



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



**‘ENTER AND VIEW’ VISIT**

**THE WALTON CENTRE NHS FOUNDATION TRUST**

**23<sup>rd</sup> March 2011**

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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 The visit to the Walton Centre was arranged with a view to providing Liverpool LINK Core Group members with an introduction to the structure and functions of the Trust and a chance to meet key staff with a view to arranging further visits in the future – particularly in relation to the Trust's Quality Priorities. The visit built on the positive work achieved by Pat Brand (Liverpool LINK Ambassador to The Walton Centre) in her regular contact with Trust staff, particularly Karen Dawber (the former Director of Nursing and Modernisation).

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

- Dorcas Akeju OBE (Liverpool LINK Core Group Member)
- Jacqui Jones (Liverpool LINK Core Group Member)
- Pat Brand (Liverpool LINK Ambassador to The Walton Centre)

They were accompanied by Claire Stevens and Laura Yallop from the Liverpool LINK Support Team.

The LINK visitors were welcomed by Lisa Grant (Acting Director of Nursing and Governance) and Ken Hoskisson (Chair) before being taken on a tour of the Centre by Matron Phil Kane.

- 2.5 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 Walton Centre staff for their willingness to take part in the exercise and for being so generous with their time and input.

### **3.0 Evidence from visit**

- 3.1 The LINK group were taken on a tour which focused on Caton Ward, the Outpatient Unit and the Critical Care Unit but questions about all aspects of the Centre's work were addressed throughout the visit, as set out below.
- 3.2 The Centre has 158 beds including five main wards, all of which are mixed use for both neurology and neurosurgery patients although they are split into single-sex bays, there is also a Neuro Rehabilitation Unit which has 20 beds.
- 3.3 The newest and smallest ward is Lipton which has allowed the Critical Care Unit to expand by 15 beds in the past year (almost doubling capacity) and is used as a 'cohort ward' for patients with MRSA. The other four wards consist of four main bays each in addition to side rooms.
- 3.4 There is also a day ward (Jefferson) which has capacity for 16 patients receiving day treatments.
- 3.5 A corridor now also links the main Walton site to the new Radiotherapy Centre which is a collaboration between the Walton Centre and Clatterbridge Centre for Oncology and allows Liverpool patients to access radiotherapy without having to travel to the Wirral or Sheffield as was previously the case.
- 3.6 Instances of MRSA and C. Difficile have been reducing significantly. It can be noted that there was a fall in the number of C. Difficile cases from 14 in 2009/10 to 9 in 2010/11. In 2009/10 the Trust had a total of 2 cases of MRSA bacteraemia cases, which was a 60% improvement on the previous year. In 2010/11 the trust had 2 cases of MRSA bacteraemia. The improvements have been following the introduction of small changes in practice in sterile / aseptic techniques which have had a big impact. Training in wound management has also had an impact as has a focus on catheter use in relation to one of the Trust's CQUINS.<sup>1</sup>

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<sup>1</sup> CQUINS are targets set under the NHS Commissioning for Quality and Innovation framework by which service commissioners are able to link a proportion of providers' income to the achievement of agreed quality goals.

- 3.7 All wards produce monthly Balanced Scorecards which measure performance against a set of agreed indicators and all have Quality Boards on which monthly information about, for example, infection rates, privacy and dignity and patient survey results are displayed.
- 3.8 The reception area had been completely refurbished over the weeks prior to the LINK visit and provided a welcoming, light and airy introduction to the Centre for visitors and outpatients.
- 3.9 The PALS service has been combined with the Complaints service and now operates as the Customer Care Team – which also includes the Meet and Greet staff at Reception. Since this merging of functions complaints have been reduced by 27%.

