

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **20 June 2013**

By: **Assistant Chief Executive**

Title of report: **Brighton and Sussex University Hospitals NHS Trust – Service Pressures and Teaching, Trauma and Tertiary Care (3Ts) Programme**

Purpose of report: **To enable HOSC to consider how recent service pressures experienced by the Trust are being addressed and to consider the progress of the 3Ts programme and its implications for East Sussex residents.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the action being taken by the Trust and its partners to address service pressures.**
 - 2. To consider and comment on progress with the 3Ts programme.**
 - 3. To determine whether further reports are required.**
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1. Background

1.1 Brighton and Sussex University Hospitals NHS Trust (BSUH) operates from two main acute hospital sites – the Royal Sussex County Hospital site in Brighton and the Princess Royal Hospital in Haywards Heath, West Sussex. The Trust is also responsible for the Royal Alexandra Children’s Hospital, located on its Brighton site.

1.2 Following public consultation and scrutiny by local HOSCs during 2004, the Trust reorganised some of its services between its two main sites so that the Royal Sussex County Hospital focussed more on emergency care and the Princess Royal Hospital more on planned (elective) care. The Trust works on a ‘one hospital on two sites’ basis, meaning that the services on the two sites are designed to complement each other, with the hospitals and their staff working closely together, rather than the two hospitals operating independently.

1.3 BSUH provides district general hospital services for its local population which includes Brighton and Hove, Mid-Sussex and the western part of East Sussex. However, the Trust also has a regional role as a tertiary care centre, providing more specialist services in areas such as cancer care, paediatric (children’s) care and major trauma to a large catchment population encompassing most of Sussex and beyond.

2. Service pressures

2.1 There has been considerable national attention on pressures being experienced in Accident and Emergency (A&E) departments across the country. Many hospitals have experienced high levels of demand in recent months and this has impacted on waiting times in some A&E departments. A range of potential contributory factors have been put forward including extended cold weather, increased complexity of patients/ageing population, a lack of alternative community services and issues linked to the introduction of the NHS 111 urgent care telephone line. It appears that pressures relate to the whole healthcare system, rather than solely the functioning of A&E departments, although this also needs to be considered.

2.2 Locally, pressures have been particularly acute at the Royal Sussex County Hospital (RSCH) in Brighton. During the spring, concerns were raised by patients and staff about heavy

demand on the A&E department leading to overcrowding and increased waiting times. Related to this, there appeared to be a lack of capacity within the hospital leading to some patients requiring admission being accommodated outside normal ward areas.

2.3 The impact of these pressures was highlighted in a report by the Care Quality Commission (CQC) who visited the A&E department at RSCH during April 2013 in response to the concerns. Their report indicated that some required quality standards were not being met and the Trust has been required to take action in response. The areas of concern included privacy and dignity and provision of timely care, support and treatment, issues which were judged to be having a 'moderate impact' on patients.

3. Teaching, Trauma and Tertiary Care (3Ts) programme

3.1 The 2004 consultation mentioned in 1.2 above included the principle of the Royal Sussex County Hospital developing further as a tertiary care centre for Sussex. This included moving the services provided at the Hurstwood Park Neurological Centre in Haywards Heath down to Brighton so that they would be co-located with other services needed to support a Major Trauma Centre.

3.2 Some key aims of the 3Ts programme are:

- the further development of BSUH as the Major Trauma Centre for the region, including relocating the Hurstwood Park Neurological Centre to Brighton.
- upgrading the Trust's specialist (tertiary) facilities to reinforce the Royal Sussex County Hospital's position as a regional tertiary centre. This may mean that more services are available within Sussex, thus reducing the need for patients to travel to London.
- building on the success of the Medical School – having a successful medical school in Sussex can help in bringing high quality staff into the county to work in local hospitals.
- significant redevelopment of part of the Royal Sussex County site which currently houses a number of older buildings which are no longer considered appropriate for the provision of modern healthcare.

