



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



‘ENTER AND VIEW’ VISIT

LIVERPOOL WOMEN’S NHS FOUNDATION TRUST

16th November 2010

Hosted by

Liverpool Charity and Voluntary Services

Helping you make a difference



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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 Liverpool Women's Hospital was arranged following discussions between Rev Maria Renate (Liverpool LINK's Ambassador to the Trust) and Gail Naylor (Director of Nursing, Midwifery and Patient Experience) and was envisaged as providing 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.

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

- Rev Maria Renate
- Jo Harrison-Smith
- Jacqui Jones

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

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 Liverpool Women's NHS Trust 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 During the course of their visit the authorised LINK representatives met with Katherine Thomson (Chief Executive), Gail Naylor (Director of Nursing, Midwifery and Patient Experience), Gillian Walker (Matron), Anne Bridson (Productive Ward Lead), Gill Houghton (Matron), Barbara Kane, (Governor) Cathy O’Keefe, (Staff Governor) Jane Mutch, (Matron) Sheila Lloyd, (Head of Clinical Effectiveness) Caroline Bromley, (Team Leader) and Eleanor Walker (Infection Control Project Nurse, Neonatal Unit).

Quality Standards and Patient Experience

- 3.2 Katherine Thomson welcomed the LINK visitors to the hospital and stated that she welcomed the opportunity for people to see the organisation through fresh eyes and to ask questions that may not be obvious to Trust staff. She added that, although feedback about the Trust was generally good, she and her team were never complacent and were constantly working to improve patient experience. This involved training and support for staff and a commitment to provide a consistent quality service at any time of day or night. It also involved looking at a range of ways to pro-actively capture patient experience – not just by filling cards in.
- 3.3 Public Governors were also working very closely on patient experience and senior clinical leadership was being strengthened with a particular focus on Quality Account priorities. Senior managers, including the Chief Executive, were very much a visible presence in the hospital and believed in leading by example. Strategic goals are only useful and worthwhile if they are backed up by action.
- 3.4 Other team members backed these views up by adding that lay people will ask questions that professionals don’t ask and Public Governors are key as are Staff Governors whose role is to represent members’ views to staff and governors’ views to the membership.
- 3.5 The Trust takes opportunities whenever possible to learn and share. For instance, staff throughout the Trust are learning lessons from the gynaecology/cancer centre on how to break bad news and how to keep language simple. MacMillan nurses have valuable lessons to teach in terms of helping every patient feel cared for through non-verbal communication, hand-holding, making cups of tea and giving staff (including Health Care Assistants) ‘permission’ to take time with patients.
- 3.6 Staff and governors require dual communication skills – both ‘clinical’ and ‘public’ – and communication training is something that happens in an ongoing way, ‘on the job’. Trust staff are encouraged to “See through the eyes of the patient” and this approach applies equally to cleaners,

- matrons, consultants and all members of the Trust team – since all staff contribute to the patient experience. For example, the Trust delivers over 8000 babies a year and while this is largely routine for staff it is important that the experience is made special for each individual mother and family.
- 3.7 Communications also take account of diversity issues and in particular work to be inclusive of people with learning disabilities, people whose first language is not English and people with hearing impairments. Work to be more inclusive of male family members and carers has involved making more male toilet facilities available.
 - 3.8 The Trust has a 'Patient Experience and Involvement Strategy' and Human Resources staff use DVDs showing examples of positive and negative experiences of Trust services when delivering induction and refresher training. Indeed, patients who have negative experiences are encouraged to contribute to the development of training and best practice, so that they can see how they are helping to improve services for others. LINK visitors also noted suggestion boxes and 'You Said, We Did' feedback information displayed throughout the hospital building.
 - 3.9 The Trust is moving towards recruitment based on organisational values and it is envisaged that this approach will evolve and be applied to staff appraisal systems.
 - 3.10 Staff experience is interlinked with patient experience and the Trust has a clear commitment to providing support for its staff both informally and formally through line management, Occupational Health and counselling support. The week of the LINK visit was Anti-Bullying Week and staff had designated staff had been appointed as confidential 'buddies' who could be approached via email as well as in person.
 - 3.11 Work is progressing to produce an Action Plan for people with Learning Disabilities and there is a dedicated midwife who works with this particular client group. The Trust welcomes the recent Care Quality Commission and Monitor focus on this area of work.
 - 3.12 Work on The Productive Ward programme has galvanised staff and a lot of effort is being put into introducing more efficient ward systems and processes to improve the patient experience, improve safety and free-up staff to spend more time on direct patient care, thus improving staff satisfaction levels.¹

