





Brighton & Hove
City Council

Overview & Scrutiny Committee

Title:	Overview & Scrutiny Committee
Date:	15 January 2016
Time:	11.00am
Venue	Friends Meeting House
Members:	Councillors: Simson (Chair), Allen, Bennett, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer Dunn and Wares Co-optees – Brighton & Hove Community Works; Healthwatch; Older People's Council' Youth Council Invitees – East Sussex County Council; West Sussex County Council
Contact:	Cliona May Assistant Democratic Services Officer 01273 291354 cliona.may@brighton-hove.gov.uk
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AGENDA

42 PROCEDURAL BUSINESS

- (a) **Declarations of Substitutes:** Where councillors are unable to attend a meeting, a substitute Member from the same political group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

Note: Any item appearing in Part Two of the agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the press and public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

43 CHAIRS COMMUNICATIONS

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

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This report was previously discussed at the November OSC meeting but members wanted the opportunity to discuss it in greater depth and to

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invite colleagues from neighbouring authorities who may also access RSCH.

The committee report from the November OSC is attached.

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

If you have any queries regarding this, please contact the Officer listed on the agenda.

Date of Publication - Thursday, 7 January 2016

CQC focused inspection report into urgent and emergency care at the Royal Sussex County Hospital**1. Background**

On 22 and 23 June 2015 the Care Quality Commission undertook a two-day unannounced inspection of urgent and emergency services at the Royal Sussex County Hospital. The report of that inspection was published on 23 October 2015.

2. Key findings - the CQC report

The Care Quality Commission report raised concerns about the flow of patients through the Emergency Department and whether care was being provided soon enough. Concerns were also raised about some patients who arrived by ambulance waiting too long to be taken into cubicles. In the CQC domain of safety this has led to a rating of “inadequate”, and the same is true of the well-led domain due to concerns that not enough has been done to address the issues quickly enough.

Throughout the inspection the CQC observed staff treating patients with compassion, dignity and respect; they noted that staff had a caring and compassionate attitude towards patients; and that good clinical care was being delivered. The patients they spoke with during this visit were positive about the care they received.

3. BSUH response

We recognise the issues raised by the Care Quality Commission and are already making significant changes to how we work in our Emergency Department and right across the urgent and emergency care services. These changes have been designed by clinical staff across the Trust to ensure swifter assessment and treatment.

The Trust board and senior clinical leads take this responsibility very seriously and will continue to engage directly and support clinical and managerial staff in current and future improvement work.

It has been valuable for the continued engagement and motivation of staff that the Care Quality Commission noted; staff had a caring and compassionate attitude towards patients and delivered good clinical care.

4. Context

The Royal Sussex County Hospital cares for large numbers of very sick and seriously injured patients from across Sussex and parts of Kent and when the hospital is very busy, there are times when patients have to wait longer than we would like in the Emergency Department to be admitted into a bed. This is due to a number of factors:

- The number of patients who come into A&E who are seriously ill and need to be admitted onto wards has risen in recent years, and there are times when there are not enough beds available for them which can cause the Emergency Department to become busy.
- The way we assess, treat, admit and discharge patients is not as efficient as it could be and this can slow down the flow of patients throughout the hospital and cause the Emergency Department to become busy.
- The Trust frequently has patients who are fit to be discharged from hospital but cannot go home because the support they need in the community is not ready. This slows down our ability to free up more beds to move patients from the Emergency Department into the main hospital.

Below we have summarised some of the key actions being taken to address this.

5. Acute clinical hub at Royal Sussex County Hospital

We are creating a hub for the urgent treatment of people with severe injury or illness.

Patients arriving at the Emergency Department are now assessed by a senior nurse who directs them to the most appropriate area based on their presenting clinical need.

Patients who are identified as needing a surgical assessment are directed to the surgical assessment zone rather than into the Emergency Department. This change in how we work was made very recently but early evidence of the difference it makes to patients is very positive. For example, previously, a patient with appendix pain who came in late in the day might have had an overnight wait in hospital for surgery. With the new ways of working, the team have been able to assess a patient straight away, provide antibiotics and pain killers to take at home that night, and the patient returned the next morning for successful same day surgery with no need to stay overnight.

Similarly specialist medical clinicians are now working alongside the Emergency Department team to ensure patients with a clear medical presenting condition such as pneumonia are seen by the right clinical team earlier. This will lead to quicker assessment and treatment.