3.3 HOSC last received a report on the 3Ts programme in September 2011. At that time a planning application for the redevelopment had just been submitted to Brighton and Hove City Council, funding approvals were being sought at national level and plans for moving services during the redevelopment (decanting plans) were being refined. Since then, planning permission has been granted (January 2012) and the Department of Health has approved the plans (June 2012). The Treasury is considering the Trust's funding application – the estimated cost of the scheme was reported to HOSC as in the region of £400m.

4. Progress reports

4.1 Matthew Kershaw, Chief Executive (since April 2013), Nikki Luffingham, Chief Operating Officer, Elma Still, Associate Director of Quality and Duane Passman, Director of 3Ts will present two reports to HOSC on the above issues. A presentation on how BSUH is responding to service pressures and the CQC report is attached at **appendix 1** and an update on the 3Ts programme at **appendix 2**.

4.2 Dr Elizabeth Gill, Clinical Chair and Frank Sims, Chief Operating Officer from High Weald, Lewes, Havens Clinical Commissioning Group will also be in attendance as the lead commissioners for BSUH within East Sussex.

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East Sussex Health Overview & Scrutiny Committee

20 June 2013

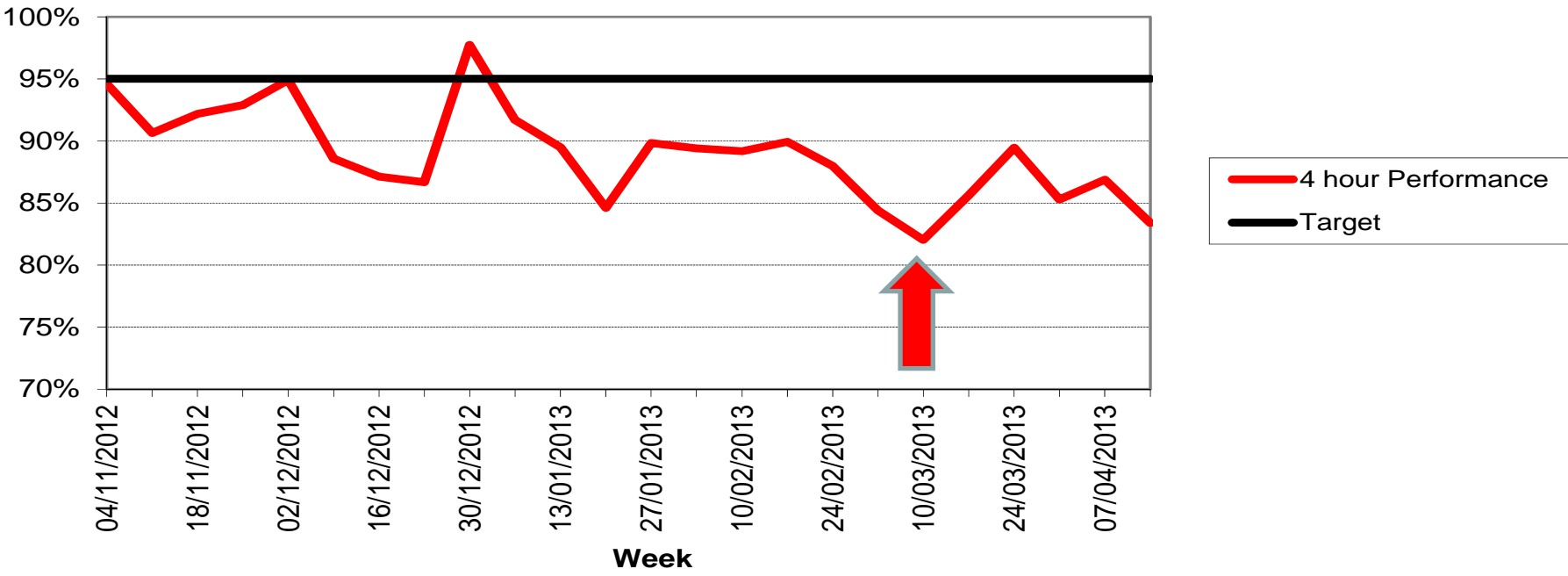
Emergency and Unscheduled Care
Right patient, right place, first time

