

North Somerset Health Overview & Scrutiny Panel

15th October 2019



Introduction

- Meeting with the HOSP held on 30th Sept 2019, following 2 years of work with clinicians and local people
- HOSP considered their recommendation to the full council
- Five points of clarification requested to enable the HOSP to make their recommendation
- Since 30th Sept:
 - CCG Governing Body made the decision to approve the recommendations for the Weston Hospital set out in the Decision Making Business Case (1st October)
 - Full response provided to the HOSP on points of clarification (11th October)

Recap of the process and proposals

There is a compelling body of evidence around WGH to support the case for change



Clinical

- **“Inadequate”** - 2019 CQC report rated WAHT inadequate for Urgent & Emergency Care services.
- **Potentially harmful errors** – 40% of WAHT respondents said that they’d witnessed potentially harmful errors, near misses or incidents in the last month in the 2018 staff survey (2nd highest in the country).
- **Current model “potentially unsafe”** - SW Senate, 2018
- **Fewest critical care & emergency surgery standards met of any hospital in the SW**

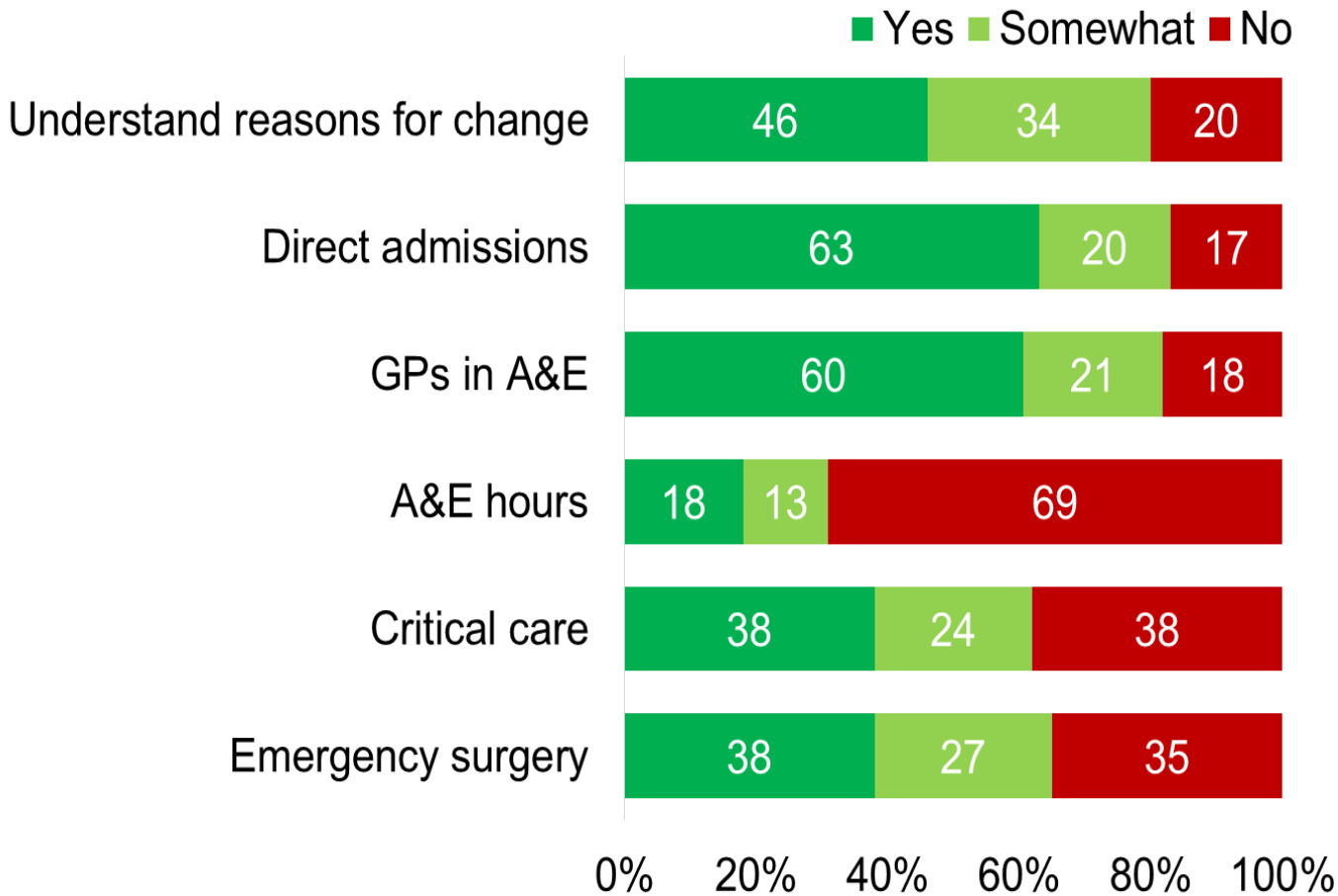
Workforce

- **“Very High” Risk** - WAHT corporate risk register rates ‘difficulties in recruiting substantive medical staff with an adverse impact on patient care’ as a ‘Very High Risk’ with ‘Inadequate’ controls.
- **Significant gaps in staffing** – 23% consultant vacancy rate and 25% vacancy rate in nursing in July 2019.
- **Issues with medical training** - Training of junior doctors at WAHT overall has been under enhanced monitoring since 2015 due to having poorest GMC feedback nationally.

Financial

- **Challenges resulting from scale** due to coastal geography and proximity to other hospitals
- Despite a CCG subsidy the Trust **overspent by £17.5m in 2018/19**.
- Latest forecasting gives a **recurrent deficit of £30m by 2024/25**.
- **Proportionally highest agency spend in England**. Audited accounts show this has deteriorated between 2017/18 and 2018/19 by £2m.

We ran an extensive public consultation between 14th Feb – 14th June



Over 2,300 responses, representing over 3,000 people

8/10 people understood the need for change

We listened & worked to address the concerns we heard:



Travel	Investment in a dedicated critical care transfer team, reduced the number of people needing to travel elsewhere, increased awareness of existing travel support
Capacity of other services	Worked with ambulance services and GPs to identify more people who could benefit from direct admissions, reduced the number of people needing to travel for surgery
Population demographics	Worked closely with local authorities to understand latest population changes, supporting changes to primary and community care to address the needs of older people and vulnerable groups
Accuracy of evidence	Worked with individual experts and national regulators to verify assumptions, evaluated the hospital consultants' model and incorporated their ideas into the proposals

Proposals for Weston Hospital: A&E and urgent care

- To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent.
- The A&E would be staffed by a multi-disciplinary team of hospital and primary care clinicians working together.
- The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.

900 more people will receive their care in Weston through overnight direct admissions than is possible today under the temporary overnight closure

Proposals for Weston Hospital: critical care

- Provide up to Level 3 critical care for people who need single organ support at Weston Hospital. This includes short stay post-operative recovery at Level 3 and longer term intubation, where the lungs are the organ requiring support.
- Transfer people requiring critical care for two or more organs at Level 2 or 3 or people who would benefit from proximity to UHB's specialist clinical services via dedicated transfer team to UHB.
- Establish a critical care service that is digitally linked to UHB to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.
- Repatriate people following treatment in UHB when care needs can be met at Weston Hospital.

This proposal would affect around 130 people per year

Proposals for Weston Hospital: emergency surgery

- Provide emergency surgery at Weston Hospital, 8am-8pm, 7 days a week.
- Stabilise and transfer people requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening).
- A small number of people who require more complex surgery will also be transferred to Bristol to receive support from specialists unavailable at Weston Hospital.
- Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.

