

Great Western Hospital NHS Foundation Trust Update

Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee

Date: 21st June 2018

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Wards:	Swindon
Locality Affected:	Swindon
Parishes Affected:	Swindon

1. Purpose and Reasons

1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of key issues relating to Great Western Hospitals NHS Foundation Trust.

1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold providers of healthcare services to account.

As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

2. Recommendations

The Committee is recommended to:

2.1 Note the report.

2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

This is a general update from Great Western Hospitals NHS Foundation Trust.

3.1 What challenges is the organisation facing?

As the first committee meeting of the municipal year the following provides detail of some of the key challenges for the Trust including 2017/18 performance for the year ending April 2018.

2017/18 was another challenging but productive year for the Trust as we continue to develop services to patients and meet growing demand. This was most evident in the positive feedback received during our follow-up CQC inspection in 2017 with nearly two thirds of our services now rated as good or

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outstanding, however there remain a number of key priorities for the Trust moving into this year.

3.2 ED

Demand in our Emergency Department continues to be high and for 2017/18 87.2% of patients were seen, treated or admitted within four hours against the national standard of 95%. As is typical for the Trust, demand is particularly over the winter months, but despite this our performance against the 4 hour standard was better in the first three months of 2018 compared to same period in 2017, February was 9% better and placed us 26th in country out of 133 Trusts, this was largely due to the hard work and commitment from our staff with performance increasing to 90.9% at the end of April.

We have also started 2018/19 with better performance than last year seeing positive early signs of improvement but it still remains variable. The key challenge now is to sustain this improvement and consolidate it over the summer as we head into winter and we have already developed the first cut of our winter plan for this year.

3.3 18 week waits

Waiting times are measured against Referral to Treatment indicators. The national target is for 92% of patients to be treated within 18 weeks of referral from their GP. Last year 18 week wait performance had been consistently above 90% at the start of the 2017/18 year and dipped as we approached the winter months ending the year in March at 86.7%.

Committee members may recall a national directive to cancel all elective operations in January and part way into February to prioritise resource towards emergency care which does impact on waiting times as operations are rescheduled. The Trust has a recovery programme in place since February aimed to delivering sustainable improvements in RTT this year.

3.4 Cancer

The Trust achieved all cancer indicators which include a range of indicators focused on 31 day waits for diagnosis to first treatment, the 31 day wait for second treatment, the 62 day wait for first treatment from a referral from the NHS cancer screening services and the 2 week wait for urgent referrals.

The Trust did not achieve the 2 week wait for first appointment following referral for symptomatic breast patients.

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Cancer remains a Trust priority and our aim in year is to achieve all cancer standards.

3.5 Finance

From a financial perspective, the Trust came out of enforcement action with our regulator NHS Improvement (NHSI) in the autumn as we had undertaken all of the actions we committed to as part of the enforcement action process which began almost three years prior. The Trust ended the year with a deficit of £11.3m which was £6.3m away from the original plan. When adding one off Sustainability and Transformation Funding, the deficit reduced to £7.8m.

The PFI contract remains the most pressing factor on our long term finances and we have pursued a range of routes to secure better value but we continue to work with the national bodies to seek support the structural deficit which is driven by the PFI.

This financial year we have set our plan at a £12.5m deficit and if we hit that we will be eligible for some national Sustainability and Transformation funding.

3.6 Capacity

Hospital capacity presents one of the most pressing challenges for the Trust particularly in how we safely care for patients at our busiest times. The Emergency Department at GWH was built for 48,000 people a year and is now routinely seeing well over 80,000 a year.

In July, as part of the Sustainability and Transformation Partnership – the collection of health and local authority organisations working together across Bath, Swindon and Wiltshire - the Trust is putting forward a case to national bodies as part of the national bidding process for capital funds to support the expansion of the emergency department and other parts of the estate.

In addition, developed contributions to acute and community health care services as a result of the housing growth in Swindon has not been forthcoming and the Trust will continue to make the case for appropriate developer contributions towards these essential healthcare services as seen in other parts of the country.

4. What have you done well?

4.1 Julie Marshman announced as new Chief Nurse

Following a very thorough selection process with many strong candidates, Julie Marshman was chosen as our new Chief Nurse taking up the position at the end of May.

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Julie takes professional leadership responsibility for all nursing, midwifery and allied health professional issues, while also working closely with the Medical Director on various matters to do with quality, making it a vital role for any organisation.

