

Friday 21 September 2018		ITEM: 10
Thurrock Health and Wellbeing Board		
Visit to Basildon and Thurrock University Hospital Trust		
Wards and communities affected: All	Key Decision: Yes	
Report of: Councillor James Halden – Portfolio Holder, Education and Health		
Accountable Head of Service: N/A		
Accountable Director: Roger Harris: Corporate Director Adults Housing and Health		
This report is Public		

Executive Summary

Health and Wellbeing Board members visited BTUH on Friday 24 August 2018 to consider the impact of interventions introduced within the hospital to effectively manage an increase in demand experienced by the A&E department.

This report sets out key points raised during the visit and key outcomes and further areas for consideration resulting from the visit.

1. Recommendations:

- 1.1 HWB members are asked to consider and comment on key findings of the visit, set out at paragraph 3

2. Introduction and Background

2.1 Health and Wellbeing Board members considered BTUH's end of year position in 2017/18 in June 2018 at which members learned about a substantial increase in A&E attendances and the measures that had been introduced to effectively manage additional demand.

2.2 Board members welcomed an opportunity to visit BTUH as part of understanding how measures taken were impacting on the patient's experience in A&E and to explore how previous issues considered by the HWB are managed at BTUH. These included:

- The potential increase in Sepsis and the work that has been done so that people can identify early signs of Sepsis.
- A&E waiting times and performance
- The work that the BTUH had undertaken to stream patients to the most appropriate service

- The impact of providing a GP service based at BTUH whose role is to divert patients that can be seen by the GP away from A&E
- Work of the Social Care discharge team
- Creating of space within A&E to effectively manage patients experiencing mental ill health
- Cllr Fish's experience when he visited A&E during a particularly busy time

3. Key Outcomes

3.1 Consideration could be given to providing GPs with access to local appointment systems enabling them to book appointments for patients at their own GPs when it is the most appropriate support required for the patient.

3.2 Members learned that further consideration is to be provided to continuing to provide financial resources to continue offering a GP service in A&E.

3.3 Members learned that BTUH has experienced a 30% increase in patients requiring mental health support since April when police stations could no longer be used as a place of safety for individuals detained by police under S135/136 of the Mental Health Act. It was agreed that support should be made available for individuals who do not meet necessary thresholds to access more formal mental health services.

3.4 Members acknowledged the substantial progress that has been made to support the early identification and treatment of Sepsis. It was agreed that providing additional guidance to GPs and other professionals on the early identification and treatment of Sepsis will improve outcomes. It was also agreed that BTUH would provide examples of practice that can be shared with GP surgeries.

3.5 Consideration should be given to how to improve crisis response service availability in the community. It was agreed that an operational / Commissioner meeting will be arranged to consider the provision of mental health services in the Community and at BTUH.

4. Summary of visit / Key highlights

A&E waiting room

4.1 Members learned about a streaming process comprising nursing staff providing an initial assessment of a patient's needs prior to registration at A&E. This intervention enables patients to be streamed to the most appropriate service areas. Risk for patients are minimised due to being provided with an initial assessment upon arrival at A&E.

4.2 The provision of a GP service that is accessible for visitors to A&E facilitates the provision of immediate GP treatment where needed, reducing the number of patients remaining in A&E and reducing A&E waiting times. Members were advised about plans to pilot NELFT services within the streaming process as part providing patients with access to mental health support.

Minors Unit

4.3 Members learned that the Minors Area is used for patients not requiring admission to hospital and is supported by a nurse practitioner team and senior doctors when necessary. Effective operation of the Minors Unit reduces demand placed upon the Majors Unit. As part of providing resilience employees are rotated between the Minors and Majors Units.

4.4 Members noted that the provision of an additional GP service in the Minors Unit would provide further support the streaming of patients. It is recognised that provision of GP services at BTUH facilitates the provision of a fast and effective service for patients. As part of enhancing the service it was agreed that consideration could be given to providing GPs with access to local appointment systems enabling them to book appointments for patients at their own GPs when it is the most appropriate support required for the patient.

Majors Unit

4.5 Members learned that BTUH have utilised a specific bay in Majors Unit to effectively manage and treat Sepsis, identified as part of the initial assessment stage upon visiting the hospital. 'Bay 12' provides a space within which treatment can be administered to patients outside of A&E. Members were reassured that BTUH assess the management of Sepsis and suspected Sepsis on a monthly basis.

4.6 Members were advised that the Majors Unit is used to support people waiting to be admitted to hospital, effectively reducing the number of patients waiting in A&E. Additional options available to support the effective management of patients include escalation beds and a short stay ward when necessary. The A&E Delivery Board can also open an additional ward in Brentwood providing additional capacity of 28 beds when required.