This proposal would affect around 80 people per year

Proposals for Weston Hospital: paediatric urgent care

- Specialist children's staff will be available at Weston Hospital seven days a week from 8am-10pm.
- This includes extending the hours of opening of the Seashore Centre from 8am to 10pm, Monday to Friday in Weston with paediatric expertise over the duration of its opening hours on Saturday and Sunday.
- Once implemented, these changes mean over 1,100 more children will be treated for emergencies locally at Weston Hospital.
- A further 570 children will receive their planned care at Weston instead of travelling further afield.

This proposal would mean around 1,600 more children per year would receive their care in Weston

Clarification points



Following the meeting of 30th September



The chair of the HOSP wrote the CCG to say that “*Before HOSP reaches a decision on whether or not to recommend referral to the Secretary of State, it recommends that the CCG address the following points*”:

- 1. Provide a thorough analysis of clinical outcomes on the transfer of A&E patients to Bristol compared to the previous outcomes in Weston*
- 2. Provide evidence that the recruitment of GPs to support A&E is feasible and will not undermine primary care locally*
- 3. Provide evidence that sufficient and appropriate ambulances will be available in the new model*
- 4. Provide reassurance that Mental Health needs will be addressed*
- 5. Provide evidence that the emerging business case being developed for the frailty model across BNSSG fully takes account of potential additional resource implications for Adult Social Care and the Voluntary sector.*

Our response



The CCG has written back to the HOSP to set out a detailed response to each of the 5 questions posed (summarised below):

1. Outcomes

Given the 2 year temporary closure, we have had the opportunity to thoroughly monitor the safety impact and we are confident that the services proposed are a significant improvement on the status quo

2. GPs

Weston GPs have formed the super partnership Pier Health. A national recruitment campaign is underway. Meanwhile a neighbouring practice is supplying a full-time GP for the A&E over the coming winter

3. Ambulances

South Western Ambulance Service have been fully involved in the Healthy Weston programme and have confirmed that they are able to provide the additional services required

4. Mental health

The CCG is investing in new mental health services in Weston, including the new crisis and recovery centre due to open in April 2020

5. Resources

Senior representatives of NSC and the voluntary sector continue to be fully involved in the design of the new Integrated Frailty Service at Weston Hospital

Working with the GMC

Working with the GMC



- In 2016 the GMC ordered that junior doctors had to have immediate access to a consultant due to concerns about safety, supervision and training. This precluded trainees from working overnight in Weston A&E. This situation continued until the temporary overnight closure in July 2017
- The GMC has similar concerns about the junior doctors working in the day time, and has stated that in the Weston A&E department “***GMC conditions on training environments had been breached repeatedly over the last year (2018-19)***”
- A recovery plan was requested, which the BNSSG system submitted at the end of September
- Significant elements of this plan included additional primary care at the front door of the hospital; as per the Healthy Weston proposals
- The GMC have been assured by this plan, and will closely monitor its implementation, adding “***our standards for doctor’s training environments are clear, and we will always use our powers where we are concerned that patients are not receiving the best possible care***”

Summary and next steps

For HOSP consideration

- The **vast majority** of care currently provided at Weston Hospital remains under these proposals
- Major trauma, heart attacks, vascular care and care for very sick children is **already provided in neighbouring hospitals** as Weston does not have the specialist provision required
- The final proposal changed following consultation as a result of clinical partnerships formed across the system, and **reduced the number of people transferred** out of Weston
- The system has worked together to **safely maximise the hospital offer in Weston**; there is more we can and will do to increase services provided locally as part of the Healthier Together Partnership

Next Steps



- A decision to go ahead has been made by the CCG Governing Body
- Frailty service establishing between now and April 2020
- Mental health crisis service operational from April 2020
- Pier health recruitment is underway – positive early responses including people wanting to work at Weston Hospital
- Implementation of the hospital proposals planned from April 2020
- **We propose a full review of that decision at 12 months post implementation**

HEALTHY WESTON +

