

# Great Western Hospital NHS Foundation Trust Update

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

Date: 7<sup>th</sup> February 2017

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Author: Kevin McNamara, Director of Strategy

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

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### 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) Demand for urgent and emergency care and how we manage beds

Our biggest operational priority currently, is improving our Emergency Department (ED) performance and how we cope with significant demand.

We continue to experience significant demand in the Emergency Department, with November seeing 7,123 patients. When compared to the same month last

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year, this equates to an increase of more than 131 additional patients, but 404 fewer than October 2016.

Of these, 71.8 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.

To help our urgent and emergency care services work together more effectively, we plan to move the ambulatory care service based within GWH, nearer to the Urgent Care Centre and the Emergency Department. This means that all urgent and emergency care services will be located closer together by the end of January.

The multidisciplinary team who provide ambulatory care, assess, diagnose, treat and then discharge patients the same day. These are mainly patients who have arrived via the Emergency Department or have been referred by their GP for urgent care.

The service, which is based around decisions being made more quickly, is a huge success in getting patients, back home on the same day, so they don't need to stay overnight on a ward.

Evidence shows that this approach helps to reduce pressure on our emergency and ward staff, as well as improve clinical outcomes and the patient experience, by reducing delays in decision making. It is hoped the new location of ambulatory care will help us to move patients out of the Emergency Department more quickly.

We have also launched a new campaign in collaboration with Swindon CCG to highlight the healthcare services which are available without an appointment. This aims to support patients when they either can't wait for a GP appointment or need urgent care.

Of the 225 people who attend our Emergency Department each day, around a third need to be admitted onto a ward, often with multiple and complex conditions.

This is our big challenge. At the moment we're not in a position to add more beds, but massive growth and new build housing in places like the New Eastern Villages will mean demand for our services will only continue to grow over the next five to ten years.

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We are therefore actively pushing for additional funds from housing developers, in partnership with Swindon Borough Council, so that we can accommodate this growth.

The inevitable increase in demand will not only impact on the hospital, but on all healthcare services including GPs, as well as social care services.

The operational challenges we are facing should not be seen in isolation. They are a symptom of the increasing pressures facing the health and social care system across the town.

As well as working on services to prevent people needing admission to hospital in the first place, we must also ensure patients can leave hospital as soon as they are well enough.

Discharges can be delayed for a number of complex reasons, often to do with planning the care the patient will need after leaving hospital. Creating complex care packages often relies on the whole health and social care system working together at what is a very challenging time for all.

#### **b) Supporting timely and well-planned discharges**

Our new discharge to assess service called 'Home to Assess' is helping patients to return home as soon as they no longer need our hospital care.

Since launching in November, the community team have so far assessed 32 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.

When assessing what type of care a patient will need in their own home it makes sense a lot of the time to do that in their own home to get a clearer and more true to life assessment. An example might be a patient who needs a wheeled walking frame, which they may find easy to use on the hospital's flat and uncarpeted floors, however at home they may fall as they try to negotiate carpets, rugs or narrow doors.

When each patient arrives home they will have someone there to make sure they are all right for the night. Next morning the intensive assessment involving occupational therapists, nurses and sometimes physiotherapists begins and is complete within 72 hours of being home.

The aim is to use the scheme for five patients a day, five days a week.

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We also continue to better utilise our discharge lounges so patients can wait for their transport home away from the ward, helping to free up beds.

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.

In November 2016 we experienced an 8 per cent increase in patients needing to be admitted into hospital after attending the Emergency Department, compared to the same month in 2015. This increase in admissions was compounded by an increase in delays of patients being discharged, due to delays in on-going care arrangements. In November 2016, the number of bed days lost due to delayed transfers of care was about 50 per cent more than in November 2015.

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.

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.

We have also launched a leaflet and poster campaign called 'Leaving hospital' 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.

### 3.3 What have you done well?

#### a) CQC announce routine inspection in March

The Care Quality Commission (CQC) has confirmed that they will be conducting a routine inspection of our services from 21 March.

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This is an opportunity to show the improvements we've made over the last year and change our overall rating from 'Requires Improvement' to 'Good'. The rating is important as it says a lot about the quality of care people can expect. It is likely the CQC will be interested in all our services at the Great Western Hospital (GWH), as well as the community healthcare services we're now providing in Swindon.

