

Fylde Coast NHS Health Event and Annual Meetings 2017/18

5 July 2018

Question and Answer Session

Pearse Butler, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust, facilitated the question and answer session.

Questions received in advance of the meeting – answered in part at the meeting:

1. Blackpool, Fylde and Wyre Trades Union Council to the Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

As we now approach the 70th anniversary of our National Health Service delegates to the local Trades Union Council wish to thank and congratulate all staff and volunteers who over the years have provided citizens along the Fylde coast with an astounding public health service. We would also like to comment and present a couple of questions about its fairly immediate future.

This year we are pleased that the Trust managed to stay out of debt with a relatively small surplus of £5.7m while still making steady improvements. In view of the continual need to spend wisely while addressing the Government requirements to administrate cuts to most public services we would ask:-

1) Brexit of the EU is fast approaching and it may be that the final agreement will deter potential medical and nursing staff from European Union countries applying for vacancies. Already EU nationals may be leaving. With that matter in view, has the Trust management any plans to address the issue or will there be little effect to staffing the Trust?

2) Last Winter we witnessed the pressure on beds within the Trust. This appears to worsen each year for reasons which are well documented. Apart from the usual routine Winter pressure plans, are the management going to seek and implement a more positive approach to this quite worrying and dangerous situation especially with regard to Emergency Admissions?

We thank you and your Board for perhaps addressing our concerns and respectfully mention that BFWTUC is the “community” side of local Trade Unionists. Our council (forum) speaks on different topical issues apart from individual branch members’ matters or general business of their TU Branch. There are 16 different union branches affiliated during 2018 showing 9,854 members registered. We in turn are part of Lancashire Association of Trade Union Councils (LATUC) with over 30,000 members.

Like just about most citizens we are justly proud of the NHS on reaching 70 years and with the fantastic work of all staff we need it to continue for the immediate and distant future as a vital public service to us all.

NHS organisations represented:

NHS Blackpool CCG (BCCG), NHS Fylde and Wyre CCG (FWCCG) and Blackpool Teaching Hospitals NHS Foundation Trust

Questions reiterated from the letter and verbal responses provided at the meeting:

Last winter there were pressures on beds in the Trust. It appears to worsen each year for reasons which are well documented. Apart from having winter plans, how are management going to seek to implement a more positive approach to try to address this worrying and dangerous situation?

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

Last winter was unprecedented and the demand on services exceptional. We are determined that this will not happen again and detailed robust plans are being developed including additional beds and the recruitment of additional staff so that we can manage this across all of our services including primary and community care.

Brexit is fast approaching and it may be that the final agreement will deter medical and nursing staff from the EU countries applying for vacancies and EU nationals may leave. What plans does the Trust management have to address this issue or will there be little effect?

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHSFT

In the past we have had more staff joining from the EU; there are not as many doctors and nurses coming through now. We are looking at our nursing plans and recruiting from India and the Philippines via the Global Nurse Programme through Health Education England. We also use Nurse Associates and the Apprenticeship Programme to bring nurses in to student and registered nurse posts. We will continue to make sure we have robust plans in place to address this.

Trades Union Council – We have asked for years for more training for local nurses and promises were made that this would happen.

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHSFT

A lot of work is taking place in schools to encourage young people to apply for nursing via the Nurse Associate and Nurse Apprenticeship routes. Improvements are being made in this area.

Dr Adam Janjua, GP Member and Vice Chair, NHS Fylde and Wyre CCG Governing Body

We are struggling to staff hospitals and it would be even more difficult if we had more hospitals. We have established nurse training hubs in general practice and are hoping that these individuals will stay in the area when they are qualified. Brexit is a national issue which cannot be controlled locally but partners are working together to come up with solutions, however, it could take years for these plans to come to fruition.

Paul Renshaw, Interim Director of Workforce, Blackpool Teaching Hospitals NHSFT

We have never relied heavily on recruitment of doctors from the EU and so would not expect Brexit to have a big impact. We have got record numbers of doctors due to join our organisation. The nursing situation is a national issue and we are looking towards the ICP to do things differently including reviewing skill mix.

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2. Nic Fogg, Secretary, 38 Degrees Blackpool, Fylde and Wyre NHS Supporters – Raised the following questions from the letter received:

(i) In a report to January's Joint Committee of CCGs, Gary Raphael stated that the 2018/19 financial allocation per head of population for Blackpool CCG was 22.25% higher than the English average. How does this compare to the previous couple of years? What are the main reasons why Blackpool receives so much more than the average?

