

Site Strategy Engagement Report			
Agenda Item:	7.1	Reference:	B11-12/054
Report to:	Board of Directors	Meeting Date:	29 June 2011
Lead Director:	Sue Green, Director of HR & Organisational Development		
Lead Officer:	Carole Todd, Communications Manager		
Governance:	Link to WUTH Strategic Goals	WUTH Strategic Goals 2010-11	
	Link to Core Values	WUTH Core Values	
Summary:	<p>The “Treating you Well into the Future” Engagement Programme commenced on 1 April 2011 and ended on 13 June 2011. This aim of this engagement was to set out the rationale for the Site Strategy review; the context within which the review had been undertaken; the options considered by the Board as part of the Outline Business Case and to provide staff, key stakeholders, Patients and members of the public with opportunities to feedback their views, concerns and ideas on the options put forward.</p> <p>This report provides a summary of activity during this engagement and the analysis of the responses received, produced by The Murray Consultancy.</p>		
Recommendation:	To Approve		
	To Ratify		
	To Note		✓
	Comments		
Next Steps:	The Board is asked to note the content of this report particularly when considering the recommendations set out within Item 7.2 Site Strategy Proposals		

Section 1

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the significant implications for the following (please state if not applicable):		
Quality & Safety	No implications arising as a direct result of this report	
Financial (inc Value for Money)	The budget for the Engagement Programme was £45,000. At each stage of the programme a review has been undertaken to ensure value for money. A final value for money analysis will be undertaken following the feedback stage planned for 30 June – 30 July 2011	
Risk (including legal)	No implications arising as a direct result of this report	
Workforce	No implications arising as a direct result of this report	
Equality & Human Rights	No implications arising as a direct result of this report	
Equality Impact Assessment (EQIA)	Attached	
	N/A	✓
	Other	

Section 2

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. Other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome

If you require any additional information please contact the Lead Director/Officer.

Wirral University Teaching Hospital Foundation Trust

Site Strategy Engagement Report

Background

1. At its meeting on 26 January 2011, the Board received and approved a plan for engagement as set out in Table 1 below. In addition to the plan, it approved the establishment of a Stakeholder Engagement Board to contribute to the development and rollout of the engagement plan. The Terms of Reference for this Engagement Board are attached at Appendix 1.

Stage	Dates
1. Development	1 st February 2011- ongoing
2. Internal/Key Stakeholder Engagement	1 st April 2011– 6 th May 2011
3. Public Engagement	9 th May 2011 – 13 th June 2011
4. Post Engagement Assessment	14 th June 2011 – 29 th June 2011
5. Feedback	30 th June 2011 – 29 th July 2011

Table 1 – Engagement Plan

2. In approving this Plan, the Board noted the importance of ensuring that the plan and activity within it, followed best practice and met the Department of Health and/or statutory guidance for engagement on reconfiguration of services.

Output and Activity

3. First and foremost, I would ask the Board to recognize the tremendous commitment demonstrated by all of those involved in this engagement to ensuring that we listened, captured and reflected all of feedback received. This has been an intensive period of activity and has, in my view, illustrated the power of engagement in the development of our plans going forward. It has not only provided a platform for discussion, debate and clarification of information, but has also provided a catalyst for the development of innovative ideas and solutions to further improve services, many of which already highly regarded.
4. Table 2 below provides a summary of coverage and activity. All of this activity is captured on a master log which is held in the Communications Department. All of this information has been used by The Murray Consultancy to produce the analysis report detailed in section 3 and attached at Appendix 2.
5. In addition, this log will be used to help to inform appropriate feedback to appropriate groups. Whilst sessions have already been arranged for the general feedback, it will be important to ensure that feedback is tailored to respond to particular feedback wherever possible (i.e. where the information on the origin of feedback has been declared)

Hard Copy/Printed	
Full Engagement Document (including pull out summary) – newspaper style Easy Read Version	3,500
Flyers	15,000
Posters	50
Public Membership News	8,500
<i>insite</i> – staff newsletter	1,500
Survey Forms	104 hard copy
Media	
Full Page Adverts	9 May 2011 – in Wirral Globe, Wirral News and Ellesmere Port & Neston Standard
Press Statement	9 May 2011
Digital	
Staff Website	2449 hits by 1301 individuals
Public Website	1174 hits by 755 individuals
Survey Forms	160 on-line
Stakeholder E-bulletins	3 to date
Face to Face	
internal engagement sessions “contacts”	50 over 1,200
external engagement session “contacts”	11 over 280
clinical service specific sessions “contacts”	20 Over 130

Table 2 - Output and Activity Summary**Analysis**

6. The Murray Consultancy, a Research Company from the Trust’s roster of PR and Communications agencies, was identified to undertake this analysis to ensure that the Trust had an analysis report that was independently produced and would provide a level of statistical confidence and credibility. The Murray Consultancy has been involved in engagement and analysis relating to large scale redesign, and has a high level of credibility

in health related engagement analysis e.g. Liverpool Primary care Trust reconfiguration of locality services.

7. The Analysis Report provided by the Murray Consultancy is attached for consideration at Appendix 2. This report sets out the engagement objective, methodology used and results of the engagement.
8. The “headlines” emerging from the report match those being identified at a relatively early stage in the engagement namely:
 - The majority recognized the need for change (68%)
 - The majority recognized the need for the Trust to make best use of its facilities (83.7% Very Important; 16.3% Important)
 - The majority recognized that value for money needed to be taken into account (70.4%)

51.9% of respondents believed that the options could be improved. The full list of these suggestions can be found on pages 15 – 21 of the attached report, however, there were a number of critical suggestions relating to specific clinical services that have also been supported by alternative proposals through the clinical sessions referenced in section 2 above. These include:

- Stroke Rehabilitation Unit remaining at Clatterbridge;
 - Upgrading the facilities used by Wirral Neuro Rehabilitation and as such continuing to provide the service from the Clatterbridge site;
 - Maintaining a cohesive Dermatology service at Clatterbridge
 - Upgrading of Breast Services
 - Full consideration of the way in which Clatterbridge could be better used for surgical services
9. Whilst the totality of the feedback needs to be considered as part of the Board’s decision making, it has been clear throughout the engagement that these issues are widely supported and as such have been reflected in the Site Strategy Report to be considered in Item 7.2.

Feedback

10. Throughout the engagement, we have committed to timely and comprehensive feedback on the decisions taken by the Board, the way in which it has considered the quantitative and qualitative responses, the rationale for the decisions taken and the rationale for not taking forward suggestions where appropriate.
11. This engagement is planned to commence on 30 June following the Board meeting through to 30 July.
12. Subject to the decisions taken, this period and process may need to be extended and/or repeated to be able to ensure that this feedback is comprehensive and that the engagement generated by this programme is reciprocated.

Conclusion

13. In conclusion, this engagement has been high profile and has generated its fair share of cynicism. However, the evidence suggests that this cynicism has reduced, that there is greater confidence in the validity of the process and that there are real opportunities to build upon this as we move forward with other key developments and improvements. However, it will be absolutely essential that we see this through to its conclusion over the coming months.

APPENDIX 1**Site Strategy Stakeholder Engagement Board****Terms of Reference****1. MAIN AUTHORITY/ LIMITATIONS**

- The Site Strategy Stakeholder Engagement Board (Stakeholder Engagement Board) is time limited for the period required to develop and implement the Engagement Programme in relation to the Site Strategy.
- It reports to the Hospital Management Board in the first instance.
- The Stakeholder Engagement Board does not have financial or decision making authority.

2. MAIN PRIORITY AND OBJECTIVES

The main priority of the Stakeholder Engagement Board is to provide a forum to involve key stakeholders in the development and implementation of a comprehensive Engagement Programme in relation to the development of the Trust's Site Strategy.

In addition, the members of the Stakeholder Engagement Board will oversee and as appropriate participate in the Engagement Programme within their respective organisations.

3. MAIN DUTIES AND RESPONSIBILITIES

- On behalf of the wider stakeholder audience gain an understanding of the Trust's aims and proposed timescales for taking decisions on the future issues and options relating to the physical location of services.
- To provide the Trust with feedback on the above proposals in order that these can be considered and incorporated as appropriate.
- To support the Trust in ensuring that there is effective communication between key stakeholders on potential changes to the shape of health services across the Wirral and that these specific proposals are in line with them or capable of adaptation in the future.
- To provide the Trust with advice on the most effective way to achieve stakeholder and public engagement during the consultation process.
- To advise the Trust on potential mechanism and forums to undertake stakeholder and public engagement.
- To support the Trust in developing an effective communication and engagement plan.
- To support the Trust on the early stages of implementing any approved changes.

4. CONSTITUTION**4.1 Frequency of Meetings**

The Stakeholder Engagement Board will meet monthly for an initial 6 month period.

4.2 Chair

The Medical Director will be the Chair

The Chief Operating Officer/Deputy Chief Executive will be the Vice-Chair.

In the absence of both the Chair and the Vice Chair, a decision will be taken in advance of the meeting as to who will chair that particular meeting.

