



**STRONGER LOCAL VOICES
FOR HEALTH AND SOCIAL CARE**



'ENTER AND VIEW' VISIT

**LIVERPOOL HEART AND CHEST HOSPITAL
NHS FOUNDATION TRUST**

9th July 2010

Hosted by

Liverpool Charity and Voluntary Services
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1.0 Introduction: Local Involvement Networks (LINKs) – Powers to Enter and View Services

1.1 Local Involvement Networks (LINKs) were established across England by the Local Government and Public Involvement in Health Act 2007.

1.2 LINKs are networks of local people and organisations, funded by Government and supported by independent organisations known as Hosts to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services. There is a LINK in every Local Authority area that has social services responsibility. In Liverpool the LINK is hosted by Liverpool Charity and Voluntary Services (LCVS).

1.3 LINKs were established to:

- give everyone an opportunity to say what they think about their local health and social care services – what is working well and what is not so good;
- give people an opportunity to monitor and check how services are planned and run; and
- provide feedback on what people have said about services, so that things can change for the better.

1.4 LINKs use a range of methods to enable them to say how local services could improve, such as:

- making reports and recommendations to commissioners and getting a reply within a set period of time;
- asking commissioners for information and getting a reply within a set period of time;
- going into some types of health and social care premises to observe the nature and quality of services; and
- referring issues to the local Overview and Scrutiny Committee and receiving a response.

1.5 To enable LINKs to gather the information they need about services, there are times when it is appropriate for them to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised LINK representatives to enter premises that providers own or control to observe the nature and quality of services.

1.6 In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts

- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services.

2.0 Reason for visit

2.1 Liverpool LINK has recently formalised the appointment of volunteer Health and Social Care Ambassadors (HASCAs) to each NHS Trust within its jurisdiction (i.e. the area covered by Liverpool PCT). Enter and View visits are one way of helping the HASCAs, and other authorised LINK members who have undergone training and CRB checks, to develop positive relationships with Trust officers and to start building a picture of the work of each Trust, with a view to making useful contributions to Quality Accounts commentaries and in a range of other ways.

2.2 Liverpool LINK has already started to develop a good working relationship with Liverpool Heart and Chest Hospital NHS Foundation Trust through its HASCA, Dr Eric Toke. However, the opportunity to conduct an official 'enter and view' visit provided a chance to gain a greater insight into the day to day work of the Trust and to ask questions of a range of staff and patients.

2.3 Liverpool LINK Core Group members who took part in the visit were:

- Dr Eric Toke (Liverpool LINK Health and Social Care Ambassador to Liverpool Heart and Chest Hospital NHS Foundation Trust)
- Stanley Mayne
- John Bruce

They were accompanied by Claire Stevens from the LINK Support Team.

2.6 The purpose of the visit was to conduct a fact-finding exercise highlighting good practice and positive outcomes as well as asking questions about any potential changes or improvements that could be made and making recommendations where appropriate. LINK members would like to thank the staff and patients whom they met for their willingness to take part in the exercise, for putting together such an interesting programme and for being so generous with their time and input.

3.0 Evidence from visit

- 3.1 During the course of their visit the authorised LINK representatives met with Raj Jain (Chief Executive), Lisa Salter (Matron, OPD and Corporate Services), Lucy Lavan (Associate Director of Corporate Development / Trust Secretary), Lisa Gurrell (Customer Care Manager), Ann Strangeway (Outpatient Manager), Kathy Davidson (Staff Nurse), Gail Rathe (Ward Sister), Amanda Walthew and Annie Joseph (Clinical Nurse Practitioners), Suzanne Kelly (Heart Rhythm Specialist Nurse), Lisa Finnan (Staff Nurse), Gaynor Seiga (Discharge Co-ordinator)
- 3.2 Liverpool Heart and Chest Hospital NHS Foundation Trust provides specialist adult cardiothoracic services to a catchment population covering Merseyside, Cheshire, North Wales and the Isle of Man although it also receives referrals from further afield for some of its most specialised services. It also manages a Pharmacy Department which provides a service not only within the Trust but also to Royal Liverpool and Broadgreen University Hospitals Trust wards and departments and other providers.
- 3.3 The LINK visitors were given a tour of some of the main areas of the site but it was decided to postpone a visit to the Catheter Laboratories until a future visit.

