

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 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) Delayed discharges

We have introduced a new Discharge to Assess Service which involves a team in the community assessing patients in their own Swindon homes within 72 hours of leaving hospital. This means that patients don't have to wait in a hospital bed for decisions to be made about further care they might need in the community.

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We are also working to better utilise our discharge lounges so patients can wait for their transport home away from the ward, helping to free up beds, so other patients can begin treatment sooner.

These are just some of the things we are doing to ensure patients can leave hospital in a timely and well planned way, when they no longer need this level of care.

This is our big challenge and of the average 225 people who attend the Emergency Department each day, around a third need to be admitted into hospital.

Our focus is planning ahead so everything is ready when the patient is well enough to leave and working with local care partners so that arrangements for further care and support can be made early on.

In October, we lost the equivalent of 805 bed days due to delays in discharging patients from the Great Western Hospital to further care in the community, such as care homes or packages of care in the patient's own home. This is 120 days less than September, although 238 days more than the same month last year (a 42 per cent increase). We are now seeking reimbursement for some of these delays.

Currently we are seeing high numbers of delays with patients coming from Wiltshire and out of area.

As we are now providing community healthcare services in Swindon we have a greater opportunity to influence the discharge process. Part of this work involves developing an Integrated Discharge Service across secondary and community care for the first time. This will help to remove organisational boundaries that can sometimes cause delays.

This winter we will also be launching a leaflet to prompt more discussions with families, friends and carers about what they can do to help. Getting loved ones involved in discussions helps to ensure that any help around the home or arrangements for further care can be made early on.

Local people can also help by being available to collect the patient and bringing clothes for them to leave hospital. Simple things like putting the heating on and stocking the home with food and medicine can also make a big difference.

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b) Demand for urgent and emergency care

We continue to experience significant demand in the Emergency Department, with October seeing 7,527 patients.

When compared to the same month last year, this equates to an increase of more than 615 additional patients and 328 more than last month (September 2016). Of these, 74.8 per cent were transferred, admitted or discharged within the national four hour target. The national target is 95 per cent, which does mean the Trust will lose some Sustainability and Transformation Funding for missing this target.

The efforts of staff are commendable, who work hard to ensure that, in spite of continually increasing demand, the vast majority of patients are admitted, transferred or discharged within four hours.

As the colder weather approaches, we remain focused on making the department as resilient as possible and we continue to focus on recruiting more permanent staff to the Emergency Department. A recent recruitment event was a great success and generated lots of interest from qualified nurses.

Ahead of a busy winter, we are exploring plans to move the ambulatory care service nearer to the Urgent Care Centre and the Emergency Department; this is so that all urgent and emergency care services are located closer together.

From 1 December a mental health nurse from Avon and Wiltshire Mental Health Partnership NHS Trust will be based in the Emergency Department Observation Unit. This will ensure we can meet the specific needs of patients with mental health conditions. Having this expert advice to hand also means decisions will be made more quickly.

We are also working with Swindon Clinical Commissioning Group to develop material to raise awareness of the local healthcare options available without an appointment.

Around 10 per cent of attendances to the Emergency Department could have potentially been treated elsewhere and there is a streaming nurse in place to direct these people to the Urgent Care Centre.

It is therefore important to recognise that although helpful, these messages are unlikely to make a big impact on numbers attending. However what these

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messages aim to do is encourage people to seek help earlier on through being aware of the healthcare options available to them.

c) Sustainability and Transformation Plan

The draft summary of our local Sustainability and Transformation Plan (STP) for Bath and North East Somerset, Swindon and Wiltshire, was published in November and is available to read on our website. The full publication will be published in the coming weeks.

Every health and social care system in England must produce an STP, showing how organisations will work together to address the challenges which come with an ageing and growing population.

Despite some of the media coverage you may have seen, our plan isn't about merging organisations, but a plan for how we can work together on the same issues we are all facing and reduce some of the pressure we all experience.

The standard of health and care services locally compares well to other parts of the country. However, there are still improvements that need to be made to make sure services are the best they can be and fit for the future.

The summary sets out our emerging priorities to improve health and care services for the 874,000 people living in our local communities.

It proposes new ways of working together to meet the many challenges facing the health and care system. It also sets out our strategic direction which will guide discussions with local people and organisations, who we will be working with to create more detailed proposals for how local services will develop over the next five years.

There will be opportunities for local people to be involved in developing the plan in the coming months. This is our chance to make sure services are designed in a way which will meet an increasing demand with the resources we have.

3.3 What have you done well?

a) Improvements recognised in the Emergency Department

The Care Quality Commission has announced that a warning notice, previously imposed on the Emergency Department at the Great Western Hospital, has been

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lifted after inspectors saw sufficient improvements during a follow-up visit in October.