4.3 Membership

Medical Director
 Chief Operating Office/Deputy Chief Executive
 Director of Nursing and Midwifery
 Director of HR & OD
 Director of Facilities and Estates
 Corporate Affairs Manager
 GP representative from Consortia (x3)
 NHS Wirral representative
 Wirral Borough Council representative
 Assembly of Governors representative (x2)
 Non Clinical Trade Union representative
 Clinical Trade Union representative
 Communications Manager
 Engagement Partner (M&M)
 Diversity and Inclusivity Manager

Each member is required to nominate a deputy to attend in his/her absence.

Members may also be co opted onto the Stakeholder Engagement Board or asked to attend on the basis of issues arising or as part of broader engagement, as appropriate.

4.4 Quorum

In order for decisions taken by the committee to be valid, the meeting must be quorate. A quorum will consist of at least half of the formal members (or designated deputies) including the Chair (or designated deputy).

4.5 Organisation

The Stakeholder Engagement Board will be serviced by Executive Support.

4.6 Standard Agenda Items

Conflict of Interests
 Minutes of previous formal meetings and issues arising
 Engagement Programme
 Risk Register

4.7 Review

Terms of reference will be reviewed following 6 months.

4.8 Responsibilities of Members

As a member of the Stakeholder Engagement Board individuals are expected to:

- Actively participate in discussions ensuring that solutions and action plans have multiple perspectives and have considered the impact across all of the stakeholder groups
- Disseminate the minutes from this meeting within the appropriate stakeholder group.
- Share the learning gained from any assessment, engagement activity and/or feedback from various sources.

- Behave in a manner consistent with the Trust's Core Values:

Core Values – PROUD

Patients are at the heart of everything we do
Respect each other every day
Our Hospitals are your hospitals
United to provide the best possible patient care
Dedicated to excellence in all we do



Wirral University Teaching Hospital NHS Foundation Trust – Treating you well into the future

Analysis and reporting of response forms pertaining to the Arrowe Park and Clatterbridge service reconfiguration engagement

Prepared by:

The Murray Consultancy,
The Corn Exchange,
Drury Lane,
Liverpool,
L2 7QL
0151 225-0220

Treating you well into the Future

Background to Proposal:

An engagement document was circulated in both hard and soft copy format informing staff and public of proposed reconfiguration of services between Arrowe Park and Clatterbridge sites. The distribution of the document and related information regarding the service reconfiguration plan was as follows:

The full Engagement Document (including pull out summary) with a print run of 3,500 copies was distributed week-commencing 9th May to:

- Patient/public areas at Arrowe Park, Clatterbridge, St Catherine's Hospitals & Victoria Central HC – including outpatient clinics, receptions, A&E, X-ray departments, pharmacies, PALS, GP out of hours
- Staff areas including dining rooms, education centres, corporate services buildings at Clatterbridge
- GP Surgeries, Wirral, Ellesmere Port & Neston
- Wirral, Ellesmere Port & Neston One Stop Shops & Libraries
- Ellesmere Port Hospital
- Nursing Homes
- Wirral, Ellesmere Port & Neston Councillors
- Every 'Engagement Opportunity', internal & external, via Champions – including Staff Roadshows

Easy Read Versions of full document and pull out summary were also made available:

- Pdf version posted on websites
- Hard copies taken to Learning Disability Forum

Flyers – A5 – 15,000 A5 flyers were distributed week-commencing w/c 9th May to:

- All above plus
 - League of Friends shop, APH
 - Wirral, Ellesmere Port and Neston supermarkets

30 A1 and A2 posters were displayed in:

- Various public and staff areas (all 4 sites)
- Lifts at Arrowe Park & Clatterbridge (A4 size)

Full Page Adverts were booked week-commencing 9th May 2011 in:

- Wirral Globe
- Wirral News
- Ellesmere Port & Neston Standard

Press Statement was issued on 9th May 2011

Public Membership News was issued to 8,500 Public Members from 11th May 2011

1,500 copies of Insite, the staff newsletter, were issued to Trust staff on 6th May 2011

The plan was also detailed on internal and external websites.

The document outlined three main options, two of which had sub-options, with strengths, weaknesses and financial considerations outlined for each option, and reasons for selecting the Trust's preferred option 2A – moving most day cases surgery and theatres to Clatterbridge leaving planned and emergency medical and surgical inpatient and complex day case surgery at Arrowe Park. This option will lead to a more efficient allocation of clinical resource, more effective working practices, better use of facilities available at each site and very significant cost savings in light of the need to contribute towards cost savings across the Trust.

Engagement Objective:

The overriding objective of this consultation is to empower internal and external stakeholders to have their say about this service reconfiguration proposal with particular emphasis on their views on the decision taken by the Trust to adopt option 2A.

Methodology:

The response form combined a mix of fixed and open-ended responses. As regards the open-ended responses, we formed a coding frame from making keyword/phrase searches on every 5th record. This enabled us to compile a thematic list of mutually exclusive responses to each open-ended question. We then physically allocated all responses to these clusters to calculate the frequency of mention of these key words and phrases. All fixed responses from the hard copy response documents were input into the questionnaire analysis software package SNAP to enable cross analysis by respondent type. Online responses were drawn down into a spreadsheet by the Trust's IT department to enable database analysis.

Response Levels:

Responses by engagement method were:

METHOD	RESPONSE
Online	160
Hard copy self-completion	96
Staff & stakeholder presentations	65
Staff Questions and Answers	57
Misc. faxes, e-mails and letters	10
TOTAL	388

Based on the affirmative response at Q. 1, the margin of sampling error, based on the overall response is +/- 4.8% at the 95% level of confidence.

Summary

Treating you well into the future – response form

- Two in three respondents agreed that change was essential. The most frequently given reasons for disagreeing were:
 - Current service provision suiting patients
 - Change can have a negative effect
 - Clatterbridge being perceived as a better hospital
- All respondents felt that it was either very important or important to make the best use of facilities
- Two in three respondents agreed that value needed to be taken into account. The most frequently given reasons for disagreeing were:
 - Patient care should not be compromised
 - A long term view is needed
 - Cheapest is not always the best value
- Two in three agreed with the list of points that shouldn't change. Those disagreeing were most likely to give the following reasons
 - Specialist services will suffer
 - Concerns over the dermatology unit
 - Services working well in current location
- One in two felt that the list of options could be improved. Suggested improvements included:
 - Key Services should remain where they are
 - Services being moved to less appropriate places
 - Concerns over the dermatology unit
- Two in five felt that opportunities for change had been missed. These included:
 - Concerns over the dermatology unit
 - Improving rehabilitation services
 - Clatterbridge being used more
- Two in three felt that other things should be considered by the board. They were most likely to mention:
 - Clatterbridge being a more popular site
 - Dermatology unit concerns.
 - The impact on patient care
 - Access issues

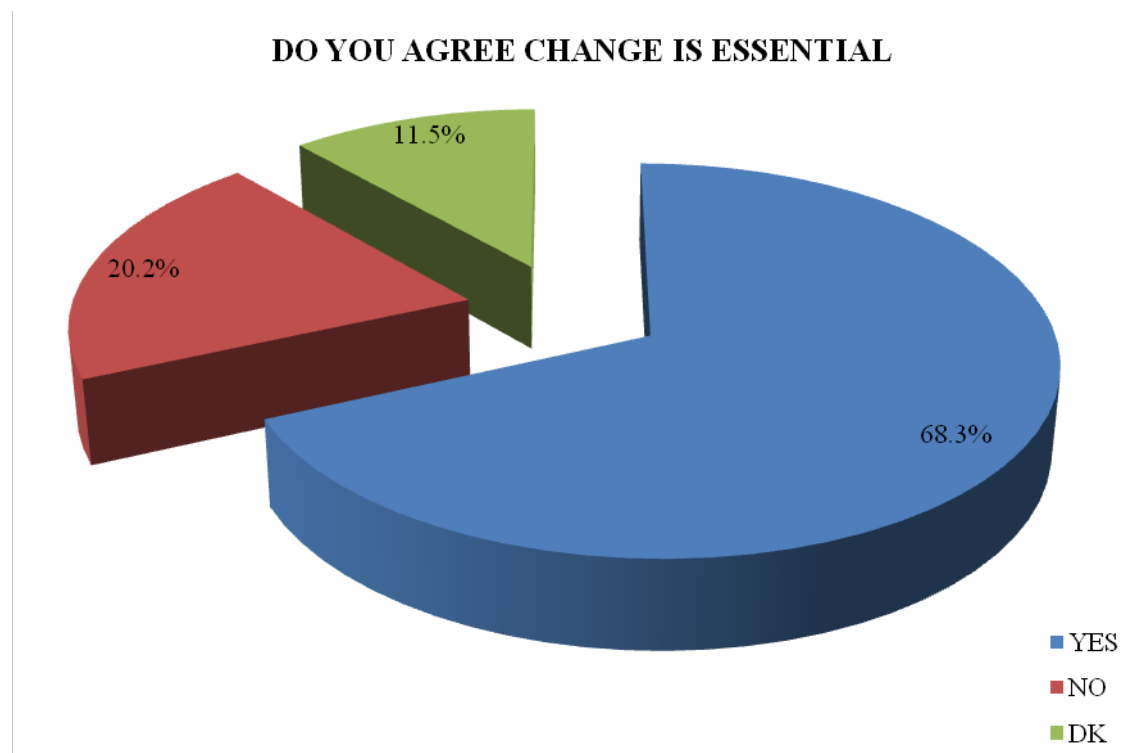
The ten main areas of enquiry from the internal and external stakeholder's presentation and roadshows were:

- Rehab
- Financial implications
- Future plans and designs
- Collaborations with Countess of Chester, Halton and Liverpool
- Future engagement of staff
- Staffing implications
- Dermatology
- Bed capacity
- The future of Clatterbridge
- The future of various building – Elm House, Willow House and Aviator House

Results:

Q. 1 “We believe that change is essential and have set out the reasons for this in the document. Can you tell us if you agree?” (Base: 243 Respondents: excluding those not giving an answer)

DO YOU AGREE CHANGE IS ESSENTIAL	FREQ	%
YES	166	68.3%
NO	49	20.2%
DON'T KNOW	28	11.5%
TOTAL	243	100.0%



The table shows that two in three respondents agreed that changes are essential. Only one in five disagreed that change was not essential.

