

Whittington Health Trust Board
24 July 2013

Title:		Feedback from Whittington Health's listening exercise					
Agenda item:		13/104		Paper		4	
Action requested:		For discussion					
Executive Summary:		<p>This paper outlines the results of the three-month listening exercise following the publication of the estates strategy in January and sums up the main themes from the feedback received.</p> <p>The listening exercise was conducted from March to May 2013. During the three month period, a range of activities were carried out to speak to stakeholders to capture their views. These included six public discussion meetings (attended by 170 people), 10 staff briefings, three open days in April and May (attended by 200 people) and many meetings by the Board with MPs, local authorities, the London Assembly, our commissioners and other interested parties.</p> <p>There was some support expressed for providing integrated care (better coordinated care) and moving services closer to home. Most of the feedback fell into broadly four categories:</p> <ul style="list-style-type: none"> • Concern over the sale of buildings which many felt the trust may need in the future, • The viability of moving more services closer to people's homes and whether the same high quality care and support would be available • The impact of ward closures/reduction in staff on the running of The Whittington Hospital both now and in the future. • Plans for the maternity service. 					
Summary of recommendations:		The report is presented for information for the Trust Board.					
Fit with WH strategy:		The listening exercise aligns with our strategic goal of "Ensure no decision about me without me".					
Reference to related / other documents:		The listening exercise follows the publication of the estates strategy in January 2013. A revised clinical strategy is being brought to the July Board meeting.					
Date paper completed:		17 th July 2013					
Author name and title:				Director name and title:		Caroline Thomsett Interim Director of Communications	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	n/a

Feedback from the listening exercise

1. Background

At Whittington Health's Trust Board in January 2013, an estates strategy was agreed outlining how the Trust would manage its estate over the next five years to deliver its clinical strategy.

The strategy included the sale of buildings, ward closures and the 'capping of births' which attracted intense media interest and challenge from a wide range of stakeholders.

Significant concerns were expressed, particularly by MPs, the public, pressure groups and other local stakeholder groups, about the proposed changes to Whittington Health's estates, workforce and services. The Trust subsequently agreed to put the proposals on pause while it carried out a three-month listening exercise. Once completed, it agreed to review the strategy and publish revised plans.

A three-month listening exercise was carried out between March and May 2013. This paper outlines the processes undertaken to engage with stakeholders and key themes of the feedback received.

2. Scope

As the estates strategy touched on a number of aspects including Whittington Health's buildings, services and staff, the scope of the listening exercise was wide to capture all concerns and opinions on the Trust's clinical strategy and future.

It comprised a programme of events and opportunities to hear people's views and explain the Trust's rationale behind the proposed changes.

3. The listening process

The Trust has a wide range of stakeholders and supporters including patients, carers, staff, MPs, other NHS organisations, local authorities, education providers, patients and community groups. The aim was to reach as many as possible, inform people of the rationale and seek feedback on the proposals.

During the three-month period, the following activities took place:

- six public discussion meetings were organised by Whittington Health at a variety of locations - these were attended by around 170 people
- Trust Board members attended two public meetings, one arranged by the Defend the Whittington Hospital Coalition in Archway, and one by Lynne Featherstone MP - these were attended by more than 600 people
- the Trust held a series of open days to provide tours around The Whittington Hospital and provide information on its future - the weekends attracted more than 200 people.
- Trust Board members had several meetings with key stakeholders including MPs (Lynne Featherstone, Jeremy Corbyn, David Lammy, Emily Thornberry, Frank Dobson and Glenda Jackson), London Assembly members, local authorities and

councillors

- Trust Board members attended overview and scrutiny meetings for the local councils including Camden, Islington, Haringey and North Central London
- Ten staff briefing sessions were held across Whittington Health sites. The chief executive and chairman also wrote to the Trust's 4,000 staff to ask for feedback. This activity was in addition to the usual internal communication including chief executive briefings and podcasts.
- Feedback flyers were distributed across the Trust's community health centres
- The Trust's deputy chairman attended a meeting of the Hornsey Pensioners Action Group
- The Trust's chairman was interviewed on BBC/ITV news throughout the listening exercise - this included an interview on 'talk and walk,' encouraging local people to tell their thoughts on the proposed strategy
- Social media channels were used to engage with our stakeholders. This included answering questions via social media (@Whithealth has 1500 followers) and live tweeting from events including public meetings.

Feedback was also received by post and emails (approximately 200).

4. Key themes

The feedback received broadly fell into four categories:

- Sale of trust owned buildings
- Moving care closer to home
- Reductions in staffing/closure of wards
- Plans for maternity services

Sale of trust owned buildings

On the issue of selling buildings, the majority of those who gave feedback expressed concerns at the prospect of NHS-owned land being sold-off to private developers. Many said that the Trust was being short-sighted and sought assurances that the hospital would not need more space in the future. Some offered alternative solutions to selling the buildings including offering the buildings on short-term leases. It was suggested that the Trust had a moral duty to make sure the buildings were used for social use which could mean accepting a lower price. Another area of concern raised was whether the Trust would have a say on who purchased the buildings, stressing the importance of retaining a degree of control on their use. Many asked what measures would be in place to ensure that the new owners would not cause problems for the Trust, for example noise and car pollution.