At the time of the first inspection, we acknowledged there was more we needed to do to manage the high demand for our services and we have spent the past year working hard on improvements.

Despite national shortages of nurses in particular, I am pleased that we now have more permanent staff caring for patients in ED. We've also recently invested in a team of specialist mental health nurses who are on hand 24/7 to support our emergency patients with mental health problems.

A new patient safety checklist is helping to standardise and improve the frequency of patient observations and ensure that care is provided more consistently while patients wait.

National best practice observation tools are also being used to help identify deteriorating patients sooner and new electronic display boards mean staff can view key patient information more quickly. Record keeping has also improved.

We are in a similar position to many other emergency departments and much of our improvement work is thanks to the outstanding efforts of the team in ED, who often bear the brunt of the pressure.

We know that with a growing and aging population in Swindon, this problem won't be solved quickly and managing the high demand for our services will be a priority for years to come.

b) Providing healthcare in the Swindon community

Work with Swindon community healthcare services is progressing well and staff are involved in addressing some of the challenges facing these services.

The Care Quality Commission (CQC) last month published their report following their inspection of district nursing and podiatry services provided by SEQOL back in September.

Although the CQC did not rate the service, the inspectors also reported that changes needed to be made to improve safety and some of the key themes have already been identified as part of our due diligence process. Some of the

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priorities for improvement will be incident reporting and learning, staffing, training and the safety of our staff who work alone.

We are currently acting as a caretaker for adult community healthcare services in Swindon, prior to a longer term contract being agreed next February and a joint update between CCG, SBC and GWH is provided elsewhere on the agenda.

This next chapter of healthcare in Swindon is all about creating a more joined up service for patients, regardless of where they are receiving their treatment. It also presents us with opportunities to make the improvements needed and while this won't happen overnight, the next few months are an opportunity to focus on these areas.

While it is unclear when the next CQC inspection of community healthcare services in Swindon will be, this will be our opportunity to show local people the improvements we've made and build confidence in these services.

c) Flu vaccination campaign progressing well

Over 44 per cent of staff, who have regular contact with patients, have now protected themselves with the annual flu jab. This is 4 per cent more than the number of staff who had received the vaccine at this time last year and similar to the progress of other local trusts.

This means that since the beginning of October, 1,975 staff have had the vaccine, which is considered to be the most effective form of defence against the virus and despite the myths, cannot cause flu.

Doctors, nurses, healthcare assistants, allied healthcare professionals, pharmacy staff, ward clerks and other staff who regularly come into contact with patients, are all encouraged to take up the offer of the free vaccine.

The Occupational Health Team is also offering the jab to all Wiltshire Health and Care staff, Carillion staff, students and volunteers.

This year we are making it as easy as possible for staff by visiting wards and departments and holding regular drop-in clinics.

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d) Radiotherapy Appeal total tops £1 million

Brighter Futures' Radiotherapy Appeal hit the £1 million mark in October, thanking its fundraisers, supporters and volunteers at a special event hosted by the Mayor of Swindon Eric Shaw.

All money raised for the Radiotherapy Appeal will go towards the £2.9 million needed to fund specialist equipment that will be at the heart of a new Oxford University Hospitals NHS Foundation Trust radiotherapy unit on the Great Western Hospital site.

Cancer patients in Swindon and Wiltshire currently face weeks of daily visits to and from the nearest radiotherapy centre in Oxford for treatment.

The groundwork for what will eventually be the new radiotherapy centre at GWH began last month. This initial ground work, expected to be complete by next summer, will ensure that when builders arrive on site in 2017, the project can move forward without unnecessary delay.

Due to open in 2019, the centre will offer people from Swindon and Wiltshire the kind of lifesaving cancer treatment unavailable in the local area. At the moment, people needing radiotherapy have no choice but to make daily trips to the nearest units in Oxford, Bath or Cheltenham.

This new centre, which will be managed by neighbouring Oxford University Hospitals NHS Foundation Trust, is currently the focus of the Radiotherapy Appeal by Brighter Futures. So far, more than £1.2 million has been raised towards the £2.9 million target.

e) New bereavement suite offers quiet space for families

Bereaved families who have experienced a stillbirth or neonatal death now have access to a private space away from the busy maternity ward.

The new Forget Me Not Bereavement Suite opened on 10 October with money raised by Swindon Stillborn and Neonatal Death Charity and a grant from the NHS Improvement Fund.

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The suite provides a dedicated quiet space, with a kitchen area, sofa beds and a calming and homely décor, where parents can create memories in a safe, supported and protected environment.

Around 4,500 babies are born every year at GWH and it is thought the new room will be used by around 50 families a year.

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

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 Interim Corporate 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.