“If you answered ‘no’ can you tell us briefly why?” (Base: 40 Respondents - those giving a reason)

CAN YOU TELL ME WHY - NO	FREQ	%
CURRENT SERVICE PROVISION SUITS PATIENTS	12	30.0%
CHANGE CAN HAVE NEGATIVE AFFECTS	9	22.5%
CLATTERBRIDGE A BETTER HOSPITAL	5	12.5%
JUST COST CUTTING EXERCISE	4	10.0%
SPACE AT CLATTERBRIDGE IS UNDERUSED	4	10.0%
PATIENTS SHOULD HAVE A CHOICE	2	5.0%
ACCESS ISSUES	1	2.5%
GOVERNMENT POLICY IS UNDECIDED	1	2.5%
LACK OF CONSULTATION WITH DEPARTMENTS	1	2.5%
LITTLE INVESTMENT IS NEEDED	1	2.5%
TOTAL	40	100.0%

Reasons given for disagreeing that change is essential were mostly linked with the belief that current service provision suits patients and that change can have a negative impact rather than a positive one. Some quotes related to some of the areas above include:

CURRENT SERVICE PROVISION SUITS PATIENTS:

“The services as currently provided are fine and fair for the patients” (Patient)

“Essential local services are being relocated to out of area” (undisclosed)

“NHS should be free from bureaucratic intervention, service provided is fit for purpose and staff and patients are happy with service” (Staff)

“This hospital is a centre of excellence and should continue in its present state” (Patient)

“Leave stroke facilities at Clatterbridge as everyone agrees facilities & care beyond words” (Member of the public)

CHANGE CAN HAVE NEGATIVE EFFECTS:

“Change can sometimes mean more upheaval, disorder, low staff morale and a reduction in the level of care. Change is not always beneficial.” (Staff)

“Not all change is good and as far as I can see any changes seem to relate to cuts and closures and not investments and improvements.” (Carer)

“Change is not always for the best or essential. Stroke rehabilitation unit was purpose built” (Member of the public)

CLATTERBRIDGE IS A BETTER HOSPITAL:

“Clatterbridge is the best hospital in the area. Arrowe Park has a severe problem with Clostridium Difficile” (Member of public)

“As someone treated superbly at Clatterbridge Hospital's Stroke Rehab Unit I fail to see the reasoning for the closure of one of the country's best self-contained stroke rehab units, with its own wards, gym and occupational therapy units.” (Member of public)

“The department at Clatterbridge is self contained, relatively modern, and offers first class service to patients in a friendly environment.” (Patient)

OTHER:

“Utilisation for CGH theatres is very low mainly due to ward MI closure. Very little or no investment is needed to provide first class service to enable WUTH to achieve targets.”

(Staff)

“Change is necessary but evolution is always cheaper and more effective than revolution”

(member of public)

“The options and changes are driven purely by finance and not to improve patient services and experience within WUTH” (Carer)

“Services at Clatterbridge should be increased not reduced.” (Member of the public)

“This is a cost cutting exercise imposed by the government, excellent services will be removed” (Public member of NHS Foundation)

Q. 2 “How important is it to you that we make the best use of our facilities to provide the best possible care and hospital experience” (Base: 227 Respondents - excluding those not giving an answer)

HOW IMPORTANT - MAKING BEST USE OF FACILITIES	FREQ	%
VERY IMPORTANT	190	83.7%
IMPORTANT	37	16.3%
NOT IMPORTANT	0	0.0%
TOTAL	227	100.0%

All responding to this question stated that they felt it was important that the best possible use is made of facilities. Five in six felt this was very important.

Q. 3 “Do you accept that value for money must be taken into account by the Trust’s Board of Directors when it reaches a decision on the final option to go forward” (Base: 226 Respondents - excluding those not giving an answer)

VALUE NEEDS TO BE TAKEN INTO ACCOUNT	FREQ	%
YES	159	70.4%
NO	57	25.2%
DON'T KNOW	10	4.4%
TOTAL	226	100.0%

Two in three respondents accepted that value for money must be taken into account by the Trusts Board of Directors. However one in four did not feel value needed to be taken into account.

“If you answered ‘NO’, can you tell us briefly why?” (Base: 56 respondents - those giving a reason for saying ‘no’ to Q.3)

IF NO - WHY NOT?	FREQ	%
PATIENT CARE SHOULD NOT BE COMPRIMISED	32	57.1%
A LONG TERM VIEW IS NEEDED	8	14.3%
CHEAPEST IS NOT ALWAYS BEST VALUE	5	8.9%
YOU CAN'T PUT A VALUE ON ESSENTIAL SERVICES	3	5.4%
MONEY CAN BE BETTER SPENT	2	3.6%
STAFF MORALE WILL SUFFER	2	3.6%
PATIENT CHOICE IS IMPORTANT	1	1.8%
SERVICES WILL BE PUSHED OUT	1	1.8%
WAITING TIMES WILL INCREASE	1	1.8%
YOU GET WHAT YOU PAY FOR	1	1.8%
TOTAL	56	100.0%

Half of those who disagreed that value for money must be taken into account gave a reason related to patient care not being compromised. One in seven felt that a long term view is needed, whilst one in nine mentioned that the cheapest alternative is not always related to best value. Some quotes related to these themes include:

PATIENT CARE SHOULD NOT BE COMPRIMISED:

“Value for money should of course be looked at, however patient care could and would be compromised under site strategy 1 and 2” (undisclosed)

“I don’t think it should be the overall consideration that is what is wrong with a lot of the ways things work now because all people thought about was getting targets and saving money and not about the care of patients” (Patient)

“Patients need to be assured that care is the criteria before cost” (Member of public)

“Quality of patient care should always be the highest priority.” (carer)

“I think the care provided is a more important factor than cutting costs. By going with the cheapest option I think that patient care will suffer” (Staff)

“Whilst it is a consideration it must not be allowed to compromise the quality of care given” (Staff)

A LONG TERM VIEW IS NEEDED:

“Whilst I accept things have to change, the future also needs to be considered and Option 3 represents a much safer and better long term future for Wirral's residents.” (Patient)

“Short-termism is unacceptable. A much longer term view needs to be taken.” (Member of public)

“Cost savings and efficiencies have to be considered but I think that the future and increasing demands need also to be considered and the retention of land at Clatterbridge for future use is essential.” (Member of public)

“Short term gain should not influence long term prudent and sensible future planning” (Member of public)

CHEAPEST IS NOT ALWAYS BEST VALUE:

“Value is important but it is always possible to do things a little cheaper and less well.”

