

In addition we highlight 4 issues:-

1 We suddenly realized on Thursday evening that you are not the divisional general manager of the rheumatology Ward at Chapel Allerton. Bill therefore asked this question of you "could the agreed proposals be blocked by another management level such as the Divisional General Manager for orthopaedics and rheumatology or anyone else within the unit. You explicitly guaranteed on the telephone to Bill on Friday, October 15th that there would be no such problems". **This is correct. The agreements we made at the meeting on 14th October (as you have outlined below) have been discussed with the Divisional General Manager with responsibility for Ward 2, Chapel Allerton Hospital and with the Chief Executive.**

2 An other afterthought by the secretary and chairman; the nurses need some modification of the Ward for special storage facilities, therefore could these changes be carried out when the other Ward 2 changes are implemented. Could you please confirm that this will not be a problem? The nurses have previously raised this issue. From discussion with nursing staff we will review this issue once the nursing staff and patients have had the opportunity to settle into Ward 2 (Julie McFarlane is back from annual leave week commencing 1st November and will arrange to meet that week). If the storage facilities are inadequate, we would wish to look at how the overall existing storage facilities on the Ward can be better used. If this was not feasible we would work with the nursing staff to ensure the storage facilities were improved.

3. Could Judith let us know of any alterations to the outpatient questionnaire before October 22nd?. Judith will ensure this is done.

4. Could Julie please, as previously promised, arrange for thick curtains to be placed around all the beds on Ward 2, including around the beds in the treatment area, below the MRI scanner. As agreed at the meeting, Julie McFarlane will arrange to meet up with some patient representatives and nursing staff on Ward 2 to review privacy & dignity around the bed areas and to make improvements where these are deemed to be required (we agreed we would look at various options, for example, thick curtains, screens, partitions etc in order that a way forward was agreed at that time). The Trust is committed to maintaining privacy & dignity for patients at all times.

SUMMARY & CONCLUSION of THE LDPP MEETING OCTOBER 14, 2010

- Facilities on Ward 43 are excellent and the move to Chapel Allerton as of Oct 14 will be significantly less perfect.
- The patients are very passionate about their care and appropriately emphasized their concerns.
- Andrew Langford (Skin Care Campaign) fully supported the patients and felt that the Trust had let them down.
- Mr. Philip Norman, Divisional General Manager apologized on behalf the Trust for poor communication and some considerable delays in the progress of the move. The apologies were accepted by the patients.
- Very significant decisions were made, which must be adhered to :-
 - A. The Department of Dermatology has to move from its current site as part of the Trust's clinical and estate strategy, which includes vacating the older parts of LGI (including Brotherton Wing)
 - B. The inpatient unit will move on October 25th; this will definitely improve the morale of the nurses.
 - C. However, before the move happens patients need to be reassured that patient care will not be put at risk.

- D. Dr. Goodfield will have met with his colleagues on October 15th to review the medical staffing arrangements for Ward 2 including the arrangements for when he is away.
- E. Patients would at a minimum expect the consultant on call in Dr. Goodfield's absence to do a proper ward round with him just before he goes away. Also for patient's safety the same principle must apply to the registrars.
- F. In the area beneath the MRI scanner there will be 2 possibly 3 fully enclosed treatment rooms.
- G. Treatments will not occur in the shower areas unless a patient requests this (eg a patient may wish to have their treatments applied immediately after showering or bathing).
- H. There will be some form of new "cubicalisation" together with cubicle curtains of the 4 and 6 bedded bays - the options around this would be discussed with patient representatives, nursing staff and infection control during week commencing 1st November. The option might include firm, fixed composite material partitions +/- glass between the beds, at a height to be agreed upon + thick curtains above this partition + thick curtains at the front-end of the bed or other options as agreed during the review on the Ward.
- I. During week commencing 1st November, Julie McFarlane will arrange to meet with nurses and about 4 ex inpatients to discuss item F and H.
- J. The treatment areas should be in place within 8/10 weeks from moving.
- K. The ward cubicle alterations + nurses needs should be in place within 4/5 weeks of the review meeting taking place (review meeting to take place week commencing 1st November).
- L. The aim would be to get everything done by Christmas.
- M. Mr. Norman confirmed, as the patients expected, that the outpatients would not be ready until after March 2011.
- N. The LDPP is informing the press and the Scrutiny Board of the agreed positive way forward with the reservation that the LDPP HAS MASSIVELY COMPROMISED AND CONSIDER THAT IT IS NOW UPTO THE TRUST TO GIVE ALL THE ABOVE AGREEMENTS THEIR UNDIVIDED AND URGENT ATTENTION

"Signed" and agreed by the following attendees

Victor and Anne Boughton, Bill Cunliffe, Ken Ward, Kate Buckley, Stephen Chambers, Paul & Surinder Verdi, Louise Morley, Mo Patel, Maria Wright, Philip Norman, Judith Lund, Alan Sheward, Julie McFarlane, Beverly Mousa, Mickey Ryan