It is too early to see the impact of these changes on the target to discharge or admit emergency department patients within 4 hours, but we are confident that we are already improving the experience of patients.

6. Changes to how we work on our wards

We have also made changes to the way we work on our wards which are designed to reduce lengths of stay freeing up space for patients needing to be admitted.

Through a project known as *Right Care, Right Place, Each Time*, we are rolling out new ways of working across all our adult wards before Christmas. These changes involve actions to ensure tests, treatments and therapies are all carried out in a timely way so that we are working towards each patient's going home date from the moment they arrive on the ward.

“Board rounds” are a key feature of this approach – consultants, senior nurses, physiotherapists, occupational therapists, pharmacy and social care coming together twice a day to agree the actions needed for each patient that day and unblocking any issues in the way of progress towards being ready to leave hospital.

These changes address the need to deliver patient flow into the main hospital from the Emergency Department.

7. Additional capacity

Both in the short term and in the long term we know we need additional beds. Work by Ernst and Young identified a pressing need for additional capacity of 70-80 beds.

In October we opened additional beds at the Princess Royal Hospital which will give us some of the additional capacity we need for winter.

Newhaven Community Ward, which will open in November, will provide further additional capacity, caring for patients who are well enough to no longer need acute hospital treatment but who for a few extra days need further skilled nursing and therapeutic support such as physiotherapy, before leaving NHS hospital care altogether. Newhaven Community Ward is on the site of the old Newhaven Downs Hospital. It will be run by Sussex Community NHS Trust, and will care for patients who have been discharged from the Royal Sussex County Hospital or Princess Royal Hospital. A team of nurses, therapists, doctors and support staff will care for up to 20 patients in the newly refurbished ward for a period of up to seven days, supporting them to recover before they move on.

In the longer term, following the final confirmation of funding, we are now able to plan for the additional capacity which the 3Ts (Teaching, Trauma and Tertiary

Care) buildings will deliver. The £484.7 million redevelopment programme will replace some of the oldest buildings in the NHS with two new, state of the art facilities. In January 2016 the main preparation works will begin for the first of the two new buildings. Just under a quarter of the hospital site will be given over to construction of this Stage 1 Building. All clinical services will be available on site throughout the redevelopment. Those that have to move to make way for construction are being given temporary accommodation on site that is better than their current environment. The Stage 1 Building is scheduled for completion at the end of 2019 and Stage 2 in 2023 giving a total of 100 additional beds on this site across a range of services.

8. System-wide working

The solution to the challenge of patient flow and not having enough beds is about more than just what happens in hospital; it is reliant on the whole health and social care system in Sussex working together. We are working with our partner health and social care organisations to help reduce the number of patients who go to A&E unnecessarily, and to create services out in the community that will allow patients to be discharged from hospital quicker.

This work includes:

- **Newhaven Community Ward** – this autumn a new NHS unit will open in Newhaven for patients who no longer need acute hospital treatment but who need a few extra days of skilled nursing and therapy support before leaving NHS hospital care altogether. The local NHS has plans to develop the service further to provide this care in patients' own homes.
- **Community Rapid Response Service** – a seven-day-a-week service with a two hour response time so that GPs and other healthcare professionals can get the right care for patients in need of urgent care and support in the community.
- **'See and Treat' and 'Hear and Treat' paramedics** – services are working together to make it easier for local ambulance crews and call handlers to refer patients who do not need acute hospital care, but do need urgent attention, to alternative local services outside of A&E, such as the local 'Roving GP' service that will send a doctor out to a patient's home.
- **Rapid Homecare Service** – a new service was introduced in the summer to help people in Brighton and Hove get home from hospital more quickly once they are medically fit for discharge.
- **'Discharge 2 Assess'** – a different approach from the conventional hospital discharge process has been piloted on an elderly care ward in the Royal Sussex County Hospital. Patients are able to go home and be assessed at

home for their further care needs with support put in place the same day. Plans are in place to extend this to other wards in the hospital this winter.

9. Conclusion

The changes we are making have been endorsed as the right approach by the Care Quality Commission, the Trust Development Authority, NHS England, our Clinical Commissioning Groups and Healthwatch Brighton and Hove. The BSUH Board continues to work with lead clinicians and managers across the hospital, to provide effective challenge and support as we make these changes.

We are determined that we will see these changes through and make significant improvements to the quality of the healthcare provided to patients who use the Emergency Department at Royal Sussex County Hospital at Brighton.

October 2015