(Member of public)

“Value for money is not precisely clear It may mean choosing the cheapest” (Patient)

OTHER:

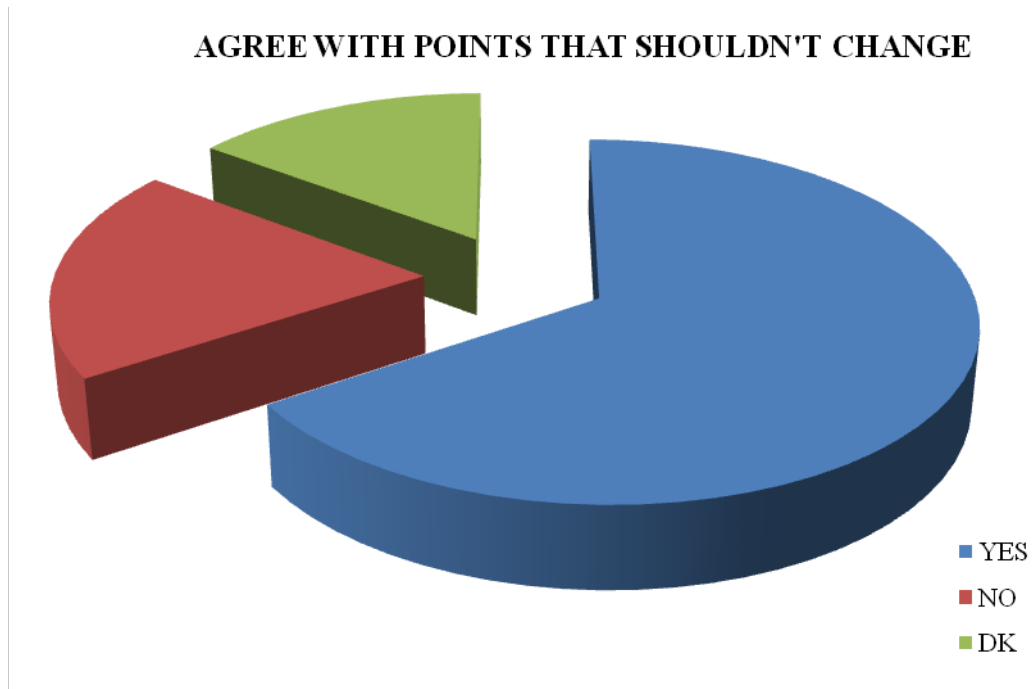
“Generally, you only get what you paid for and buying cheaply can often waste money.”(Patient)

“If the two sites were used it would reduce waiting times” (Governor of the NHS Foundation)

“Clatterbridge Hospital does a wonderful job why judge in terms of money?” (Staff)

Q. 4 “We have set out in this document a number of fixed points that we believe should not change. Do you agree?” (Base: 216 respondents - excludes those not giving an answer)

AGREE WITH POINTS THAT SHOULDN'T CHANGE	FREQ	%
YES	142	65.7%
NO	42	19.4%
DON'T KNOW	32	14.8%
TOTAL	216	100.0%



Two in three respondents agreed with the fixed points that should not be changed. However one in five disagreed that certain points should not be changed.

“If you answered ‘no’, can you tell us briefly why and outline your suggestions?” (Base: 35 respondents - those giving a reason for saying ‘NO’ to Q.4)

IF NO - WHY NOT?	FREQ	%
SPECIALIST SERVICES WILL SUFFER	5	14.3%
CONCERNS OVER DERMATOLOGY UNIT	4	11.4%
SERVICES WORKING WELL IN CURRENT LOCATION	4	11.4%
INPATIENTS SERVICES SHOULD BE AT BOTH SITE	3	8.6%
FEEDBACK SHOULD BE ABLE TO INFLUENCE	2	5.7%
LEVEL OF PATIENT CARE WILL SUFFER	2	5.7%
APPROACH SHOULD BE MORE FLEXIBLE	2	5.7%
MORE CONSULTATION NEEDED	2	5.7%
ARROWE PARK WILL BE OVERCROWDED	2	5.7%
THIS IS PURELY A FINANCIAL DECISION	2	5.7%
WE ARE NO LONGER ABLE TO MEET DEMANDS	1	2.9%
CLATTERBRIDGE HAS MORE SPACE TO GROW	1	2.9%
ITS TOO MUCH TO READ - WANT SPECIFICS	1	2.9%
REDUCE CORPORATE SERVICES TEAM	1	2.9%
DOES CHILD DEVELOPMENT CENTRE NEED TO STAY?	1	2.9%
WHAT ABOUT ACCESS ISSUES	1	2.9%
IT IS NOT BEST VALUE FOR WIRRAL RESIDENTS	1	2.9%
TOTAL	35	100.0%

SPECIALIST SERVICES WILL SUFFER:

“I do not believe that the current service we provide for elective orthopaedic surgery will be maintained or more importantly improved if all elective inpatient care is provided in an acute setting” (Staff)

“Changing the location of some services may lead to a detrimental effect on the level of service” (Representing an Organisation)

CONCERNS OVER DERMATOLOGY UNIT:

“Can’t split Dermatology Inpatient Care & Dermatology Daycare Surgery as one of the same” (Patient)

SERVICES WORKING WELL IN CURRENT LOCATION:

“Do not take WNRU from Clatterbridge. I was an inpatient for 2 months until end of June 2010 after 2 months in Countess of Chester and cannot stress enough the difference being in a quieter environment with easy access to outside improved my health and recovery.” (Patient)

“I do not think that the same level of service will be maintained by moving excellent services from Clatterbridge to Arrowse Park.” (Staff)

OTHER:

“Services can never be fixed. The trust should be able to plan and pro actively change to meet demands required. We are not fluid enough to be able to respond to demands” (Staff)

“The relocation/closure of overnight surgical beds and the planned relocation of essential services will not provide best value for Wirral residents” (undisclosed)

“This is an exercise based primarily on financial reasons, not the care of the patient”
(Member of Public)

“Surely change can be inevitable when feedback is given.” (Member of Trust)

“It is MY NHS Hospital so I MUST be able to influence what decisions are made”
(Member of Trust)

“Strategy is primarily a cost cutting exercise with patient experience being paid lip service”
(Patient)

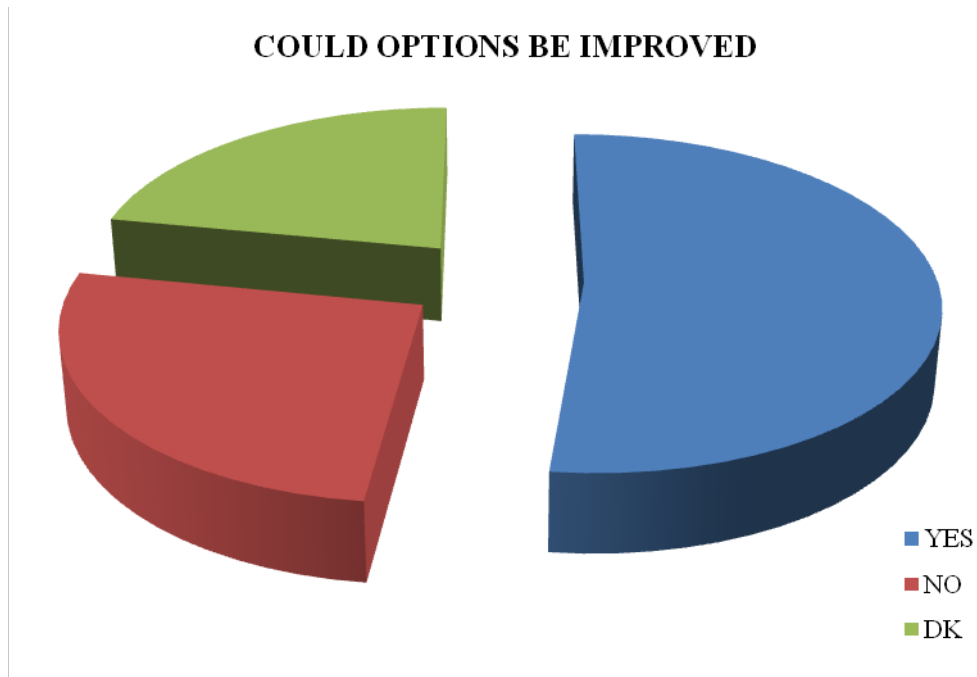
“Arrowe Park is already overloaded and under much pressure whilst Clatterbridge has much underused space and being a large site would cope with more expansion.” (Patient)

“No option for inpatients at Clatterbridge” (Staff)

Q. 5 “Can you suggest any ways in which the options set out could be improved?” (Base: 214 Respondents, excluding those who did not answer)

DO YOU THINK OPTIONS COULD BE IMPROVED	FREQ	%
YES	111	51.9%
NO	56	26.2%
DON'T KNOW	47	22.0%
TOTAL	214	100.0%

One in two respondents felt that they had suggestions on things that could be improved.



“If you answered ‘YES’ can you tell us briefly how?” (Base: 111 Respondents, those answering ‘YES’ to Q.5)

The two tables below show the suggestions and comments made

IF YES - SUGGESTIONS	FREQ	%
KEY SERVICES SHOULD REMAIN WHERE THEY ARE	28	28.0%
SERVICES BEING MOVED TO LESS APPROPRIATE PLACES	14	14.0%
CONCERNS OVER DERMATOLOGY UNIT	10	10.0%
CLATTERBRIDGE A FAR BETTER SITE	9	9.0%
GAIN IDEAS FROM FRONTLINE STAFF	8	8.0%
COULD SPACE AT CLATTERBRIDGE NOT BE USED	5	5.0%
BETTER GROUPING OF OTHER SERVICES	5	5.0%
INVOLVE PATIENTS IN PROCESS	3	3.0%
IMPROVED PATIENT CARE SHOULD BE MAIN FOCUS	3	3.0%
DEVELOP EXISTING FACILITIES	2	2.0%
INCLUDE CHESTER IN PROCESS	2	2.0%
INCREASE SERVICES ON OFFER	2	2.0%
MORE FRONTLINE STAFF	2	2.0%
MORE OLDER PEOPLES SERVICES	2	2.0%
WHAT ABOUT ACCESS ISSUES?	1	1.0%
INCREASE COMMUNICATION BETWEEN PROVIDERS	1	1.0%
NO CHARGE FOR DISABLED PARKING	1	1.0%
ENSURE GOOD QUALITY BACK UP SERVICES	1	1.0%
OVERNIGHT STAYS CAN BE NECESSARY	1	1.0%
BASE	100	

IF YES - COMMENTS	FREQ	%
PUBLIC DON'T KNOW ENOUGH ABOUT THIS	7	43.8%
CAN ARROWE PARK COPE WITH EXTRA NUMBERS	3	18.8%
WILL NEED MORE PARKING	2	12.5%
EXAMINE EFFECTIVENESS OF CORPORATE SERVICES	1	6.3%
DON'T FEEL OPTION IS COST EFFECTIVE	1	6.3%
DEFEND THE NHS	1	6.3%
PATIENTS SHOULD RECIEVE MORE INFORMATION	1	6.3%
BASE	16	

The main suggestions for improving the options were for key services remaining where they are, services not being moved to less appropriate places and concerns over the dermatology unit. Quotes related to the key themes can be found on the next pages.

