Agenda Item No. 9

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
15th June 2012

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To enable individual Health Overview and Scrutiny Committees to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

Consider any written and verbal updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action.

1.0 Reasons

1.1 Recommendation 5 of the Great Western Ambulance Joint Health Scrutiny Committee's *"Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee, February - October 2008"* required that a standing agenda item be included at each meeting of the Joint Committee to enable individual Health Overview and Scrutiny Committees (HOSCs) to provide an update on any work they are undertaking in relation to ambulance services and the outcomes of such work.

2.0 Detail

2.1 The rationale for this recommendation was to ensure that the Joint Committee was kept informed of any local work that is being carried out by individual HOSCs. This will enable the Joint Committee to identify any issues that may benefit from its involvement and will reduce the likelihood of duplication of work occurring between the Joint Committee and individual HOSCs.

2.2 Submissions from those local authority HOSCs which are undertaking any such work are included in the appendices to this report for the information of Members.

2.3 Members from each local authority HOSC may also wish to provide the Joint Committee with a verbal update.

2.4 Members are requested to consider the updates provided by HOSCs and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

3.0 Background Papers and Appendices

Appendix A: South Gloucestershire Health Scrutiny Select Committee - Extract minute from meeting of 18th April 2012

Appendix B: Gloucestershire Health, Community and Care Overview and Scrutiny Committee – Extract from report to GCC Overview and Scrutiny Management Committee – May 2012

Appendix A

SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

18TH APRIL 2012

MINUTE 122: NORTH BRISTOL NHS TRUST - PATIENT FLOWS FROM THE EMERGENCY DEPARTMENT (AGENDA ITEM 12)

Sue Watkinson, Director of Operations and Juliet Hughes, Matron at NBT gave a presentation on ambulance handover delays at the Emergency Department (ED). A copy of which has been placed in the minute book.

The following points were made:

Frequency of patients arriving by helicopter – it was confirmed that they were not always major trauma cases, sometimes patients could only be transported by helicopter because of the accessibility of the location where they were taken ill.

Challenges:

- The Trust had seen a real change in activity in the last six months. Traditionally most emergencies were received by 12 noon, but this was now much less with 15% being seen up to 12 noon. More patients now arrived between 5 and 7pm, and there could be up to 30 patients arriving in the ED in a four hour period. The later arrivals had led to an increase in length of stay by ½ a day because diagnoses had to take place later in the day or the following day. This equated to 60-70 beds.
- NBT had been designated a Major Trauma Centre (MTC) from 1st April 2012. Since then it had received 25 major trauma cases, of which 18 had been discharged to a district hospital. To prepare for the MTC designation the Trust had created two additional Intensive Care Unit beds and additional surgical space, and it was felt that the designation had not been a significant issue for the Trust.
- In September last year there was an increase in delayed discharge and repatriations (where patients had been

transferred from another hospital for a specialist service at NBT and then needed to return to their local hospital). At one point there had been 63 patients waiting to be repatriated, but this had now significantly reduced.

- There were issues with waits for Continuing Healthcare assessments.
- The Trust had increased the number of Hot Clinics that it offered, but it needed to keep working with GPs to ensure they had up to date information and referred patients appropriately.
- The Chief Executives and Directors of GWAS and NBT had recently met to discuss the challenges and next steps.
- They had undertaken a two week 24/7 robust audit, involving primary care, GWAS, ED, accountants and patients. The questions put to patients included when were they last seen by a healthcare professional and whether they tried to get a GP appointment? As soon as the audit report was available it would be shared with the Committee. To date the results demonstrated that there were issues across the health community.
- Internally GWAS and NBT processes needed further work, for example there needed to be joint responsibility for handovers to ensure that they were all completed properly.
- The ED had been visited twice by the Emergency Intensive Support Team, and it concluded that the procedures and processes in place were some of the best it had seen.
- Additional Initial Assessment Nurses (IANs) had been recruited for every shift and most were now in post. The IANs supported GWAS to ensure that patients were assessed within 15 minutes of arrival in the ED.
- There had been issues with patient throughput when GPs had to go through the Common Approach portal, but they had now reinstated GPs being able to directly refer patients.
- Statistics were now more accurate. Very recently a different system had been developed, which meant that clerical staff now assisted with the inputting of patient arrival times.
- When patients were not in a bay it was still important for them to be treated and not be left waiting.
- Flows downstream of the ED still required some work. The Healthy Futures team had commissioned a piece of work to further investigate this issue across all BNSSG trusts.

