

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 8TH OCTOBER 2020

SUBJECT OF REPORT: HEALTHY WESTON UPDATE

OFFICERS PRESENTING: COLIN BRADBURY, AREA DIRECTOR – BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP AND SARAH JAMES, DIVISIONAL DIRECTOR AND MR ANDREW HOLLOWOOD, CLINICAL LEAD FOR INTEGRATION, UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST (UHBW)

RECOMMENDATIONS

That HOSP members:

- Note the content of the Healthy Weston implementation update in Section 3.1 and Appendix 1
- Agree the proposed approach to monitoring the impact of the changes agreed in the Healthy Weston Decision Making Business Case for the purposes of the HOSP's one year review

1. SUMMARY OF REPORT

In October 2019 the Governing Body of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the "CCG") agreed the Decision Making Business Case (DMBC) for the Healthy Weston Programme. The DMBC set out a series of proposals developed by senior clinicians and approved by independent experts. These proposals were designed to make the services at Weston General Hospital and the surrounding area more sustainable and better able to meet the needs of the local population. The document included indicative timelines for the delivery of the agreed changes and metrics to monitor their impact.

The Covid-19 pandemic and the resulting need to provide services in a different way has meant that it has not been possible or desirable in some cases to adhere to the original indicative timescales in some instances. This paper seeks to update HOSP on where there has been slippage and set out revised timescales.

This paper also proposes a way forward in relation to responding to the monitoring requirements set of by the HOSP, using the metrics contained within the Benefits Realisation section of the DMBC as an anchor for this work.

2. POLICY

The Healthy Weston DMBC and supporting appendices are the core reference documents to support this paper. Please see hyperlinks in the “BACKGROUND PAPERS” section below.

3. DETAILS

3.1 Progress in implementing the proposals within the Healthy Weston DMBC

The Covid-19 pandemic has meant that the NHS has faced challenges in the course of 2020 that are unprecedented within its history. Services in the Weston area have been no exception, with a particularly difficult set of circumstances in May that required Weston General Hospital to close temporarily to new admissions due to a Covid-19 outbreak amongst both its staff and patients.

Consequently, a number of the timelines for delivery of the proposed Healthy Weston changes have had to be recast. The tables in Appendix 1 of this document include details of the revised timescales as well as an update on progress against each of the deliverables contained in the DMBC. Further, some of the new services (e.g. the community mental health Safe Haven centre and the integrated frailty service) have had to be reconsidered – at least temporarily – due to social distancing and shielding arrangements.

However, progress has still been made on a number of fronts. The certainty of the future of services in Weston, bolstered by the merger of the Weston Area Health Trust with University Hospitals Bristol in April 2020, has meant that recruitment has improved in a number of key specialities. For example, the recruitment of three middle grade doctors, one medical registrar and 1 senior house officer (SHO) in the Emergency Department and a recent report by the CQC on the Weston Emergency Department has acknowledged improvement in the quality of service.

Similarly, Graham Rd and Horizons Health Centre (two of the most challenges GP practices in Weston) have recently recruited three new GPs, a mental health practitioner and four out of the five senior nurses they need to provide a sustainable service across the two sites. The more robust primary care offer meant that local GPs, in partnership with the community services provider Sirona and South Western Ambulance Service, were able to provide emergency clinical cover on the Weston Hospital site for the duration of the temporary closure to new admissions.

Whilst there is still much more to do, the recruitment of permanent new staff to the area helps our limited resources go further (by reducing expensive agency and locum bills) and – most importantly - improves continuity and service quality for patients.

3.2 Monitoring

Following the CCG Governing Body’s decision in October 2019 to approve the proposals in the DMBC, the HOSP convened a meeting later that month to consider its response. As a

result of that meeting, the HOSP requested a review of the impact of the changes one year post implementation. This was scheduled for April 2021, although given the delays in implementation of some of the key elements of the Healthy Weston programme, the HOSP may wish to review this timescale.

The HOSP identified 4 issues that it wished to include within this review. By the same token, the Healthy Weston DMBC included a section related to the monitoring of outcomes following implementation of the proposed changes. The table below lists the HOSP's requirements and cross references them with the monitoring system that is set out in the DMBC.