KEY SERVICES SHOULD REMAIN WHERE THEY ARE:

“I think it is important for day case surgery to also stay at Arrowse as this is a more central location for everyone in the Wirral” (Member of Trust)

“Using the existing facilities at Clatterbridge for the Stroke Rehab Unit, Dermatology and upgrading the facilities for WNRU to a purpose built environment. Breast Services need to be upgraded. This would be less upheaval for the clinics already based at Arrowse” (Staff)

“Maintain the provision of services as they currently exist. Consider this, it is easier for a Consultant to drive from APH to Clatterbridge than for a host of patients trying to use public transport.” (Patient)

“Wards must be retained at Clatterbridge, and services such as dermatology.” (Member of Trust)

“I think it would be a travesty for Ward M1 to be moved to Arrowse Park. The Ward has worked so hard over the years to provide a high quality service to the patients with excellent post operative care and rehabilitation.” (Staff)

SERVICES MOVED TO LESS APPROPRIATE PLACES:

“I do not consider that Clatterbridge should be used for day care only. It is a much more relaxed place to visit with better parking and is not the hectic den of activity that is Arrowse Park.” (Patient)

“In the current plans many services are being squashed into smaller inappropriate places.” (carer)

“Keep rehab services at CBH where the environment is best suited to the patient need” (Staff)

“I feel that the dermatology unit would be best left at Clatterbridge due to the close proximity to other wards where skin conditions could be exacerbated (i.e. surgical wounds)” (Governor of the NHS Foundation Trust)

CONCERNS OVER DERMATOLOGY UNIT:

“Leave Dermatology inpatients together on Clatterbridge under option 2a” (Staff)

“Dermatology unit should remain together as staff have multiple roles and go between different areas” (Staff)

“I am very concerned that the Dermatology Day Care has not been taken into account. I have accessed this service for 35 years and have been very appreciative of the sensitive and discreet nature of the provision e.g. I can park near the Ward and "slip" in for my treatment with little or no feeling of being part of a huge hospital” (Patient)

CLATTERBRIDGE A FAR BETTER SITE:

“Do not switch the majority of services to APH as this site is heavily used already causing stress to both patients and staff in waiting times to be seen, parking, access to care etc.” (Patient)

“Services currently at Arrowse Park to be transferred to Clatterbridge, NOT the other way round” (Member of the Public)

“Having been a surgical inpatient and outpatient at both hospitals, I have always found that Clatterbridge is very much superior to Arrowse Park in providing as pleasant a patient experience as possible” (Public member of NHS Foundation)

GAIN IDEAS FROM FRONTLINE STAFF:

“It would have been beneficial to speak to your frontline staff and gain their opinions and ideas as they are the staff who provide the care.” (Member of Trust)

“By discussing these changes with all the members of medical staff so they can put forward their input” (Member of public)

“By listening to the staff and by having a reasonable and transparent consultation period and by taking in to consideration the wishes of those you provide a service for” (undisclosed)

“Staff should have been able to contribute to the engagement document to enable a more realistic view of the potential changes” (Staff)

OTHER:

“There would appear to be spare space at Clatterbridge with space for parking etc. could this not be used?” (Patient)

“I am far from convinced that wholesale upheaval is the way to go. There is great wisdom in the saying that if something ain't broke, don't fix it. People work best as teams when they have security and stability.” (Member of Public)

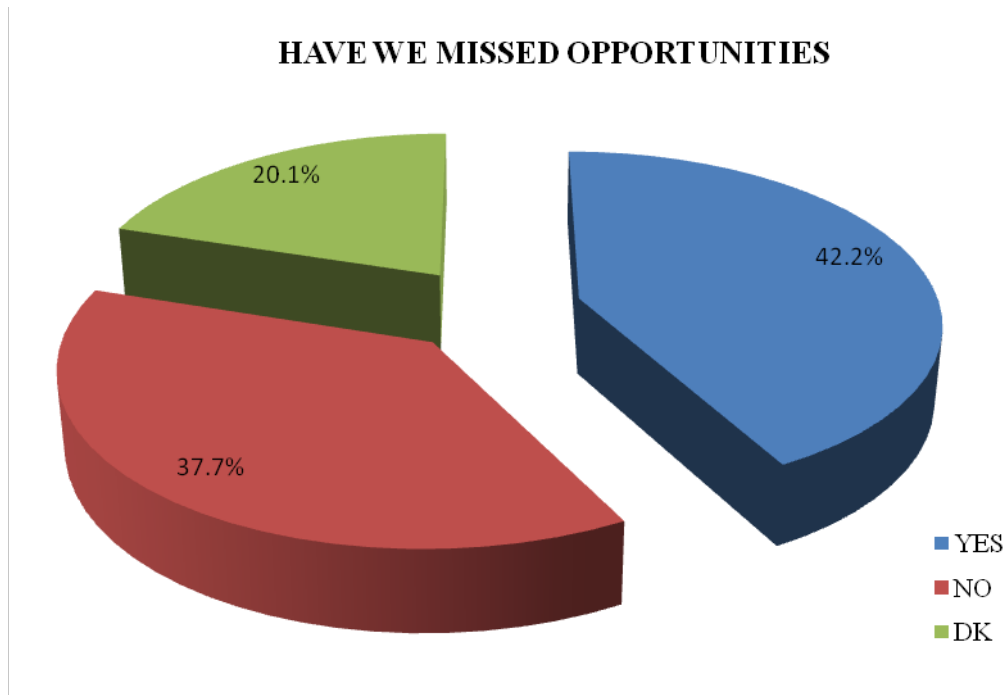
“I believe that the public should be made more clear on the proposed site strategy!!! There has not been enough public knowledge.” (Undisclosed)

“There could be a lot more explanation of how services could be moved and what will be done to maintain high quality services” (carer)

“Open an A&E at Clatterbridge. Use m wards to accommodate patients, keep jobs for staff. And will cut down on waiting times” (Undisclosed)

Q. 6 “Having considered the information provided do you think we have missed any significant opportunities for change in the options outlined?” (Base: 204 Respondents, excluding those who did not answer)

HAVE WE MISSED OPPORTUNITIES FOR CHANGE	FREQ	%
YES	86	42.2%
NO	77	37.7%
DON'T KNOW	41	20.1%
TOTAL	204	100.0%



Two in five respondents felt that some significant opportunities had been missed.

“If you answered ‘YES’ can you tell us briefly what we have missed and outline your suggestions?” (Base: 76 respondents - those giving a reason for answering ‘YES’ to Q.6)

IF YES - SUGGESTIONS	FREQ	%
CONCERNS OVER DERMATOLOGY UNIT	9	13.4%
IMPROVE/MAINTAIN REHAB SERVICES	9	13.4%
CLATTERBRIDGE COULD BE USED MORE	9	13.4%
INVEST IN THE SERVICES & FACILITIES WE HAVE	8	11.9%
CLATTERBRIDGE IS A BETTER SITE	5	7.5%
DEPARTMENTS WITH LINKED SERVICES TOGETHER	5	7.5%
PATIENT CARE NEEDS TO BE THE FOCUS	3	4.5%
ACCESS ISSUES TO HOSPITALS	3	4.5%
LESS INFECTIONS AT CLATTERBRIDGE	2	3.0%
INCREASE ORTHOPEDIC SERVICES	2	3.0%
WASTE OF CURRENT RESOURCES	2	3.0%
GREATER PROVISION FOR ELDERLY SERVICES	2	3.0%
SPEAK TO PATIENT GROUPS MORE	1	1.5%
PROMOTE SELF CARE MORE	1	1.5%
NEED WALK IN CLINICS AT BOTH SITES	1	1.5%
SHOULD BE LOOKING AT CRITICAL CARE UNIT	1	1.5%
WORKING MORE WITH HEALTH PARTNERS	1	1.5%
IMPROVED CANTEEN FACILITIES	1	1.5%
MORE FRONTLINE STAFF NEEDED	1	1.5%
WHAT ABOUT PHYSIOTHERAPY SERVICES?	1	1.5%
TOTAL	67	100.0%