And
Foundation Trust Application



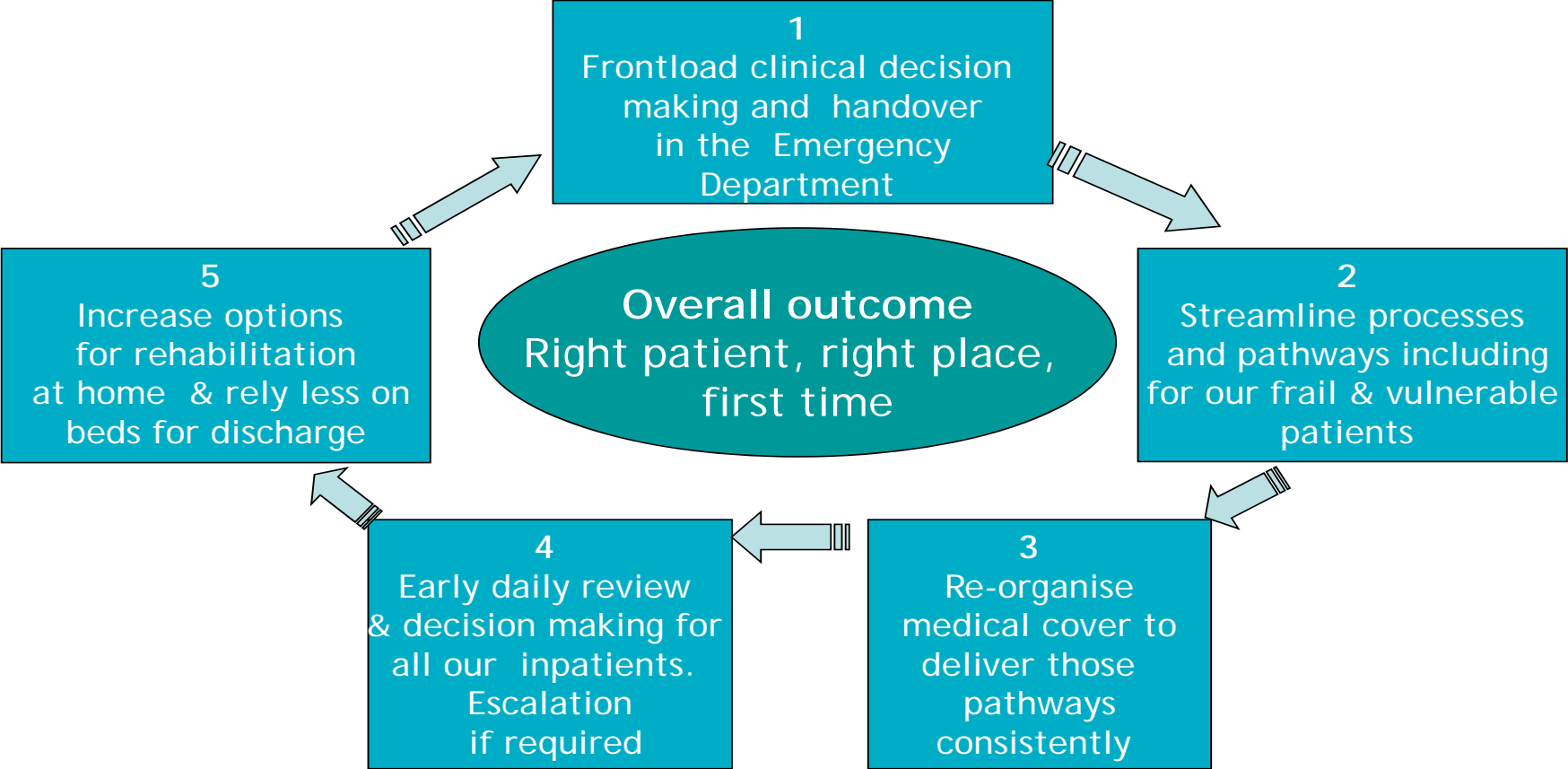
BSUH invited the Emergency Care Intensive Support Team (ECIST) to review our services as performance against the 4 hour operating standard had dropped to 82% with significant numbers of breaches of the 12 hour standard.

