Wirral Community Health and Care NHS Foundation Trust

Annual Members Meeting – 18 November 2024

Questions from Members:

1. Being on the autistic spectrum, as a patient interacting with many different trusts and parts of the health service and having spoken with many others who are also neurodiverse, the reduced life expectancy of those on the autistic spectrum can be (in part) down to errors made in clinical care. Masking is an ongoing problem and as a result of clinical mistakes I have observed avoidable life risk incidents. This eventually leads to major problems. Over the past few years I have observed at many different clinical appointments neurodiverse patients too anxious to talk (selective mutism) or not understanding the verbal questions given by healthcare professionals. Considering Oliver McGowan training (or equivalent) is mandatory for staff due to a change in legislation and the relevant Code of Practice, what reassurance/s can you give me that patients here who are neurodiverse will:-

   (i) be treated by healthcare professionals who have received tier 1 and 2 of the Oliver McGowan training,
   (ii) that patients who have problems/communication needs won't face the double empathy problem, end up withdrawing from engagement with clinical professionals due to the problems it can cause?

   Response:

   Paula Simpson confirmed that the Trust followed national guidance in terms of implementing the Oliver McGowan training. 97.6% of staff had completed the tier 1 e-learning. The Trust had commissioned tier 2 training in partnership with Autism Together; the programmes of study had commenced and two cohorts of staff had completed the training so far.

   It was important to understand the concept of double empathy and the Trust would need to ensure that the training covered this so that staff understood the potential.

2. All NHS trusts have neurodiverse staff (whether diagnosed or undiagnosed). When this Trust is deciding on reasonable adjustments for such staff (preferably before they start) is any distinction made between those who are diagnosed, those going through the diagnosis process and those in neither category but who need support?

   Response:

   Paula Simpson advised that the Trust had a reasonable adjustments procedure in place which was developed in partnership with the Ability Staff Network, which included staff who had their own reasonable adjustments requirements. All staff were assessed and conversations took place with managers. The Trust's recruitment process was very proactive in terms of asking people if they required additional support in their work

environment to enable them to thrive. It did not matter where the person was on their journey, the Trust would still provide the same level of support.

3. Have all members of your -

   (i) Board of Directors and
   (ii) Council of Governors

   received the Oliver McGowan training referred to?

   Response:

   Alison Hughes replied that there was national guidance for employers on the different tiers of training. She confirmed that Board compliance for tier 1 stood at 92% with only one Board member outstanding. This was a newly appointed Non-Executive Director who was currently completing all relevant training.

   Governors were not required to complete this training but it could be made available to them.

4. Going forward, what are the key benefits of collaboration between the two Trusts (WUTH and this one)?

   Response:

   Mark Greatrex replied that collaboration was ultimately about improving patient pathways and outcomes and this would be driven through closer alignment of priorities. Through the appointment of a joint Chair and Chief Executive there would be joined-up decision making and through collaboration between teams to redesign services there would be fewer delays in handovers and less duplication of services. By default there would be economies of scale, better value for money and more seamless patient pathways.

5. As budgets seem to be roughly the same (from year to year) yet costs go up, how does your Trust carry on providing the same level of clinical care, but at a reduced cost?

   Response:

   Mark Greatrex advised that trusts do receive an uplift to budgets every year to cover the cost of pay awards, inflation and increases in activity. However, inevitably this did not cover the costs so trusts need to make themselves more efficient. Rather than just taking money from budgets, it was important to transform services to make them more efficient. The Trust had trained a number of staff in quality improvement and would use their skills to transform services, for example by adopting digital medicine such as telemedicine to monitor people at home. It was well recognised that if quality was improved, costs come down as a bi-product. All transformation programmes would go through a rigorous quality impact assessment and would not progress if they were deemed to have a negative impact on quality of care.

6. What training do your governors receive (both mandatory and voluntary) and how is this recorded for governors who don't have an ESR (or is one created for them)?

   Response:

   Alison Hughes advised that governors were not members of staff and therefore mandatory training requirements did not apply. However, upon election governors participated in a full induction programme to train and brief them on the role of a governor and each year the Trust held formal Council of Governors meetings to transact business and a number of informal development sessions to share information and support governors with any training they might require.

7. On 2 October my wife broke two bones in her wrist. We arrived at Arrowe Park at 6.45 and the waiting room was chock-a-block. My wife was on blood thinners and was triaged within 20 minutes. We were there until 1am and most people would complain about this but while we were there the staff were constantly coming in and asking if she was ok and were very attentive. At 1pm she got a plaster on her wrist and we came home. I have no complaints whatsoever about the treatment she received. I tried to email Janelle to pass on our thanks to the staff but the email address on the website didn't do anything. I contacted her via Facebook and sent a message but didn't get a response. I had emailed the previous CEO several years ago and my comments were forwarded onto staff. I know this because the consultant rang me to thank me.

8. When you go to the fracture clinic the parking machine does not take cards or notes, just coins. Could you put a cash machine next to the snack vending machine? I mentioned this to the reception staff and they said they had mentioned it several times but it had been ignored.

9. I had heart problems several years ago and was under care of St Cath's and had very good service.

   Response:

   When the meeting closed Janelle Holmes sat with the individual member to discuss their concerns.