IF YES - COMMENTS	FREQ	%
MORE DIALOGUE WITH STAFF NEEDED	3	33.3%
CHILD DEVELOPMENT CENTRE WITHIN HOSPITAL	3	33.3%
WOULD MEAN WAITING LONGER FOR SERVICES	1	11.1%
CHANGE IS NOT ALWAYS FOR THE BETTER	1	11.1%
REDUCE SENIOR MANAGEMENT PAY	1	11.1%
TOTAL	9	100.0%

The most frequently mentioned information that respondents felt were missing was related to concerns over the dermatology unit, improvements or changes to rehab services and the fact that Clatterbridge Hospital could be used more. Key quotes are as follows:

CONCERNS OVER DERMATOLOGY UNIT:

“Keep a dedicated Dermatology unit” (Patient, carer)

“Dermatology treatments are messy and require in-patient facilities to be available 24/7. You have already removed that facility and now you would appear to be making matters even worse.” (Member of Trust)

“I believe that there is a need for the continuation of day care in the Dermatology Ward to continue. Ideally, I would like the Dermatology Outpatients facility to remain unchanged.” (Patient)

IMPROVE REHAB SERVICES:

“Improved rehab service for the general public. Have a look at the age range we can offer rehab to, as I am finding I am being asked to consider rehab admissions for younger patients” (Staff)

“My father has been in rehab unit after a stroke at Christmas they made a massive difference to him and his quality of life. How can you consider closing these units?” (Carer)

CLATTERBRIDGE COULD BE USED MORE:

“Opportunity to develop the Clatterbridge Site. All elective surgery could be done on the site” (Staff)

“Expand services provided by Clatterbridge to alleviate the overstretched service being provided by Arrowe Park” (Carer)

“More day case specialities could be relocated to the Clatterbridge site, such as ophthalmology, ENT, day case gynaecology” (Governor of NHS Trust)

INVEST IN THE SERVICES & FACILITIES WE HAVE:

“A little investment in CGH day ward would enable single sex accommodation and facilities that would outperform our competitors.” (Staff)

“Patient outcomes could be much improved if purpose built centres and facilities are not wasted and thrown away,. Make better use of what we have” (Patient)

CLATTERBRIDGE IS A BETTER SITE:

“Clatterbridge is an asset in the fact it is away from the hustle and bustle of an acute setting” (Staff)

“Clatterbridge is a much more accessible site compared with Arrowe Park.” (Patient)

“Clatterbridge seems to have kept the old professional humane attitudes to patients which is why it is often more popular than Arrowe Park” (Staff)

HAVE DEPARTMENTS WITH LINKED SERVICES TOGETHER

“Better grouping of clinical services on the APH site, close to secretarial and consultant support.” (Governor of NHS Foundation Trust)

“Consolidating pathology in one place would help achieve a better service, and could mean that the patients have less blood taken.” (Staff)

OTHER:

“You seem to have only briefly mentioned the integrated critical care option. Cardiology services are currently under review, would this not be an ideal time to look at the position of CCU rather than waiting until other services have been relocated.” (Staff)

“Many opportunities to work with health partners such as social services and the PCT have been missed. Before development of such a plan surely it would have made sense to consult with the other providers to save costs and buildings.” (Carer)

“The stroke unit should be expanded and not moved, certainly not to a second floor, imagine trying to park and get to the stroke unit after experiencing a severe stroke, not good.” (Staff)

“There appears to have been no consideration yet about what happens to the SRU and WNRU Physiotherapy Neuro Outpatients service.” (Staff)

“You have missed the point that you are providing the service for the patient and not for the management” (Patient)

“There is still confusion amongst staff about how the changes will affect them, where their wards or departments may be relocated to” (Staff)

“Review location of Child Development Centre, as question if Clatterbridge is actually the right location, should it be provided more centrally. There is a real need for a Child Development centre which would provide easy access to all services required by the child and were the team could build on communication which is what parents want.” (Staff)

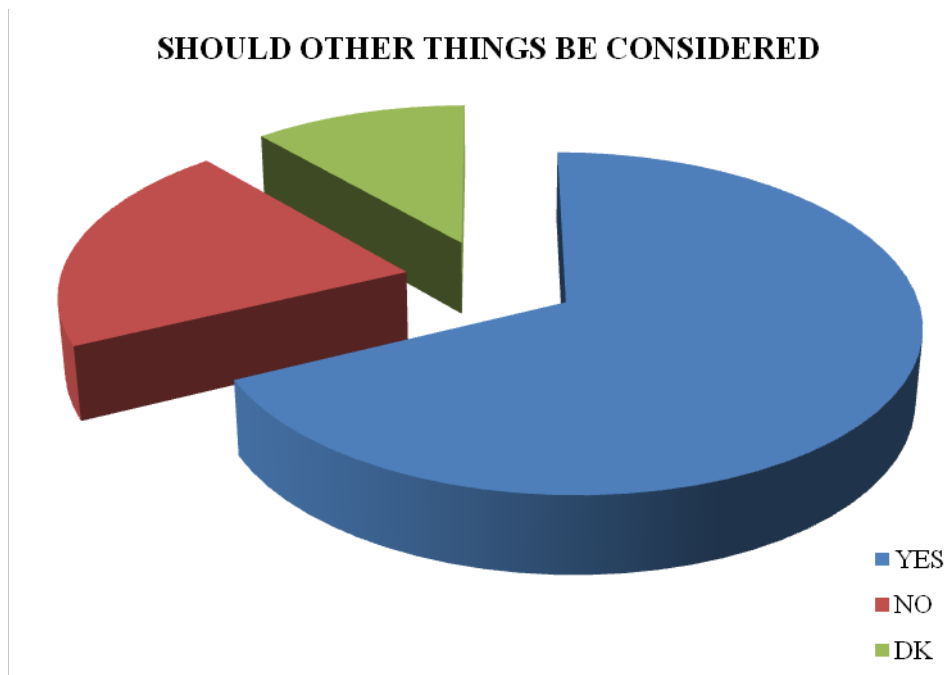
“Could Child Development be incorporated into Woman & Children's Division?” (Member of the Public)

“Another very important consideration is the absence of MRSA at Clatterbridge (sadly not the case at Arrowe Park) which results from pre-op assessment tests before admission, a practice easy to arrange before elective surgery but not emergency surgery. Your proposals do not appear to place any value on minimising hospital-acquired infections, although some of my neighbours suffered MRSA in Arrowe Park and it is generally disliked as a 'dirty' hospital.” (Patient)

“The major risks of hospital acquired infection by putting all planned surgery on the same site as emergency care” (Member of the public)

Q. 7 “The Board has stated that it is inclined to favour option 2A and the reasons why. In your opinion are there other things it should consider when making its final decision?” (Base: 202 respondents - excluding those who did not answer)

OTHER THINGS THAT SHOULD BE CONSIDERED	FREQ	%
YES	137	67.8%
NO	42	20.8%
DON'T KNOW	23	11.4%
TOTAL	202	100.0%



Two in three felt there were other things that should be considered before making the final decision. However one in five were happy that everything had been considered.

“If you answered ‘YES’ can you tell us briefly your suggestions?” (Base: 123 respondents
- those giving a reason for answering ‘YES’ to Q.7)

IF YES - SUGGESTIONS	FREQ	%
CLATTERBRIDGE IS A MORE POPULAR SITE	13	11.2%
DERMATOLOGY UNIT CONCERNS	12	10.3%
THE IMPACT ON PATIENT CARE	11	9.5%
WHAT ABOUT ACCESS ISSUES?	11	9.5%
NEED A MORE LONG TERM VIEW	9	7.8%
KEY SERVICES SHOULD REMAIN WHERE THEY ARE	8	6.9%
CO-ORDINATION OF SERVICES IMPORTANT	7	6.0%
THE IMPACT ON STAFF	7	6.0%
GAIN FEEDBACK FROM FRONTLINE STAFF	6	5.2%
SPEAK TO PATIENTS MORE	5	4.3%
TOO MUCH PRESSURE ON ARROWE PARK	5	4.3%
CLATTERBRIDGE COULD BE USED MORE	4	3.4%
SERVICES MOVED TO LESS APPROPRIATE PLACES	3	2.6%
INVEST IN THE SERVICES WE HAVE	3	2.6%
WHAT IF DAY CASE PATIENTS NEED OVERNIGHT STAY?	3	2.6%
CONCERNED WITH INFECTION RATES	2	1.7%
INCLUDE CHESTER MORE IN PROCESS	2	1.7%
ELECTIVE SURGERY SHOULD BE SEPERATE	2	1.7%
CHILD DEVELOPMENT CENTRE WITHIN HOSPITAL	1	0.9%
MOVING THINGS WILL BE EXPENSIVE	1	0.9%
TOTAL	116	100.0%

IF YES - COMMENTS	FREQ	%
NOT ENOUGH KNOWN ABOUT OPTIONS	3	42.9%
KEEP AN OPEN MIND AT ALL STAGES	2	28.6%
DEFEND THE NHS	1	14.3%
PREFER OPTION 3	1	14.3%
TOTAL	7	100.0%

The belief that Clatterbridge was a more popular site and concerns over the dermatology unit were the most frequently given suggestions for other things that should be considered. Quotes related to the key themes are overleaf.