¹ "Ward nurses spend an average of just 40 per cent of their time on direct patient care, according to the NHS Institute for Innovation and Improvement... The NHSIII's 'Releasing time for care: productive ward' programme can help wards improve their performance by empowering nurses and therapists to make changes to their physical environment and processes to cut out waste and put more time into direct patient care." Source: *Health Service Journal* (2008)

TOUR OF HOSPITAL

a) Reception and 'Front of House' facilities

3.13 The LINK visitors began their tour in the hospital's main entrance area where they were informed of plans to revamp the space to make it more welcoming, with improved signage and a permanent volunteer shop which would replace the current stalls which volunteers have to set up each day.

b) The Hewitt Centre for Reproductive Medicine

3.14 This Centre specialises in IVF treatment, fertility preservation, donor insemination (including for mixed-sex and same-sex couples) and is one of only two units in the country that provide a viral positive service for people who are HIV+ or have Hepatitis C. It also provides services for egg and embryo donation and egg sharing (where an individual's treatment can be part-funded by someone else in exchange for shared use of eggs). Some of these services can present political or ethical challenges and funding for this area of work is being cut nationally. Clinicians feel that infertility is often not given the same level of social or political support as other medical conditions – yet it can have huge psychological impact on those it affects.

3.15 The Centre has recently undergone a 2-year refurbishment programme and now has excellent premises and facilities which provide a modern, pleasant and friendly environment for patients. The Andrology department (specialising in male reproductive disorders) is now based within the unit which now also includes 3 scan rooms, 3 treatment rooms, improved laboratory space and increased privacy including individual rooms for patients, a quiet room and counselling rooms.

3.16 The unit was currently running a bespoke patient survey using touch screen terminals. Information about the survey was provided to all patients prior to starting treatment and individuals could answer the questions each time they attended the unit.

3.17 When a similar survey had been conducted in the Antenatal Clinic the feedback was generally positive but the ability of the Trust to design the questions meant that they were able to elicit useful information about issues they were already aware needed addressing. All patients are also given an audit form to complete following their treatment.

3.18 The lack of hand gel dispensers on the unit was due to the potential impact of alcohol on foetuses and was an exception within the hospital for

- this reason. It was noted, however, that Aseptic Non-Touch Technique (ANTT) was used by Centre staff to minimise any potential infections.
- 3.19 Productive Ward work in the unit has focussed on improving communication with patients, particularly around telephone contact. An audit of the telephone system in March showed that only 29% of patients could get through on their first attempt and some were taking as many as five attempts to get through. A triage system has therefore been introduced so that calls can be dealt with immediately or returned appropriately. This has resulted in over 80% of callers getting through at the first attempt and the number of complaints, which was not high, has dropped. Where a complaint is received the complainant is always offered a meeting to discuss and try to resolve the issue.
 - 3.20 Further improvements were introduced as a result of the Camper Van Experience in which patients could use a camper van parked outside the main hospital building to talk about their experiences.
 - 3.21 Although the Centre provides private treatment as well as NHS services it was stressed that standards of treatment are exactly the same for all.
 - 3.22 The LINK visitors were shown a treatment room and washing facilities, the nurses station and the sperm production room (which is used by men who have to travel from over an hour away although staff and patients tend to prefer samples to be produced at home wherever possible).
 - 3.23 It was not possible to see the new laboratories due to infection control procedures.
 - 3.24 All the facilities were clean, well-organised and comfortable and staff were looking at ways to make them more 'homely' by, for example, providing music in treatment rooms.
 - 3.25 Patients are given follow-up support in a number of ways depending on the nature of their treatment but will, for instance, have contact details for key staff, can drop-in to see a nurse or counsellor or will be pro-actively contacted by nurses or counselling staff.

c) Bedford Unit

- 3.26 This unit provides regional termination services – both surgical and medical – and owing to the sensitive nature of the service LINK visitors did not view the Unit but did have a chance to ask questions of staff.
- 3.27 They were told that the Unit is mainly nurse-led and provides single, en-suite facilities to patients. Family planning advice and support is also

offered (including contraceptive implants) as is community-based follow up.