BSUH Total A&E 4 Hours Performance Weekly To 14th April



There were also serious concerns raised by our clinical teams about their ability to consistently deliver the safety and quality standards.

A full programme of work was put in place, each part led by a clinician who has a team working with them on delivery.

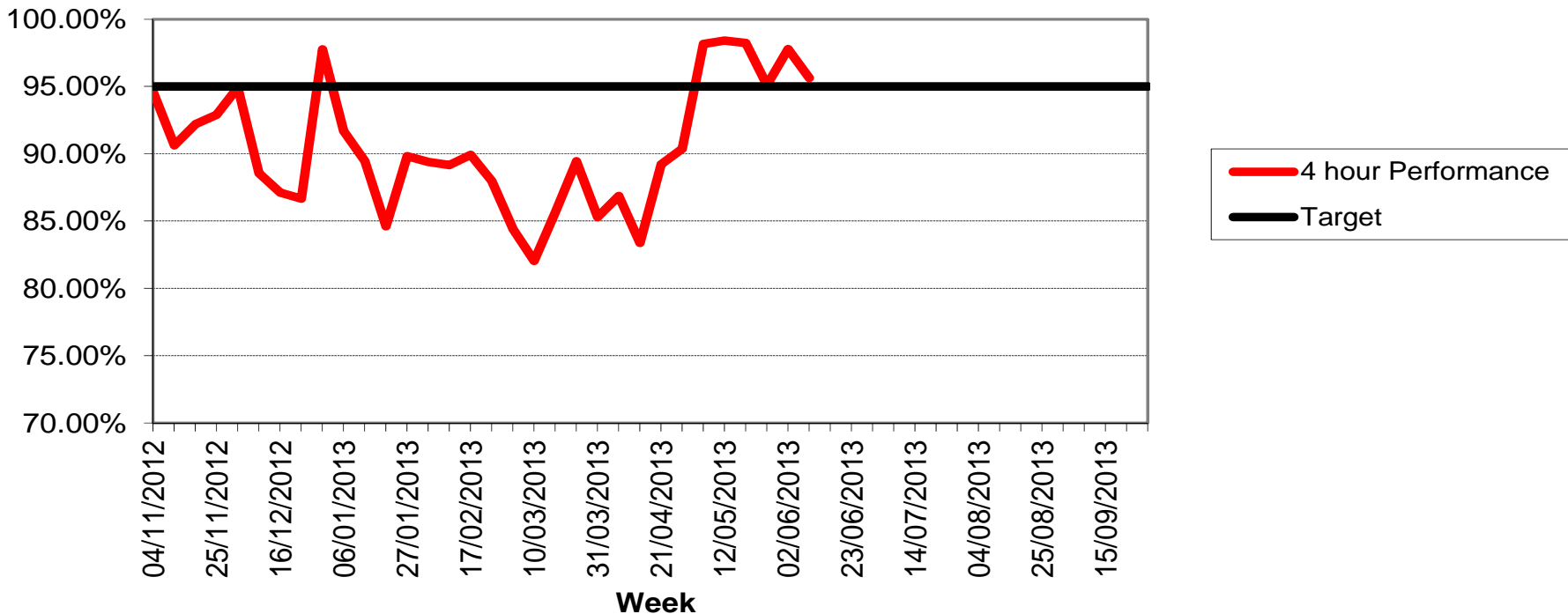


Safety and quality metrics were also agreed and a governance framework that includes our Chief of Safety providing an independent view of progress.