CLATTERBRIDGE IS A MORE POPULAR SITE

“Clatterbridge is a patient friendly hospital with adequate parking and ease of access. Neither of these apply to Arrowe Park” (Patient)

“Clatterbridge has a calming atmosphere conducive to speedier recovery” (Public Member of NHS Foundation Trust)

“People of South Wirral favour Clatterbridge for 'inpatient' services and its excellent reputation and patient care.” (Public Member of NHS Foundation Trust)

DERMATOLOGY UNIT CONCERNS:

“Dermatology in patients and outpatients remains a specialist service on the Clatterbridge site” (Patient, carer)

“Dermatology remaining intact at Clatterbridge under Option 2a” (Staff)

“Where are the dermatology staff going?” (staff)

THE IMPACT ON PATIENT CARE:

“The board should consider the quality of care offered to patients” (patient, carer)

“You need to keep these places open to stop people being put into homes, to improve their quality of life, to help their families.” (staff)

“Patient care must be at the heart of any decision.” (staff)

WHAT ABOUT ACCESS ISSUES?:

“The difficulties of patients and their relatives in getting to the hospitals has not even been mentioned. Arrowe Park is a major expedition for a sick elderly person from Neston, almost impossible by public transport. This has not been considered. The assumption is that everyone has a car and can drive” (Carer)

“The impact for the patients who have to travel to the Clatterbridge site as public transport there is very poor from some areas” (Patient)

“The Countess of Chester is far too far away and awkward to get to for the majority of people on the Wirral, unless you happen to be a driver, and many are not, especially the elderly” (Public Member of NHS Foundation Trust)

NEED A MORE LONG TERM VIEW:

“Short-termism is unacceptable. A much longer term view needs to be taken.” (Public)

“Short term gain should not influence long term prudent and sensible future planning” (Public)

“Option 3 is a far more stable long term aim for more comprehensive improvements” (Public)

It may work in the short term because the initial out lay is lower, but long term it may cost more as APH may not cope with extra pressure” (Staff)

OTHERS:

“Have full and frank discussions with the medical staff as centrally centred services puts extra pressure on them and also frustration for patients” (Staff)

“The excellent Stroke Rehabilitation facilities at Clatterbridge - it seems ludicrous to move out to inferior surroundings in a busy acute hospital.” (Staff)

“Within option2 you are closing overnight beds in Clatterbridge yet you are also stating the fact that you for see a shortage of bed space at APH, not exactly joined up thinking” (Patient)

“The major risks of hospital acquired infection by putting all planned surgery on the same site as emergency care” (Public)

“Staff morale should be considered. The effect of yet more changes and disruption in the short term for a long term benefit may seem the best thing to do, but we are the ones on the ground who have to try and provide excellent care in the face of noise, uncertainty and disruption” (Staff)

“How can the Trust move an award winning Stroke Unit with fantastic facilities? This in an injustice to the public of Wirral.” (Patient)

“Limited number of beds should be available in case of any complications with general Surgery at Clatterbridge Hospital” (Patient)

Q. 8 “Do you agree with the strengths and weaknesses for both hospitals as set out under each option? Have we missed anything?” (Base: 118 respondents - excluding those who did not answer)

DO YOU AGREE WITH STRENGTHS & WEAKNESSES	FREQ	%
YES	93	47.0%
NO	54	27.3%
DON'T KNOW	51	25.8%
TOTAL	198	100.0%

Every other respondent stated that they agreed with the strengths and weaknesses for both hospitals. However one in four felt something had been missed. Examples include:

“Looking at the strengths and weaknesses you have outlined in option 2A for both hospitals there are a number of anomalies and the only weakness you have identified for the APH site is that dermatology would be on a different floor. One of the strengths you have identified is that urology would be with orthopaedics and I am not sure how that is a benefit to either speciality. One of the strengths for CGH site is an improved pre operative outpatient facility and yet this would be at the detriment to the inpatient service provided. I could go on.....”

“As in my previous comment, the difficulties of sick elderly patients and their relatives getting to distant hospitals has been missed and the environmental impact.”

“Most of these patients are not sick and so it's not the medical care but the rehab that they need.”

“The only strength that Arrowe Park has in my view is that virtually ALL the money has been spent on it at the expense of Clatterbridge where the atmosphere as a whole is totally different.”

“I generally agree, but there is no mention of meeting the need to have high quality, fit for purpose rehabilitation facilities for AHPs to treat Neuro patients (SRU/WNRU). No mention of filling the needs of AHP neurology outpatients (WNRU/ SRU).”

“Option 3 has the shortest timescale. Does this have a benefit? Option 3 also secures a Clatterbridge site long term.”

“Majority of dermatology patients come for daycare and physio, so don't split department”

“Clatterbridge functions brilliantly and provides excellent patient care. Closing down departments and patients travelling out of the way causes them more distress”

“They miss the point on what the two sites deliver in terms of patient care, rather than cost savings”

“Better environment at Clatterbridge - surroundings calming and relaxing for patients.”

“Emphasis on proposed competition in the NHS means the hospital needs to be more competitive, also the parking available currently does not meet current needs”

“Insufficient weight given to all advantages of retaining elective inpatient surgery at Clatterbridge. Strongly disagree with Options 1/1A.”

“Clatterbridge is a lovely relaxing environment and a comforting place to be after surgery”

“The environment is important for rehabilitation, particularly for those with long term needs. Clatterbridge's relaxed atmosphere and calm feel provides benefit to patients and improves wellbeing”

“The strengths and weaknesses only reflect the rigid specifications for each option. A merge of somewhere between 2 and 3 would be the most cost effective and won't cut the quality of care we provide”

“Day cases at Clatterbridge - agree but must be appropriate surgical/nursing back up in emergencies with patients not considered high risk.”

“You have not given any concrete views about change of stroke unit at Clatterbridge”

“The environment for rehabilitation needs to be considered as a priority. CGH has a less stressful atmosphere in comparison to the hustle and bustle of APH”

“The weaknesses are massively understated. The strengths are overplayed and misleading, especially regarding continuity of care”

Clatterbridge's strength in getting early discharge for patients”

Q. 9 “Where have you heard about this engagement process?”

WHERE HAVE YOU HEARD ABOUT ENGAGEMENT	FREQ	%
TRUST NEWSLETTER	62	24.4%
WORD OF MOUTH	60	23.6%
THIS ENGAGEMENT DOCUMENT	59	23.2%
LOCAL MEDIA	51	20.1%
STAFF INTRANET	45	17.7%
PUBLIC LEAFLET	39	15.4%
ROADSHOW	35	13.8%
TRUST WEBSITE	34	13.4%
PRESENTATION	28	11.0%
STAKEHOLDER E-BULLETIN	6	2.4%
OTHER	8	3.1%
BASE	254	

Q. 10 “Are you completing this survey as an individual or are you representing an organisation?” (Base: 94 respondents – those actually recording an answer)

ARE YOU COMPLETING AS AN INDIVIDUAL?	FREQ	%
INDIVIDUAL	85	53.1%
OTHER	8	5.0%
NO ANSWER	67	41.9%
TOTAL	160	100.0%

Q. 11 “To which of the following groups do you belong” (Base: 143 respondents)

TO WHICH GROUP DO YOU BELONG	FREQ	%
MEMBER OF STAFF	79	32.5%
PATIENT	67	27.6%
MEMBER OF THE PUBLIC	56	23.0%
PUBLIC MEMBER OF NHS FOUNDATION	27	11.1%
CARER	15	6.2%
GOVERNOR OF NHS FOUNDATION	6	2.5%
REPRESENTING AN ORGANISATION	5	2.1%
COUNCILLOR/MP	1	0.4%
BASE	230	

Some respondents gave more than one answer.

Q. 12 AGE: (Base: 188 respondents – those actually recording an answer)

AGE	FREQ	%
20 - 29	9	4.8%
30 - 39	32	17.0%
40 - 49	38	20.2%
50 - 59	31	16.5%
60 - 69	38	20.2%
70 - 74	16	8.5%
75+	24	12.8%
TOTAL	188	

Q. 13 “Please tick the ethnic group that you feel is relevant to you” (Base: 185 respondents – those actually recording an answer)

ETHNICITY	FREQ	%
WHITE	182	98.4%
MIXED ASIAN/ASIAN BRITISH	1	0.5%
INDIAN	1	0.5%
OTHER	1	0.5%
TOTAL	185	

Q. 14 “Do you consider yourself to have a disability” (Base: 105 online respondents only)

DO YOU HAVE A DISABILITY	FREQ	%
YES	20	19.0%
NO	84	80.0%
PREFER NOT TO SAY	1	1.0%
TOTAL	105	

Appendix – Additional Comments

“Finally might I mention the difficulty of accessing outpatient clinics at Clatterbridge by public transport from Hoylake, West Kirkby and Meols”

“There is no doubt that the public of Wirral have enjoyed the Effective Surgery Facility provided at Clatterbridge, and there may be quite a lot of dissention at the proposal to move it”

“Not enthusiastic about the transfer of the eye clinic to Clatterbridge”

“I think it is important to keep cold surgery cases at Clatterbridge to prevent pressure on beds at APH”

“The overall view of the proposals appears to be re-trenchment of services to save money rather than develop the site at Clatterbridge. Private Capital Investment should be sought to develop further”

“There are excellent facilities at Clatterbridge. A lot of money has been spent on theatres etc. If they move it to Arrowe Park these facilities are wasted”

“I feel that Clatterbridge hospital should take on more patients, especially inpatients. This would help cut down the waiting times in Arrowe Park.”

