

NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27 September 2016

Author: Kevin McNamara, Director of Strategy

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and 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 Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

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

- 3.1 General update from the organisation
- 3.2 What are the challenges that your organisation is facing?

a) Maintaining a strong staffing level

Work is ongoing to ensure we have the right number and mix of staff across all services and we are currently focusing on attracting local talent as well as

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exploring international recruitment opportunities throughout Europe and further afield.

Taking into account turnover, we have around 100 more nursing and midwifery staff on our wards at the Great Western Hospital than we did in April 2013 when our recruitment drive began.

Earlier this year we began recruitment in India, however the complexities involved in overseas recruitment, means that nurses who had expressed an interest in working with us, are now unlikely to complete the recruitment process this year.

Our international recruitment drive, which has seen us welcome nine nurses from abroad this year, will continue in Portugal, Croatia, Romania and further afield.

Closer to home, 20 newly qualified nurses have joined our wards and we expect the same number again to be with us this autumn.

In August we ran a successful event to recruit more healthcare assistants, which is an invaluable role in our nursing teams and a good way to begin a career in the NHS.

Another way to begin a career in the NHS is through our apprenticeship scheme which offers apprenticeships in health & social care (a great way to begin a career in nursing) or in business administration (where you'll join one of our important teams behind the scenes).

This summer we also introduced an Overseas Nursing Training Programme which offers overseas nurses based in the UK the chance to gain their NMC Registration and join us as a registered nurse.

b) Emergency Department Improvements and challenges

In response to a continued increase in demand for our services we are planning to make some changes to layout of the Emergency Department.

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Over the past five years attendances to the Emergency Department have increased by almost 20 per cent and we saw around 82,000 people last year.

During July there were 7,545 attendances to the Emergency Department, a 7 per cent increase on June, meaning the team saw almost 500 more patients and over 400 more than in July 2015.

One of our biggest challenges is that more of our emergency patients now need to be admitted onto a hospital ward, with around one in three being admitted, in addition to the many who are admitted straight onto a ward via their GP.

Plans include an additional eight bays providing more privacy for our patients who need immediate care and further assessment, before decisions can be made about their ongoing care. We will also be trialling a new transfer team who will be focused on moving patients to wards, allowing nursing staff to focus on new patients.

As part of a redesign of the Emergency Department Observation Unit which will take place next year, we are planning to add a small outside space to improve the environment and better accommodate patients with mental health needs. The redesigned unit will also include private assessment rooms for patients with mental health needs. Together with Avon and Wiltshire Mental Health Partnership NHS Trust we will be recruiting additional staff to join the Mental Health Liaison Team, who will be based in the Observation Unit to provide 24 hour support.

These improvements will help to improve the experience of our patients and make it easier for staff to provide safe and high quality care.

Hilary Walker, Chief Nurse, will be providing a presentation at the meeting updating on our progress since our last inspection by the Care Quality Commission.

c) Junior doctors' contract industrial action

A week of industrial action by junior doctors, due to take place between Monday 12 and Friday 16 September, was called off by the British Medical Association at the beginning of the month to allow hospitals more time to prepare contingency plans.

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The BMA, whose members voted to reject the government's new contract for junior doctors, is still expected to go ahead with three separate five-day strikes in October, November and December.

Learning from previous episodes of industrial action earlier in the year, the Trust has tried and tested plans in place to ensure that, during any period of strike, disruption is kept to a minimum and patient safety is maintained at all times.

Inevitably, some patients booked to attend hospital on the affected days will unfortunately have their routine appointments postponed as the Trust's nurses and senior doctors work outside of their usual areas to care for people needing emergency treatment.

3.3 What have you done well?

a) Trust chosen as new provider for adult community healthcare in Swindon

Last month marked the start of an exciting new chapter for healthcare in Swindon, as we were named the new preferred provider of adult community healthcare services in the town.

Swindon Clinical Commissioning Group (CCG), which commissions local health services, selected the Trust as the preferred provider following a long process in which a number of organisations submitted a plan of how they would provide the services over the coming years.

This is positive news for Swindon. Being the provider of both acute and community healthcare, means that patients should experience a more joined up service, regardless of whether they are being treated in hospital, in their own home or elsewhere.

We already have a strong track record of providing good care at a community level and received a good rating for our community services in Wiltshire just last year. We are committed to working with our colleagues across Swindon to provide the same high standard.

