Questions from the public relating to the Annual Report and Quality Accounts

Mrs Ord, Chairman invited questions from those present.

Mr Stokes said his wife had visited A&E in November 2015 and was in extreme pain. He explained that she waited four hours before she was seen and then waited a further six or seven hours before being treated. He acknowledged the four-hour standard was important but felt there was no measure for assessing people by the amount of pain they are in.

Mrs Ord acknowledged how distressing this must have been.

Ms Clark offered her apologies and explained the system for patients to be assessed when they arrive at A&E to determine whether they should be seen in the Urgent Care Centre or A&E. The system generally works well but she conceded that at busy times during the winter the Trust had failed the four-hour standard.

Mr Stokes felt that nurses were looking at the medical condition not pain levels.

Ms Clark felt the new assessment system was better for patients because it defined the most appropriate place for them to be seen. She said she felt the nurses undertaking the assessment generally did a fantastic job but acknowledged the point made about pain control and that people in pain ought to be prioritised. She offered assurance by reiterating that pain control was one of the new Quality Priorities. Ms Clark explained that patients arrive at A&E via two routes: by ambulance or by walking in and that ambulance patients were the Trust's priority, along with children and elderly patients.

Mr Cleaver-Jones gave an example of a friend arriving at A&E in pain who was assessed immediately, assigned a cubicle and offered pain relief. He believed the system did work.

Ms Clark concluded by saying the Trust needed to offer patients consistency although it was seeing a rise in the number of emergency patients and the recent hot weather had had a big effect.

An attendee said she was brought into A&E by paramedics who said she was better off sitting. She heard someone remark there wasn't a bed available. She was taken through to the waiting area and waited for four hours. Five minutes after the four hours staff called her name and she went through. She was advised to go home and take pain killers. She explained that she had needed an EGC but neither of the bank nurses knew how to do it. She did not receive an apology.

Ms Clark apologised and said staff did their level best and that the Trust hired some agency nurses during an incredibly busy winter and spring. At times staff have been under pressure but they always aspire to offer better treatment. She added that the Trust offered a seven day service and a lot of doctors were on site over the weekend.

Mrs Reeves cited her own example of waiting in A&E a few years ago for four or five hours before being seen.

Ms Clark acknowledged that, at times, it can be the same now for patients if, for example, a doctor is unable to attend for work and there is difficulty finding staff to cover the shift. On balance, she said, the Trust performs much better than it did a few years ago. She

acknowledged that sometimes we didn't give people the standard she would personally like to see.

Mrs Reeves remarked that a cleaner had been asked to serve meals at night.

Mrs Wardell replied many other trusts across the country operated this dual role and that staff on cleaning duties also serve meals and adhere to the Trust's infection control rules, which included robust hand washing. She offered assurance that there was no infection control issue. Although not popular with staff, it was efficient and effective.

Mr McClymont asked for an error in the previous year's minutes to be corrected and was asked to speak to a member of the Trust staff after the AMM. The correction was made to item 7 paragraph 12, first sentence. The word 'Disability' was replaced by the word 'Inclusive'.

Mr McClymont asked if the Trust was ready for the Accessible Information Standard that was about to arrive.

Ms Clark replied the Trust was ready.

Mr McClymont asked if he could receive his appointments via email.

Mrs Abbiss, Head of Communication and Patient Experience, explained the Trust was looking into its ability to send appointment information by email but it needed to be assured that it was safe method of supplying personal information and that systems needed to be in place first.

Mr Palethorpe, Director of Governance and Board Secretary, added that technology was an issue, and the Trust had to be ready by 1st August to capture patient needs and deliver those needs in a safe agreed timescale.

Mr McClymont asked when, exactly, patients could expect the email option.

Mr Palethorpe reiterated it would happen when the Trust was assured it was safe and the technology was in place.

Ms Clark responded by saying the Trust was not in a position to give a date.

Mrs Ord said the requirements would be tested to ensure the Trust was absolutely clear about what needed to be delivered by 1st August. She apologised for not having the information at her fingertips and offered to report back via the Trust website.

