

Great Western Hospitals NHS Foundation Trust
Adults Care, Adults Health and Housing
Overview & Scrutiny Committee

Date: 25 April 2017

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** What are the challenges that your organisation is facing?

a) Demand for urgent and emergency care

Our biggest operational challenge, managing a significant demand for our services, remains and a large part of this is improving our Emergency Department

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(ED) performance, specifically to treat, transfer or discharge at least 95 per cent of patients within four hours of arrival.

Despite popular belief, as we move into the spring and summer months the number of patients attending ED is expected to increase slightly, as based on previous years, more patients attend with minor injuries.

Despite seeing around 700 fewer people in ED in February, compared with January, this is simply due to the shorter month. However the 6,154 attendances were fewer than seen in February 2016 by 7.9 per cent or around 520 fewer patients.

80 per cent of patients who attended either ED, the Wiltshire Health and Care minor injury units or the Urgent Care Centre were treated, transferred or discharged within four hours of arrival. Of those who attended ED in February, 65 per cent were treated, transferred or discharged within four hours of arrival.

Admissions remain our big challenge. On average of the 225 patients who attend ED each day, around a third need to be admitted onto a ward, often with multiple and complex conditions.

The number of patients attending for emergency or urgent care who then need to be admitted onto a ward for further care was 2,970 in February, which is almost the same number admitted during February 2016.

In 2015/16, 61 per cent of patients attending ED aged 60 and over, needed to be admitted into hospital. This percentage increases with age. In the same year, 74 per cent of attendances to ED aged 80 and over needed to be admitted to a ward.

Activity across all services over the last five years shows the significant increase in demand.

	2010/11	2015/16
ED Attendances	68,618	82,425
Emergency Inpatients	35,210	45,341
Elective Inpatient Activity	7,269	5,863
Day cases	27,813	33,934
New Outpatients	96,456	158,170
Follow Up Outpatients	212,887	308,468
Total	448,253	634,201

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy on kevin.mcnamara@gwh.nhs.uk or 01793 604676.

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At the end of March we opened a Medically Expected Unit on Linnet Ward, primarily for patients referred for urgent or emergency care by their GP, the aim being to relieve pressure on ED and speed up decision making for the care and treatment of these patients.

This follows the move of our Ambulatory Care Unit to the Urgent Care Centre earlier this year, bringing it closer to ED. This is helping to bring our urgent and emergency care services together, supporting closer working and more effective care.

Both the Medically Expected Unit and Ambulatory Care are based around decisions being made more quickly by multidisciplinary teams, so patients are less likely to need to be admitted onto a ward or need to stay overnight.

We are also now looking into developing an integrated front door for emergency and urgent care to consolidate this decision making and streamline processes.

Our ED team continue to work extremely hard using the resources and space we have to provide high quality care and critical treatment to each of our patients.

We also continue to push our 'Healthcare without an appointment' campaign in collaboration with Swindon CCG, which raises awareness of the local healthcare services on offer when patients are struggling to get a GP appointment or need urgent care. Material has been distributed in ED and the Urgent Care Centre and in GP surgeries. This is all supported by a social media campaign.

b) Expanding capacity

In 2015/16 we cared for around 186,000 more patients than we did five years ago. This 40 per cent increase since 2010/11 highlights the pressure facing the Trust and the need for additional capacity.

Between 2010/11 and 2031 the population of Swindon Borough is expected to have increased by 47 per cent and 22,000 new homes, in new areas such as the Eastern Villages, are expected to be built over the next five to ten years.

We're not currently in a position to add more beds, but expanding capacity is clearly something we must explore to meet this future demand.

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Over the next few months we will be exploring potential options to expand capacity beyond traditional models of ward based care, including exploring the potential for the development of more ambulatory care style services to support patients needing urgent care.

The challenge will remain that although we will be able to demonstrate need; national capital funding constraints limit our ability to access the funding needed to support any new developments.

The Board are however committed to exploring all avenues to secure the support needed for Swindon.

As we are now providing community healthcare services in Swindon there are opportunities to look at remodelling services so they are designed with a greater focus on patient need, rather than organisational boundaries. We will also be exploring community services which could help to prevent the need for admission into hospital, including strengthening our community nursing teams.