Outpatient Department

- 3.4 The tour started in the Outpatient Department. Patients with heart or lung problems are referred by GPs or district general hospitals and Prof Davies (Consultant Chest Physician) also runs an external clinic.
- 3.5 Every set of patient notes is read before they arrive at the clinic and nurse practitioners have an important role to play with nurses performing or signing off any necessary tests (e.g. blood investigations, ECGs etc) before consultants see the patients – thus cutting down the time patients spend at the clinic.
- 3.6 Given the number of patients from the Isle of Man, Lancashire, Cheshire and North Wales the LINK visitors asked whether the cost of treating patients from outside Merseyside was paid for promptly by other areas. It was confirmed that the terms of financial contracts with outside health agencies were well-observed and that payments were made promptly.
- 3.7 Patients with limited mobility or who were wheelchair users or might require hoists or other specific support or equipment would be supported through liaison with the Customer Care Team. Patients or carers would often let the hospital know about their requirements in advance and this

helped to make their experience as smooth as possible. Lisa Gurrell acts as the lead for patients with learning difficulties or those who require extra support or help and Patient Passports have been introduced to help patients/carers and staff in these circumstances. The LINK visitors were particularly impressed with the way in which the Customer Care (PALS) team works pro-actively, picking up issues and support needs early and filtering patients with additional needs towards the appropriate support – rather than reacting to issues or problems at a later date.

- 3.8 The Trust is constantly looking at ways to improve the patient experience and has brought in a number of changes and innovations. One example was that an examination of clinic waiting times had led to a change in the times of 'last' appointments to avoid unnecessary waits. Ambulance patients are still prioritised however and a 'no-wait' policy is being implemented for people with learning disabilities or particular anxieties as part of the dignity agenda.
- 3.9 There has been no recent increase in Tuberculosis (TB) rates.

Consulting Room

- 3.10 The LINK group met with two clinical nurse practitioners (Amanda Walthew and Annie Joseph) who talked them through the pre-operative service which they provide for patients. This would normally consist of a one-hour meeting at which they would talk through their procedure and obtain consent, examine patients (e.g. listen to their heart and lungs) and aim to pick up any medical problems and prevent any avoidable cancellations of surgery. Patients are asked what they want to know and are given as much detail as they feel they need. Family members are also given the information that they require.
- 3.11 It is at this stage that appropriate social care support is put into place if it will be required following the surgical procedure and contact may be made with, for example, home care services or dieticians. Work is taking place with Liverpool PCT around discharge support / handover and staff are shadowing each other to identify bottlenecks and look at ways of addressing these.
- 3.12 There is a 'discharge help and advice line' for patients to call if necessary post-discharge.
- 3.13 The Trust is keen to avoid any re-admission within four weeks of discharge but one reason why this can occur is that some patients will refuse home care because of the associated costs and are thus at risk of re-admission. This is an issue of some concern despite links being in place with Community Matrons and Care Homes.

- 3.14 The Nurse Practitioner clinic runs to time and patients would not normally have to wait to be seen. However, there is also an 'open clinic' which is useful for people who are at work during office hours, parents or others with caring responsibilities or people who live some distance away.
- 3.15 The aim of the clinic is to get everything done in one day and the Trust has worked with patients in order to design the best / most helpful pathways for them.
- 3.16 Patients are always welcome to ask follow-up questions and to ring up from home if they need any clarification following their pre-op meeting and staff currently hope to improve on the pre-op meeting by following up with contact throughout patients' stay at the hospital. Work is ongoing to divide the 'patient journey' into six clear stages and it is envisaged that there will be a designated 'Specialist Support Nurse' for each patient from admission to discharge.
- 3.17 Staff recognise that patients want to be treated as individuals and work hard to do this. The Trust treats patients of all ages and there are no separate wards for older people but children are accommodated in side rooms for safeguarding purposes. The only other form of patient segregation is by gender and all general wards are single sex. The critical care ward has to be mixed-sex by its very nature but even here women and men are accommodated at opposite ends of the ward and curtains are pulled between the sections. The day lounge is also mixed but patients are fully clothed in this area.
- 3.18 The pre-op meeting also allows staff to identify any equality and diversity issues and to take relevant steps to address these and provide any additional support that may be required. Patients with language support needs will often attend their pre-op meeting with an interpreter but translation services will be provided if necessary.
- 3.19 Patients are advised to bring in all prescription medication with them and will also be advised as to the correct use of any new medication which they may require.
- 3.20 LINK members congratulated the Clinical Nurse Specialist Team on their recent Team of the Year Nomination. The awards have been introduced as part of the Trust's 'More Than a Workplace' initiative for staff and aims to recognise and value staff for the excellent care and treatment being consistently provided to patients. 13 teams were shortlisted and from the 6 finalists, 'The A Team' (Ward A) was the overall 2010 winner.