- 3.28 The Trust is aware of the potential sensitivities of having this unit situated so close to the Fertility Centre but patients access the Unit via separate entrances at opposite ends of the building and should never cross-paths accidentally.
- 3.29 There has been a recent decline in referrals for terminations.

d) Gynaecology

- 3.30 The Gynaecology department has 5 operating theatres which run on Mondays – Fridays. An out-of-hours service is also available and a table is always kept on standby for emergency cases.
- 3.31 99% of patients walk to theatre and follow a ‘one way’ system from reception via theatre and recovery area where their own bed will be waiting and they are wheeled back to their ward.
- 3.32 The Rosemary Ward caters for day cases and staff are working with a new approach which means patients only use beds if they need to or would prefer to. This has had a positive impact on patient experience and sits well with a new chemotherapy service which will be provided by Clatterbridge Hospital on Wednesdays and Thursdays from 2011.
- 3.33 The Emergency Room has dealt with 21,000 emergencies in the past year, mostly related to pregnancy, and is used like a GP surgery.
- 3.34 The High Dependency Unit offers one-to-one care for oncology, gynaecology and emergency patients in single rooms and 6-bedded bays. 99% of patient information is held electronically but charts are still also kept at the end of every bed.
- 3.35 The award-winning Kings Fund Unit provides a purpose-built end-of-life suite/flat plus family room – including washing and cooking facilities. There are no plans at present to increase end-of-life provision at the Trust as patients tend to prefer funding to be focused on primary care and home-based palliative care.
- 3.36 As elsewhere in the hospital staff stressed the importance of risk management regarding infection control and health and safety.
- 3.37 A patient and her husband asked to speak to the LINK visitors about their experience of the hospital. They had travelled from the Isle of Man for treatment and had received “an outstanding service” from nursing and

auxiliary staff and had found the atmosphere to be “fabulous” with a lot of humour, laughter and friendliness. The care given both to the patient and her husband had been excellent and the patient’s husband had felt included and allowed to stay with his wife all day.

Patient Story

“We had the option to go private but we’d heard of the reputation of this place and have been very impressed by it. This is as good, if not better, than private. The staff are so professional. We flew over for the day for an initial consultation and we had plenty of opportunities to ask questions. A MacMillan Nurse came in to see us as soon as we’d seen the consultant. Staff understood my fear of needles and communication between staff is very impressive. You see them subtly checking up on each other in a supportive way and the handover between day and night staff is very good. Staff are always putting their heads round the door – checking in. The shop, the library service and the priest have all been very good too. The food’s great and alternative choices are available for people. I’m ready to go home today but I haven’t felt pushed out and we’ve been allowed to stay overnight tonight before my transfer. Planning for follow-up care has been very good and we’ll fly back next week for test results. I will receive Chemo on the island but I could also have chosen to have it here. I’ve been given contact names and numbers for staff if I need to talk to them and I was given an exercise sheet before my operation.”

e) Neonatal Unit

- 3.38 The focus of the visit to the Unit was, again, the Productive Ward work which is ongoing. The team are working in particular on organisation, hygiene, patient observations, patient status, staff handover and wellbeing and progress is displayed visually on the ward in the form of a collage of a train moving on a track between stations.
- 3.39 Some innovations on the ward include the development of a ‘grab and go’ bag containing essential equipment and paperwork required in emergency situations, the colour-coding and standardised labelling of all equipment in the store room and the reduction of waste items thrown away from cots when babies go home. This last initiative could save thousands of pounds and is part of a drive to recognise the amount of waste generated in the Unit. LINK visitors were shown photographs of piles of waste collected from empty cots and told how this evidence had galvanised staff into embracing changes in behaviour.
- 3.40 The Unit has 1,200 admissions a year and includes a range of facilities including three intensive care nurseries with 54 cots and a high dependency nursery. Parents’ accommodation is available and there is a breast feeding room and freezing and storage facilities for breast milk.