HOSP review	Relevant DMBC monitoring requirements (pp68-70)
1) The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota (including the impact on other specialties and services)	<ul style="list-style-type: none"> • Delivery against the CQC action plan (for the Emergency Department) • Vacancy rates in directly impacted services • Total vacancy rates associated with Weston Hospital • % nursing shifts filled by agency staff • % consultant and junior doctor shifts filled by agency
2) Progress in recruiting primary care staff for the new front door model for the A&E	<ul style="list-style-type: none"> • Delivery against the CQC action plan (for the Emergency Department) • Vacancy rates in directly impacted services <p><i>Note: the new Push Doctor system that is being introduced to ED has an evaluation programme built into the project</i></p>
3) Evaluation of the impact and outputs of the mental health community crisis and recovery centre following the setting up of the new service in Spring 2020	<p><i>Note: the DMBC does not include any specific monitoring requirements for this service, but the CCG has separately instigated a monitoring and evaluation programme, noting that the service model has been modified due to Covid-19 restrictions</i></p>
4) The number of people transferring to care elsewhere in the health system and their experience and outcomes	<ul style="list-style-type: none"> • Number of patients transferred from Weston to other acute trusts (excluding critical care conveyances) • Serious incidents related to patient transfers (excluding critical care conveyances)

It is proposed that the one-year review of 24/7 urgent and emergency care services use the metrics and evaluation programmes, as set out in the table above.

4. CONSULTATION

The Healthy Weston programme included a major public consultation exercise, running over the course of the first half of 2019. A summary of the process can be found in Appendix 2 of the DMBC.

5. FINANCIAL IMPLICATIONS

The financial impact of the Healthy Weston proposals are set out in Appendix 6 of the DMBC.

6. RISK MANAGEMENT

The key risk that has been identified is the impact of a delay in implementing the Healthy Weston changes, leading to a loss in momentum in the drive to reform and improve key services on the hospital site. Mitigation takes the form of the monitoring and oversight arrangements agreed between the CCG and UHBW to keep pace and focus on the change agenda.

7. EQUALITY IMPLICATIONS

Delays to implementation could impact on UHBW's ability to better meet national clinical standards/ guidelines for people using services on the Weston Hospital site.

8. OPTIONS

The Healthy Weston DMBC and earlier Pre Consultation Business Case set out all the options that had been considered by senior local clinicians and the rationale behind the consultation proposals and final decisions.

AUTHOR(S)

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BACKGROUND PAPERS

The Healthy Weston DMBC can be accessed [here](#) and the appendices [here](#)

APPENDIX 1

Update on indicative timelines for implementation (based on Healthy Weston DMBC pp65-67)

1) Proposals for Urgent and Emergency Care and A&E

Proposal	DMBC timeframe	Revised timeframe
1.1) A&E opening hours can be implemented	October 2019	Complete
Revised A&E opening hours have now been operationalised at Weston General Hospital to reflect the permanent opening hours of 08:00 – 22:00		
1.2) Commence recruitment to enable implementation of GP at front door model	October 2019	October 2020
The Push Doctor model, a digital service that offers patients on-line video consultations with a GP, is about to be introduced into the Weston ED for attending patients who are suitable for diversion to a primary care solution.		
1.3) Increased overnight admission pathways established	April 2020	To be confirmed
Regular meeting between SWAST and WGH are taking place to discuss proposals. This is part of a broader Urgent Care Transformation Programme. Plans in place to commence mapping exercise of overnight admissions pathways at WGH (current and additional).		

2) Proposals for Critical Care

Proposal	DMBC timeframe	Revised timeframe
2.1) Commence alignment of operating policies and planning for workforce integration through Clinical Practice Groups	October 2019	Complete
Operating policies have been fully developed, including the overarching standard operating procedure (SOP) which has been led by the clinical integration workstream as part of the UHBW merger.		
2.2) Implementation of operating policies	April 2020	Complete
In August, the updated Weston Area Health Trust ICU SOP was submitted to the Critical Care Governance Board for review and was then approved by the Directorate Board, marking the completion of the alignment milestone.		
2.3) Digital monitoring solution between the two departments implemented	July 2020	October 2020
<p>The following progress has been made over the last quarter:</p> <ul style="list-style-type: none"> • Contract Change Note (CCN) completed; • Purchase order despatched to Supplier (Philips); • Pharmacy reconciliation of 4 weeks has completed, and • Network preparation work completed <p>The revised implementation date agreed with suppliers is now October 2020.</p>		

2.4) Estate changes required at UHB to enable implementation of proposals, anticipated 18 month lead in from decision anticipated	April 2021	April 2021
Part of the UHBW overall phase 5 capital planning programme. Work in the Bristol ITU has commenced.		
2.5) Dedicated transfer team established to support implementation of critical care activity changes	April 2021	April 2021
Recruitment to the anaesthetist led service is underway, with consideration to changes in regional ITU transfer arrangements in response to Covid-19 being factored into this work.		