Day Ward (Lounge)

- 3.21 The Day Lounge provides a Rapid Access Clinic service mostly for patients with cancers or suggested cancers. It is based on a model which Trust staff visited in Amsterdam and the service was 'highly commended' by Nursing Times (2009) for its approach to Privacy and Dignity.
- 3.22 Patients stay in their own clothes in the lounge and go home the same day. The lounge itself provides a relaxed and comfortable environment in which patients can undergo their procedures. They normally spend four hours there post-procedure and can be fully mobile, help themselves to food and drink and use the facilities provided including TV/radio, free internet access and a range of reading materials. Relatives can also sit with them in the lounge area.
- 3.23 Patients come in mainly for angiograms or angioplasty procedures – all of which are radial (i.e. via the radial artery using a wrist catheter as opposed to the more time consuming and intrusive procedure using the femoral artery).
- 3.24 Approximately 5 patients can be accommodated at one time although as many as 8 patients can be treated in a day depending on the times they arrive and leave.
- 3.25 Since the introduction of the Day Lounge only two patients have asked to be treated in bed on the Day Ward instead of in the lounge.
- 3.26 The Trust is now classed as an A&E service for heart attacks. Ambulances go direct to Liverpool Heart and Chest Hospital and patients are assessed in the ambulance via a cardiac monitor. The Trust provides 24 hour cover for clinical procedures and has a back-up team in place in case of more than one emergency admission at a time. Following admission to Coronary Care, patients are transferred to other wards prior to discharge.
- 3.27 From the 1st June 2010 this service covers the whole of Merseyside and Cheshire. There is a 90-minute 'window' in which to bring patients to the hospital after they have been stabilised elsewhere in the area.
- 3.28 All Primary Care referrals now come to the Heart and Chest Hospital, which also trains staff from other trusts so that good practice can be shared with, for example, District General Hospitals. The Trust also hosts an Aortic Symposium every two years at which a live operation is shown via satellite as a teaching tool.

- 3.29 The Trust provides a regional service for Cystic Fibrosis patients who are accommodated in individual rooms with TVs.

Day Ward

- 3.30 The LINK visitors were then shown around the Day Ward which accommodates 15 patients. They had the opportunity to see staff at work at the Nurses Station where the Patient Information Board was explained to them and were also able to speak to some of the patients themselves.

Admissions and Discharge Lounge

- 3.31 In the Admissions and Discharge area, LINK visitors met Lisa Finnan (Staff Nurse), Gaynor Seiga (Discharge Co-ordinator), Suzanne Kelly (Heart Rhythm Specialist Nurse)
- 3.32 The admissions process was explained i.e. patients are booked in by a clerk and allocated to a ward. Surgical patients are generally not operated on until the day after admission. Some investigations take place in the admissions area and the full range of clinical facilities are available including an arrest trolley.
- 3.33 At the point of discharge, nurses provide a full handover to colleagues in the discharge lounge and patients are provided with information and advice about medication. Referrals can be faxed to GPs and hard copies are sent – there are no electronic facilities available for this at present although 'A' Ward has digital facilities.
- 3.34 Many patients require transportation by ambulance at the time of discharge and staff liaise with ambulance services to minimise waits as much as possible. Patients can sometimes wait a few hours for an ambulance, a situation which is unfortunately beyond the control of Trust staff. Staff will stay with patients after 6.00pm if they are still waiting for transport. The number of delays has reduced over time and between September 2009 and September 2010 averaged 2.6 delays per month, with no delays at all in November 2009 or Feb 2010 but 6 delays in June 2010.
- 3.35 There is a courtesy bus stop immediately outside the discharge area which will take patients to other areas of the site and close to the main entrance. There is no taxi rank but staff will ring for a taxi if required whilst taking account of a patient's mobility. Transport needs will generally have been picked up at the pre-operative interview stage so appropriate support should have been anticipated and made available on discharge.

