

Health Overview and Scrutiny Committee (HOSC) Newsletter



July 2013

HOSC disappointed with delay to hospital service changes

HOSC has expressed its disappointment with East Sussex Healthcare NHS Trust's (ESHT) announcement that the full implementation of changes to the stroke, general surgery and orthopaedic services has been delayed.

Darren Grayson, Chief Executive of ESHT, explained that the delay is due to more work being needed on the Trust's Full Business Case (FBC), which is the document being written to get approval for capital funding.

The NHS Trust Development Authority (TDA), which was set up to oversee hospital trusts and their requests for capital funding, needs more detail in order to approve the necessary capital funds.

The changes to stroke, general surgery and orthopaedic (bone and muscle surgery) services are part of ESHT's wider Clinical Strategy called 'Shaping our Future', which is intended to address the clinical and financial pressures that the Trust faces.

The changes involve creating centralised acute stroke services at Eastbourne District General Hospital and centralised emergency and higher risk planned surgery services at the Conquest Hospital in Hastings. Currently, both sites provide these services. HOSC gave its support to the project in December 2012.

Mr Grayson told HOSC that it is likely ESHT will receive the capital funds to make the changes in full as planned. However, the Trust now needed to put in an application for the entire Clinical Strategy, not just for the reconfiguration of stroke, general surgery and orthopaedics services. And the Trust also needed to provide additional details relating to the effect of the changes to the hospital buildings themselves.

Asked by HOSC if this issue could have been foreseen, Mr Grayson said that the TDA had only come into existence on 1 April 2013 and had only recently published guidance on what needs to be included in a FBC.



Mr Grayson explained that it had not been possible to speak to the TDA prior to 1 April, and that the guidance it had published was very different to that of its predecessor, the Strategic Health Authority. Consequently, he argued it would not have been possible to anticipate the additional requirements that now apply.

HOSC asked about the impact on staff morale from the news that the changes had been delayed. Mr Grayson acknowledged that there had been anxiety from affected staff both on a professional level and as local patients themselves. He argued that securing the capital funding and implementing the service changes would address staff morale and it was important to achieve this as soon as possible.

Mr Grayson indicated that until the FBC is approved, ESHT will look to make interim changes to the services to help manage the clinical pressures facing the Trust. The intention is to make these initial changes as soon as possible and before the winter peak period when the hospitals are at their busiest.

HOSC Chairman, Cllr Michael Ensor, said "HOSC is disappointed that the full implementation of stroke, general surgery and orthopaedic services has been delayed, especially as the Committee supported these changes."

"We will ensure that the HOSC Clinical Strategy Task Group continues to provide close scrutiny of the implementation of the changes to these services over the coming months."

Temporary changes to maternity and paediatrics come into force

HOSC was informed by East Sussex Healthcare NHS Trust (ESHT) that the Trust has successfully completed the temporary changes to consultant-led maternity and inpatient paediatrics (children's) services.

HOSC also learned that paediatricians working at Eastbourne District General Hospital (EDGH) have raised concerns over the safety of the temporary changes.

ESHT made temporary changes to the maternity and paediatrics services on the two main hospital sites in Eastbourne and Hastings in response to safety concerns raised by the National Clinical Advisory Team. The safety concerns included a lack of middle-grade doctors to staff both sites.

The Conquest Hospital in Hastings now provides a round the clock consultant-led maternity and inpatient paediatric services whilst the Eastbourne District General Hospital provides a midwife-led maternity unit and daytime paediatric service.

The Eastbourne-based paediatricians are concerned about the decision to make changes to the inpatient paediatrics services alongside maternity. In particular, they are concerned that consolidating inpatient paediatric services onto one site in Hastings will mean that there will be issues in providing sufficient paediatric support for the Accident & Emergency Department at EDGH.

HOSC was told by Dr Andy Slater, Medical Director (Strategy) at ESHT, that there is a general agreement on the need for a single inpatient unit from the paediatricians on both sites. The debate is about what the best arrangements would be to support this. He said the Trust is working with paediatricians on the most suitable arrangements.

Dr Slater said that the Trust would take whatever decision was safest. The Royal College of Paediatrics and Child Health advised the Trust that the availability of middle-grade doctors will only worsen and so consolidating the service to lessen the impact of having fewer doctors would ultimately be the safest option.

Furthermore, Dr Slater explained that other hospital trusts have consolidated services using a similar model and have been reviewed by external clinicians and found to be safe.

Responding to the issue of the effect on the A&E

Department at Eastbourne, Dr Slater said that, in line with arrangements at other Trusts, there is no requirement for consultant-level paediatric input at an A&E department where there is no inpatient paediatric service in the hospital. However, the Trust is providing extra support to the A&E Department and midwife-led maternity unit in Eastbourne until the staff are more confident with the new arrangements.

HOSC has referred the Eastbourne-based paediatricians' concerns to the Care Quality Commission (CQC).

The CQC has also met with the Eastbourne paediatricians to discuss their concerns and will reflect on them. As yet there is no indication that the CQC will take further action.

Darren Grayson, Chief Executive of ESHT, confirmed that the Trust is in constant contact with the CQC and that he had recently spoken with the Commission's regional lead about the maternity and paediatrics services.

Lindsey Stevens, Head of Midwifery, said that the first seven weeks of the midwife-led unit (MLU) in Eastbourne had been very positive and there had been no issues with inappropriate births. There had been quite a high transfer rate to the Conquest Hospital because midwives were taking a very cautious approach to the arrangements, but the transfer rate is expected to fall as midwives gain confidence. The 35 women who had given birth at the MLU to date were reported to be happy with their care.

