

Joint Sussex HOSC Working Group: BSUH

Date: 02 April 2019
Time: 9.30am to 1.30pm
Room 181 Hove Town Hall

Attending

Name	From
Pete Landstrom	Chief Delivery & Strategy Officer, BSUH
Nicola Ranger	Chief Nurse, BSUH
Cllr Ken Norman	Chair, B&H HOSC
Cllr Colin Belsey	Chairman, ESCC HOSC
Cllr Johanna Howell	Member, ESCC HOSC
Dr James Walsh	Vice-Chairman, WS HASC
Mr Bryan Turner	Chairman, WS HASC
Mrs Anne Jones	Member, WS HASC

1	<p>Notes of the last meeting 31.10.18</p> <ul style="list-style-type: none"> • The notes were agreed. • It was also agreed that the planned visit to the Royal Sussex, which had been cancelled at the request of HOSC and HASC members, be rescheduled.
2	<p>Update on CQC</p> <ul style="list-style-type: none"> • PL told members that the 2019 CQC inspection report showed significant progress. For example, there had been 64 'must do' recommendations in the 2016 report, but only two in the 2019 report. However, whilst there have been very concrete improvements in many areas, there is much still to do. • NR noted that the Trust is doing much better in terms of its use of resources, but BSUH still remains in deficit and still struggles to meet national performance targets. • NR also noted that the CQC inspectors had pushed really hard on the storage of hazardous liquids (following the serious incident that led to the death of a patient), but had found no breaches in policy. This is testament to how engaged staff are. This is also reflected in numbers of staff filling in the staff survey: BSUH is the most improved acute trust in England in terms of staff engagement and morale. • The CQC's findings are largely reflected in patient feedback also. <p>At RSCH:</p> <ul style="list-style-type: none"> • A&E is rated good, although there are still issues with waiting times • The Royal Alex and End of Life Care were not inspected • The CQC noted that the leadership team in Outpatients (OP) needed strengthening. The Trust has addressed this via recruitment and also by making OP a directorate; formerly individual disciplines managed their own OP services. <p>At PRH:</p> <ul style="list-style-type: none"> • The CQC had worries in terms of Out of Hours (OOH) assessment of patients and evening staffing levels. The BSUH executive team challenged these findings, arguing that too little account had been taken of joint working arrangements

	<p>between RSCH and PRH which mean that the most urgent/complex emergency cases are directed to RSCH. However the Trust is looking at how staff are deployed across the whole day – e.g. potentially amending shift start and finish times to ensure that everyone is working when they are most needed. PL also noted that the CQC had focused on input (staffing levels) here rather than output (outcomes); there is nothing in terms of clinical outcomes to suggest that OOH staffing at PRH is a concern..</p> <ul style="list-style-type: none"> • PL told members that social care support post-discharge remains a major issue; despite all partners working positively together, significant delays still occur. NR added that this is a national as well as a local issue. It is crucial that services are aware of people’s home circumstances at an early stage of their admission, but this does not always happen as it should. • The working group members commended the Trust on the progress made and passed on their congratulations to all BSUH staff.
3	Update on Quality
	<ul style="list-style-type: none"> • NR told members that the Trust has performed well re: infection control: outbreaks of Noro have been contained and there had been no patient to patient transmission of flu. • There have been significant issues in maternity where the new system for independently reviewing serious incidents, following the Morecambe and Shrewsbury enquiries, has led to unacceptably long delays in getting reports back. • There was a spike in falls earlier in the year, but figures have subsequently improved. The BSUH figures for falls are in fact very low. However, this is in part due to the Nightingale ward layout still in use in the Barry Building, which is good for observation of patients, but poor in many other respects. There will be a challenge for the Trust in maintaining low levels of falls in a post 3Ts environment where the majority of patients will be in single rooms. • Falls primarily occur when patients make toilet visits, and there may be scope to better identify and support the most vulnerable patients at an early stage and to signpost them to falls support. • There has been a much improved response rate for family & friends forms. The Trust is now focusing on improving those wards with the fewest patient/family recommendations. • Problems remain with mixing sexes on wards, but the use of mixed accommodation is now consistently being reduced in situations other than where acuity is the major driver.
4	Update on Performance
	<p>PL noted that hospital admissions have only increased by 1% from this time last year. However, there has been a significant spike in (RSCH) Urgent Care Centre attendance from Brighton & Hove residents. The walk-in centre near Brighton Station has also seen increased attendances. These figures are likely to relate to problems in accessing primary care – e.g. people struggling to get timely GP appointments, or large numbers of</p>

patients who are not registered with a GP. The local GP OOH service has been enhanced, but this does not help address general GP capacity problems.

The Trust has generally maintained its 4 hour performance, albeit this is still below the national target. BSUH also measures and does relatively well in the time it takes patients requiring treatment by a senior consultant to receive it. This is a more accurate measure at how well a hospital is actually doing in providing timely treatment to the most acutely ill patients.

RSCH is operating at almost 100% bed occupancy, which is undesirable. The Level 11 Trauma ward opened in February 2019 and has functioned well. There have been no recent 12 hour breaches and improvement against the 4 hour target is improving. The Trust has found that it doesn't need to use its escalation areas (within elective care) so frequently, meaning that it has less need to cancel elective operations to accommodate emergency patient overflow.

Performance against the 2 week cancer target is much improved as is performance against treatment standards. This is not reflected in recent performance figures as services are still catching up on previous breaches, but performance figures will improve over time. Challenges remain in colorectal cancer and endoscopy, although there has been significant recent investment in modernising endoscopy. Demand for endoscopy services has exceeded capacity and this is being addressed through weekend working and additional capacity agreed with commissioners. A harm review of all patients who have breached the 104 day wait target has to date found no material harm, but this does not mean that delays in this target are acceptable.

Some of the Trust's issues with RTT (18 week referral to treatment target for electives) are related to software that supports OP booking. BSUH is working with NHS Digital to deliver improvements here and is making progress. The Trust has also successfully negotiated some additional capacity with commissioners which should help with RTT performance.

5 Financial update

The Trust is on target to deliver a £60M deficit in 19/20. This is clearly not ideal, but the direction of travel has now been reversed (it would have been £100M+ if the previous trajectory had been continued) and the Trust has a good understanding of why the deficit developed. If BSUH meets its -£60M control total, this will trigger additional capital funding.

The Trust successfully made £30M of savings in 18/19 and plans to make a further £27M in 19/20. Being out of financial Special Measures means that BSUH can draw on NHS sustainability funding and also that it can borrow at favourable rates, both of which should help on the journey to sustainability.

The current big spending pressures are for medical staffing, loan repayments (the Trust is in discussion with the Department of Health about restructuring some loans), and sub-optimal staffing efficiency caused by the current layout of RSCH (the latter also impacts on productivity).

When 3Ts is completed, this should help with productivity and costs. However, maintenance costs on the 3Ts buildings will be £20M+ p.a. and the Trust will need to talk with Government as how this will be funded in the long term.

6	AOB
	There was none
7	Date and focus of next meeting
	<ul style="list-style-type: none">• It was agreed that meetings should henceforth be six monthly and that the agenda should focus on horizon-scanning, new initiatives etc. rather than just quality and performance.• The next meeting will be arranged for Sep 2019.