Dr Amanda Doyle, Chief Clinical Officer, and Andrew Harrison, Chief Finance Officer, NHS Blackpool Clinical Commissioning Group – Blackpool

Blackpool CCG receives more than the average allocation per head because of the high levels of deprivation, significant health challenges and need for treatment. This results in the CCG having an increased weighted population and therefore receives a higher allocation than the average. The 22.25% is the difference in growth between that for Blackpool and the average. The CCG did not receive 22.25% more in pounds per head of population.

(ii) Recent health meetings suggest that much work is currently being undertaken in connection with the Fylde Coast Integrated Care Partnership, which we understand will be operational from April next year. (i) What will be the likely budget of this organisation? (ii) How many staff will it employ, directly and indirectly? (iii) What will be the relationship between the existing CCGs and the Partnership? (iv) Will it have the power to commission new services and to discontinue existing ones without reference to the CCGs? (v) Will its meetings be held in public? (vi) What will be the role of the Trust's public governors in terms of holding the Partnership's decisions to account? (vi) Will the organisations involved in the Partnership commit to holding a public seminar in the Autumn of 2018 to explain the current proposals? (vii) If, as has been suggested, the Fylde Coast partnership could be extended to cover the whole of Lancashire and Cumbria, when would this be likely to happen?

Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool Clinical Commissioning Group

It will not be an organisation it will be a partnership. Existing organisations will remain with statutory responsibilities and governance arrangements. The organisations will be brought together as a partnership and the ICP will commission as CCGs will be part of it and will continue to commission as they do now. The ICP will be a combination of our organisations, all of our budgets and all of our staff.

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

The Trust will remain a statutory organisation and will be a member of the partnership. Discussions are taking place with the Governors as to how this can be taken forward.

Pearse Butler, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust

It is not about creating a new organisation but about working together to reduce our transactional costs and improve the way we provide care to our population. If in years to come there is legislation then organisations may merge but we cannot merge organisations at the current time.

(iii) The procedure for the appointment of the new chair of the Trust has been the subject of serious questions in the House of Commons and from members of the governing body. What steps will the Trust be taking to restore public trust in its appointment procedures to key positions, which have been critically damaged by recent events?

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Reference was made to the delay in the appointment of the Chairman of Blackpool Teaching Hospitals NHS Foundation Trust. Pearse Butler was welcomed to the post. Please explain to people that things will be done better in the future.

Pearse Butler, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust

The appointment was made in accordance with the Constitution of the Trust however, it is recognised that it did not represent best practice and we need to change this. A meeting has taken place with the Governors of the Trust and we are aiming to have in place a revised procedure by the end of July.

(iv) Given the number of beds the Trust has taken out of service over the last few years, how many does it plan to remove over the next five years? How many medical and nursing posts are currently unfilled? Does it help the Trust's finances that they remain unfilled? Is the Trust able to manage its obligations within its current establishment?

The Trust does not have plans to reduce bed stock. Improvement work is ongoing through our Better Care Now programme to ensure that patients receive the right care, at the right time, in the right place.

The current percentage vacancy rate for medical and nursing staff is as follows:

- Medical and Dental – 9.65%
- Nursing and Midwifery – 8.11%

A number of these vacancies are filled by locum staff.

There is a significant amount of work being undertaken to close the gap in both of these workforce groups. This has involved a robust overseas recruitment campaign and staff are beginning to arrive at the Trust following completion of required English Language tests and Home Office regulations. A long term plan of “grow our own workforce” is in place but this is a longer term strategy.

There is no financial benefit to the Trust in carrying vacant posts as these are filled with staff working additional hours via the Bench or agencies.

Staffing is monitored three times a day by the senior management teams to ensure patient safety and quality is maintained across the Trust.

Questions raised at the meeting – answered at the meeting:

- 3. With regard to the area of ‘volunteers’, on behalf of a group of Cancer patients, thanks were expressed to the CCGs in setting up the patient Cancer Care Improvement Group which has been well supported throughout and gives patients a voice. Reference was made to integration and the involvement of younger people. It was suggested that as there are developments between Patient and Public Engagement by CCGs and local groups and the Trust is involving younger people, that a younger person’s forum could exist across the board, under the heading of health and wellbeing.**

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

A lot of work is being taken forward involving younger people and we are already beginning to do some integration on this across the system.