Mr Orme suggested it was about the protection of records.

Mrs Ord agreed the data needed to be secure.

Mr Orme asked about the amount the hospital pays in fines for not meeting deadlines. He understood the fines were not going to be taken away from the Trust and so there would be money in the kitty.

Mr Taylor explained that within the contract agreed with the CCG there was provision for a series of fines, but the Trust had an agreement with CCG to invest fines back with the Trust.

Mr Orme asked how many nurses in training did the trust have and what is the possible

level of increase. He also asked how many physician associates would the Trust like to have to help reduce waiting times in A&E.

Ms Clark replied that a lead physician associate was looking at roles within the Trust.

Mrs Ord explained the number of physician associates in training was dependent on each individual trust and that The Dudley Group had approximately 12. They were a new clinical role to support some specialities.

Ms Clark said more physician associates were completing their training. She went on to explain that the workforce shortage in the NHS was immense and this was not restricted to nurse and doctor shortages. Recruitment was problematic in other areas including speech and language therapy, radiology and among Operating Department Practitioners (ODPs), sonographers and healthcare scientists. She explained it would take a number of years to "turn the tank around". She noted that nurses would soon need to pay their own fees and the impact of this change would need monitoring. The Trust continues to train clinical support workers to enable them to progress their nursing careers.

Mrs Wardell confirmed there were nine clinical support workers in training and another ten starting in January 2017.

Mrs Ord added that the Trust, in recruiting nursing numbers to ensure it provided safe training with appropriate supervision and support.

Ms Hickman asked about the new ward support system of domestics and catering workers. She asked where the system was working in other places in the country and said that it was tried in Leicester and they are changing it back. She said Interserve's plan was instead of having six members of staff doing things separately, they will have three members of staff doing it combined.

Mrs Wardell replied the Trust monitors ward cleaning and would continue to monitor the situation on any changes made to ensure infection control was maintained and nothing was detrimental to patients.

Ms Hickman asked if infection control slips, was there a backup plan?

Mrs Wardell replied any issues would be picked up via close contract monitoring.

Mr Taylor confirmed the Trust held Interserve to account for the cleanliness of the ward and would take remedial action to put things right.

Ms Hickman asked how quickly it could happen.

Mr Taylor said monthly monitoring took place.

Mrs Wardell said daily feedback from patients was also used for monitoring purposes.

Mr Thompson said he was disappointed some people were not satisfied with their treatment and explained that his own treatment had been fantastic and couldn't have been better. He advised whatever the Trust was doing, keep doing it.

Ms Clark thanked him and said the service was about every patient, every time.

Mrs Ellis asked if the Trust worked with recruitment and marketing agencies and that the money spent on admin staff from agencies shocked her. She said she knew people who

would like to work for the Trust but that it felt like a closed shop.

Mr Taylor replied the Trust struggled to recruit to certain managerial posts and that a number of directorate jobs were being covered by agency staff while recruitment took place. As an example, he said IT staff with specialist skills could earn more money in the private sector and, as a result, the NHS experiences shortages in this area. The Dudley Group was always successful in attracting people of the right quality applying to work for us.

Mrs Ellis said investment agencies had done some work in Birmingham.

Ms Clark asked Mrs Ellis to send the details to her via email.

Mrs Ord replied that some jobs websites like NHS Jobs could be sometimes difficult to navigate, and it was not an easy site to find, but that was where most NHS jobs were advertised.

Mrs Piggot asked if the Trust was meeting waiting time targets for outpatient referrals, particularly in the eye department and how the data was captured.

Ms Clark replied the Trust was struggling in a couple of areas including Orthopaedics and Urology but was just about hitting both 18 week Referral to Treatment (RTT) targets. She accepted the Trust was not meeting the target in Ophthalmology because of problems with capacity and demand. She explained the Trust was engaging optometrists for patients who just needed monitoring and work was on-going with patients and GPs to escalate patients who needed urgent follow up. The Trust was also recruiting consultants to help with demand.

Mrs Piggot asked which outpatient departments were failing to meet waiting time targets.