- There is also a very comfortable and welcoming counselling room / lounge.
- 3.41 Support and care is offered to new parents in a variety of ways – for instance a ‘Parents Information Meeting’ was advertised on the Unit and Community Midwives frequently worked in the hospital as well as providing support back out in the community – thus offering some continuity of care.
 - 3.42 In response to a question about security it was explained that on the Maternity ward babies are tagged and an alarm system is operational. In the Neonatal Unit the majority of babies are ‘wired up’ to machinery and would be difficult to take without alerting staff.
 - 3.43 The introduction of the post of Infection Control Project Nurse on the Unit was the direct result of working towards the Trust’s Quality Account priority ‘To investigate, monitor and reduce infection rates’. The role involves looking at infection control best practice nationally and regionally and working through a list of recommendations. Information on monthly infection rates is now shared regularly on the Unit via a noticeboard and newsletter and covers such issues as hand hygiene monitoring. Across the Trust the aim is to reduce infection rates by 25% over the next 24 months and quality care pathways are being developed for maternity and neo-natal services.
 - 3.44 A development programme for the unit is currently being planned.

f) Maternity Ward

- 3.45 Maternity services are also very actively engaged in the Productive Ward agenda and with information about the modules displayed on the ward. Interestingly, the ‘Direct Care Activity’ pie chart shows that 38% of staff time is currently spent on direct care. This is apparently one of the highest rates in the Trust with staff in the Emergency Room, for instance, spending closer to 10% of their time on direct care.
- 3.46 As the LINK visitors arrived staff had just been dealing with an emergency situation but still welcomed the visitors and provided a thorough tour of the facilities which include 67 beds in bays and 17 low dependency single rooms – fold-up beds are also available for partners and there are some self-catering facilities.
- 3.47 A number of beds were currently empty due to early discharge following childbirth. In some cases women were being discharged after only 2 hours. Midwives were also taking greater responsibility for leading on individual cases meaning that there was less need for medical staff. The

- trend is towards increasing the home birth rate where feasible but, where women are cared for on the ward, Midwives are based with the women – not at a desk elsewhere – and have access to computers on the ward itself.
- 3.48 Facilities have been designed to be as pleasant and ‘non-clinical’ as possible and a lot of thought has gone into the décor. Facilities include a visitor bathroom and baby changing area as well as patient bathrooms and wet room, which was designed with input from a wheelchair-using patient. Similarly, there is hands-free equipment in the kitchen and bathrooms for use by people with disabilities. Mothers whose babies are being cared for in the high dependency unit are able to see them via cameras. An aromatherapy service is available to mothers and is provided by a trained Midwife and staff are looking into the possibility of providing Internet access and televisions for patients. A new seating/lounge area is under development and will include a TV, CD player and sofas.
- 3.49 The menus have been designed with the assistance of top chef Simon Rimmer and include a main evening meal with lighter options for lunch. Daily menu order forms include space for patients to provide information about any dietary requirements they may have and also include a feedback questionnaire for the Catering staff.
- 3.50 The ward has regular ‘X Factor Nights’ and ‘Pizza Nights’ which are very popular with both patients and staff and provide a sense of inclusion and camaraderie.
- 3.51 It was clear to the LINK team that the staff on this ward were as passionate as elsewhere in the hospital and staff attributed this to motivational leadership and a shared commitment to providing a quality service to all patients. Indeed patients were encouraged to play a key role as advisors by sharing experiences – both good and bad. Staff are working towards developing a database of patients who are willing to act as advisors and help to improve services. Patients are also encouraged to provide peer support to other mothers in a variety of ways including in relation to breast-feeding and promoting skin contact between mothers and babies.
- 3.52 Staff also praised the commitment of volunteers who contribute in many ways to the running of the Trust – including by maintaining the gardens. The Trust is pro-active in encouraging volunteering and awards certificates for hours worked by volunteers. Staff are keen to work collaboratively with the community wherever possible to improve links between health and social care.

- 3.53 One example of this is the involvement of voluntary, community and faith groups in supporting patients who are refugees or asylum seekers. Indeed the Trust itself has a wealth of experience of working with women (and families) from a wide range of cultures, including those who have been through or are undergoing traumatic situations. Interpreters are used regularly, as is Language Line, and menus can be translated into a number of languages. Catering staff will provide culturally appropriate meals and chefs are pro-active and will talk to patients daily about their dietary requirements.
- 3.54 There are regular opportunities for on-the-ward teaching in respect of the care of vulnerable adults, child protection and adult protection; privacy and dignity are taken seriously and staff are aware of potential sensitivities regarding males on the ward. Staff also maintain a supply of toiletries and baby clothes for use by patients who may not have their own.
- 3.55 Support staff are seen as key members of the team in respect of picking up triggers about patients' support needs and the Trust is looking at providing them with additional opportunities for professional development including NVQ training.
- 3.56 All managers are encouraged to provide positive and constructive feedback to staff – thanks and praise for good work are seen as being very important to staff inclusion and morale.
- 3.56 The LINK members spoke to a new mother on the ward.