Unprecedented growth will continue to affect all health and social care services, so operational issues around managing high demand should not be seen in isolation. The challenge stretches well beyond the hospital.

c) Discharging patients remains a priority

A new Integrated Discharge Service will be launched by the end of April to help standardize discharge processes across all wards and services, regardless of where the patient lives. This follows a successful pilot on Jupiter ward where the new process has been tested and developed.

The service will be a collaborative between Swindon and Wiltshire Clinical Commissioning Groups, Wiltshire Health and Care, Wiltshire Council and Swindon Borough Council.

Having a consistent process aims to reduce delays in discharging patients and transferring patients between providers.

The service will include social workers, occupational therapists, community nursing teams, physiotherapists, the Patient Flow Team and the new Home to Assess Service.

The Home to Assess Service, which launched in November, is progressing well and by 7 March the team had assessed 130 patients in their own Swindon homes within 72 hours of leaving hospital.

This meant that these patients didn't have to wait in a hospital bed for decisions to be made about further care they might need in the community, saving 384 bed days.

Over 80 per cent of patients who experienced the service benefitted from an improved level of function and just 11 per cent of patients ended up being admitted back into hospital due to deterioration.

The team finds that assessing patients in their own homes gives a more true to life assessment of their needs.

We also continue to promote the 'Leaving hospital' campaign which prompts staff, families and carers to have often difficult discussions about leaving hospital earlier on. It also acts as a reminder for some of the practical things everyone can do to help, such as being available to collect the patient from hospital and bringing clothes for them to leave hospital.

d) Recruitment update

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We'll be launching a new recruitment campaign this spring to raise awareness of the Trust as an attractive employer, offering a diverse range of rewarding careers in a great location.

The strong visual campaign will be used across a range of channels and features our staff as the faces of the Trust.

The campaign follows extensive research with staff based on what attracted them to the Trust and aims to put the Trust at the forefront of local people's minds when thinking of a career in healthcare.

We're in tough competition with other local trusts, especially in terms of nursing recruitment and this isn't likely to become any easier, with applications to nursing and midwifery courses falling by 23 per cent after the government abolished NHS bursaries.

Alongside our new campaign, we continue to focus on community engagement activities to attract nursing students and targeting local people with experience in healthcare looking to return to practice.

We've also introduced a unique career development opportunity giving staff nurses a chance to take on a more senior nursing position as a senior staff nurse.

The new role is designed to recognise and reward more experienced staff nurses with a special uniform and increase in pay, providing a career development opportunity between a staff nurse and the role of junior sister.

e) New rules mean overseas visitors must pay before non-urgent treatment

From 1 April all overseas visitors must pay for any non-urgent treatment before they receive it.

Emergency care will be unaffected by the new rules and remains exempt from up-front charges. However, patients from overseas who require further treatment outside the Emergency Department will be asked for payment at a later date.

It is a legal obligation for us to ask patients if they have lived in the UK for at least the last six months regardless of their age, sex, race or ethnicity. If the patient is not entitled to free NHS treatment, the medical team will draw up a treatment

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plan to calculate costs. The patient must then pay before any non-urgent treatment can take place.

3.3) What have you done well?

a) Routine Care Quality Commission inspection

We welcomed inspectors from the Care Quality Commission (CQC) at the end of March as part of a routine inspection of our services both at the Great Western Hospital and across our community healthcare services in Swindon.

For us this was an opportunity to demonstrate the improvements that have been put in place since the CQC's last routine inspection in 2015 when the Trust was rated as requires improvement.

Although very busy, many staff had the opportunity to talk to inspectors, answering questions, explaining processes and telling them about the quality improvements and innovations in their area.

We hope that the good work and changes that have been implemented over the last 18 months will be reflected in the final report which we expect to receive this summer.

b) Community healthcare services in the Swindon

Our work as the new provider of community healthcare across Swindon is progressing well and we expect to agree the final contract with Swindon Clinical Commissioning Group over the next few weeks.

This won't mean anything changes from a practical point of view as we have been providing these services on a caretaker basis since October 2016, so patients will continue to receive care from the same familiar faces.

Over recent months we have been gathering and reviewing important information about our new services to identify areas of best practice and also areas where improvements need to be made.

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We have also been aligning processes with Trust processes to improve systems, governance and processes to support staff and protect patients.

As this work progresses we're confident that having one single provider of both acute and community care in Swindon will mean there are many more opportunities for joined up working, reducing barriers and speeding up processes for patients.

f) Waiting times for planned procedures

The target for treating patients within 18 weeks of their original referral was achieved during the last five months of 2016, but we've started 2017 just below the 92 per cent target.

