

WIRRAL COUNCIL
HEALTH AND WELLBEING OVERVIEW AND SCRUTINY
COMMITTEE
22 MARCH 2011

SUBJECT:	<i>PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTUTRE</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>TINA LONG DIRECTOR OF NURSING AND MIDWIFERY AT WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST</i>
RESPONSIBLE PORTFOLIO HOLDER:	
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

This report provides an outline of the work undertaken to develop a Site Strategy for the Trust and the plans for engagement over the next three to four months. In addition it updates the Committee on progress with Same Sex Accommodation, Hospital Discharge and Ward Closures.

2.0 TREATING YOU WELL INTO THE FUTURE – SITE STRATEGY

Placing patients at the heart of healthcare is at the core of our work at Wirral University Teaching Hospital NHS Foundation Trust. We do this through our vision of Excellence in Healthcare, which has been adopted throughout our Trust not only as our vision but also as the way in which we ensure that we provide our patients with the best possible care, services and hospital experience.

In order for our patients to have a positive experience of our hospitals we need to have the appropriate services in the right place so that high quality treatment can be carried out in the right way and at the right time. We also need to provide services in a safe, comfortable environment that is fit for purpose and enables our patients to maintain their privacy and dignity. All these factors taken together greatly improve what is often referred to as a patient’s “journey” and we are committed to doing everything we can to make that journey through our hospitals as smooth and stress free as possible. It is for these reasons, and also to ensure that we are making the

most effective use of our accommodation, that we have been undertaking a comprehensive review of the location of all our services.

In 2009 we began a major review of how and where our services are provided at Clatterbridge and Arrowe Park Hospitals. The review found that we need to make changes to the location of some outpatient services, day case surgery and planned operations. These changes will be designed to ensure that we can continue to provide the highest quality of care in the best place for our patients in the coming years. None of these options are about reducing the range of services we provide, but about where and how they are delivered.

To date our proposals for change have been informed by wide ranging discussions with our doctors, nurses and other clinical staff. Their views have been invaluable in framing the main options under consideration.

A draft outline business case, developed following these discussions has now been produced. This contains three main options for the future location of outpatient services, daycase and planned operations which will allow the Trust to continue to provide the best possible care, services and hospital experience for patients from accommodation at both Arrowe Park and Clatterbridge.

The closure of Clatterbridge Hospital is NOT one of the options.

This draft is now being discussed further with the Board of Directors and Hospital Management Board with a view to an outline business case being approved at the end of March.

As part of a Stakeholder Engagement Plan, a Stakeholder Engagement Board has been established including representation from the Local Authority, GPs, our Assembly of Governors and other key partners and stakeholders. The aim of this board is to involve our key stakeholders in the development and delivery of the engagement plan in April, May and June. We have liaised with the Council's engagement team and has been grateful for the support received to date, particularly in ensuring that our plans incorporate appropriate methods of engaging with all areas of the community.

All options aim to:

- Place the patient at the heart of care
- Provide best possible care, services and hospital experience for patients
- Continue to ensure safe, high quality facilities in modernised accommodation for patients and staff
- Improve efficiency and provide affordable, cost effective clinical facilities
- Offer outpatient services in the best location for patients
- Help the Trust to meet the financial challenges ahead

Early May will see the start of a wide ranging period of engagement during which everyone - patients, carers, staff, the public, Trust partners and other stakeholders - will be able to have their say on the options. This engagement phase will last until mid-June with engagement documents being made available on the Trust's website and in printed form

This will be followed by a two week period of assessment of all the responses received. The Trust's Board of Directors will then meet at the end of June to consider the final business case, having taken all respondents' views and comments fully into account. July will then see a period of communicating the outcome of the engagement period and the final options to staff and the public.

It is essential that the Trust continues to work with key partners such as the Council and as such over the coming months, regular updates will be provided to members of the relevant Committees.

3.0 PROGRESS ON DELIVERING SAME SEX ACCOMMODATION (DSSA)

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Wirral University Teaching Hospital NHS Foundation Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Mixed sex occurrences should always be considered as exceptions rather than the norm and staff must always be able to provide clinical justification for any mixed sex occurrence.