Although it is yet to be confirmed which services will be inspected, the CQC are currently asking local people to share their experiences of our care to help form their inspection plan.

#### **b) Trust staff benefit from 30 hours of free childcare**

Caroline Dinenage, Minister for Early Years, visited the Cooperative Nursery on the GWH site on 28 November to speak with staff who are among the first in the country to benefit from 30 hours of free childcare every week.

Currently, all parents with either a three or four-year-old can receive 15 hours of free childcare from the government. However, a new Department for Education initiative being piloted in Swindon means eligible staff at GWH are entitled to double the usual entitlement.

Already over 100 staff have taken up the offer and I hope that as many staff as possible will take advantage of this scheme, ahead of the national roll out from September 2017.

#### **c) Staff car park expansion complete**

The expansion of the staff car park is now complete, giving us an extra 400 spaces for staff.

While we're under no illusion these spaces will solve our parking problems, they are helping to keep more spaces free in our public car parks. This will make it easier for patients and visitors to park and help to ease the long queues we have seen this year.

We continue to do all we can to make improvements to car parking with the money we have available.

On this subject, local residents in the Liden area of Swindon have handed a petition to the Trust to oppose staff parking near their houses and asking the Trust to offer staff free car parking.

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We have met with local residents to discuss their concerns; however we have no powers of enforcement on public roads. Our staff are asked to park considerately and we recently placed notices on the windscreens of vehicles parked in the Sedgebrook area with a reminder.

Staff are asked to find alternative travel arrangements on the days they are not permitted to park in the staff car park, options include car sharing, cycling or public transport.

While we would like to allow staff to park more frequently, we need to review the impact of our recent expansion to the staff car park during the first half of 2017 to see what space is available at our very busiest times.

All staff with a parking pass are charged £1.50 for each day they park in the staff car park. The charge was increased by 50 pence last year to pay for the extra 400 spaces which are now open.

Without a charge, the cost of maintaining the car park would need to be funded directly from frontline care, diverting money away from patient services.

#### **d) Stem Cell Service receives essential accreditation**

Following an inspection by the Joint Accreditation Committee-ISCT & EBMT (JACIE), the Autologous Stem Cell Transplantation Service at GWH, has been awarded an important accreditation in the field of haematopoietic stem cell transplantation.

The internationally recognised system of accreditation provides assurance of high quality patient care and laboratory performance in haematopoietic stem cell collection.

Based against established international standards, the accreditation gives us the approval needed to provide a stem cell transplant service.

Up to 20 patients a year, with blood cancers such as lymphoma and multiple myeloma, receive stem cell transplants at GWH.

Without the accreditation patients would need to travel to Bristol or Oxford for treatment.

This is the second time the Trust has received the accreditation which must be renewed every four years, with standards getting tougher each time. We are the

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10th centre in the UK to be accredited under the new 6th Edition Standards which are extremely high.

#### **e) Building work has started in the Endoscopy Unit**

Building work has started to improve the privacy and dignity of patients and the facilities for staff in the Endoscopy Unit at GWH. The new design will also help to improve patient flow through the unit.

Improvements will be made to the reception area, the staff room and changing facilities and pre-operative areas.

This work was encouraged following an assessment by the Joint Advisory Group (part of the Royal College of Physicians) who assessed the unit last year, describing the care as “of the highest quality”.

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.

The building work will not cause any major disruption or noise and is not expected to affect any other service. It is scheduled to be complete by the end of March.

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.

#### **f) Maternity support worker nominated for Royal College of Midwives award**

Kerry Wheeler, who has worked on the Delivery Suite for the last 12 years, has been shortlisted for the Pregnacare Award for Maternity Support Worker of the Year.

The national award recognises the importance of the maternity support worker role in providing holistic care to women and their families and supporting midwives to help free up their time caring for new mums.

The awards are a fantastic opportunity for midwives and maternity support workers to showcase the wonderful, innovative work they are doing to deliver better care for women, babies and their families.

Kerry is one of 10 Maternity Support Workers employed by the Trust and was nominated for the award by Tanya Miles, a midwife on the Delivery Suite. She was nominated because she is passionate about providing personal care to each



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and every mum and baby.

The Delivery Suite is a very busy place, so maternity support workers like Kerry are really valuable in giving our midwives more one-to-one time with mums.

The winners will be announced at the RCM awards ceremony in London on Tuesday 7 March.

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

#### 3.4 Supporting Information

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 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.