

# Cancer & Innovation Event/ Annual Members' Meeting 2017

Wednesday 11th October 2017 6.00pm – 8.00pm

Farington Lodge Hotel,  
Stanifield Lane, Farington, Preston PR25 4QR

**NHS**  
Lancashire Teaching  
Hospitals  
NHS Foundation Trust



The annual members' meeting took place at Jubilee Suite, Farington Lodge Hotel, Stanifield Lane, Farington, Preston 6.00pm – 8.00pm.

123 delegates attended the event, this included foundation trust members, staff and governors.

Upon arrival members were given a delegate pack containing an agenda, question card, speaker biographies, a report from the Chair of the Council of Governors Membership Group, an annual review of the Trusts performance 2016-17 and an evaluation form.

Governor contact cards, copies of the Trust Annual Report and Accounts and Charitable Funds were also made available at the event.

Delegates were offered refreshments and able to meet and chat with governors and senior managers before visiting the eleven display stands which was themed around cancer and research services.

The formal part of the meeting consisted of an introduction from the Chairman and a summary of the annual reports and accounts from

2016/17 along with information about our future plans.

This was followed by a Q&A session where members were able to direct their questions to a panel of senior managers and two clinical presentations; Robotic Surgery and Electro Chemotherapy in Lancashire.

The event concluded with a further opportunity for members to visit the display stands, find out further information and chat with staff.

Excellent  
care with  
compassion

Trust Board

 @LancsHospitals

Questions taken from members of the public and responses given by the panel at the Annual Members Meeting 2017

In view of the recent increases in parking charges can you clarify if the car parking is run by the hospital trust or contracted out to a private company? Is it true that any profit generated by these charges goes solely to maintaining the parking facility and patient care?

*Response from Karen Partington, Chief Executive:*

*All the income from carparking charges funds management and maintenance of the carparks, and any surplus is reinvested in the hospitals. Lancashire Teaching Hospitals staff manage our carparks.*

Response time from GP 4 – 5 weeks wait for results.

*Response from Mark Pugh, Medical Director:*

*Most routine hospital based tests would be reported and typed up within one to two weeks and the results sent through to GPs thereafter. Most urgent scans are reported the same day and the results communicated directly to the clinician making the referral, particularly if there are significant findings.*

Is the Urology Department at Chorley Hospital in danger of closing now that Mr Matahelia has left and gone to Blackburn? Are any other departments at Chorley in danger of being privatised?

*Response from Mark Pugh, Medical Director:*

*The urology department operates across both Trust sites at Preston and Chorley. There is currently a full complement of Urology specialists in post and recruitment to vacant posts has not been a problem in the recent past.*

*We have no plans to privatise any service we currently provide.*

Winter approaches, the media talks of winter pressures, are our hospitals sufficiently staff to be able to cope and deliver quality care?

*Response from Suzanne Hargreaves, Operations Director:*

*We have plans in place to support the anticipated increased demand that we experience during the winter period. These plans focus on keeping people well at home; keeping them in hospital for the least amount of time as is possible and ensuring we plan to get them home safely as early as possible. Should the demands increase to a level where our staff resources cannot meet the required level of care – we have contingencies in place which see the cancellation of non-urgent elective activity and outpatients so we can re-direct these staff on caring for our emergency patients.*

The recent CQC report stated the trust requires improvement can the panel explain the strategy to improve this rating?

*Response from Gail Naylor, Nursing and Midwifery Director:*

*The CQC report following our inspection in September 2016 delivered a Requires Improvement rating overall for our Trust. In response to the CQC report we have developed a Quality Improvement Plan. The plan captures what is within our gift to deliver as well as the broader actions that the local health and social care economy needs to support us with and deliver. The plan is overseen by the Central Lancashire Quality Improvement Board and both the CQC and NHSI recognise we are making good progress.*

*In some areas that the CQC identified, we were already addressing the identified gaps. An example of this is staffing. We had undertaken a staffing review of Nursing and Midwifery before the CQC inspection and the Trust Board had already agreed to a significant investment in midwives and paediatric nurses.*

*We were delighted that we maintained our rating of Good for caring and this is an absolute reflection and testament to our staff.*

*Finally, we are one of eight Trusts participating in a national programme entitled Moving to Good which will further support the work we are doing.*

Are some patients discharged from hospital without enough help/backup provided, especially the elderly? Do some not accept that they can't manage?

*Response from Suzanne Hargreaves, Operations Director:*

*We do have a small proportion of our elderly patients who feel that they do not want to have any social care support, largely due to an inherent wish to remain independent. If those patients are deemed to have capacity then we must recognise and fulfil their wishes, so we do have some elderly patients who choose to be discharged without the benefit of a social care assessment or additional support. However, we do offer all of these patients the opportunity for Age UK (working with the discharge service (IDS)) to visit them at home. Sometimes our elderly patients accept this as they feel they are a charity rather than social services.*

*If we feel that there is a huge safety risk to them, and they continue to refuse support, we are legally not able to delay discharge as this would be "holding them against their will", however, we can and do a community referral to social services so that they can contact the individual once they are home. Some patients once discharge then decided to take-up the social care offer of assessment for need, some don't. We try every avenue we can to ensure our patients are safe, but balance this against choice and remaining independent.*

Are there any services provided in the hospital that would be better suited to the community?

*Response from Mark Pugh, Medical Director:*

*The answer to this is a categorical yes and is the focus of Our Health, Our Care program. Most of us would wholeheartedly accept that if the care we required could safely be provided in our home or as close to it as possible, then we would prefer that proposition than a visit or stay in hospital.*

*By working with our partners in health and social care locally we are looking to ensure that only patients who absolutely need the level of care that can be provided in a hospital setting are admitted to our hospital sites and that for everything other we provide joined up care in, or as close as possible, to the patients own home. This will mean that everyone needs to start thinking differently about where and how care is delivered with the current perception that you can only be treated in a hospital becoming the exception, not the rule. This will be better for patients and will allow us to use our collective resources in a far more efficient way than at present.*

What are the main changes in diabetic services? This was mentioned but no explanation given.

*Response from Suzanne Hargreaves, Operations Director:*

*We are working collaboratively with the GP's to deliver more of the service within the community.*

Why isn't there an up to date map of RPH on the website? Not only do we need a new map but funding needs to be put in place so that a map can be regularly updated – at least every six months. Please consider simplifying titles of clinics, easier for patients and visitors. Facilities are often moved and new ones introduced. It is vital that reception and information desk personnel are informed of these changes, it doesn't happen now.

*The hospital sites are reconfigured on a very regular basis as services adapt to changing patient needs and estates issues. We only update and reprint the maps once a year due to the high print costs of displaying a large number of maps in our buildings. However we will look into updating the online map more regularly.*