91.1 per cent of patients who were on the list for a planned procedure in January and February waited less than four and a half months for treatment. This is a significant achievement considering the increase in admissions we have experienced. This is because an increase in urgent and emergency procedures can mean some less urgent elective procedures have to be postponed. This unavoidable increase in demand impacts on our ability to achieve the 92 per cent target.

The performance for March is likely to be similar; however we are working to reduce waiting times slightly as we head into spring and emergency demand is expected to ease.

We continue to offer extra appointments and virtual clinics which give our clinicians more treatment time. We also continue to offer some patients the choice of having their operation at local private hospitals where waiting times are likely to be shorter.

g) Finance update

As we approach the end of the financial year we are set to end the year in line with our control total, with a surplus of £44,000.

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Despite being less than our planned £600,000 surplus, this is still a strong position to end 2016/17, particularly given the progress made to reduce our deficit over the past two years.

Much of the recent financial pressure comes from the extreme operational challenges experienced earlier this year. Demand for urgent and emergency care and non-elective admissions remained high, leading to our subsequent decision to invest in moving the Ambulatory Care Unit to the Urgent Care Centre.

We continue to identify cost improvement plans to make savings and have currently made savings of £12 million, against a target of £14.2 million for the end of the year. Making savings without impacting on safety and quality of care will remain a priority for 2017/18.

Over the past two years, since the start of the financial enforcement undertakings we made, we have delivered £29 million of savings. Next year will be challenging with a further £14 million of savings required.

We are currently exploring potential options for getting better value for money during the remaining 13 years of our Private Finance Initiative (PFI) arrangement, which currently costs £34 million a year.

While our PFI has provided us with a state-of-the-art hospital, the high rate of repayment in this current financial climate has long been a significant issue.

This work is just one of the ways in which we are hoping to reduce costs while maintaining the quality of patient services.

c) Cancer waiting times meet and exceed national targets

For almost a year now we have exceeded the national cancer target for starting treatment with patients referred to us with suspected cancer.

Since April 2016 over 12,900 patients have been urgently referred by their GPs with suspected cancer and of the 718 patients found to have cancer, over 85 per cent received their first treatment within 62 days of being referred.

Of the 2,955 patients diagnosed with either a primary or in-situ cancer over the last year, over 96 per cent started treatment within 31 days of diagnosis. The majority of these patients will have been referred to the Trust without a suspicion

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of cancer, which has then been detected due to the specialist knowledge of our surgical, medical and oncology teams.

This success is down to a dedicated team of Multidisciplinary Team Coordinators in the Cancer Services Team who track and monitor each of our patients throughout their journey of care with us.

At any one time the team are managing around 1,200 patients on their system.

d) Patients experience the lowest number of pressure ulcers in the south west

We are leading the way in the prevention of pressure ulcers, with the number of patients experiencing this painful condition falling by 60 per cent in the last two years.

Of the 14,500 inpatients being cared for at GWH each month, around four patients may develop a pressure ulcer, compared to up to ten each month in 2014/15.

The 60 per cent reduction is thanks to our dedicated Tissue Viability Team and nursing teams who ensure that each patient has a skin assessment within two hours of being admitted into hospital.

Many pressure ulcers can be prevented through good nursing care, which is why preventing pressure ulcers is one of our [Sign up to Safety priorities](#). Making regular changes to position, a special air mattress, nutrition and good hydration and checking regularly for signs, are just some of the things done to prevent and alleviate the painful condition.

Preventing this avoidable condition with safe and high quality care will help us achieve our goal of saving an extra 500 lives by 2020.

700,000 people are affected by pressure ulcers each year and treating them costs the NHS more than £3.8 million every day.

e) Brighter Futures' Radiotherapy Appeal reaches half way point

We've raised £1.5 million of the £2.9 million needed to fund specialist equipment for a new radiotherapy unit at the Great Western Hospital.

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The appeal has received a wealth of support over the last year from local organisations such as the Swindon Advertiser, local Rotary Clubs, Stratton Sainsbury's and Swindon Will Writing, among many others.

The radiotherapy unit will be built at the Great Western Hospital and run by Oxford University Hospitals NHS Foundation Trust.

It will make a huge difference to local people and their families who currently face weeks of daily visits to and from the nearest radiotherapy unit in Oxford for cancer treatment.

3.3 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 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.