**a) Caton Ward**

- 3.10 Caton Ward has 25 beds with toilet facilities / shower rooms by each bay. Patient care is controlled from a nurses station at the centre of the ward.
- 3.11 As on all wards, patients and visitors are greeted with a range of information about the Centre and about quality performance. The Quality Board covers Patient Safety, Infection Control, Patient Experience and Privacy and Dignity. At the time of the LINK visit the board showed patient feedback saying ‘Staff fantastic’ and ‘Brilliant ward/very friendly’. ‘Thank You’ cards were also on prominent display.
- 3.12 Statistics displayed also showed that, during February, 96% of patients had rated their stay as ‘excellent’ or ‘good’ and 0% had rated it as ‘poor’.
- 3.13 A movement-activated hand gel dispenser was located at the entrance to the ward and reminded passers to observe hand hygiene procedures.
- 3.14 The ward also had an Emergency Box on display containing equipment such as pocket masks, airways, re-breathers, oxygen nipples and respi-flow connectors.
- 3.15 The staffing numbers per shift are usually set at 4 trained nurses and 2 Healthcare Assistants but staff try to be governed by patients’ level of dependency rather than by set rules. Three trained staff cover night duty assisted by two auxiliaries. Each ward is overseen by a Co-ordinator.
- 3.16 When new nurses have spent a year on the ward they will undergo a specialist neuro course and then go on to undertake mentorship training. The Centre is looking at introducing 12 week student placements, rather than 4 or 5 weeks at present, to allow for greater exposure to the

- specialist skills required for neurological nursing – skills which it would be difficult to learn in other settings.
- 3.17 The wards have all gone through the Productive Ward procedure meaning that all ward processes have been examined and improved by staff thus successfully releasing more time for staff to spend on direct patient care.
  - 3.18 There is a designated notice board containing discharge information and the LINK visitors were assured that all information could be provided in translated form if requested.
  - 3.19 Patients with learning disabilities or other communication difficulties have access to Communications Booklets which they can keep with them throughout their stay and which allow them to point at a comprehensive range of photographs or illustrations to convey their meaning or indicate preferences. Staff will also keep patient diaries for patients who have difficulty communicating or responding. These record crucial information for families / carers and staff.
  - 3.20 Each ward has a Dignity Champion and support for vulnerable patients is co-ordinated by Graeme Mitchell (Matron). The Trust's Dignity Charter is displayed on the ward and covers the five values which make up The Walton Way - dignity, respect, openness, caring and pride.
  - 3.21 The LINK visitors were assured that if anything sensitive had to be discussed with a patient they would be brought out of their bay to ensure privacy.
  - 3.22 Like all wards at Walton, Caton has protected visiting times and meal times. Every patient has access to a 'pay as you go' TV and phone by their bed.
  - 3.23 Catering has recently been contracted out to ISS Mediclean who provide a comprehensive menu offering a range of options for most diets including vegetarian, halal, kosher and African-Caribbean. Other special diets can be catered for in consultation with patients/families/carers.
  - 3.24 Hostesses take the menu round the ward every morning for patients to make their selection and pre-prepared meals are then delivered to the ward where they are heated in i-wave machines.
  - 3.25 A 'red tray' policy operates so that staff can identify patients who need assistance with eating and the Trust uses the Malnutrition Universal Standards Screening Tool to ensure that instances of malnutrition never occur within the Centre.

- 3.26 Patient satisfaction with food has increased significantly since ISS has been the contractor. Patient surveys that have been collated show a vast improvement in the comments received that especially relate to choice and taste of the food presented.

#### **b) Outpatients Department**

- 3.27 The Outpatients waiting area is spacious and covers a variety of clinics which are run on a daily basis. Free Internet access is available to all patients while they wait to be seen and notice boards for each clinic display relevant information, including waiting times where clinics are running late for any reason. The area was fairly full on the day of the LINK visit and there did not appear to be much movement although this may have been a temporary situation.
- 3.28 A Quality Board is again prominently displayed and, at the time of the visit, showed that 4,735 patients had been seen in February and also noted that 460 patients did not attend their appointments which had resulted in 45 lost hours of staff time – time in which other patients could potentially have been seen. The Trust is currently trialing a scheme to text or phone patients to remind them of their appointments.
- 3.29 The Quality Board also showed that 100% of staff passed February's Hand Hygiene Audit.
- 3.30 Information about the PALS/Customer Care service is displayed on a TV screen in the area.
- 3.31 In response to a question about referrals to and from the Centre it was explained that if patients were referred by GPs but were found to have no neurological conditions they would be referred back to their GP with scan results. Ideally, GPs should order initial tests and refer if appropriate and clinicians at Walton should look at scans / tests before a patient attends Outpatients.