During the discussion the following points were covered:

In relation to the information provided by the Trust, a member asked if the Committee could have further information on the Common Approach, bed numbers at Southmead and Hot Clinics.

In reply to a question about GWAS clearing screens following a handover, it was reported that the handover practice needed to be standardised across the patch. Currently the handovers were monitored by the ED counter signing paperwork. Once a handover had been completed the ambulance crew had 15 minutes to clear. One issue with the screens was that they showed all the ambulances travelling to the hospital even if they were not heading for the ED. The Trust was working with the software company in order to address this.

In relation to patients arriving at ED when it would have been more appropriate for them to see their GP, it was reported that GPs across South Gloucestershire had been funded to provide additional emergency slots, which NHS South Gloucestershire could provide further information on outside of the meeting.

In conclusion there was disappointment that after first hearing about problems with patient handover at Frenchay ED some years ago there were still issues today. A further report on the success of the initiatives to address the problem was requested for a future meeting.

RESOLVED:

1 That the NBT representatives be thanked for the presentation and the content be noted.
2 That a further report on the steps that had been taken to resolve the problems with ambulance handover delays be presented to the Committee at a future date.
3 That the ED audit report be provided to the Select Committee when it was available.
4 That further information on emergency GP slots be provided by NHS South Gloucestershire outside of the meeting.

Appendix B

Extract from Gloucestershire Health, Community and Care Overview and Scrutiny Committee report to GCC Overview and Scrutiny Management Committee – May 2012

Monitor Intervention at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

OSMC will know that performance against A & E targets has been of concern to the committee for some time. On 2 May 2012 Monitor (Independent Regulator of NHS Foundation Trusts) used its regulatory powers of intervention to ensure that the Trust makes effective improvements to the delivery of emergency care and addresses all underlying issues that have caused the poor performance. It should be noted that the Care Quality Commission has no outstanding concerns about the outcomes of patient care at the Trust.

OSMC will recall from the committee's last report that the Trust had already engaged with the intensive support team from the Department of Health on this matter. It is also receiving data design and systems support from Newton Consulting. This work has identified four barriers to delivering sustainable A & E performance – staffing, space, flow, demand. The Trust's programme plan is structured around these four work streams.

Members know from their own experience that demand is a key issue, and that it is important that members of the public know about the alternatives to visiting A & E. The committee was informed that the Trust was working on making waiting times available online, both for A & E and the Minor Injuries Units (MIUs), so that people can make an informed decision before attending. The opening hours for the walk-in centres in Springbank and Hesters Way in Cheltenham and the Eastgate Centre in Gloucester have been increased, and it will be important to ensure that people are aware of this and use them as an alternative to A&E. This Council, with Gloucester City and Cheltenham Borough, may like to consider how the messaging around this can be supported through its own range of contacts with the public.

Members were concerned about the readmission rates to the acute hospitals, but it was not clear whether this was related to the

desire to increase flow through the hospital by discharging patients too soon. It is clear that timely discharges are a factor and there is a lot of joint work being undertaken to improve performance in this area. As has already been stated the committee will be receiving an update on DTOC at its July 2012 meeting.

It was interesting to note that performance has improved this month; however the Trust has to be able to sustain this improvement before Monitor will withdraw. The Chair of the Trust informed the committee that in her view Monitor would be unlikely to withdraw its intervention until the Trust has demonstrated that it can sustain improvement through the winter period i.e. Christmas 2012.

The committee will receive regular information on progress through the NHSG performance reports. If the situation merits it a stand alone report will be requested.

(For information: The GHNHSFT Board report can be downloaded here http://bit.ly/Kyr2CY.)