

## Weston as a dynamic hospital at the heart of the community



# Background and the Case for Change



# 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 (2<sup>nd</sup> highest in the country).
- **Current model “potentially unsafe”** - SW Senate, 2018
- **Fewest critical care & emergency surgery standards met of any hospital in the SW**

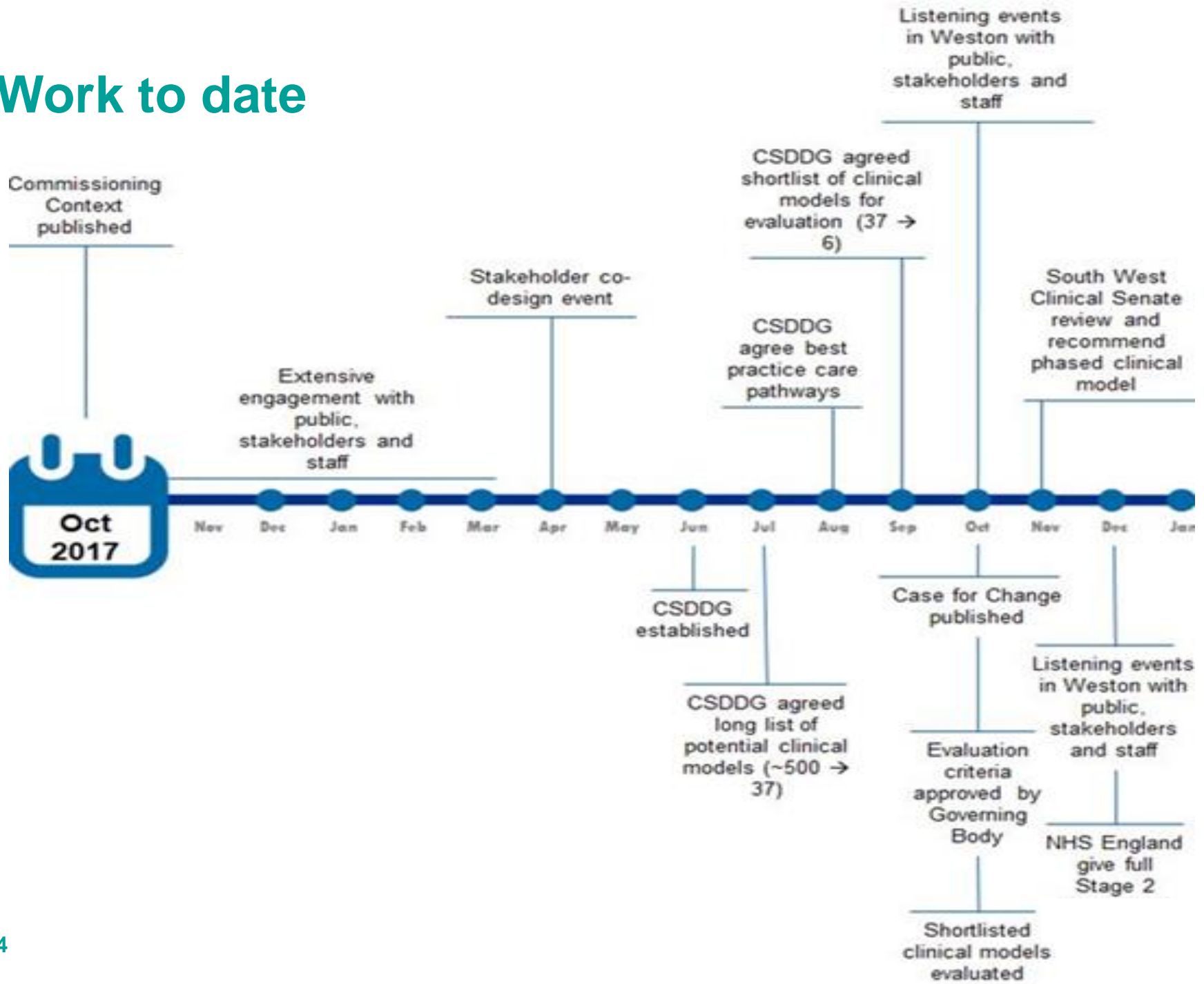
## Workforce

- **“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.