To meet the requirement to provide for all patients, same sex sleeping and sanitary accommodation, a programme of work has been completed to effect the necessary changes to ward layouts, where it has not been possible to have a single sex ward. This has included the identification of male and female bays separated by doors and the installation of designated sanitary facilities. An action plan has been developed following a Strategic Health Authority Review. The action plan is updated monthly and submitted to NHS Wirral.

The Trust has also implemented a policy on DSSA for staff to follow, an information leaflet for patients, and records breaches in DSSA using the Trust's incident reporting system and bed management process.

Breaches

The Trust is required to report all breaches, whether clinically justified or not, to NHS Wirral and the SHA monthly. NHS Wirral will apply a sanction for non clinically justified breaches. For example if a patient is declared well enough to be transferred out of ITU/HDU/CCU but there is no bed available for more than 24 hours, a penalty will apply.

Recent work to reduce the number of breaches has been undertaken in the following areas:

CDU/MAU

The information gained from incident reports highlighted that the Clinical Decision Unit (CDU) was breaching DSSA frequently, mixing men and women in the same

bays due to capacity and demand. This would be considered a non clinically justified breach and a penalty would be applied.

As a result two single sex units have now been established and opened at the end of January 2011.

Endoscopy

The Endoscopy Unit has now moved to the introduction of same sex lists from the beginning of February 2011. Where a patient requires an urgent Endoscopy they can be added to a list of the opposite sex for clinically justified reasons.

4.0 UPDATE ON HOSPITAL DISCHARGE

Over the last year the hospital has continued to make improvements to the discharge experience of patients.

The following has been achieved:

- Estimated Date of Discharge (EDD) is now in place on Medical and Elderly Care Wards with Daily Board Rounds now having been implemented. These are multi-disciplinary discussions to assess patients' progress towards their Estimated Date of Discharge
- Improving patient flow and discharge planning is a Trust Goal. The Bed Management System in operation is more robust with 3 to 4 bed meetings held per day with key stakeholders present who can influence the resolution of any pressures as they present
- The Complex Discharge Team manages and co-ordinates the discharge arrangements for patients whose needs may have changed as a result of their long term condition, diagnosis or social situation. They work in collaboration with Social Services colleagues based on Ward 42 at Arrowe Park Hospital
- The nursing documentation completed for every patient contains a discharge checklist for the nursing staff, a copy of which is given to the patient on discharge. Completion of this documentation is audited to monitor compliance by the nursing staff
- Criteria Nurse Led Discharge is now in place on a number of Wards which enables nurses to discharge patients rather than having to wait for a member of the Medical Team

A critical aspect of an effective discharge is the patient and carer/family experience. The Trust has a well developed patient experience feedback system in place. Patients are issued with a questionnaire on discharge which measures their experiences across a range of indicators that we know are important to our service users. In addition, the questionnaire also asks specific questions relating to discharge as follows:

Did you receive a copy of the discharge summary?

Did you find the information in the discharge summary useful?

These questions score 89% and 98% respectively as at December 2010

Measuring these questions is a key aspect of discharge as the summary provides a level of confidence to our service users and ensures that they leave with a tangible summary of their inpatient stay.

The Trust has also worked with the Wirral Local Involvement Network (LINK) throughout 2010 to assist them in their research into discharge from hospital. This research involved “enter and view” visits and random sampling of service users in the main public areas of Arrowe Park Hospital. The report resulting from this research has been received by the Trust and a formal response will be provided to Wirral LINK in March 2011.

By ensuring that patients are being discharged in a timely way the Trust has been reducing lengths of stay. More patients are now being discharged on the day of procedure or surgery and initiatives such as the Enhanced Recovery Programme, which is being rolled out across a number of surgical specialties, has reduced the need for patients to stay in hospital for protracted periods of time.

5.0 BED REDUCTION

Since setting out a vision for reducing lengths of stay a number of years ago much has been achieved.