#### **c) Critical Care**

- 3.32 This Unit cares for post-operative and trauma patients and comprises an old facility of eight beds in a bay and new facility of eight beds in individual side rooms. The older part of the Unit is mixed sex because of the nature of the work but the side rooms allow for a degree of single sex segregation.
- 3.33 Two of the side rooms also have 'gowning rooms' for the purposes of infection control and all care in the Unit is one-to-one.

- 3.34 Patient details on boards are colour-coded to indicate levels of care e.g. yellow = 'Level 2 Care' and red = 'Infected'.
- 3.35 The Centre does not provide accommodation for visitors but will provide a list of local accommodation for those who require it. The Unit has three Visitor's Rooms and kitchen facilities where food and drink can be prepared.
- 3.36 Visitor's accommodation was provided when the Centre had a designated Children's Ward but now Walton has two consultants who work closely with Alder Hey and so children will not generally have to be treated at the Walton site.

#### **4.0 Quality, Patient Experience and Engagement**

- 4.1 Following their tour of the Centre, the LINK group met with Lisa Grant to discuss the Walton Centre's approach to Quality and Patient Experience. Lisa had just had an article on this subject published in *Nursing Times*, which she was congratulated on by the group.<sup>2</sup>
- 4.2 Lisa's role is to feed information 'from ward to board' using a variety of methods. She talked the group through an example of a Balanced Score Card, which works using the 'traffic light' approach. This showed that all CQUINS were currently green. An Action Plan was under development to turn any reds and ambers which may occur to green within the next six months.
- 4.3 Lisa also works closely with Matrons to monitor wards and encourages them to challenge practice on an ongoing basis and look for ways to improve – in line with the Productive Ward model. She plans to introduce some sort of ward accreditation programme (for example bronze, silver and gold rankings) in the coming months.
- 4.4 Lisa has also begun to work closely with Gail Naylor, her opposite number at Liverpool Women's Hospital, to share good practice and quality indicators and to encourage staff from both Trusts to visit each other and share learning and ideas.
- 4.5 The Centre has also recently won an award for its Dignity Champions.
- 4.6 Lisa tabled a draft copy of the Trust's Quality Accounts for 2010 which was due to be ratified by the Board and would then be formally shared with Liverpool LINK for commentary.

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<sup>2</sup> Grant, L. (Feb 2011) Measuring Quality: how to empower staff to take control *Nursing Times*, Vol. 107 .No. 7 pp 22-25, 22 Feb 2011