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Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool Clinical Commissioning Group

It is important that we involve young people in how we transform our health services. Young people do not want to access health services in the way they are provided at the moment. They find it completely different to anything else they organise in their lives. We do not use technology enough. Young parents with younger children are another important group. Research has shown that the mental health of a 14 year old is a good indication of how the mental health of their children will be in future. Reference was made to high mortality in young men in their late teens to early 20s from substance misuse. We need to address these issues and try and improve the life chances of young people and continue to work with young parents and support them. Often they don't know how to access health support and therefore we need to engage more with this cohort of people. It is very important we take this forward.

Reference was made to the slides and the slide with the circles and the one with the neighbourhood at the centre. What will people see? Is that the core of health care provision? Is that the heart of what we are doing?

Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool Clinical Commissioning Group

Most of what we do is happening at this neighbourhood level in primary care, ie, in a GP practice, in the community, in the home and at primary care centres. The vast majority of our contacts are in that environment. The most amount of money is spent in the outer circle. We need to work to keep people well and out of the outer circle. That is our starting point. The core is in the centre in the community with the GPs and community services and community hubs.

4. David Houston – The Kings Fund and NHSE published an insight report on the role the voluntary and community and faith sector can have in health transformation depending on the cultural mind-set of commissioners, CCGs, ICP etc. How do you see this part of the system supported in the next few years and ask commissioners to adopt a cultural mind-set in the early scoping stages.

Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool Clinical Commissioning Group

As we are moving to an Integrated Care Partnership and System, and we are one of the first wave systems in the country to do so, we have been able to access support from organisations like the Kings Fund to help us focus on how we work effectively and how we get the most out of the voluntary, community and faith sector. We have been able to meet with people from these organisations. We are very much dependent on the non-statutory sectors, ie, hospices, and we receive a lot of cost-effective support from them. There is a huge cohort of unpaid carers, volunteers and help in the community who are happy to get involved in addition to lots of voluntary groups including music groups, walking groups etc.

Jeannie Harrop, Senior Commissioning Manager, NHS Blackpool Clinical Commissioning Group

'Integration 2020' is a way to bring together the voluntary and third sector and integrate them and bring them into our neighbourhood work.

Dr Adam Janjua, GP Member, NHS Fylde and Wyre CCG Governing Body

End-of-life is a great example of how commissioners have been working to integrate the voluntary sector and we need to reproduce this in other areas such as Hospice at Home. This allows us to get more for our money. We have undertaken a lot of work in this area but there is more work to be done.

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5. **Nursing Link – There are a lot of people who approach me who are on short term contracts. They leave posts in Care Homes to work at the hospital on the assumption they can stay and their contracts are terminated suddenly. People feel they can't apply for jobs because of the risk so they go elsewhere where they can get a full-time contract. They are not then able to settle down, get mortgages loans etc and are going into city hospitals. An additional question was asked about the return to nursing courses and whether this is done in Blackpool.**

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

We had to follow a process in the way funding came through in the past. We are moving away from short term contracts now and developing our own Nurse Bench (in-house temporary bank for nursing staff). We do have return to nursing courses.

Marie Thompson, Executive Director of Nursing and Quality, Blackpool Teaching Hospitals NHS Foundation Trust

We are actively promoting the Return to Nursing Programme however, we do not have a great uptake. Short Term Contracts can be the main route back into employment in the Trust if we have not got substantive posts available. There have been occasions where we have had areas of escalation and not had substantive budgets in place and had a short term arrangement in place. We recognise that we have to have a different offer to attract the workforce into the Trust.

6. **Diamond Care Home Group – We have six care homes of which two are in Blackpool. Supporting somebody in hospital is six times more expensive than in a care home so how much voice in the Integrated Care Partnership circle is going to come from care home providers who have care home beds available?**

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

We are very dependent on Care Homes and we do have a group working with care home providers. They are core to this along with hospices. We want to build these relationships stronger in the future.

Pearse Butler, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust

Care Homes need our support in order that patients avoid coming into hospital.

Jeannie Harrop, Senior Commissioning Manager, NHS Blackpool Clinical Commissioning Group

Both Blackpool CCG and Fylde and Wyre CCG are supporting care homes and commissioners attend all Care Home Forum meetings. We are working on reducing admissions to hospital from Care Homes and to improve discharge from hospital so that patients don't "bounce back" into the system.

Questions raised after the meeting:

7. **Pat Greenhough, Independent/Town Councillor for Health Preesall/Knott End**

A question was raised after the meeting about primary care services in Over Wyre. A written response will be provided to the question.

Thanks were conveyed for the all the questions which, along with the responses, will be published on the websites of NHS Blackpool CCG, NHS Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust.

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