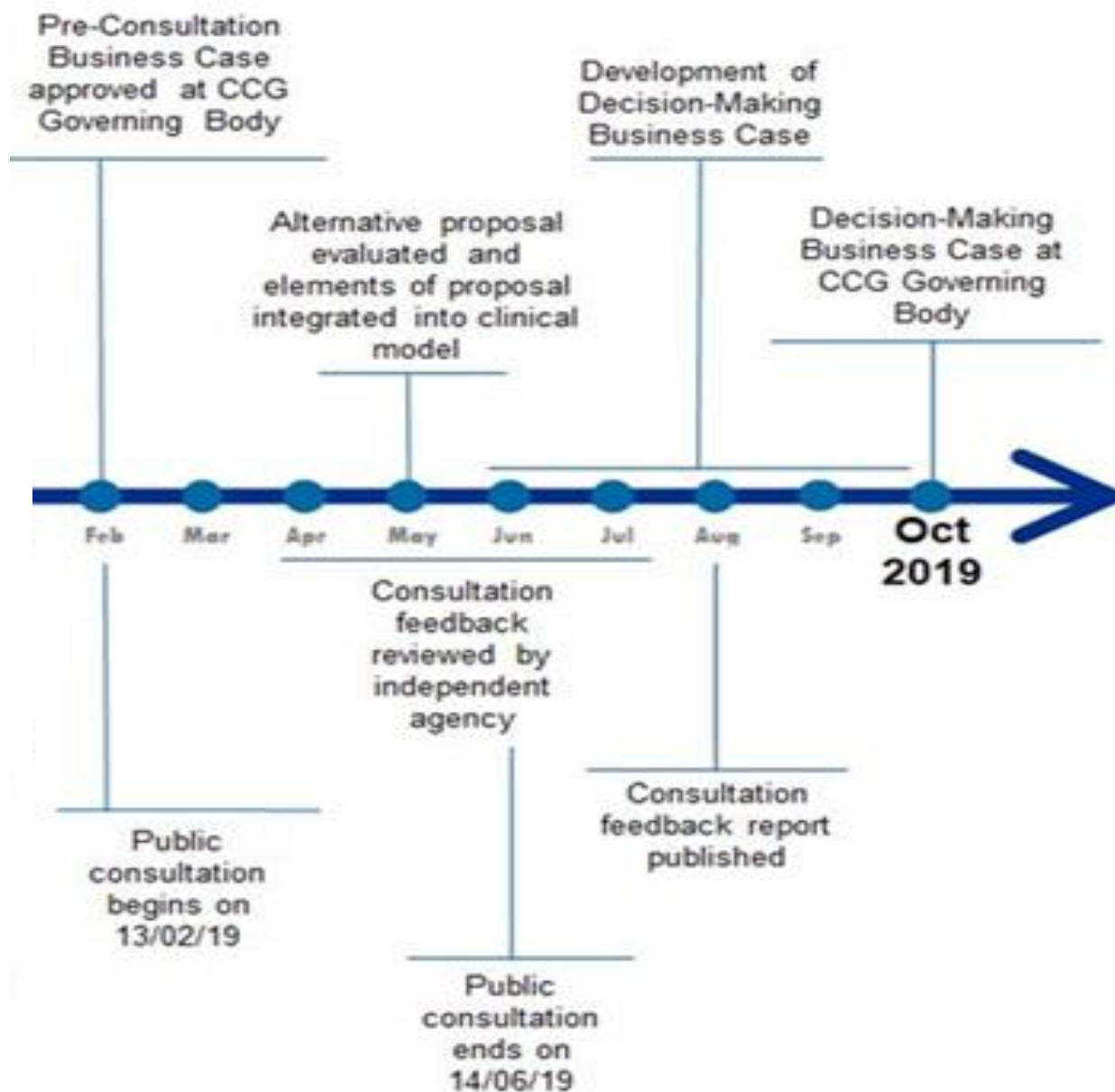
## Financial

- **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.