ESHT has assured HOSC that the current changes are temporary and will not prejudice any decision on the long term future of the services.

The local GP-led Clinical Commissioning Groups updated HOSC on the development of the long-term plans for maternity and paediatric services. If the plans require consultation, this is expected to begin in the autumn.

HOSC will look at the development of the long term proposals for maternity and paediatrics.



Improvements underway at hospital A&E Department

A number of improvements have been made at the Royal Sussex County Hospital, Brighton following the severe pressure on the hospital's Accident and Emergency (A&E) department earlier in the year, HOSC has learned.

Concerns about the overcrowding and increased waiting times at the A&E Department were raised by patients and staff during the spring. In response to these concerns, the independent hospital regulator, the Care Quality Commission (CQC) visited the hospital and wrote a report.

The report highlighted issues around privacy and dignity and provision of timely care, support and treatment. Actions are needed to address these issues.

HOSC questioned several senior managers of Brighton and Sussex University Hospitals Trust (BSUH), the NHS organisation that runs the Brighton hospital, at the Committee's meeting in June.

Matthew Kershaw, the Chief Executive of BSUH, explained to HOSC that the majority of the issues raised in the CQC report were already being addressed by the Trust. He said he was confident that CQC would see an improvement when they re-inspect the service later in the year.

A&E Departments have a national target time for seeing patients within four hours. The four hours is measured from the time that the patient arrives at reception to when they leave A&E.

Nikki Luffingham, the Chief Operating Officer, said that the Trust always aims to see patients in less than four hours, but the recent pressures had meant that an unacceptable number of patients had spent longer in A&E.

BSUH managers described to HOSC several improvements that the Trust was making, including:

- A 'see and treat' triage system. Triage is about deciding how urgently a patient needs to be treated based on an assessment of their symptoms. Using a 'see and treat' approach where possible means that a patient is treated as soon as they are assessed, rather than being assessed and then made to wait to be



seen by a doctor or a nurse. This frees staff to focus on more complex cases as less urgent patients can be discharged without being seen twice.

- Carrying out all discharge reviews in the morning. When the Trust had been under severe pressure, patients had been admitted to available beds all over the hospital rather than necessarily in the specialist ward for their condition. This meant that doctors were taking the whole day to see all of their dispersed patients. The changes being implemented will ensure that all patients due to be reviewed for discharge will be seen by a senior clinician in the morning. This will free up space for new patients to be admitted to the correct wards as they arrive during the day.
- Deploying a Rapid Discharge Team. The Trust bought in the Emergency Care Intensive Support Team (ECIST). ECIST found that the A&E department was over-admitting patients, prompting the Trust to use its Rapid Discharge Team to identify patients who could return home with support, thus reducing admissions and pressure on beds.

HOSC will be looking at how the local healthcare system is improving the way it responds to urgent needs outside of hospital at the next meeting in September.

For a more detailed summary of the issues featured in the newsletter, please see the minutes of the HOSC meeting, 20 June 2013. The minutes can be found at www.eastsussexhealth.org/agendas

In other news

Council launches new online dementia resource

A new online 'one-stop shop' for people with dementia and their carers has been launched by East Sussex County Council.

The authority has launched a [Dementia Information Hub](#) on its website, providing easily-accessible information and resources in one place.

The new information hub covers subjects from the start to the end of the dementia journey, including general information on the disease and details of services on offer in East Sussex.

It also includes links to other relevant sections of the county council's website and other sites of interest such as the Alzheimer's Society and NHS Our Health South East.

For more information see:

www.eastsussex.gov.uk/dementia

New health commissioners begin their role

The three Clinical Commissioning Groups (CCGs) and NHS England, Sussex and Surrey Area Team began commissioning health services in East Sussex on 1 April 2013.

Commissioning is the process of planning, designing, buying and reviewing services to meet a population's needs, making best use of the funds and other resources available.

The CCGs commission hospital, community and mental health care services. The Area Team commissions GP, pharmacy & dental services, specialist healthcare and some public health services.

CCGs and the Area Team outlined to HOSC their role, structure and priorities in a series of presentations. The priorities included preventing and reducing falls, tackling long term conditions and ensuring there is high quality end of life care.

The full presentations are available on the [HOSC website](#).

Next HOSC meeting: 10.00am, Thursday, 12 September, at County Hall, Lewes

For webcast recordings, minutes, meeting details and the **HOSC Jargonbuster** see our website:

www.eastsussexhealth.org

HOSC Members

East Sussex County Council:

Cllr Michael Ensor (Chairman), Cllr Ruth O'Keeffe (Vice Chairman), Cllr Frank Carstairs, Cllr Peter Pragnell, Cllr Bob Standley, Cllr Rosalyn St Pierre and Cllr Michael Wincott

Eastbourne Borough Council:

Cllr John Ungar

Hastings Borough Council:

Cllr Dawn Poole

Lewes District Council:

Cllr Elayne Merry

Rother District Council:

Cllr Angharad Davies

Wealden District Council:

Cllr Diane Phillips

Voluntary Sector:

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East Sussex Health Overview and Scrutiny Committee (HOSC) is managed by East Sussex County Council and works in partnership with Eastbourne Borough Council, Hastings Borough Council, Lewes District Council, Rother District Council and Wealden District Council

