

# Great Western Hospital NHS Foundation Trust Update

## Children's Health, Social Care and Education

### Overview & Scrutiny Committee

Date: 9<sup>th</sup> November 2016

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Author:	Sarah Merritt, Divisional Director of Nursing, W&C
Wards:	Maternity and Children's Services
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

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#### 1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education 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 Children's Health, Social Care and Education 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**

Intensive recruitment is on-going to ensure we have the right number and mix of staff across all Maternity and Children's services.

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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.

#### **Improvements and challenges**

##### **a) Paediatric Emergency Department**

The workload for the Emergency Department has increased over the past five years by almost 20 per cent, last year the department attended to around 82,000 people. During July there were 7,545 attendances, a 7 per cent increase on June, in reality the team saw almost 500 more patients and over 400 more than in July 2015.

One of our biggest challenges is that around one in three of our emergency department attendances now need admitting, this is in addition to the many who are admitted straight onto a ward via their GP.

In the autumn of 2015 agreement was obtained to increase the Registered Nursing model in the paediatric emergency department to provide 2 Registered Nurses on duty 24 hours a day and in March 2016 approval was given to introduce a Health Care Assistant into the paediatric emergency department waiting area 24 hours a day, this initiative would ensure that our safeguarding children requirements were met and the safety of the department improved. Both agreements were a positive step and required intensive recruitment to achieve the required staffing levels, to date we have 2 vacant RN positions left to fill.

##### **b) Children's Acute Unit and Paediatric Assessment Unit**

Staffing in the children's unit has continued to be a challenge; however things are looking quite positive at the moment with good levels of recruitment. During the summer months June to October, the beds were reduced to 16 from the usual 20 thus preventing the need to use agency staff during this less busy period. Like last year it started a little rocky for the first week of June, and then settled. July proved to be difficult and a considerable amount of agency staff were required to meet the demand for one week. HDU and Mental Health patients have required dedicated 1:1 support throughout the summer months which has on occasion been difficult to secure.

Long shifts have been introduced on the unit which has helped the staffing situation and last years' staffing review, where Band 4 Nursery Nurses and a Band 6 nurse in charge introduced on every shift 24/7 has been a positive initiative. There is a massive shortage nationally of paediatric nurses with training places and the number of nurses graduating much reduced compared with adult nurses.

Since September 2015 the Ward Manager has been flexibly retired working 3 days a week. There has been very little applicant interest in this post however the post

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holder and the Divisional Director of Nursing work hard to ensure the ward do not feel the impact from the reduction in hours.

We continue to nurse patients within the current staffing model on the Children's Unit where the acuity and dependency is high. However we are not a designated HDU facility and benchmarking with other trusts has revealed that we nurse children with greater needs than other HDU facilities in neighbouring trusts. With appropriate designation we would be able to increase our staffing levels, provide additional training and associated equipment.

Work continues towards raising funds for the outdoor play space. We are now much closer to achieving our vision with this and although a funding deficit of approximately £20k remains this has not dampened our enthusiasm and we hope to achieve our goal in the spring.

We have recently secured twice monthly visits from 2 PAT dogs (Pets As Therapy) Ted, a golden retriever and Jasper a lurcher/greyhound cross. The visits by both dogs and their owners cannot be underestimated as they are hugely beneficial to the emotional wellbeing of the children in our care who may be missing their own pets at home during their stay in hospital.

#### **c) Special Care Baby Unit (SCBU)**

Long shifts have been introduced on SCBU and the Band 6 job descriptions have all been standardised with them all now fulfilling the role of junior sister rather than, as before, senior staff nurse, this supports the ward manager in her role. Staffing has been difficult on SCBU therefore recent focus has been on succession planning with several Band 6 posts recruited to as developmental positions with associated support provided.

In November 2015 the Special Care Baby Unit introduced an Outreach Nursing Service. This service was created for newly discharged babies to support them and their families in the first early days at home when they can feel quite vulnerable, scared and isolated. Parents have fed back that the outreach team have made a huge difference and boosted their confidence.

Transitional care remains an objective however this is currently not possible as the geographical plan could not be approved to achieve this.

#### **d) Maternity Services**

Focus on recruitment remains in maternity services with many newly qualified and experienced midwives joining the service in recent months.

A recent positive development widely reported on in the local news and in the newspapers was the opening of the bereavement suite which, whilst hopefully will

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not be used extensively will provide a quiet environment for bereaved families to spend time together at a difficult time.

#### e) **Children's Outreach Nursing Services (CONS)**

The joint venture between GWH CONS team and Jessie May/Naomi House has proved to be a very successful one, the arrangement is going well with the team having 24 families on their books (30 is the maximum number on current staffing levels).

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

#### 3.3 Supporting Information

3.3.1 None.

#### 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

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#### **6. Consultees**

- 6.1 The Board Director, resources (Section 151 Officer) and the 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.