Clinical Decisions Unit (CDU)

4.7 Members were advised that CDU provides support to patients that require additional treatment but do not require admission to hospital. It was acknowledged that redesigning the department to increase the number of beds from 4 to approximately 12 would have a positive impact on the management of patients. Members learned that the current capacity of 4 beds is almost always used for patients that require mental health support.

4.8 Members learned that BTUH has experienced a 30% increase in patients requiring mental health support since April since police stations have not been used as a place of safety for individuals detained by police under S135/136 of the Mental Health Act.

Acute Medical Unit (AMU)

4.9 Members were advised that patients visit AMU via a GP referral. The new AMU in BTUH was opened in April 2018 and aims to minimise follow up treatment being required and enable patients to access additional and subsequent treatment elsewhere.

4.10 The location of AMU within BTUH facilitates prompt and effective admission to hospital when necessary.

Part 2 – Meeting

4.11 Members were provided with a presentation on how BTUH manages and regularly assesses the management of SEPSIS which includes reviewing all cardiac arrests and reviewing the effectiveness of separate pathways provided for children and pregnant women.

4.12 Members were informed about an electronic observations system that provides guidance on options for treatment based on information fed into the system about a patient's condition. Members learned that this system has already improved treatment pathways and outcomes for patients.

4.13 Data on Sepsis is shared with CCGs on a monthly basis and considered by A&E Delivery Board. Members acknowledged the importance of ensuring Sepsis is addressed at the earliest stage possible including encouraging referrals from GPs, residential care homes and wider care professionals. It was recognised that providing additional guidance to GPs and other professionals on the early identification and treatment of Sepsis will improve outcomes.

4.14 Members learned that Tom Abell had met with EPUT to consider how to effectively manage an increase of approximately 30% of patients requiring mental health support attending A&E.

4.15 It was acknowledged that consideration should be given to how to improve crisis response service availability in the community. It was agreed that a operational / Commissioner meeting will be arranged to consider the provision of mental health services in the Community and at BTUH.

5. Issues, Options and Analysis of Options

5.1 Not applicable as specific further action has not been agreed.

6. Reasons for Recommendation

6.1 The recommendation within this report is for Board members to consider and comment upon outcomes arising from the visit

7. Consultation (including Overview and Scrutiny, if applicable)

6.1 N/A

7. Impact on corporate policies, priorities, performance and community impact

7.1 Not applicable

8. Implications

8.1 Financial

Implications verified by: Roger Harris, Corporate Director, Adults Housing and Health

There are no financial implications at this stage as no specific recommendations are being made that will create cost implications

8.2 Legal

Implications verified by: Roger Harris, Corporate Director, Adults Housing and Health

No legal implications have been identified.

8.3 Diversity and Equality

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

No diversity or equality implications have been identified

9. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

10. Appendices to the report

- Appendix 1 – BTUH visit itinerary

Report Author:

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Business Manager Adults Housing and Health

Appendix 1

BTUH visit itinerary Thurrock Health and Wellbeing Board Timetable

TIME	ACTIVITY	DETAILS
9:30am	Delegate arrival to BTUH Main Reception Cllr James Halden Cllr Tony Fish Roger Harris Corporate Director Adults Housing & Health Ian Wake Director for Public Health Darren Kristiansen Adults Housing and Health Business Manager Stephen Mayo Deputy Chief Nurse STP, Mid & South Essex STP Joint Committee	Delegates to be met by: Tom Abell Deputy Chief Executive/Chief Transformation Officer (msb group) Andrew Pike Managing Director Dawn Patience Director of Nursing
9.45 – 10:30	45 minutes tour of A&E, meeting with staff AS & AH to walk the patient pathway: <ul style="list-style-type: none"> • Streaming • Triage • Minors/GP • Mental Health • Majors/Ambulance / Discharge • Resus • CDU <p>During the tour of these areas we will be able to discuss:</p> <ul style="list-style-type: none"> • Wait times/performance against KPI's. • Ambulance offloads • Mental health • Sepsis/deteriorating patient pathways and the use of cubicle 12 • Relationship with Social Care/NELFT <p>Passing through the department there will be opportunity to talk to:</p> <ul style="list-style-type: none"> • ENP (Pauline Carney) Nurse in Charge/Matron (Emma Mckenzie & Emma Nicholls) • Consultant in Charge (Mr Edward Lamuren and Mr Kahn) <p>Other members of staff would be happy to be spoken to if approached by the team.</p>	Meet in A&E reception: Anthony Schirn Head of Nursing for Acute Medicine Andrea Holloway Service Unit Manager for Acute Medicine

10.30 – 11:15	Meeting in A&E Seminar Room to include: <ul style="list-style-type: none">• SEPSIS: Brief presentation by Dawn Patience, Director of Nursing• Cllr Fish's experience when he visited A&E during a particularly busy time• Any questions?	
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