'm amazed that wards do not have the same visiting times. Why is this?

Answer: Visiting times vary due to organisational routines in clinical areas. We are looking at expanding visiting times on our wards to make it more flexible for patients and their families, but we will also look at being more consistent.

Question: Why can't Fleetwood Hospital be utilised to ease 'bed blocking' instead of using Dock Street?

Answer: A team of experts, including hospital doctors, GPs, architects, accountants and such like decided that the best option was Dock Street. We also got our Governors involved who visited both premises and felt that Dock Street would achieve a better outcome for patients. It would have cost us a lot to refurbish/upgrade Fleetwood Hospital and this would not have been a “one-off” as we would have had to pay a higher “rent” (called capital charges) for the next 30 years even though it's an NHS building. Taking all the relevant factors into account the group felt that Dock Street was the best option.

Question: Will council cuts have an impact on the care given by the NHS?

Answer: Cuts will have an impact, but I think there are opportunities to integrate health and social care, and get a better service, so that we can

minimise the effect. We work together with the council so we can try to influence decision making and minimise any impact on patient care. Social care and health care need to be more integrated. We are working to bring both together.

Question: What is the Trust's opinion of the 'Five Year Forward View'?

Answer: I think the Forward View is a very helpful document which has been very well received. The Five Year Forward View is just that – it's not a detailed plan. The Forward View lays out the challenges that we have to face and identifies a number of new service models for local health economies to consider.

Question: Why is it hard to recruit more nurses?

Answer: Demand for nurses has gone up a lot across the whole of the NHS. Supply hasn't gone up quickly enough so there is a gap. It's recognised as a national problem. I would like to see a faster expansion in training places.

Question: What is the take-up of nurses returning to the NHS?

Answer: We have a Return to Practice programme that is up and running. We have had six returners from our recent recruitment drive. The drive will continue throughout 2015.

The next Q & A meeting will be on March 10