- 3.36 Despite some unavoidable delays in discharge, the area provides a pleasant atmosphere and is preferable to waiting in a Ward.
- 3.37 A designated Discharge Team has been operational for the past 18 months and works to design care packages with social services, physiotherapists and other health and social care providers. There are two occupational therapists at the centre and a business case has been made for a third OT. Therapists will liaise with NHS Liverpool Community Health (or equivalents in other areas) around the provision of appropriate support but equipment tends to be more available in some areas than others.
- 3.38 Equipment will be ordered immediately following assessment but there can be a delay in receiving it and this is a weak link which needs addressing at a strategic level.
- 3.39 Staff reiterated (as noted earlier in the visit) the availability of a discharge advice line, details of which are provided to all patients, and that follow-up calls are made to all nurse led discharged patients 24-48 hours after discharge Ideally staff would like to ring all patients but work is being undertaken in relation to this at present in the trust. It was also noted that GPs would sometimes call the advice line for information or in cases where faxes or information have gone missing.
- 3.40 Care is taken to talk to patients about how they can expect to feel following discharge e.g. on Day 1, Day 2, Day 3 etc and to address common causes of concern or queries. This is one way in which unnecessary re-admissions within 30 days can be avoided.
- 3.41 In relation to re-admission, referrals can come from a range of sources including patients themselves, GPs, district nurses or A&E departments. Patients will sometimes want to know whether the advice they have received from GPs or community health services is correct and may simply require reassurance. With this in mind Trust staff, including consultants, have provided training to GPs, District Nurses and others.
- 3.42 GPs also link into Cardiac Rehabilitation Services where Phase 1 of rehab takes place within the hospital and Phases 2 and 3 are community-based. Rehab is always tailored to specific needs and focuses on psychological as well as physical benefits.
- 3.43 The area includes a TV and access to snacks and refreshments. More substantial hot meals can be obtained from Wards if necessary.
- 3.44 Whilst in this area LINK members took the opportunity to speak to patients who were waiting to be discharged.

Ward E

- 3.45 A tour of Ward E took place in the Ward's 3 bays and day room which had recently been re-decorated and provided facilities including a TV. Shower and toilet facilities were good and appeared to be clean and the ward was roomy, light and airy with health promotion information displayed on the walls.
- 3.46 On the Ward, LINK members spoke to a Community Care Assessor, Claire Kirby, from the Social Work Department who explained that she and her colleagues will, for example, organise shoppers to get food in for patients on discharge and will also get involved in the organisation of end of life care.
- 3.47 A Physiotherapist, Rachel Graves, explained her job including work to pre-empt issues and plan ahead so that patients are either able to go home or into intermediate care when doctors say they're ready. A separate team deal with Cardiac Rehabilitation and will refer to local services (as noted above). The LINK visitors were impressed generally with the amount of discharge planning being undertaken by staff at all levels and in all disciplines, including the way in which liaison with Social Services takes place to avoid delayed discharge wherever possible.
- 3.48 The Ward Pharmacist, Madeleine Whelan, explained that the Pharmacy Service also provides services to Kent Lodge (part of NHS Liverpool Community Care) and also dispenses for the Royal and Broadgreen and Marie Curie services. Staff conducting drug-rounds wear bibs to minimise the chances of being interrupted or distracted (as also seen by LINK members on previous visits to view services provided by other Trusts at Broadgreen and Kent Lodge).
- 3.49 Drug supplies are audited and records are kept of what is destroyed.
- 3.50 Electronic prescribing has now been introduced on Ward A as part of a pilot scheme and was due to 'go live' on the Catheter Labs the following week with the hope that it could be rolled out more widely over time. This system allows doctors to prescribe via a computer screen on the ward which is then sent straight to the pharmacy and took nearly a year to 'file build' a list of all drugs and doses.

Catering Services

- 3.51 Catering services at the Trust are provided by Medirest and were described by Sharon Hindley, Support Services Manager, Liz Devine Catering Manger and staff. Patients' orders for lunch and evening meals are made before 11.00 a.m. and the food is brought from Whiston by van