This is only week 12 of a 26 week journey but we have seen early improvement with:

- Zero breaches of the 12 hour standard for the last 12 weeks
- 97.54% performance for May against the 4 hour operating standard.

BSUH Total A&E 4 Hours Performance Weekly

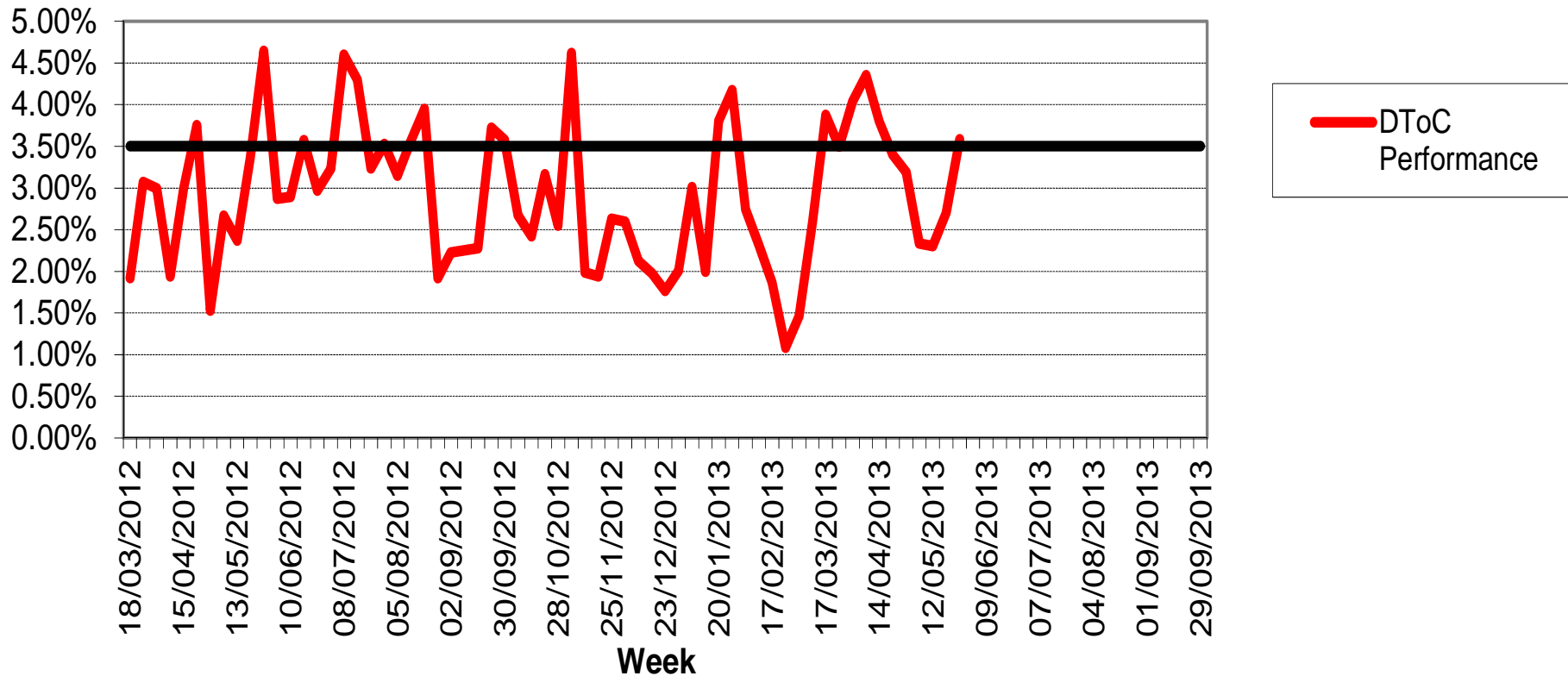


This has given us headroom to focus on day to day delivery AND redesign of our current practices. Work is well underway with:

- The move of our Hospital Rapid Discharge Team to ED at the Royal Sussex County Hospital to enable an increase the number of patients discharged home directly - a three fold increase to 60 patients a week. The Team arranges community support as an alternative to admission.
- A sharper focus on discharge planning and early discharge of patients during the day, supported by the roll out of electronic whiteboards.
- Introduction of a new streaming system for our patients and new medical cover rotas to ensure consistency of senior clinical review.

We are also working closely with our partner organisations to minimise the numbers of patients awaiting packages of care:

Delayed Transfers Percentage, Weekly



In addition the Care Quality Commission visited RSCH 9 -11 April.

The focus was on emergency care and they inspected 6 outcomes:

Outcome 1 Respecting & involving people who use services - action needed

Outcome 4 Care & welfare of people who use services - action needed

Outcome 6 Cooperating with other providers - compliant

Outcome 13 Staffing - compliant

Outcome 14 Supporting Staff -action needed

Outcome 16 Assessing and monitoring the quality of service provision - action needed

The action plan has been submitted and we are progressing with the work. Some actions are being addressed through the 'Right patient, right place, first time' action plan. The action plan is monitored through the BSUH Executive Safety and Quality Committee.

In conclusion

This is not a 'quick fix'. We have committed to a complete redesign of our systems and processes. Our work streams are designed to integrate with the wider system. These relationships are key. Without this, BSUH will be unable to deliver and sustain the safety and quality of service required.

A dashboard of performance and process monitors is in place and high level extracts are being used to provide assurance around our progress.

Our work is fully integrated with our other initiatives to improve quality, safety and dignity notably: COMFORT rounds, quality review visits on all wards, nursing metrics, friends and family test & patient voice and the recent CQC visits. Meanwhile ECIST is engaging with our CCG and partner organisations also.

General update on Foundation Trust Application

The TDA has published an accountability framework for aspirant FTs which contains 3 stages of development working with the TDA prior to consideration of the FT application by Monitor:

- Stage 1 - Diagnosis and Due Diligence
- Stage 2 - Development and Application
- Stage 3 - Assurance and Approval

The Trust has completed many of the milestones in Stages 1 and 2 and is in discussion with TDA about the timeline for a Board to Board meeting with TDA which is the key milestone in Stage 3, and is likely to be in Q1 or Q2 2014, following which the application would be submitted to Monitor.



