

HOPSC/19/19

Committee Health Overview Policy and Scrutiny

Date 12 June 2019

HARLOW HOSPITAL – SITE VISIT

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Recommendation:

To discuss and note the report on the site visit of Harlow Hospital on 3 June 2019.

Six members of the Committee visited Harlow Hospital on Friday 3 June.

Members spent the morning with Lance McCarthy, Chief Executive and Michael Meredith, Director of Strategy, discussing hospital performance including key performance metrics, challenges from continuing increases in demand for services, and the development of the strategy for funding a hospital re-build and current status.

Selected slides from a presentation made on the day are attached (Appendix).

Some key points from the discussion:

- 7.5% increase in demand in A&E compared to previous year (second half of financial year).
- Increase in acuity (people being admitted being 'more sick').
- Standardised Mortality ratios - moving down very slightly but there remained an issue about better capturing the complexity of co-morbidity.
- Infection rates had improved
- Increase in cases from nursing homes.
- Increase in cases from population of central Harlow.

- Changes to triage at A&E with a 'streaming officer' now on site to signpost and redirect as appropriate.
- PAH had spent time and money re-shaping the Emergency Department to improve treatment flows and were planning to increase the amount of assessment space.
- Vacancy rates were averaging 11% - registered nurse vacancy rate was running at 25%. Regular churn. Fill rates at 50% (bank first, and then to agencies). Exit interviews reveal that people often move for better career and training opportunities rather than just for money.
- Significant improvement work had been undertaken as a result of previous CQC inspections. PAH were awaiting the formal assessment of an inspection in March/April 2019 - informal feedback had been positive so far.
- Looking to further improve links to community services especially around End of Life Care.
- Further developing stakeholder and partner relationships and trust will drive the further integration of services.
- PAH does not have modern healthcare estate. Poorest quality estate is the tower block where most of the wards were housed.
- It was expected that the same range of services provided at the current site would also be provided from any re-build site although some may be delivered differently in partnership with community and other providers.
- If proceeding with a new rebuild site, then it is possible that PAH may need to do a full public consultation and prepare an advance pre-consultation business case.
- In due course, PAH will need to talk through the engagement process with HOSC for a view on the engagement plan and formal public consultation and timelines.