- and heated up on wards according to strict guidelines about temperature and each dish is tested with a thermometer prior to serving. Cookers use a valve system to steam food rather than microwave it. Produce is locally grown and sources and Trust staff have inspected all facilities and the manufacturing area.
- 3.52 All potential options were covered during the tender process and Medirest were selected based on the specific requirements of Heart and Chest patients regarding the nutritional benefits supplied by the Medirest approach to menu design. The contract also takes account of the cost of carbon footprint management and reduces waste by being able to provide the food required when required.
- 3.53 The menu provides 22 choices and work is ongoing to develop more choices for specialist diets although it is already possible to cater for any diet and staff will work with patients by asking questions including 'what would you normally eat at home?' in order to produce nutritious meals from available ingredients. There is a chef on site who is able to provide this service.
- 3.54 The dietician, Ruth Johnson, explained that what is normally considered 'healthy' eating for normal purposes may not be appropriate when hospital patients require different levels of calories and protein to make a full recovery and may have a loss of appetite which needs need building up with higher calorific intake than normal.
- 3.55 Patients are given an information booklet on admission which explains why the usual healthy eating messages may be turned on their head during their time in hospital in order to reduce their stay. Nonetheless, a range of traditional healthy eating options are also available.
- 3.56 Pureed meals are available for people who have difficulty swallowing e.g. those with neurological injuries.
- 3.57 Catering costs approximately £4.00 per day per patient and when Medirest took on the contract staff were TUPEd over and are on the same pay and conditions as NHS staff.

4.0 Are patient needs/preferences being met?

4.1 LINK authorised representatives were offered the opportunity to speak to patients during the visit.

4.2 Comments from patients were uniformly positive about the quality of care they were receiving and the information they were receiving from staff. Comments included:

“The hospital and staff are excellent.”

“I’ve received an excellent service here and haven’t had to wait for anything.”

“The facilities are excellent – nice and spacey. I had my operation yesterday and the first ward I was in was not so good but it’s excellent here. There’s a good selection of food – sandwiches or soup for lunch and hot meals in the evening, you order both at the same time. The toilets are clean. The only problem is parking and the fact that they charge for disabled parking.”

“I’m in for a lung biopsy. The staff are very good and you get good attention from them – there’s a good ratio of staff per patient and you can’t ask for more than that. If I had a problem I know I could go to the PALS service.”

“If someone’s in the toilet and has a problem, they ring the bell and the staff are straight to them.”

“It’s super. Highly organised – I’m pretty impressed. The food’s very good, especially the soup! It’s a super ward. The level of cleanliness is good and it’s lovely and bright.”

“It’s very smooth running. The sisters are very hands-on and seem to know the patients and what’s happening. I think they’re great and they’ve got a good standard. You feel confident in them, I’m impressed.”

4.3 With regard to the Trust obtaining patient feedback, there are comments boxes on wards and elsewhere on the premises and comments are collected monthly. A note is made of both positive and negative comments and quarterly reports detailing comments, customer care contacts and complaints are compiled by Lisa Gurrell. These reports go to the Patient Experience Committee, the Managers of the areas concerned and Ward Managers and feedback on actions taken is provided within 14 days. Easy Read comment forms are also available.

- 4.4 The Trust has a zero tolerance policy in relation to MRSA and has had just one case (in October 2009), since February 2008. LINK visitors were pleased to note that hand-hygiene and indeed hygiene more generally were prioritised so highly. Hand hygiene was clearly observed and it was noted that the Trust employs its own cleaning staff directly rather than using a contractor.
- 4.5 LINK members had a chance to look at the Touch Screen Navigators which helped patients to find their way around the hospital site. These had been designed with input from patients themselves.
- 4.6 On the basis of the number of patients to whom it was possible to speak in the available time it would appear that patient needs are largely being met very well and that staff are thought to be doing an excellent job despite pressures on their time.

5.0 Recommendations

- 5.1 Based on the evidence gathered in the course of the visit, Liverpool LINK makes the following recommendations.
 - I. There appears to be a need to share information more effectively around the availability of equipment and community-based support when planning care packages for patients due to be discharged. Liverpool LINK would welcome any further information on what measures are being taken to improve services for patients in this respect.
 - II. LINK members support the Trust's vision for patient experience and commend the efforts that have already been made to put the vision into practice. The introduction of a contact nurse to provide a point of contact for information and support throughout a patient's journey will be particularly welcome as would any plans to ensure that all patients receive a follow-up call 24 hours after discharge.
 - III. Liverpool LINK will consider discussions with NW Ambulance Trust regarding discharge delays at Liverpool Heart and Chest and other local Trusts.
 - IV. In respect of accessibility issues it would be useful if all TVs could have subtitles and offer audio description (where available) – any similar adaptations to help those with physical or sensory impairments to utilise Touch Screen Navigators to best effect would also be welcomed.
 - V. Finally, Liverpool LINK would like to conduct a further visit in the next few months with a particular focus on the Trust's quality priorities for 2010/11

in order to provide informed knowledge prior to making a LINK commentary on next year's Quality Accounts.

6.0 Contact:

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