The Royal Wolverhampton Hospitals NHS Trust	

Trust Board Report

Meeting Date:	28 November 2011
Title:	Chief Operating Officer's Report
Executive Summary:	This report is to bring Board members' attention to current activities and is intended to be an update report.
Action Requested:	The Trust Board is to note the report.
Report of:	Chief Operating Officer
Author: Contact Details:	Chief Operating Officer Tel 01902 695958 Email: Vivien.Hall1@nhs.net
Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

BACKGROUND DETAILS

1. COMMUNITY NURSING

1.1 End of Life Care

The End of Life Care service aims to support patients with a prognosis of approximately 6 weeks or less in their own home or place of choice. The service was set up in July 2008 and at that time comprised of 1 Lead Nurse, 2 Supportive Care Facilitators and 1 Administrator. It was anticipated that the service would care for 72 patients annually:- for the financial year 09/10 – 277 patients were referred to the EOL service, for the financial year 10/11 – 344 patients were referred to the EOL service and the numbers continue to climb. End of Life patients are patients with life limiting illnesses regardless of diagnosis.

The service is provided 24/7, and accessed via a Palliative patient phone line to allow rapid access to nursing staff when needed. 99% of all patients were cared for in their preferred place of care. Informal carers of deceased End of Life Care patients are sent a survey about the care they received, 6 weeks post bereavement. Below is a sample of comments received in October 2011:

- "My husband was only at home for 3 days before he died, during that time the nurses were efficient, kind, caring and an enormous help to me and my family. They made my husband's last days more bearable for him with their kindness and care. Thank you"
- "We could not have asked for a better service and care. All the District Nurses were professional and caring to all of us. We are very grateful. I couldn't have kept my wife at home without their help".
- "Only to say the excellent care given by community nurses certainly eased the pain after my sweetheart died, because I know he received the best possible care. Thank you so much".

1.2 Hospital at Home:

The aims of this service are to avoid admission to hospital and facilitate a safe early discharge from hospital. The service provides a variety of care closer to home using a variety of Integrated Care Pathways. From 1 January 2011 to 31 October 2011, a total of 325 patients have been treated in their own home by this service. The total number includes 105 patients who avoided hospital admission and 220 patients who were discharged from hospital earlier. Many of these patients receive up to four visits per day to administer intravenous antibiotics. Patient satisfaction questionnaires are completed at the end of their treatment and episode of care, feedback is as follows:

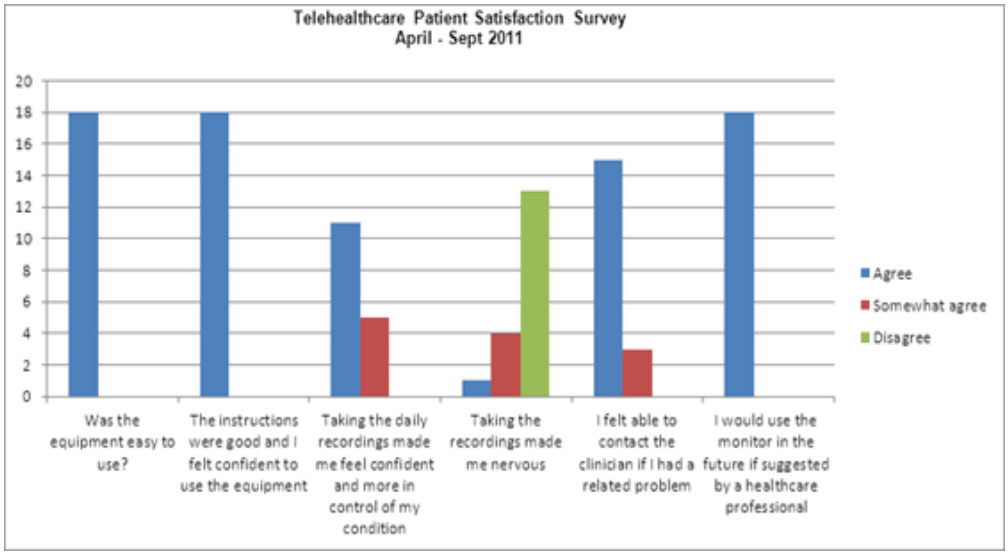
- "I have received a first class treatment that I couldn't falter in any way".
- "This is an excellent service and I have felt less anxious being cared for this way than previously".
- "Hospital at Home service is a good alternative to patients being admitted to hospital as an inpatient".
- "Very professional. Treated in a caring manner".
- "A stay in hospital can be very disruptive and traumatic, being able to stay at home was brilliant".

1.3 Community Matrons and Telehealth:

The role of the Community Matron Service is to provide individualised holistic health assessment to patients with long term chronic complex conditions. The service aims to provide timely interventions to reduce inappropriate hospital admissions and to reduce the length of stay for patients within the hospital setting. It monitors patients with these illnesses remotely with the use of Telehealth equipment, promptly identifying early signs of exacerbations, and commencing appropriate treatment, alongside surveillance within the community setting.