Patient Story

"I came into hospital on Thursday and the baby was induced on Saturday night – 3 days ago. This is a lovely room and I've been really well looked after. I couldn't have done it without these people (*the staff*)."

- 3.57 Births may be midwife-led or led by obstetricians in the delivery suite and there is an on-site Register Office for registering births – of which there are approximately 2,500 per year.
- 3.58 The LINK visitors were shown a delivery room which looked similar to a hotel room. Pictures on the walls hid gas and air equipment which could be accessed quickly if required. Various approaches to birth were offered – including in bed, in a birthing pool, a chair, or on the floor with the support of an exercise ball, in a variety of positions. The visitors also saw the birthing pool being prepared for an imminent birth and learned that more pools will soon become available with patients again being involved in planning the new spaces.

- 3.59 Staff provide active birth workshops in the community and women are encouraged to be as involved as possible in designing their birth plans and in stating their choices and preferences for birth and ante-natal care, including any cultural requirements.

g) Other questions

- 3.60 Staff were asked some questions in relation to current LINK work on local cancer screening and awareness services and received the response that the Trust provides a breast screening service and also has services available at Aintree Hospital and in Children's Centres.
- 3.61 Smears can be provided in a theatre setting for women who cannot access standard services – often for reasons of disability. Support and reassurance will always be provided and appropriate equipment, including hoists, is available for women who need them in order to be screened.

4.0 Conclusion: are patient needs/preferences being met?

- 4.1 Based on the evidence of the visit and the relatively limited number of patients it was possible to speak to, the LINK visitors would like to commend Liverpool Women's NHS Foundation Trust on its commitment to providing high quality services to patients and to its investment in its staff, including support staff and volunteers. The energy and enthusiasm of the staff and governors who spoke to the LINK members was remarked on by the whole group.
- 4.2 The leadership of the Chief Executive and the Director of Nursing, Midwifery and Patient Experience has clearly been beneficial in terms of staff morale, inclusively and commitment to team working and providing a positive experience for patients whatever their circumstances. The appointment of a new HR Director also appears to have been a positive move.
- 4.3 Public involvement is also good and the LINK members feel that there is potential for it to be developed further over time.
- 4.4 The tour provided an excellent introduction to some of the Trust's main services and it is hoped that further visits can concentrate on more in-depth discussions of individual services as appropriate to evolving LINK work plan priorities.
- 4.5 The whole visit was particularly impressive given that staff were also hosting a visit by Minister of State Simon Burns MP and a documentary crew filming for an upcoming television series on the same day.

5.0 Recommendations

5.1 Based on the evidence gathered in the course of the visit, Liverpool LINK makes the following recommendations.

- I. Liverpool LINK would welcome the opportunity to work with Trust staff to make Quality Accounts as accessible as possible and to continue to provide feedback via the LINK Ambassador.
- II. Liverpool LINK supports the Trust's wish to deliver a range of positive health and wellbeing messages within the hospital setting and would welcome the opportunity to become involved in this work as appropriate since it fits well within the LINK's commitment to improving care pathways and to preventing ill health by improving 'health literacy' wherever possible.
- III. Liverpool LINK would encourage the development of closer working relationships between the Trust and Social Care providers around hospital discharge and 'wrap around' community-based support, including for patients with learning disabilities. LINK members have identified a number of potential avenues for the development of links with care providers, commissioners and service users including Liverpool Welfare Organisations Committee (WOC) and the Learning Disabilities Making It Happen Health Sub-Group.
- IV. Liverpool LINK supports the Trust's recognition that improvements to hospital signage would make the building more 'user-friendly'. For instance it may be useful to explore the options of colour-coded signage on floors and walls / noticeboards and the possible introduction of electronic 'you are here' / 'how to get to...' terminals as used at the Broadgreen and Heart and Chest hospitals.

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