- A greater focus on patient safety has meant that infection rates have significantly reduced for both MRSA and C Difficile leading to fewer patients acquiring hospital acquired infections and as a result, reducing extended lengths of stay due to infection
- The Trust is part of a national programme called “Safety Express” which aims to significantly reduce harm caused to patients through:

Pressure Ulcers

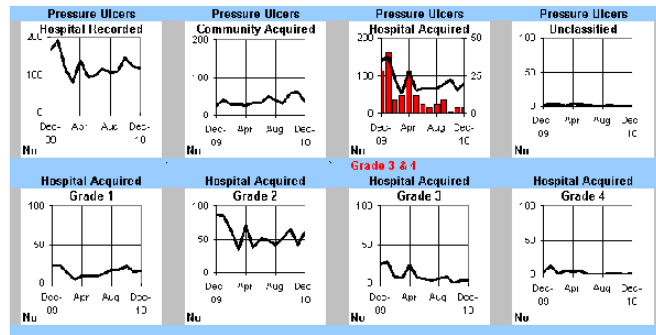
Falls

Venous Thrombolysis

Cather acquire urinary tract infections

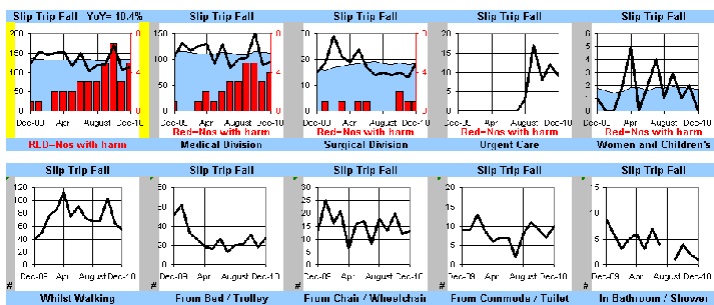
This is a two year programme, but already indications are that fewer patients are developing pressure sores and are having falls resulting in harm.

Pressure Ulcers



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Clinical Falls (In Hospital)



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- A whole system approach with close collaborative working with Commissioners and Social Services has resulted in the development of a Rapid Response Discharge Service. This enables early supported discharge of patients back home with support in the Community

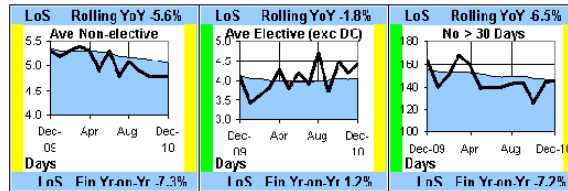
The need for continued improvement in the quality of care and safety, increased productivity/efficiency and development of services are complementary rather than mutually exclusive.

Preventing avoidable harm to patients reduces length of stay which is better for patients and also is more cost effective, i.e. acquiring an infection is unacceptable to patients and costly to the Trust.

Over the last year the Trust has used both quality and performance indicators to undertake more detailed reviews and as a result has identified a number of reductions that have been achieved as a result of improved quality and efficiency.

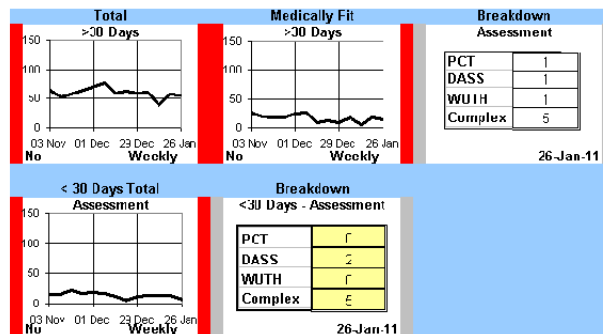
The Trust has seen the number of patients who are medically fit and who have been in hospital for more than 30 days reduce from more than 100 to between 15 – 20.

Inpatient Length of Stay



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Delayed Discharges



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6.0 RECOMMENDATION/S

THE COMMITTEE IS ASKED TO NOTE THE DEVELOPMENTS TO DATE.

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APPENDICES

NONE.

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date