

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 12th September 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.

Recommendations

The Committee is recommended to:

- 1.3** Note the report
- 1.4** Identify any areas of concern or interest that require further investigation.

2. Detail

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

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Top Five Challenges	Process (Steps Taken)	Outcomes (Going Forward)
<p>1. Emergency Department – Maintaining consistently good performance against rising demand</p> <p>Current performance in July was 91.8% of patients seen, treated or admitted within 4 hours against a national target of 95%.</p> <p>ED attendance has increased from 6,177 in July 2017 to 7,272 in July 2018 – a significant upsurge and only partly explained by the hot weather. This means the Trust will have seen a 10% increase in attendance in Q1 this year compared with 2017 which, when seen alongside the performance improvements is good work by the Trust and demonstrates the improvements being made.</p>	<p>Enhancements we have made have had a positive impact on efforts to improve 4 hour ED performance during the first half of 2018.</p> <p>Earlier this year the Trust agreed a revised trajectory with NHS Improvement of 91.2%, which we are achieving. However the Trust continues to pursue improvements in performance towards the national standard of 95%.</p> <p>This has involved a significant amount of work to develop new processes at the front door as well as focussing on reducing the number of patients in hospital who are waiting for a care packages elsewhere. Whilst there is still much work for us to do as a system, this work involving the CCG and SBC has been very positive and has made a significant contribution to flow and ultimately the impact at the front door.</p>	<p>Our focus now, after a period of performance improvements is to manage this progress consistently as we head through the winter months.</p> <p>Looking ahead, work is also underway to expand the Ambulatory Care Unit as a shorter term measure on the ground floor to help increase capacity so that more patients can be streamed to Ambulatory Care, and therefore reduce the need for admission. This work is due to complete in early December.</p> <p>As briefed to the committee last time, the Trust also awaits the outcome of a national bid for funds to expand ED and increase the number of beds to help meet current and future demand. An announcement is likely in November.</p> <p>With increased pressure, it is essential we maintain the focus on safety at our busiest times. We routinely monitor and report publicly on the Hospital Standardised Mortality Rates – a measure of the expected number of deaths in a hospital – and we continue to perform well against this measure.</p> <p>This includes continued focus on early intervention for sepsis and a range of other safety initiatives that are part of our 500 lives campaign – a goal to save an extra 500 lives between 2015-2020.</p>
<p>2. Cancer – Performance</p> <p>The Trust achieved the two week wait target for all cancers in Q1 with a performance of 95.1% against a</p>	<p>Whilst 62 day performance has been achieved there has been a rollover of some patients into July and also into August and September (specifically on the Urology pathway) that will cause performance to fall below</p>	<p>We expect to achieve the national standard by November 2018.</p>

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara1@nhs.net

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<p>national standard of 93%. However we missed the 93% target for symptomatic breast patients (89.9%).</p> <p>62 day wait from the time of an urgent GP referral to treatment was also achieved overall – 93.1% against a national standard of 85%.</p>	<p>standard.</p> <p>This is the subject of sustained weekly focus with Executive-led Cancer Oversight Committee meetings together with weekly calls with NHS Improvement focussing on all tumour sites.</p> <p>This includes specific work on resolving pressure points along tumour site timed pathways, working with North Bristol Trust on treatment dates for Urology patients and revised 62 day performance trajectories.</p> <p>Communication between tertiary providers is being strengthened through weekly provider to provider telephone calls.</p> <p>For breast symptomatic waits, an improvement plan is in place and an additional Breast Registrar is now in post, which will have a positive impact.</p>	
<p>3. Ophthalmology – Waiting lists</p> <p>Ophthalmology waiting times are the subject of further focus at this time with the appointment of an independent provider to help the Trust deliver improvements in the waiting list backlog.</p>	<p>Additional capacity is being provided to supplement capacity and reduce appointment delays. The ophthalmology waiting list has so far been reduced from 1,420 to 886, in a recent 6 week period follow the engagement of an external provider.</p>	<p>We will continue the clinical and administrative work to ensure patients are seen in a timely manner by an appropriate clinician. We expect the list to be at a manageable level by the end of October 2018.</p>
<p>4. Diagnostic – performance</p> <p>A national standard is in place for diagnostic tests to be completed within 6 weeks of referral. Early diagnosis helps improve outcomes and</p>	<p>Radiology and endoscopy are the main area of focus albeit with some other smaller diagnostic specialities.</p> <p>A detailed action plan is in place for both areas.</p> <p>For Radiology the action plan in place has begun to deliver</p>	<p>Against the overall standard, based on the improvement work, we forecast improved performance to be 90% in November with 98% in March 2019.</p> <p>For Radiology specifically to improve equipment resilience and capability, a Managed Equipment Service is in development to support a</p>

