

MEETING:	OVERVIEW & SCRUTINY COMMITTEE
DATE:	4 JULY 2012
TITLE OF REPORT:	TASK & FINISH GROUP REPORT – REVIEW OF WYE VALLEY TRUST (STROKE & TRAUMA SERVICES AND THE DELAYED TRANSFER OF CARE)
REPORT BY:	Task & Finish Group

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider the findings arising from the Task & Finish Review into the Wye Valley NHS Trust (Stroke & Trauma Services and the delayed transfer of care).

Recommendation(s)

THAT: the Committee notes the report of the Task & Finish Group – Review of Stroke & Trauma Services and the delayed transfer of Care, and agrees with the recommendations for referral to the Wye Valley NHS Trust.

Key Points Summary

- A spotlight scrutiny Task & Finish Review has been undertaken into the Wye Valley NHS Trust management of the Stroke and Trauma Services and the delayed transfer of Care.
- The scope of the Review Group was limited to the consideration of issues identified during earlier Committee meetings with the Trust.

Alternative Options

- 1 Not to agree with the recommendations.

Reasons for Recommendations

- 2 This Committee commissioned a Task & Finish Group to undertake further investigations into aspects of the stroke and trauma services and the delayed transfer of care. The Task & Finish Group has completed its task and its report is required to be submitted to this Committee for approval.

Introduction and Findings

- 3 This Committee commissioned a Task & Finish Group to undertake further investigations into aspects of the stroke and trauma services and the delayed transfer of care. The Group was chaired by Councillor JW Millar, and comprised Councillors: WLS Bowen and JLV Kenyon.
- 4 The Group interviewed the following representatives from the Wye Valley Trust: Dr Vicky Alner, Service Unit Director Urgent Care, and Mr Tim Tomlinson, Director of Operations.

Stroke Service

- 5 In relation to the Stroke Service the Group received information on, and questioned aspects of: performance for time to CT Scan; performance data for direct admission to the Acute Stroke Unit (ASU); best practice tariff details; Transient Ischaemic Attack (TIA) Service and performance; key indicator performance and improvement strategies, and challenges to the service. The Hereford Stroke Service now have 24/7 access to CT scanning for stroke patients. The Group have learned that while outreach vascular services are provided to Hereford Hospital on most days of the week by the Worcester Stroke Service, Hereford plan to get a second permanent stroke clinician. Recruitment to this post was underway.
- 6 The Group noted that the home adaptations service, which provide adaptations to properties to enable patients to return home, was currently out to tender. The Trust had entered a statement of interest in undertaking this service as it would further integrate that part of the service into the Total Patient Care Pathway. The Group believe that the benefits of having a single organisational pathway to include this work cannot be overstated.

Trauma Service

- 7 In relation to the Trauma Service the Group received an overview of how the service was organised regionally and locally. The Group were pleased to hear that the Service had good links to Headway, the Hereford brain injury association. The Group sought clarification concerning the use of 'rehabilitation prescriptions'. When a patient is sent home from a major trauma centre, e.g. Queen Elizabeth Hospital, Birmingham, they are transferred to Hereford with a rehabilitation prescription setting out the patient's medical needs. The Group heard that major trauma patients were transferred with an 'outline-care plan of treatment needs'. The Group have been assured that the plan is capable of being adapted to the actual day to day needs of the patient and that consultants or specialists also visit patients to assess them when required.

Delayed transfer of care

- 8 The Group considered performance information in relation to the delayed transfer of care (bed blocking) and noted that the Wye Valley NHS Trust had shown consistent performance over the period April 2011 to March 2012 and was performing better than the majority of other Trusts in the region.
- 9 The Group have been informed that the Trust had submitted a bid to the Strategic Reserve Fund for £3m (a non-recurring local fund, the allocation of which will be managed by West Mercia Primary Care Trust Cluster) to invest in work across the whole organisation (to fund district nurses, psychologists, support workers etc) which would help unblock the system and improve the flow from acute care to home care. The Trust anticipated that they may receive £1.6m as a one year pump priming sum.
- 10 Concern was raised at a meeting of the Overview & Scrutiny Committee in March 2012 that an unnamed patient had allegedly been discharged from a cardiac ward at the Hereford Hospital without appropriate arrangements being put in place. The Group have received a report on the discharge arrangements and the results of an investigation by the Trust into this particular

alleged case. The Trust reported that 'despite extensive investigations there was no evidence to support the report that a patient had been discharged "in the middle of the night due to bed pressures". They have also stated that 'unless or until relevant and specific facts are received and established in this case further action cannot be taken. However a watching brief is in place and a request has been made to clinicians to record the time of discharge in each patient's healthcare records'. Based on the report from the Trust, the Group are satisfied with the response.

Conclusions

- 11 The recommendations from the Task & Finish review are:
- a) That the potential benefit of the further integration of the Adaptions Team into the Total Patient Care Pathway be supported as the Group see this to be a logical adjunct to the Integrated Care Pathway; and
 - b) The rationale for the Wye Valley NHS Trust bid to the West Mercia Primary Care Trust Cluster for funding from the Strategic Health Authority's Strategic Reserve Fund to invest in further work to improve the flow from acute care to home care be supported.

Community Impact

- 7 The Review links to the priority in the Corporate Plan of improving health care and social care and the long term outcome of improved intervention and support for older people and keeping them safe.

Equality and Human Rights

- 8 There is no change to the Equality Analysis of the Council as result of the report.

Financial Implications

- 9 There are no financial outcomes as a result of the report.

Legal Implications

- 10 There are no legal implications as a result of the report.

Risk Management

- 11 There is no reputational risk to the Council as a result of this report.

Consultees

- 12 As part of the Review interviews were held with Dr Vicky Alner, Service Unit Director Urgent Care, and Mr Tim Tomlinson, Director of Operations.

Appendices

- 13 None

Background Papers

14 None.