Ms Clark replied that the Director for Strategy and Performance Anne Baines was looking at overcrowded clinics, which included logging referrals as they came in and monitoring waiting times.

Ms Hill from Whitehouse Support Dudley commented on the experience of patients waiting for treatment on the Georgina Unit and asked what was being done to improve it. She said a patient could arrive for an appointment at 11am and not start treatment until 4pm.

Ms Clark acknowledged waiting times on the unit was a long-running issue and that the Trust was a victim of its own success. Cancer treatments were advancing so much and the Trust was continuing to see more poorly patients. Part of the issue was the need to take blood tests on the day for patients who needed chemotherapy To ease the problem, the pod outside the unit was converted into a waiting area and the Trust was looking into what treatments could be provided in the community to take the pressure off the unit. Ms Clark said the Trust did not do well in terms of patient experience but did do well in terms of outcomes.

Ms Hill responded that the staff on the unit were lovely and do their best for patients.

Ms Clark confirmed the Trust was working on reducing waiting times in facilities that were too small.

Mrs Stokes, an Action Heart volunteer, said she was fast tracked by her GP and received an appointment within two days for an MRI and for X-ray. She noted the positive response received from patients on Coronary Care.

Mrs Ord responded that when patients tell staff the trust was not getting something right, staff did their best to put it right. She said that delivering innovation and improvement was part of the Trust's mantra and that staff were providing high levels of care despite pressures on the NHS.

Mr Franklin said he was surprised to hear about the problems in Ophthalmology and that he received appointments very quickly.

Mrs Clark replied that the problem was with follow up appointments.

Mr Orme asked for Did Not Attend (DNA) rate was for Russells Hall Hospital.

Ms Clark replied that it depended on the clinic. For some clinics it could be 4 or 5% and for others it could be 10%. She said some clinics were overbooked to compensate for DNAs and that if all patients turned up, clinics were very full. Ms Clark said initiatives such as text messaging were helping to reduce DNAs.

Mr McClymont suggested the Dudley Group adopted his dignity charter.

Mrs Wardell replied the Trust was signed up to a national charter but was happy to consider Mr McClymont's dignity charter and asked him to send her the details.

Mr McClymont said he worked with Dudley Healthwatch and at a recent meeting 60 people discussed what the charter could look like. One suggestion from the meeting was a dignity tree and he thought it could go in the hospital reception.

Mrs Wardell replied absolutely.

Mr McClymont asked for ideas about where the dignity tree could go.

Mrs Wardell explained the Trust offered dignity training as part of the Learning and Development Strategy.

Mrs Snowdon brought everyone's attention to the Multispecialty Community Provider (MCP) consultation and encouraged as many people as possible to attend events and ask questions. The dates and times were on the CCG website.

The Trust's dignity charter

A member of the Public asked if the Trust would consider signing up to a local dignity charter that had been developed with Dudley Healthwatch. The Chief Nurse informed the meeting that the Trust was signed up to a national charter but was happy to consider the local dignity charter. The Chief Nurse has requested a copy of the charter be emailed to her so that the local dignity charter can be sent to the Trust for consideration.

Changes to roles of some Interserve staff

A member of the public asked what the Trust knew about a change in role of the cleaners employed by Interserve being asked to also serve food and how the Trust were dealing with any infection control risks having these dual roles may pose.

The Chief Nurse's reply to this question covered the Trust's processes for monitoring ward cleaning and infection control and how these would monitor any impact of the changes ensuring all the required standards are maintained. Subsequent to the meeting, a formal

consultation has been undertaken by Interserve with their staff in relation to this change which has now been fully implemented. The Trust is working with Interserve closely and as stated in the initial reply, will monitor the position through the contractual process.

Accessible Information Standard

A member of the public asked if the Trust would be sending his appointment information by email in future based on the requirement to be compliant with the Accessible Information Standard.

The Trust recognises that whilst it is compliant with the basic maturity level of this standard there remains the need for the Trust's established working group to continue to look for enhancements that can be made in this area.