Julie is already a familiar face to many having worked in Swindon and Wiltshire for many years. Most recently, Julie has been the Trust's Deputy Chief Nurse, with her role heavily focused on improving quality and delivering consistently high patient care. Her experience in these vital areas will be an important asset to the Board.

4.2 Quality and Safety

The Trust continues to perform well in relation to infection control and is pleased to report that during the course of 2017/18 we saw no hospital acquired cases of MRSA blood stream infections and also seen a 13% reduction in hospital attributable E.coli blood stream infections.

MRSA has been a priority for the NHS for at least the past decade when the number of cases was particularly high. It is therefore a good position to be in to see zero cases over a twelve month period and this sort of performance becoming the norm due to the commitment to strong infection control practices across the NHS.

4.3 Excellent team work from staff during major incident

Following a burst valve in Endoscopy on the first floor we experienced a flood in April, which had a major impact on the ground floor and particularly the Emergency Department, SAU and Day Surgery.

We declared a major incident because of the significant impact it had on maintaining services and Nerissa Vaughn thanked all staff working for the Trust and for Carillion who helped manage the incident especially those tasked with the clear up and getting things back to normal.

Many people had to come in or stay well beyond the end of their shifts to help, which is greatly appreciated.

As it was the front door services that were impacted we had to keep going and move services around, running aspects of the Emergency Department from other parts of the hospital and relocating SAU into the BTC.

This was a great team effort in the busiest part of the hospital and it was handled with a huge degree of professionalism ensuring vital services continued.

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4.4 Nearly 70 per cent of GP referrals now paperless

During February 2018, 69 per cent of all GP referrals to consultant led first outpatient appointments were received electronically and work to implement electronic patient referrals from GPs is continuing across the Trust.

The tool allows GPs to request advice directly from consultants, with the intention of allowing more patients to be treated without the need to be seen at the hospital. Our aim is to receive 100 per cent of referrals via this route by October 2018.

4.5 New e-observations system to be launched at GWH

A new e-observations system will enable staff to manage patient observations electronically and will be rolled out across the Trust this summer.

The new system, called Nervecentre, is currently being tested and proved a popular choice with staff when it was showcased during a mini exhibition back in January 2017.

Staff currently use a paper chart to document patient observations, such as blood pressure and pulse, and then have to manually calculate National Early Warning Scores (NEWS), to identify patients at risk of deteriorating.

With the new system, all patient handovers can be done using mobile devices with software that will automatically calculate the NEWS score of each patient. It will also determine how frequently observations need to be made and automatically sends an alert to the appropriate clinician if the patient is deteriorating.

4.6 UNICEF re-accredits GWH as Baby Friendly

The Great Western Hospital has received full accreditation again from UNICEF's Baby Friendly Initiative after a recent assessment.

The UNICEF Baby Friendly Initiative supports breastfeeding and parent and child relationships by working with public services to improve care standards.

Accreditation is reassessed every 18 months and our maternity and neonatal teams across the hospital have worked very hard to be awarded again.

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Through the staged accreditation programme, health professionals are enabled to support all mothers with their feeding and help parents to build a close and loving relationship with their baby.

GWH aims to promote and support breastfeeding through the national Breastfeeding Welcome Scheme and has a dedicated room for mothers to breastfeed or express milk, including those visiting the Women's Outpatients department and staff who return to work after having a baby. All our maternity and neonatal staff at GWH have training updates each year.

4.7 **GWH takes part in #EndPJParalysis**

GWH is continuing its participation in the NHS England campaign to encourage patients to get up, get moving and get home quicker.

For many in hospital, wearing pyjamas or hospital gowns all day reinforces being unwell and makes them less likely to get up and moving as soon as they are able to.

The #EndPJParalysis campaign rolled out a national 70-day challenge from 17 April to get older people back home to their loved ones sooner by getting them dressed and moving around.

The challenge is running across the UK and Ireland until 26 June to tie in with the 70th anniversary of the NHS on 5 July.

A recent pilot gave patients back 91,728 days or 250 years' worth of time across nine trusts in the east of England, as a result of getting patients up and dressed.

GWH staff across the wards are keeping a daily record of how many patients are up and dressed by midday and how many are mobile, using a secure app.

5. **Alternative Options**

5.1 None.

6. **Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

6.1 None.

Legal and Human Rights Implications

6.2 None.

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All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

6.3 None.

Diversity Impact Assessment

6.4 None.

Risk Management

6.5 None

7. **Consultees**

The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

8. **Background Papers**

7.1 None.

9. **Appendices**

8.1 None.