On the Nurses' Home, which currently has 67 tenants, many sought clarification on where the tenants would move to. Some criticised the plans, stating that staff may need to commute from other areas to get to work which could impact on staffing levels, especially during adverse weather. Many commented that the extra rent payable on the Trust's alternative site in Sussex Way may cause hardship. Some commented that details of the accommodation changes were not communicated effectively.

Moving care closer to home

Feedback was mixed with some support for integrated care (better coordinated care) and moving care closer to patients' homes.

Commissioners expressed support for the general direction. Hospital services would inevitably change in the future and they would support change when there was good clinical evidence, better services and improved outcomes for patients. They wanted assurances that decisions about cost improvements and investments were done with the patient at the heart, and that the consequences of any decision would not have a negative impact on quality or safety.

Many people who responded to the listening exercise expressed concern over the viability of integrated care as a model and believed extra resources would be needed for it to work. Concerns were raised about care being provided in people's homes and generally people wanted assurances on the support that would be available and the quality of care.

Many were worried about how the Trust's services linked with social care and asked about partnership working with local authorities. Some respondents related experiences of premature discharge and of strained funding for local authority social care that left people vulnerable alone at home.

Questions were asked about how the new model of care would cope with an aging and growing population and the impact of de-centralising services especially on older people. Some suggested care at home for long-term patients would need extra resources which would increase costs. Others spoke about the reduction of mental health beds and 'care in the community' which they felt had led to an inadequate level of care.

There were concerns that the nearest hospitals were several miles away, so there should be no attempt to downgrade services, reduce beds and force patients to travel further.

Others expressed support for the new model of care, but stressed that care closer to home must be delivered at a personal level, with sufficient professionally qualified staff to monitor care and patient needs.

Assurances were sought that the changes would not exacerbate health inequalities and hinder clinically-led decision making.

Among the responses received, some took issue with the Trust's perceived message that hospital's can harbour superbugs and care at home and in the community was safer for patients. They warned people could be discouraged from coming into hospital when they needed to.

Reductions in staffing/closure of wards

On staffing, many sought clarification on the numbers of redundancies, further detail and the areas that would be affected. Many were concerned that it would be impossible to provide the same level of care with fewer staff, especially since there were more people with complex health needs.

Questions were asked about how the Trust could improve and extend its services while at the same time plan to reduce the workforce by 570, whether the Trust had correctly built in a longer-term assessment of health needs for 10 and 20 years and not just five, whether the beds strategy was sufficiently resilient in case more beds were needed and had the Trust considered growth and future opportunities in the design of the overall plan.

A common question was around plans for district nurses. Many commented that the public need to know more about the structure, numbers of nurses and logistics of travelling across the areas to visit service users. There was confusion over the type of care provided by Whittington Health district nurses and social care workers coming into people's homes. Many stressed the importance of providing adequate training and development for staff in the new system of care.

Some commented that talk of redundancies had resulted in low staff morale, despite assurances that most reductions would be achieved by retiring staff and staff leaving as part of natural turnover. Some suggested that there should be an internal drive to change perceptions and improve morale.

Referring to the hospital's enhanced recovery programme, some feared that fast discharge would not be safe and The Whittington Hospital could not afford to lose hospital beds.

Many asked for what evidence the Trust had that integrated care and enhanced recovery led to better patient outcomes and asked who decided if a patient was better off staying in hospital or not, and whether patients would have a say in this process.

On ward closures, there were questions as to whether the Trust's expansion of ambulatory services would be set up in time and concern that existing services would not be replaced but lost. Others were worried that sick people would be 'fobbed off' with home care and that patients would be 'forced out of hospital' into inadequate accommodation.

Plans for maternity services

Many questioned the reference to 'capping births at 4,000' which was made in relation to the current environmental limitations. The area's growing population was raised by many. Some sought clarification on how the cap would work in practice and how the Trust would manage the increase in demand.

General comments

Some stakeholders accepted that changes could be necessary to sustain high quality care but wanted assurances they were clinically led, based on clinical evidence, the impact on health inequalities had been fully considered and the final decision took into account the views of the public.

Others stated that The Whittington Hospital was at the heart of the community and any reduction of maternity or health care services, with the loss of hundreds of nursing, medical and support staff jobs was unacceptable.

There were fears that cutting services would lead to additional costs elsewhere in the system or lead to cases becoming more complex with increasing waits for treatment.

Other areas of concern were the changing NHS landscape, the role of GPs and integrated care. Many asked for future plans to be communicated more clearly with greater transparency going forward.

5. Petition received and early day motion

On the 31 May, a 3,600 petition was presented to the Trust Board from Lynne Featherstone MP. This called on Whittington health to ensure that no hospital services were lost and no property sold, without first conducting proper public consultation and putting equal or better local replacement services in place.

Jeremy Corbyn, with the support of other Labour MPs, tabled an early day motion (EDM) in the House of Commons on 29 January 2013. It stated:

“That this House expresses its concern about the proposed sale of large portions of the Whittington Hospital site and the potential loss of staff and beds as part of an overall strategy announcement reported in the local media recently; notes the negative impact this is bound to have on employment and patient care in an area with increasing health needs and a rising population; deplores the complete lack of consultation with elected representatives, the public and hospital staff in the lead up to the announcement; acknowledges that the Whittington is a much loved, needed and well-used district general hospital; and calls on the Government to intervene to ensure there will be sufficient money available to maintain services in Camden, Haringey and Islington.”

The Trust's plans also featured in oral and written parliamentary questions.