- 4.7 Amongst the many indicators, data showed that prescription errors had been reduced from 77 (2009) to 28 (2010) and that administration errors had been reduced from 131 (2009) to 42 (2010).
- 4.8 There had been 9 cases of C. Diff against a projected trajectory of 14 for the financial year – a particularly positive outcome given that the number of beds at the Centre increased during this period.
- 4.9 Venous Thromboembolism (VTE) risk assessments had been completed for between 85% and 90% of patients during the year and the figure for February 2011 had reached 100%.
- 4.10 Looking forward to the coming year there was a discussion of the Trust's quality priorities under the headings of Safety, Effectiveness and Experience. These will include a focus on the Safety Express programme (e.g. reducing falls and infection control), patient reported outcome measures (PROMS) which involves measuring quality from the patient perspective, the discharge process and nutrition.
- 4.11 A Patient Experience Strategy had been drafted for presentation to the Trust Board and would be shared with Liverpool LINK once adopted. It was anticipated that the strategy would consist of 5 campaigns, all of which are strongly supported by the LINK:
1. Communication and first impressions
  2. Information on your stay and aftercare
  3. Dignity in Care
  4. End of Life Care
  5. Happy, healthy and well motivated staff translates positively into the patient experience
- 4.12 Patient experiences and views are also gathered through the Patient Voice Group (which works with the Customer Care Team and meets with the Trust's Dignity Champions). Patients and the public are also involved on the Board of Trustees, as volunteers (roles often taken up by former patients), the League of Friends and in other ways such as art competitions.
- 4.13 One hundred and fifty patients complete surveys every month and there are quarterly surveys involving fifty discharged patients.
- 4.14 Customer Care reports are fed back quarterly to each of the Trust's Divisions and a summary is also included in the Annual Report. Customer Care training is also available to staff.

4.15 Discharge is an ongoing issue for all Trusts and bed occupancy is monitored on a daily basis. At the time of the visit the Centre had four available beds.

## **5.0 Human Resources, Equality and Diversity**

5.1 The final part of the LINK visit involved a meeting with Amanda Oates (Director of Human Resources).

5.2 Amanda informed the group that the Trust has a Single Equalities Scheme (SES) and Action Plan which are available for LINK members who wish to read them. The Action Plan is linked to Care Quality Commission (CQC) outcomes and the Equality Performance Improvement Toolkit (EPIT).

5.3 EPIT has to be submitted to the commissioning PCT (Sefton) on an annual basis and a report was due to go to the Board after which the Single Equalities Scheme and Action Plan were due to be reviewed. It is envisaged that a Customer Care module will be included in the next revision of the SES.

5.4 Improvements have been made around caring for patients with Learning Disabilities, Dignity Champions and Staff Needs.

5.5 A training needs analysis has been conducted for staff and the issues identified are being, or will be, addressed. These include, for example, End of Life Care for people from different faith groups and the development of a Cultural Awareness Handbook which addresses such issues as sensitivities around language use (for instance when it is appropriate to use words such as 'black' or 'gay' and more general equality and diversity awareness training (e.g. trans people).

5.6 Equality and Diversity is covered as part of the induction process for new staff and some training is provided 'in house' whilst other topics are bought in from specialist external trainers (e.g. working with deaf patients). A current 'gap' is the needs of transgender patients and this is currently being addressed.

5.7 Equality and Diversity sits within the Human Resources (HR) Directorate and does not have a specific designated officer although this will be reviewed as part of the Action Plan. Partly this situation is because the Trust has fewer than 1,000 staff and is relatively small compared to other Trusts. Nevertheless, the Centre works as closely as possible with other Trusts to look at their practice and learn from / share best practice.

5.8 All policies (for example, 'On-Call Provision') are impact assessed by their authors but, in response to concerns that this may 'miss' potential

problems, it was explained that all managers are trained in impact assessment using the Department of Health Tool and an external consultant may also be used to scrutinise policies. The Department of Health tool has been adapted to use internally for the organisation.

