BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMITTEE

11.00am 15 JANUARY 2016

FRIENDS MEETING HOUSE, SHIP STREET, BRIGHTON

MINUTES

Present: Councillor Simson (Chair)Allen, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer Dunn, Wares and Miller

Also in attendance: Older People's Council; Councillor Michael Ensor, East Sussex County Council; Catherine Galvin, West Sussex Health and Adult Social Care Commissioner

PART ONE

42 PROCEDURAL BUSINESS

(c) Exclusion of Press and Public

In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

RESOLVED - That the public are not excluded from any item of business on the agenda.

43 CHAIRS COMMUNICATIONS

43.1 The Chair said that she was really pleased that so many OSC members had been able to make this special meeting focussing on the Emergency Department (ED) at Royal Sussex County Hospital (RSCH).

The Chair welcomed Councillor Michael Ensor from East Sussex County Council; both East and West Sussex scrutiny committees had been invited to send a representative as the issues at RSCH affected their residents too. Apologies had been received from the lead West Sussex County Council members but the West Sussex Health and Adult Social Care Commissioner, Catherine Galvin, was at the committee meeting

As this was an extra meeting, the committee would be skipping the usual standing items, and move straight on to the main item.

The Chair welcomed Amanda Fadero, Interim Chief Executive, Sherree Fagge, Chief Nurse, Dr Mark Smith, Chief Operating Officer, Dr Martin Duff and Dr Sarah Doffman, all from Brighton and Sussex Universities Hospitals Trust (BSUH) and thanked them all for attending.

44 CQC FOCUSED INSPECTION REPORT INTO URGENT AND EMERGENCY CARE AT THE ROYAL SUSSEX COUNTY HOSPITAL

44.1 The BSUH officers gave a presentation to OSC and answered questions afterwards.

Key points from the presentation included:

- There is a clear patient focus for all of the improvements that are being made, combined with a strong clinical lead; the clinicians are the drivers of change.

- One of the changes in the current approach is to look at all of Level 5 as one area, rather than ED as a sub section. Level 5 also includes intensive care and short stay wards. Most patients spend less than 48 hours in hospital and they should be able to be accommodated and treated within Level 5.

- There has also been a system change by introducing 'single clerking' across the hospital, for patients who stay on Level 5 and for those who move into other areas. The doctors on Level 5 will be more interchangeable as 'acute floor' doctors, rather than having to wait for a specific speciality. For patients who are moving to a different ward or floor, there will be a junior doctor whose role it will be to identify the appropriate senior clinician. This will reduce the time waiting for treatment by approximately two hours each time and get patients to the most appropriate setting as quickly as possible. This has not been introduced in many hospitals to date. but it is already helping the flow through the hospital.

- There are plans to make better use of the 'minors' side; it currently peaks at about 7pm, when GPs are closed, and takes a lot of senior resource.

- The cohort area is used because it is safer than leaving patients in ambulances; they can visually assess the patients and prioritise the most ill. If more than 5 people are in the cohort area the hospital has to keep hold of a paramedic crew to care for additional patients. One paramedic can look after up to five more patients in the cohort area. This is not ideal though, and they would prefer not to use the cohort area at all.

- The 'Right Care, Right Place' programme has given a challenge to all clinicians to make sure tests, treatments and therapies are carried out quickly, reducing the time patients spend in hospital and freeing up space for other patients who need to be admitted. Clinicians focus every day on how to make positive changes for patients to help their recovery journey. There has been an immediate drop in the length of stay in those teams which are trialling the new approach. For example in the respiratory ward, people are staying on average 3.5 days less. Changes can be as straightforward as changing the handover paperwork, which used to take 30 minutes to complete, and now takes 2 minutes.

- The next CQC inspection will be in April 2016, it will be a comprehensive inspection of all services.

44.2 The Chair thanked everyone for their presentation, and invited questions.

44.3 Members asked what would happen if the CQC's 'inadequate' rating was not improved; Ms Fadero said that the entire hospital was focussed on change and improvements, and it would be disappointing if this was not reflected in future assessments. If assessed today, she anticipated the results would be less 'red' overall, but it would still be 'requires improvement' in the ED.

44.4 Members asked why there was a dip in performance over Christmas. The clinicians said that this has been a national issue. This year's performance was better than previous years, and it had been a quicker recovery, as there had been some capacity in the hospital this year compared to previous years.

44.5 Members asked about the impact of 3Ts. They heard that there were two elements, improvements in emergency care, and the wider improvements to the cohort area. They need to vacate the office space behind the emergency department during the decant process in order to expand the available cohort area space. The EmergencyDept is not part of the 3T scheme but there needs to be connection between the two.

44.6 Members asked about staffing levels. Ms Fagge said that staffing levels were reviewed annually. They had had a very successful recruitment drive with 300 new nurses, and by the end of March 2016 they would have a full staffing complement.

44.7 Members asked about resourcing the new assessment cubicles that were planned. Ms Fadero said that they capital investment for these works had already been identified; it is one of the top areas to be improved. The cubicles will be used to help the flow in the ED, by separating the clinical space and the waiting room.

44.8 The Chair of East Sussex HOSC thanked members for allowing him to attend and to speak, he was there to represent the East Sussex residents who used BSUH services. Cllr Ensor asked for more information about an action plan to address the problems identified; Ms Fadero said that there were comprehensive action plans overseen by the Systems Resilience Group. Dr Mark Smith had oversight of the unscheduled care components. NHS/ TDA and Monitor have all asked for a five year transformation plan by summer 2016.

44.9 Members asked why there was not a GP carrying out triage in the cohort area? They heard that GPs were there from 9am-7pm, but there was also a navigator role, prior to triage, this was not a GP position. There are limited numbers of GPs so they need to be used effectively.

44.10 Members asked about the effect of alcohol on the demand for services. They heard that intoxication was a significant issue, and that its effects could be felt across a range of services including digestive diseases. There is always a challenge to keep people safe from harm. Legal highs are an increasing problem in the ED.

44.11 Members closed by commenting that there was a noticeably more positive approach from the senior staff who were present to making changes, this was to be commended.

44.12 The Chair thanked everyone for attending and speaking so freely.

The meeting concluded at 1pm.

Signed Chair

Dated this day of