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This responsibility will now begin sooner than expected

We were planning to provide this service from next February, when current provider SEQOL's contract comes to an end, but have now been asked by Swindon Clinical Commissioning Group (CCG) to become a caretaker organisation for the next few months.

This request is in response to significant financial, quality and workforce concerns in parts of the service which need to be resolved. We have been asked to step in to provide stability to patients, service users and staff.

This was a big decision as it means we will now become responsible for community healthcare from 1 October, but it was also an easy one as it will ensure local people continue to receive vital healthcare in the community, prior to a longer term contract being agreed.

What does this caretaker period mean?

The term 'caretaker' simply means we will be looking after the service for an interim period, however during this time it's important to recognise that we will be responsible for the quality, finance, performance and everything else involved in providing a healthcare service.

This next chapter is all about creating a more joined up service for our patients and service users, whether in hospital, in their own home or elsewhere.

While this won't happen overnight, this interim period where we become caretaker for community healthcare will be an opportunity to learn more about the opportunities and challenges ahead.

Our main focus at this time is to make sure there is a smooth handover of this service and that patients and service users continue to receive the care they need from the familiar faces they have come to know.

During this caretaker period we will agree a longer term contract with the CCG to provide these services from 17 February 2017.

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b) Launch of our Never OK campaign

September marks the launch of our Never OK campaign, which sends a clear message that abuse of NHS staff is never OK and we will take action against anyone who verbally or physically abuses our staff.

This is in response to feedback from the 2015 NHS Staff Survey where one in three staff said they had experienced a form of verbal abuse from patients, their relatives or members of the public last year. This is completely unacceptable. No one should come to work and not feel safe and our staff should never tolerate verbal or physical abuse as part of the job. Aside from the immediate upset; rude, intimidating and aggressive behaviour can cause longer term stress and drive hardworking people out of the NHS at a time when we need them most.

We have recently invested in more personal alarms for teams who experience high levels of abuse on a regular basis and introduced body cameras among teams who experience abuse on a regular basis.

We have a security team available 24/7, a security management specialist, state-of-the-art CCTV and the full support of the local police, with six prosecutions since January.

The campaign involves posters around the Great Western Hospital site as well as working with the local media to raise awareness of the issue media. We are asking local people, businesses and other organisations to show their support through our social media campaign #NeverOK.

c) Endoscopy Unit recognised for high quality

A Joint Advisory Group has described the care provided by the Endoscopy Unit at GWH as “of the highest quality”.

The Joint Advisory Group (part of the Royal College of Physicians) provides assurance of the quality of the unit with a thorough assessment. They look at all aspects of the unit, specifically clinical quality, quality of patient experience, workforce and training.

The assessors described how the vision and plan for the service was consistent and clear, and commended the team who work to deliver care in endoscopy to 13,000 patients each year.

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All NHS endoscopy services receive regular assessments. Although a virtual assessment takes place every six months, a full assessment which involves a visit only occurs every five years.

We continue to work with our commissioners to maintain this high quality service and make further improvements to support the early detection of bowel cancer.

d) Exemplary care given to cardiac patients

Last month it was revealed that patients needing treatment for a slow heart beat are more likely to receive the pacemaker most appropriate for their condition at the Great Western Hospital in Swindon than anywhere else in the country.

A new report into the provision of pacemakers in NHS hospitals revealed that 100 per cent of Swindon patients in 2014/15 were implanted with the pacemaker approved by the National Institute for Health and Care Excellence (NICE).

The average NHS hospital only manages to offer this state-of-the-art device to 89 per cent of slow heart beat patients, with some poorer performing hospitals only giving the pacemaker to fewer than 50 per cent of patients.

Three hospitals were highlighted in the report by University College London as demonstrating “exemplary practice”, with the Great Western Hospital the only one of the three to offer the dual chamber pacemaker to every suitable patient.

This is great news for our patients who can be assured that when they come to the Great Western Hospital, they are receiving a very high standard of care and treatment.

This achievement also highlights our commitment to 500 Lives, the Trust’s vision to save an extra 500 lives by the year 2020.

A full copy of the report can be found on the UCL website, www.ucl.ac.uk

3.4 Specific in-depth topic for discussion at the committee (please note this heading is discretionary depending on the need to raise a specific issue)

3.5 Supporting Information

3.5.1 None

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4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

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

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 None