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<p>therefore this represents an important measure for the Trust and an area of significant focus at this time following deteriorating performance. In June the Trust achieved 78.9% against the national target of 99%. This has partly been driven by a lack of capacity and the increase in the number of fast track referrals over the past number of months.</p>	<p>improved performance albeit with further work to do. This includes utilising a mobile CT scanner on site to increase capacity and working with an independent Ultrasound provider from September. Other work includes refining processes and space within the department and increasing Radiology Support Workers as well as Radiographers with 9.8 WTE of newly qualified Radiographers due to start in September and October.</p> <p>For Endoscopy an action plan is in development but performance is expected to decline in September due to staffing and capacity issues over the summer.</p> <p>Additional contributory factors here include a new pathway introduced in May 2018 for Colorectal Cancers, which meant they go straight to test and resulted in an additional 75 fast track colonoscopies, which is the equivalent of an additional 15 theatre lists.</p>	<p>comprehensive equipment replacement programme through 2019/20.</p>
<p>5. Stroke – performance and procedures</p>	<p>On average the Trust sees c10 stroke patients admitted to hospital each week and is an area we have been providing additional resource and focus since earlier this year to help ensure that we are meeting national standards.</p> <p>National standards include measures such as whether patients are admitted directly to a Stroke ward, the amount of time stroke patients spend on a dedicated stroke ward, time to brain imaging, amount of therapy support provide and a range of other measures. These are then summarised into ratings from A-E</p>	<p>Key challenges for the Trust in this area include bed occupancy across the Trust routinely over 100%, which makes ring fencing Stroke beds more challenging at our busiest times.</p> <p>Actions taken to improve the care for Stroke patient includes: implementation of Standard Operating Procedures and micro-management of each patient along the pathway to ensure very close scrutiny of delays. Improved identification of Stroke in ED to enable quicker admission and additional resource provided from the community service to the acute for</p>

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	<p>in terms of performance with A being the best. At present Swindon is graded at E with a goal of achieving level C by June 2018.</p> <p>As data is submitted retrospectively, we do not yet know whether we have achieved that level but are confident improvements have resulted in improved care, which will be demonstrated in improvements against the standard.</p> <p>Of the many different areas we measure the key ones are:</p> <ul style="list-style-type: none">• Direct admission to the Stroke Unit currently stands at 84.6% for July against the standard of 90% - this represents the Trusts best performance since May 2011 with an additional target for patients to be admitted direct within four hours.• Brain imaging within 1 hour and 12 hours. 1 hour performance in July was 63% against a standard of 50% and 12 hour performance was 92.6% against a standard of 90%.• Thrombolysis assessment - standard 90% which we consistently meet.• Therapies – this is split across OT, Physiotherapy and Speech and Language Therapy and is an area where improvements have been made but the Trust is still currently underperforming.	therapy.
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Top Five Achievements	Process (Steps Taken)	Outcomes (Going Forward)
1. Pharmacy performance. This has been an issue raised by members in previous meetings, particularly with regards to delays for medicines at discharge. I am pleased to report that this is an area where the Trust has been performing well since February this year with a turnaround time of less than 2 hours for 82% of patients (against a target of 80%).	We have also put a sustained focus on improving safety and have seen a consistently low level of critical dispensing errors – 0.02% in June. We have also benefited from a Medicines Optimisation Team (MOP) in place to cover Saturn, Neptune, Mercury and Jupiter wards with dedicated pharmacy support to improve (to take away) TTA times.	Our focus is on sustaining the improvements we have already achieved and optimising processes.
2. Maternity and neonatal safety collaborative	We have significantly improved new born preterm babies' chances of survival and reduced their risk of developing serious brain bleeds and gut complications through delayed cord clamping. This work is being led by Neonatal Consultant Dr Sarah Bates and is being well received nationally.	Ninety per cent of all premature arrivals at the Great Western Hospital now benefit from this simple yet significant procedure and we are now one of the best hospitals in the world for offering this treatment.
3. New Deputy Chief Nurse appointed	Tania Currie has been appointed as the new Deputy Chief Nurse for the Trust. Tania is already a familiar face to many, having worked for the Trust for several years. Her most recent role has been Divisional Director of Nursing for Planned Care.	Tania will continue her focus on staff engagement, for which she has been listed as a finalist for the Nursing Times Workforce Summit Awards in the Best wellbeing and staff engagement initiative category.
4. Staff Awards	Trust hosted its Staff Excellence Awards in tribute to all staff who go above and beyond for patients every day. Nine awards were handed out at the event at Swindon's Steam Museum on Friday 22	

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	<p>June.</p> <p>Nerissa Vaughan, Chief Executive, personally thanked the 300-strong crowd at the celebration and the winner of the coveted patients choice award was Samantha Richards, Uro-Oncology Clinical Nurse Specialist</p>	
5. NHS 70	<p>We achieved a significant spike in engagement with staff and the public during our NHS 70 celebrations, which started with a live interview with BBC Wiltshire from 9-10 and the programme included a mixture of live and pre-recorded interviews with staff from GWH.</p> <p>Specially commissioned artwork, was unveiled in the GWH Atrium during the afternoon, while winners of an artwork competition for pupils from Eldene School, Croft Primary School and the Chalet School were announced.</p> <p>NHS70 Parliamentary Awards were also given to:</p> <ul style="list-style-type: none"> • Sammi Cunningham, Mortuary and Bereavement Services Manager, for Care and Compassion • Lyndel Moore, Cancer Nurse Consultant, for Excellence in Cancer Care • Chris Pearce, Nurse Consultant, for Lifetime Achievement • The Neonatal Team, for Patient and Public Involvement 	<p>We saw positive coverage on BBC Wiltshire and Talk Radio, both have very significant audiences across our key communities</p> <p>We also had a two page spread in the print version of the Swindon Advertiser and two more stories online.</p> <p>BBC Wiltshire also ran a 70 Voices campaign leading up to the NHS 70 celebrations too where many of our staff were recorded talking about what the NHS means to them.</p> <p>Social activity was phenomenal with a substantial peak in our Facebook engagement showing we reached 10,475 people a 610 percentage increase.</p>

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3. Alternative Options

4.1 None.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

4.1. None.

Legal and Human Rights Implications

4.2. None.

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

4.3. None

Diversity Impact Assessment

4.4. None.

Risk Management

4.5. None.

5. Consultees

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

6. Background Papers

7.1 None.

7. Appendices

8.1 None.