

Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

Author:	Teresa Harding, Divisional Director
Wards:	Swindon
Locality Affected:	Swindon
Parishes Affected:	Swindon

1. Purpose and Reasons

1.1 This report provides the Children's Health, Social Care and Education Overview and Scrutiny with an update of 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 is to hold providers of healthcare services to account.

As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

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 This is a general update from Great Western Hospitals NHS Foundation Trust.

3.2 Latest rating by the Care Quality Commission (CQC)

In August, the CQC published their most recent review of Trust services following a routine inspection in March.

While awarded the same requires improvement rating that followed the 2015 inspection, the Trust has been commended for "significant action" over the last two years.

Nearly two thirds of services are now rated as either good or outstanding and Emergency Department staff were rated as outstanding for their caring approach to patients.

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, teresa.harding@nhs.net

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Safe Children's services did not benchmark its safety performance against similar services – we will therefore work and collaborate with the SW network and benchmark numbers and types of incidents.

Training – mandatory training for medical staff in the children's service was below target – more focus on ensuring medical staff are compliant with their training. It is apparent that most Medical staff do achieve the required compliance annually, but the timing is often linked to their annual appraisal. Work is underway to improve timings and system. Nursing & Midwifery compliance has improved and is consistently greater than 80%.

Well led We are continuing with our open forums for staff and it's a good way of the senior team engaging with the staff 'on the shop floor', and we're able to answer their queries or concerns. We are also continuing with our newsletter that is well received by staff..

Overall Children's unit (inpatient ward)

The unit has been busy over the winter months with a number of children requiring special high dependency care. The unit is not funded to provide this care, so it is something we provide that causes a financial overspend.

The Unit has recently had success in recruiting Registered Children's Nurses and should be back to full establishment very soon. The Children's Unit recently received the results of a CQC Children and Young Person Survey, which compared us to comparable trusts and found three areas (out of 61 questions) where we scored worse. An action plan has been developed to respond and address these issues.

Community Paediatrics

This is still the area of high priority for the Division. As discussed before the service is delivered by Consultants at the Great Western Hospital and we have historically been paid by a block contract – this means we are paid a set amount no matter how much work is delivered.

We are continuing our discussions with Swindon CCG around funding not meeting the workload undertaken and this is causing waiting time problems for some areas of the service, such as ASD. The average wait for a first appointment is 31 weeks, which has improved from the reported wait of 37 weeks in May 2017. However, there is a cohort of 35 patients who have waited longer than the average waiting time for an ASD assessment.

Our ADHD nurse commenced in post in January and he is starting to work on seeing the follow-up children with ADHD and reducing the waiting list as well as supporting the Consultant workload.

In the coming months we are hoping to look at skill mix in the team, a Consultant delivered service is expensive and we may be able to look at more Advanced Nurses in the service, however, this won't be possible until we have a vacancy or the correct funding in the first place..

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Building projects on the children's unit

We are looking at a wet room for disabled children who struggle when in hospital to shower or bath.

We are also hoping to provide a mental health room for children/adolescents who are in hospital and struggling with mental health conditions

Both of these projects will be funded by a legacy that has been donated to the unit, as well as fundraising by Brighter Futures.

We are very lucky in that both children's unit and SCBU receive a lot of donations both in the way of cash and gifts, and this is always welcomed because it enables us to make the areas nicer for the children and parents.

Sixty seconds for the best start in life

Keeping premature babies attached to their mother for just one extra minute during delivery can dramatically improve the little one's chances of survival.

Ninety per cent of all premature arrivals at GWH now benefit from the simple yet significant procedure.

This leading performance in delayed cord clamping makes the Trust one of the best in the world for offering the treatment.

By not cutting the umbilical cord until at least 60 seconds after birth, a baby's risk of developing serious brain bleeds and gut complications is significantly lowered.

It's just one of a number of positive headlines to have materialised from the Special Care Baby Unit (SCBU) following an ambitious year-long quality improvement drive.

The quality improvement project saw the team focus on 10 simple actions, which have been found to have the most positive impact on the health of preterm babies, and apply as many of the interventions as possible to every birth at the hospital.

Reassuring news

Dr Sarah Bates, Consultant Paediatrician and Neonatologist, said: "Having a premature baby is one of the most testing experiences a parent can go through, but families coming here should feel reassured by the work that's happened over the last 12 months.

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"Not only have we increased delayed cord clamping from 15 per cent of births to 88 per cent, we've seen really encouraging results in other important areas, such as new-born nutrition.

"It's a clear indication that our teams are doing everything they can to ensure all babies receive the best possible start to life."

Data from the project revealed the time taken for babies to receive their mother's milk has improved, from more than a day this time last year to just a few hours after birth at the beginning of 2018.

It means that mums to premature babies - many of whom have difficulty expressing milk - can give their little one the essential nutrients they need much quicker than before.

Improved quality of life

While the full extent of the project's success remains to be seen, early indications suggest the combined improvements have led to an overall reduction in the number of babies suffering a serious brain injury, which ultimately paves the way for an improved quality of life.

Neonatal Peer Visit 7th November 2017 Update

The concerns raised by the peer visit was around the number of nursing staff on SCBU as they do not meet the regulatory standards. A business case has been presented to increase the number of nurses to the Executives Directors at Great Western Hospitals to address this. A final decision on whether this funding will be agreed will be taken on 20th March at the Executive Committee.

4.

Alternative Options

5.1 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.

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Diversity Impact Assessment

5.4 None.

Risk Management

None.

6. Consultees

6.1 The Director, of Finance (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 Appendix 1 - CQC's 2016 Children and Young People Survey Action Plan