# Work to date

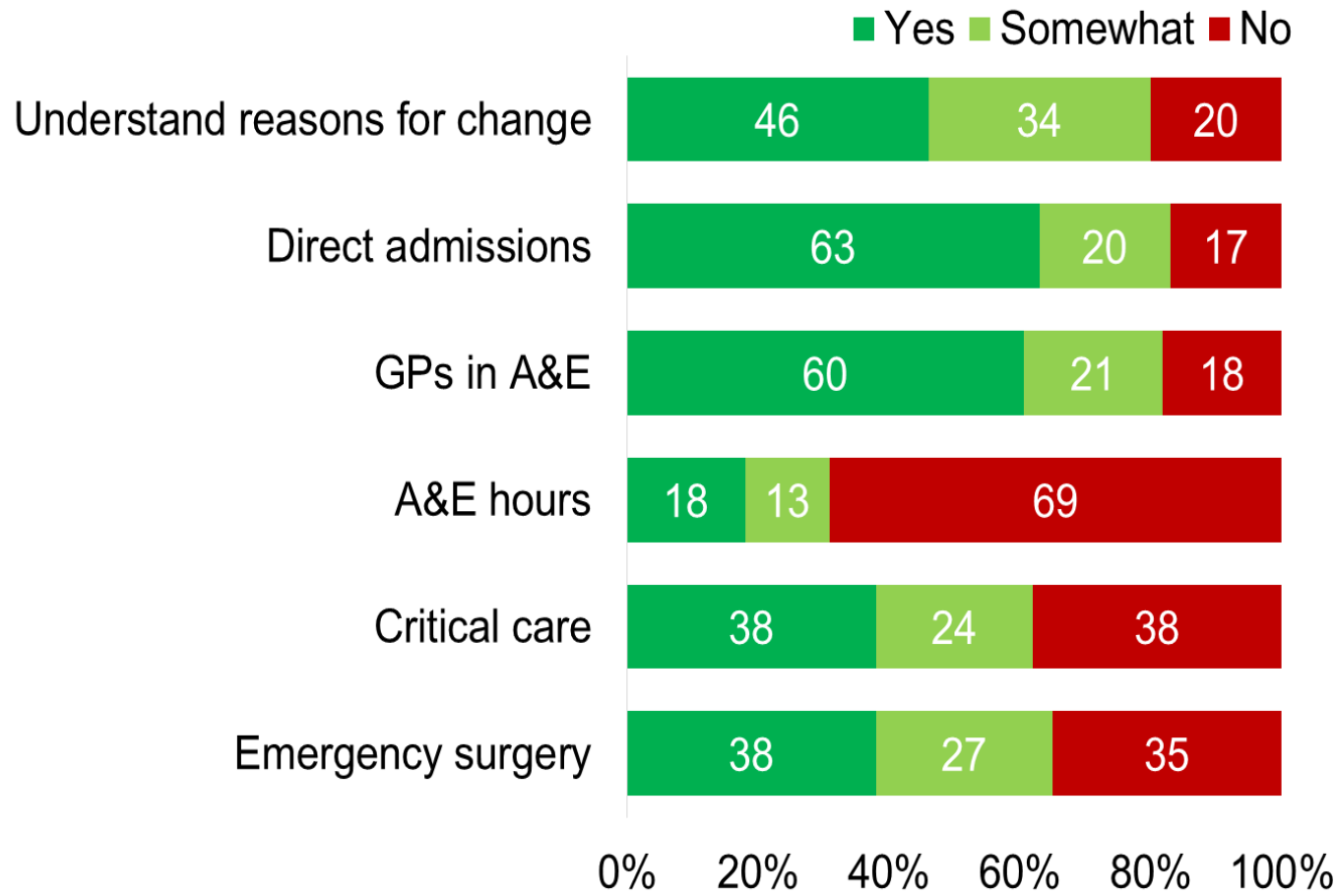


# Work to date



# Public Consultation and Feedback

# We ran an extensive public consultation between 14<sup>th</sup> Feb – 14<sup>th</sup> 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:



<b>Travel</b>	Investment in a dedicated critical care transfer team, reduced the number of people needing to travel elsewhere, increased awareness of existing travel support
<b>Capacity of other services</b>	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
<b>Population demographics</b>	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
<b>Accuracy of evidence</b>	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

# 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

# Out-of-hospital initiatives to support the changes

Integrated Frailty Service

Mental health crisis and recovery centre

Strengthened primary care

Integrated localities

Workforce modelling and plan

Merger of WAHT with UHB

## Summary & Next Steps

# Summary

- 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



# North Somerset Health Overview and Scrutiny Panel

## Engagement and Consultation

Consistent engagement since March 2017 on Healthy Weston Programme

Formal consultation under statutory guidance since February 2019

Meeting on 15<sup>th</sup> October 2019 agreed **not to refer the programme to Central Government** and to **review the programme one year after implementation.**

Review areas to include:

- The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota
- Progress in recruiting primary care staff for the A&E
- Evaluation of the impact and outputs of the mental health community crisis and recovery centre
- The number of people transferring to care elsewhere in the health system and their experience and outcomes

## 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
- **Full review of that decision at 12 months post implementation**

## Questions