Between April and September 2011 a total of:

- 97 people in Wolverhampton have received Telehealthcare monitoring from the Community Matrons Team
- Community Matrons have reported a total of 20 hospital admission avoidance due to Telehealthcare
- 18 patients returned Telehealthcare Satisfaction Surveys with the following results



Apart from Telehealth, other admissions have been avoided and include 181 patients with COPD and 58 patients with CHD a total of 259 patients. These patients would have had multiple admissions to hospitals without the interventions of the community matrons. The service also provides early signposting of patients onto appropriate pathways of care to meet their needs within the community, i.e. Nurse Led Bed Unit, Hospital at Home Team, and direct contact with patients GP and Consultant Specialist Nurses.

Patient feedback from the service is positive, for example:

- “I would like to express my gratitude to the matron for identifying promptly difficulties in my breathing .and ensuring appropriate medication was commenced – very reassuring –would certainly have been admitted to hospital without this service”.
- “I am more confident in supporting my husband’s care at home, with the support of Community Matrons”.

2. DAVINCI ROBOT

The Board approved the development of Robotic Surgery in 2010. The da Vinci robot was delivered to the Trust on the 29th December 2010. A robust implementation plan covering surgeon training and proctorship, staff training, patient selection, post-operative care, patient information and clinical audit proposals was presented, and approved by the Quality and Safety Committee in March 2011.

The innovation of robotic surgery has the potential to improve the quality of the patient's life and in hospital experience by reducing length of stay, blood loss (circa £400 per case), operation site trauma and in the longer term offers likely reduced post-operative complications.

Many of our peers have declared their intention to purchase a surgical robot and the investment at RWHT is key to us retaining our reputation as a centre of excellence for cancer surgery and being at the forefront in patients minds when exercising choice.

There is provision within the contract for three training sessions for clinicians and theatre staff. Each session accommodates two clinicians and two theatre nurses. Once training has been completed, clinicians are able to conduct robot assisted surgery at RWHT under the supervision of a Proctor. The Proctor will support the surgeon for three operating days or until there is joint agreement between surgeon and Proctor that the surgeon is competent to perform robot assisted surgery autonomously. The Proctors' expenses are met by Intuitive.

There is an expectation by the company that once training has been completed, surgeons will plan several appropriate cases as soon as possible. It is advised that the cases should be performed in close succession to ensure competence as soon as possible and withdrawal of supervision by the Proctor.

The robot is in situ in one of the new twin theatres and, to date, six surgeons have been trained in robotic surgery with two having sign off as competent by their proctor. There has also been interest expressed by Consultants in Cardiac and ENT Surgery which are subject to a case being developed.

The business case identified the plan to undertake 200 cases in the first year and since May, 38 cases have been completed.

The Division will be working with Directorates to increase the rate of uptake of Robotic Surgery in a considered and sustainable manner and to build a more robust audit report for each specialty enabling us to demonstrate not only improved clinical outcomes but also continued efficiency. The introduction of a mechanism for patient level costing would be of real benefit to this end.

The audit and outcomes are being monitored through the Quality & Safety Committee.

3. TRANSCATHETER AORTIC VALVE IMPLEMENTATION (TAVI)

The Trust Board approved the development of Transcatheter Aortic Valve Implementation Service (TAVI) in 2008 initially funding 25 cases. Our programme is one of the most successful (best results) in the country with now 91 patients having being treated with excellent outcomes and the lowest mortality (2.3%) and the lowest pacing rate. The Specialised Services Commissioners initiated bids from Centres to participate in developing the service over a 3 year period. The Trust submitted a bid on 24th August 2009 and was successful in being selected as the Centre in the region to undertake this new procedure.

We have a further year 2012/13 (50 cases) left within our existing contract to provide the service. The UK trial has now been superseded by the unequivocal and profoundly positive results of Partner US cohort B (same high risk patient cohort we are treating) as well as a cohort A study. The cohort B study was more positive than any other interventional stent study with the biggest mortality benefit of > 25%. We have participated in the CoreValve advanced clinical registry for which one of our Interventional Cardiologists is the principle investigator and to which we have just completed recruitment. This trial should report in 6 months.

We are now a national training centre for subclavian and direct aortic TAVI with CoreValve and one of our Interventional Cardiologists is a national and international proctor and trainer for CoreValve TAVI. We have 4 publications relating to TAVI in major peer reviewed journals including one publication of the first in the world combined TAVI and EVAR procedure in a patient with aortic stenosis and a large abdominal aortic aneurysm.

We are one of only 3 centres in the UK who undertake some TAVI cases under local anaesthetic (40%) with excellent results. We have the lowest pacing rate in the UK for CoreValve TAVI, and we have developed alternative access TAVI via the left subclavian artery and the direct aortic root.