Regional Centre for Teaching, Trauma & Tertiary Care: 3Ts Development

Presentation to East Sussex Health Overview & Scrutiny Committee

20 June 2013



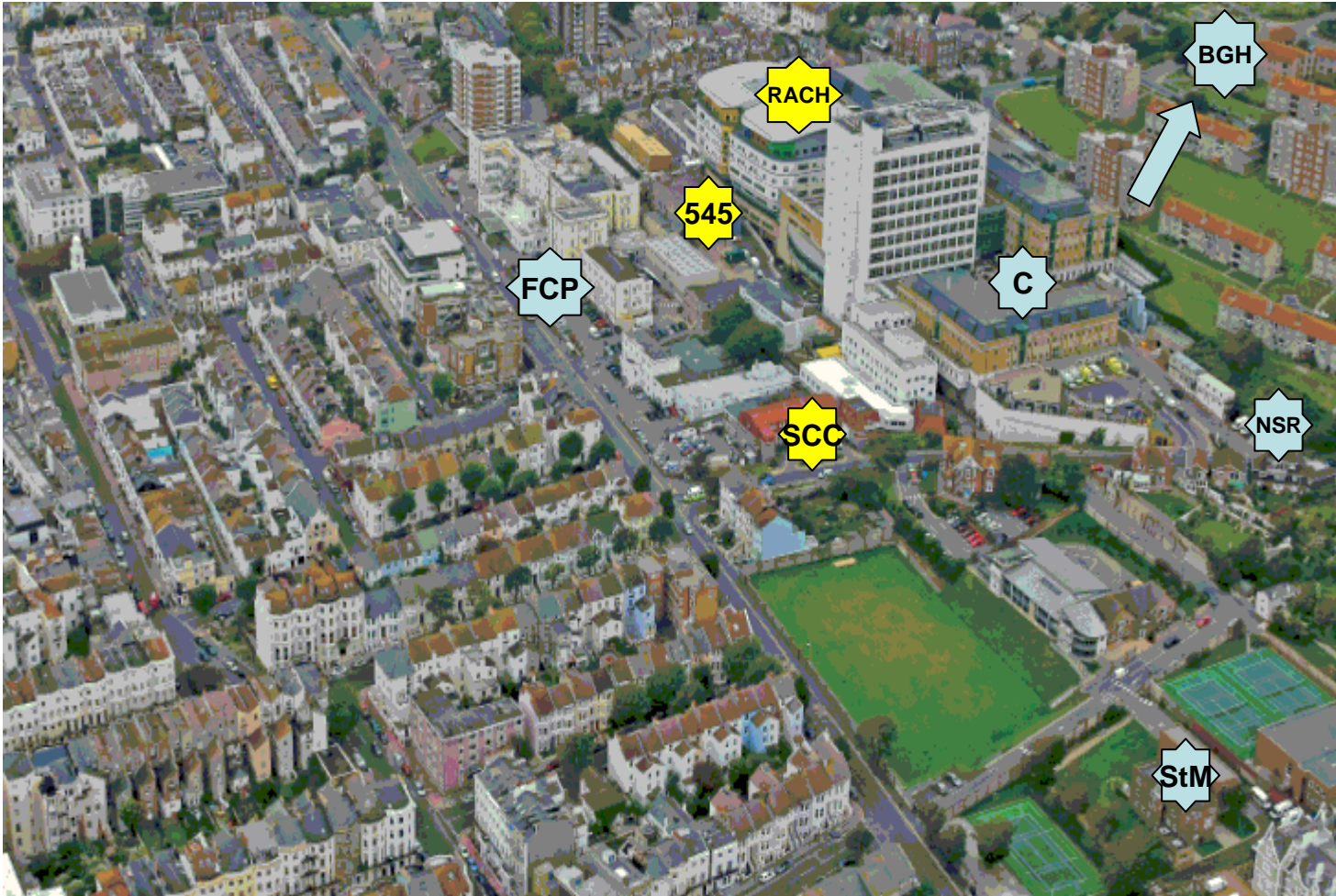
Objectives of the 3Ts Programme

- Replace the Barry Building;
- Relocate neurosciences;
- Establish a Level 1 Trauma Centre;
- Expand Cancer Centre;
- Enhance facilities for Teaching & Research –
Your Hospital & The Regional Teaching Hospital!
- Environment to be at least as good as the children's hospital.

Phasing and Decanting



Decant Locations



Existing buildings re-used for Decant



New Decant locations

Timescales

- Decant – Mid 2013 to Late 2014;
- Helipad – Mid 2014 – Summer 2015;
- Stage 1 – Complete 2018;
- Stage 2 – Complete 2021;
- Stage 3 - Complete 2022;
- Still subject to further work and approvals.

View from Eastern Road West



View from Eastern Road East





Key Benefits

- Better environment for 15,000 inpatients, 1,700 day case patients, 47,500 outpatients and 138,000 patients having diagnostic scans **every year**;
- Neurosurgery, neurology, trauma and cancer services closer to home;
- Train, recruit and retain the best staff;
- Local economic benefit during construction.

Further Information

- BSUH website:

<http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/>

- Redevelopment Video;
- Link to Facebook page;
- Presentations and Project Information