# HEALTH OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 19

**Brighton & Hove City Council** 

Subject: Urgent Care
Date of Meeting: 20 July 2016

Report of: Executive Lead for Strategy, Governance and Law

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Ward(s) affected: All

#### FOR GENERAL RELEASE

#### 1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 At the May 2016 HOSC meeting, members resolved to ask the Brighton & Hove System Resilience Group (SRG) to attend the next committee meeting to present its plans for improving ambulance to hospital handover performance.
- 1.2 The SRG is a local partnership, responsible for ensuring that health and care services work effectively together and are resilient enough to cope with increasing demand pressures as well as with extreme events and emergencies. The B&H SRG is chaired by Brighton & Hove Clinical Commissioning Group (CCG).
- 1.3 Planning ambulance handover is a sub-set of broader planning across the local urgent care system. Handover is not a discrete problem: handover performance is impacted by how many calls the ambulance service receives and by how busy a hospital is at any given time. This itself depends on how many patients have been admitted, how smoothly patients 'flow' through the hospital, and how effective discharge procedures are. Rather than focusing narrowly on a single issue, it has therefore been decided to look at the SRG's work on the local urgent care system in the round.
- 1.4 However, whilst adopting this more holistic approach, HOSC members will not wish to lose sight of the important issue of handover performance. The most recent statistics on performance, supplied by the South East Coast Ambulance NHS Foundation Trust (SECAmb) are therefore included for reference as Appendix 1 to this report and members will have the opportunity at the HOSC meeting to question the SRG, SECAmb and the CCG on the specifics of ambulance performance.
- 1.5 This is the first time that the HOSC has engaged directly with the SRG, but further co-working is likely in the coming months, specifically in terms of the scrutiny of system-wide responses to the challenges faced by NHS providers in the city. Some of this engagement is likely to be quite extensive, focusing on the details of system quality improvement planning (e.g. in response to Care Quality Commission inspection reports). However, it has been agreed that initially the

SRG should present its urgent care planning via a presentation and a Q&A session.

#### 2. RECOMMENDATIONS:

2.1 That the Committee: (1) notes the information provided by the System Resilience Group; (2) notes the performance data on hospital handover provided by SECAmb (**Appendix 1**); and (3) determines what if any future scrutiny of hospital handover performance is required.

#### 3. CONTEXT/ BACKGROUND INFORMATION

3.1 More information will be provided via a presentation by the SRG. The slides of this presentation are included for information as **Appendix 2** to this report.

#### 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this information report.

#### 5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None directly, although community organisations are represented on the HOSC and this item presents an opportunity to question the SRG.

#### 6. CONCLUSION

6.1 This report is intended to inform future scrutiny of hospital handover and, more broadly, of system-wide health and care quality improvement planning.

#### 7. FINANCIAL & OTHER IMPLICATIONS:

#### Financial Implications:

7.1 There are no financial implications directly resulting from this report.

### **Legal Implications:**

7.2 There are no legal implications directly resulting from this report.

#### **Equalities Implications:**

7.3 There are no equalities implications arising directly from this report.

#### Sustainability Implications:

7.4 There are no sustainability implications arising directly from this report.

#### 8. **SUPPORTING INFORMATION:**

**Appendix 1:** Hospital handover performance data provided by SECAmb **Appendix 2:** slides of the SRG presentation