3) Proposals for Emergency Surgery

Proposal	DMBC timeframe	Revised timeframe
3.1) Initiate implementation of ambulatory emergency surgery model	April 2020	Complete
Planning phase complete.		
3.2) Ambulatory emergency surgery model operational	October 2020	Complete
The Ambulatory Emergency Care Unit at WGH has extended access for assessment of patients from A&E and urgent direct referral from general practice that may require emergency surgery.		
3.3) Phased implementation of changes to overnight theatre access and the GI bleed rota	April - October 2020	April 21
Work is in an advanced stage for the safe closure of overnight surgery, including the running of a shadow theatre team rota in Weston in place of overnight surgery for the first 6 months after closure. The future model plan proposed includes an on-call overnight emergency surgical consultant to make decisions on the transfer or stabilisation of patients. This model is dependent upon recruitment to and commencement of the Transfer team.		
3.4) Commence alignment of operating policies through the general surgery and gastroenterology clinical practice groups	October 2019	Complete
List of operating policies and SOPs have been compiled including Surgery and Emergency Surgery to commence alignment with the BRI.		
3.5) Implementation of operating policies	April 2020	To be confirmed
Further progress is now dependent upon a broader exercise to align all surgical policies and SoP's as part of the Trust integration programme. For Surgery, this exercise is being led by Mr Reuben West (Surgeon), collaborating closely with Mr Paul Sylvester (Clinical Lead for Integration in the Division of Surgery).		
2.3) Changes in complex emergency surgery	October 2020	To be confirmed

The first collaborative joint Colorectal multi-disciplinary team (MDT) meeting is now running from October 2020. The majority complex emergency patients are transferred to Bristol for emergency surgery. In line with overnight closure of theatres, an audit has been undertaken to examine emergency OOH surgical procedures, which hasn't raised any further concerns. The completion of these changes are dependent upon the Transfer team.

4) Proposals for Acute Paediatrics

Proposal	Lead Organisation(s)	DMBC timeframe	Revised timeframe
4.1) Implementation (allowing for recruitment lead times)	UHBW	April 2020	To be confirmed
Action plan in place with the Emergency Department supporting further integration and extension of service. Work ongoing with Bristol Children's Hospital to extend provision for the following clinics at Weston (cardiac, neurology, trauma and orthopaedics, and gastro). Recruitment to the additional nursing and consultant roles has been delayed.			

5) Integrated frailty service

Proposal	DMBC timeframe	Revised timeframe
5.1) In year service components (MDT meetings, frailty training, ReSPECT form roll-out, night sitting extension)	November 2019	Complete
Community MDTs in place supported by frailty training and roll out of RESPECT form. Acute Virtual Ward Round in Weston implemented, providing daily MDT with patients referred via the Integrated Urgent Care professional line by GPs/senior nurses for proactive management to reduce admissions for frail elderly population.		
5.2) Frailty Hub mobilisation	October 2020	To be confirmed
Sirona mobilisation of community contract includes 3 x Frailty Hubs in first phase 2020/21 including Weston prioritised for commencement by October 2020. Delivery has been delayed due to disruption caused by Covid-19, but timescale for revised implementation plan to be agreed by November 20.		

6) Developments in Community based care

6a) Primary Care

6a.1) Pier Health Group established	June 2019	Complete
The Pier Health Partnership was launched in July 2019, with formal agreement to form a "super partnership" serving a list of ~100k patients.		
6a.2) Primary Care Networks established	October 2020	Complete

Pier Health Primary Care Network established including all Weston practices bar St Georges (Mendip Vale branch practice, which is part of the neighbouring Mendip & Gordano Primary Care Network).		
6a.3) AskmyGP rolled out in 6 practices in Weston area	April 2020	Complete
As of April 2020 all 8 practices in Pier Health Partnership using the AskmyGP system.		
6a.4) PCN funding for social prescribers and pharmacist roles	2019/20	2020/21
Link workers and clinical pharmacist recruitment commenced in 2019/20 across the Primary Care Network as planned.		
6a.5) Pier Health Group prescribing hub to be trialled by early adopters	November 2019	Complete
Pier Health hub implemented in July-Aug 20 with Graham Road and Horizon Health Centre in the first phase. All Pier Health practices scheduled to be part of this scheme by Oct/Nov 20. New telephone and repeat prescription ordering system in place.		

6b) Integrated Localities

6b.1) Delivery of in-year locality development plans focussed on Frailty and same day urgent care in the community	October 2019 – March 2020	Complete
Weston Acute Frailty Ward Round implemented in June 2020, providing proactive MDT management of patients identified by local GPs and nurse practitioners that would benefit from review and care planning. The service focusses on the management of rapidly deteriorating patients in light of likely increased presentations to A&E during covid and the need to maintain people in the community.		
6b.2) Mobilisation of integrated locality hubs as part of the new community services contract rollout	April 2020 onwards	April 2020 onwards
Sirona mobilisation of community hubs continues with consideration of appropriate location and potential for co-location of services with primary care and VSCE services. An options appraisal of suitable sites and timeline of implementation to be developed.		

6c) Mental Health crisis and recovery centre

6b.1)	September 2019	Complete
Local charitable organisation Second Step awarded contract to provide North Somerset service. Contract awarded and staff in post. Currently delivering an outbound modified telephone only service (in direct response to Covid). Mobilisation of original model is under review, dependent upon the development of the pandemic and national guidance on provision of face to face services of this nature.		