“The consultation document is rather imposing and very biased. The questions are very closed and directed to being in favour of the board’s decision”

“I would like to believe that option 3 would be adopted, if only to alleviate the overstretched service being provided by Arrowe Park Hospital and to maintain the excellence of service provided by CBH”

“For any of the options consider parking. Why sell land at Clatterbridge when parking is needed?”

“Arrowe Park is an emergency surgical facility and as such has and will always have difficulty with keeping patients free from in house infections”

“I agree that the most favoured option is 2A and shall be glad if you will record my opinion accordingly”

Feedback from internal and external stakeholder presentations and roadshows:

Feedback from 122 engagements resulting in 184 comments or queries have been clustered and summarised below:

ISSUES	FREQUENCY	%
REHAB	21	17.2%
FINANCES	14	11.5%
FUTURE PLANS/DESIGN	13	10.7%
RELATIONSHIPS/COLLABORATIONS WITH C of C, HALTON, L'POOL	13	10.7%
ENGAGEMENT PLANS	10	8.2%
STAFFING IMPLICATIONS	10	8.2%
DERMATOLOGY	10	8.2%
BED CAPACITY	6	4.9%
FUTURE OF CLATTERBRIDGE	6	4.9%
FUTURE OF VARIOUS BUILDINGS	6	4.9%
CAR PARKING/ACCESS	5	4.1%
OVERNIGHT PATIENTS	4	3.3%
PLAN SHORTFALLS	4	3.3%
ENVIRONMENTAL	4	3.3%
CARE FOR THE ELDERLY	3	2.5%
OPTION 2a QUERIES	3	2.5%
INTERNAL RELATIONSHIPS	3	2.5%
DEFINITIONS REQUIRED	3	2.5%
LOGISTICS	3	2.5%
TIMINGS	3	2.5%
COMMUNITY CARE	3	2.5%
CHILD DEVELOPMENT CENTRE	3	2.5%
TRAINING	2	1.6%
DIABETES	2	1.6%
DAY CASES	2	1.6%
DIALYSIS	2	1.6%
OTHERS (singular in mention)	17	13.9%

Others included: future of various departments (orthodontics, breast, theatres, gynaecology, elective care, orthopaedics, eye, pharmacy at Clatterbridge), capacity issues (not bed related), ambulance service logistics, MRSA control at Arrowe Park for Clatterbridge transferred patients, protocols for transferring patients, impact of previous restructure of X-ray department (November 2010), questionnaire routing issue, is the site strategy 'set in stone' and boundary issues with Neston patients.

To exemplify and underpin these clusters comprising a frequency of five or more, the following direct quotes have been extracted:

Rehab:

“Want to locate Rehab facilities on the ground floor i.e. Stroke Rehab & Wirral Neuro”

“Need to consider size of rooms. Clinical view is that Stroke Rehab & Neuro facilities located at 2nd Floor are not ideal, plus existing rooms would not support wheelchair access. Rehab patients need outside access”

“Re Stroke there are 4 options to review against existing Physio/OT Template re suitable fit

- 1. 20 place Rehab Unit*
- 2. 20 place Rehab Unit and 25 place Acute Stroke*
- 3. 20 place Rehab Unit and 7 to 12 place Wirral Neuro*
- 4. 10 place Rehab Unit remaining at Clatterbridge and 42 Acute Department of Medicine for the Elderly Rehab beds”*

“Why was Stroke Rehab to stay at Clatterbridge not an option as provides excellent facilities?”

“Requirement for Amputee Rehab Centre room at Arrowe Park, circa 22 sqm space. (Similar to Meeting Room at Ward 16) not aware of subsequent moves that could possibly leave Neuro Rehab at Clatterbridge”

“Stroke Why not stay at Clatterbridge? Ward 23 is excellent, second floor at Arrowe Park is hopeless. Fait accompli - is it?”

Finances:

“Is it financially viable to opt for the more costly option 3?”

“Don’t want to waste £ on buildings at Arrowe Park and then have to build Clatterbridge”

“What about all the money spent on the Surgical Elective Admission Lounge is this not a waste if moved to Clatterbridge?”

“Lots of concern about future job security and how the Trust will continue to make savings for 2012/13”

“The presentation has shown us different costs and savings and there is a difference between capital and revenue. Some of the costs that people would think would be capital aren’t actually capital costs. Do the identified savings include capital?”

Future Plans/design:

“Drawings in future will need to reflect beds, trolleys, chairs. At the current point in time, functional content shown and makes no distinction between modalities.”

“At Design Stage will need to remember and make allowance for the Clinic Activity (non OPD) i.e. Urodynamics; Bladder Installation; Lithotripsy”

“Issues around Endoscopy and layout re male & female privacy & dignity. Current practice is to have male or female only days”

“With a better laid out department and physical relationship of wards and endoscopy unit, clinical team consider that this gives them better adaptability and flexibility of space. Need to revisit this issue at Design Stage”

“HAC is an on-going debate, currently shown on the drawing as being next to Urgent Care Centre beds and trolley spaces. Clatterbridge Cancer Unit also an on-going debate. Currently shown on the 3rd Floor but is part of the bigger Critical Care Unit review”

“Currently developing a business case and consideration for a new Pacing Theatre. This is an additional facility and does not replace existing Cath Lab. Facility will have an immediate adjacency to the Pacing Suite. Ideally will want to bring all of Cardiology together. Pacing Suite is a priority and therefore depending on funding etc needs to be incorporated into overall design”

Relationships/collaborations with Countess of Chester, Halton, Liverpool:

“Expect in the future to merge with Chester, create a larger footprint. Patient activity from ISTC Halton”

“Clatterbridge could offer a good “half way house” vis-a-vis Chester”

“Now that John Foster is retiring, will the director of facilities at Countess of Chester now cover the Wirral sites too?”

“Do you see there being any impact on the collaboration with the Countess of Chester with option 2a?”

Engagement Plans:

“When the final option is agreed will staff be involved in the detailed planning?”

“To what extent are service users being involved in the consultation?”

“At the roadshow in Autumn there was talk of there being a 90 day consultation after Christmas. I know that the time table has shifted but the engagement period now isn't quite 90 days....”

“Have patients been consulted on the proposed site review?”

Staffing implications:

“If Ophthalmology clinics go to Clatterbridge, activity will increase, staff numbers may have to increase in order to cover workload, however space requirements won’t”

“Staff morale low, staff shift patterns rota is putting more stress on already stressed staff and this is another factor causing concern”

“There are quite a lot of buildings where porters and domestics work that are being demolished in option 2a. Can you guarantee that we will have the same work, same hours, same jobs in future?”

“What will happen to us after buildings are closed?”

“In the appendix of the Financial Business Case for the site strategy it says 'Domestic and portering savings assume that current Service Level Agreements are terminated and staff TUPE'd across'. Can you clarify this?”

Dermatology:

“Dermatology is a very efficient well performing department so why are there plans to split it up?”

“Keep an integrated unit at Clatterbridge (dermatology)very strongly believe any of the options will destroy an excellent unit”

“What right of appeal is there (dermatology)?”

Bed capacity:

“Arrowe Park has reduced from 38 beds to 36 as shown on current drawings. Key relationship with Medical Day Case Unit, Respiratory Lab, Endoscopy, Imaging X-Ray, CT and Physio Support”

“Will staff be required to move as a unit? Will beds and staff be cut?”

“If Option 2a of the site strategy is adopted, will there be a reduction in beds at Clatterbridge?”

Future of Clatterbridge:

“On the Clatterbridge site there’s a strong feeling from very dedicated staff and we are prepared to move forward – we’ve shown that on several occasions in the past. The question that most of us keep asking though is, ‘Why Clatterbridge?’ Staff would like to see some balance in how the messages are communicated as there is a lot of discontent here”

“From the information on the intranet, it looks as though Radiology at Clatterbridge is to be demolished and not re-located. Is this right?”

“If services are moved from Clatterbridge to Arrowe Park how will Clatterbridge survive/continue to operate?”

Future of various buildings:

“From the document, in all five site strategy options it looks like Willow House and Elm House will disappear in 2012/13. Is that correct?”

“What will happen with the future lease for Aviator House as it is not part of the site strategy?”

Car parking/access:

“Need to ensure separate entrance, ease of entry and access, car parking possibly”

“Are there any plans to improve the exit from car park A? Often there is a 30 minute wait to get out at 5pm and this will get worse when more staff are on site”

“No free parking at Clatterbridge. Shuttle bus to CBH would be a help”