- 5.9 Equality and Diversity issues are taken seriously in procurement procedures and tender documents and workforce monitoring shows that approximately 9% of the Centre's staff come from Black and Racial Minority (BRM) backgrounds and that some have been recruited overseas, however, the IT infrastructure does not always lend itself well to capturing ethnicity data.
- 5.10 Grievances, disciplinaries and bullying and harassment issues are all monitored for equality and diversity elements (e.g. ethnicity). For instance there were some concerns expressed last year that race might be an issue in respect of promotion opportunities and this perception has been addressed as a matter of concern.
- 5.11 Staff are given training in negative, stabilising and accelerating behaviours. Although the Trust does not operate a staff Buddy system it does train some staff as mediators. Board members have also received Equality and Diversity Training and have been impact assessed.
- 5.12 Human Resource policies are constantly monitored to reflect changing legislation (e.g. breast feeding and immigration) and staff have been involved in the Open Mind campaign around mental health.
- 5.13 Staff surveys (e.g. via Survey Monkey) have shown an improvement in wellbeing over the past 18 months and this has coincided with an improvement in visibility and communication from Executive Directors, according to annual staff surveys. Staff sickness is down from 7% to 3.23% over the past 12 months.
- 5.14 Staff Summits are held regularly and, amongst other things, help to identify savings. As a result of such consultations staff have been told that there will be no compulsory redundancies this year.
- 5.15 Staff have access to Continuing Professional Development training via the Training and Development Department.
- 5.16 The number of staff being given regular appraisals has risen from 40% to 72% in 18 months and the next step is to look at the quality of the appraisal process. Managers Resilience Training has been introduced as have Coaching Skills – which impacts not only on staff relationships but also on patient care. Learning Contracts have been introduced for staff

who attend training courses so that learning can be shared with colleagues.

- 5.17 Violence and aggression from patients can be a concern and although conflict resolution training has been offered staff are still not satisfied that they are confident in such situations. The Trust is therefore considering commissioning Break Away Training and is looking into a number of options available.

## **6.0 Conclusion: are patient needs/preferences being met?**

- 6.1 Given the evidence available on the day of the visit the LINK visitors were satisfied that patient needs are largely being met very well and that serious efforts are being made to address any complaints or problems with quality of care and to cater for equality and diversity issues. It was not possible to speak to patients directly.
- 6.2 It was also felt that there has been a concerted effort made over the past 12-18 months to address staff concerns and to work closely with staff on issues of wellbeing and safety. This will have a positive impact on patient care.

## **7.0 Recommendations**

- 7.1 Based on the evidence gathered in the course of the visit, Liverpool LINK makes the following recommendations.
- I. In respect of Trust policy, it may be useful to convene a Scrutiny Group to assist with policy impact assessment. Liverpool LINK has an Equality and Diversity Group whose members would welcome the opportunity to comment on documents such as the Single Equalities Strategy wherever this would be helpful.
  - II. With regard to staff support mechanisms, it may be helpful to consider the creation of staff Buddy System and to explore the possibility of staff becoming involved, as appropriate, with BME and LGBT groups which operate in other local Trusts, for instance *Liverpool NHS Black and Minority Ethnic (BME) Staff Network* and *Pride in Health: Liverpool Lesbian, Gay, Bisexual and Transgender (LGB&T) NHS Staff Network*.
  - III. Liverpool LINK has recently been working with Sefton and Knowsley LINKs, Liverpool PCT and NHS Sefton to look at best practice around patient pathways at the time of discharge from acute care to community based services and would welcome opportunities to continue assisting in the sharing and development of good practice in this regard with the Walton Centre and all other local NHS Trusts. Liverpool LINK has

recently been working with Sefton and Knowsley LINKs, Liverpool PCT and NHS Sefton to look at best practice around patient pathways at the time of discharge from acute care to community based services and would welcome opportunities to continue assisting in the sharing and development of good practice in this regard with the Walton Centre and all other local NHS Trusts. One way forward would be to involve Liverpool LINK's Ambassador to The Walton Centre (Pat Brand) in liaison meetings to share best practice around the roles of discharge nurses, social workers, intermediate care providers and health and social care commissioners. Liverpool LINK is particularly interested in the discharge planning process (starting pre-admission wherever possible), any steps that can be taken to reduce both the average length of stay and the number of re-admissions and ensuring that staff understand the range of services available in the community and how to assist patients to access funding for out of hospital care including palliative / terminal care.

- IV. Liverpool LINK members – including our Health and Social Care Ambassadors (HASCAs) Team in particular – would welcome the chance to work more closely with the Trust in conducting and monitoring Patient Surveys, not only would this help to increase public involvement but it would provide the LINK with robust evidence for inclusion in future Quality Accounts commentary.

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