

# East Sussex HOSC

Professor Katie Urch | Chief Medical Officer March 2024

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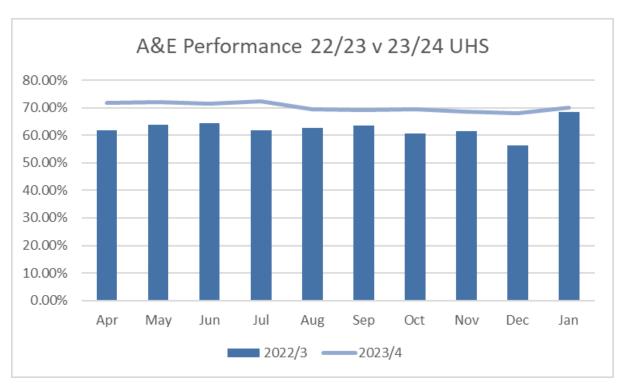
#### **Pressures**

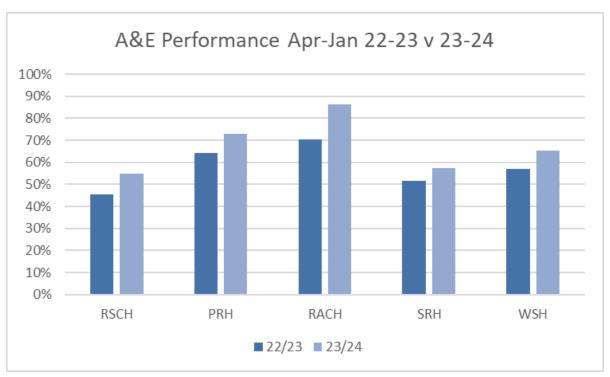
- Too many patients continue to wait too long for both elective and emergency care
- ► This is both a national issue and a leading priority for University Hospitals Sussex
- We are now beginning to make sustained progress in reducing waiting times
- Exceptional hard work of colleagues new ways of working and longer hours
- The last two months have been incredibly challenging toughest of the winter so far
- Multitude of issues high demand for services, high acuity, and difficulties discharging patients

### **Progress: emergency care**



#### Improvements in our four-hour performance



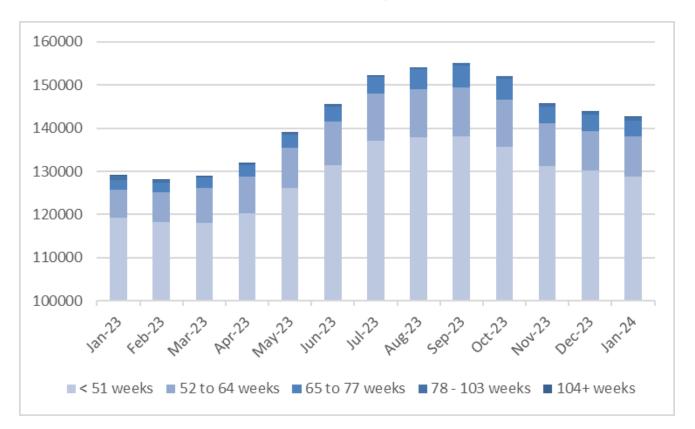


70% of patients treated, admitted or discharged within four hours in January.



### **Progress: elective care**

#### Improvements in our waiting list

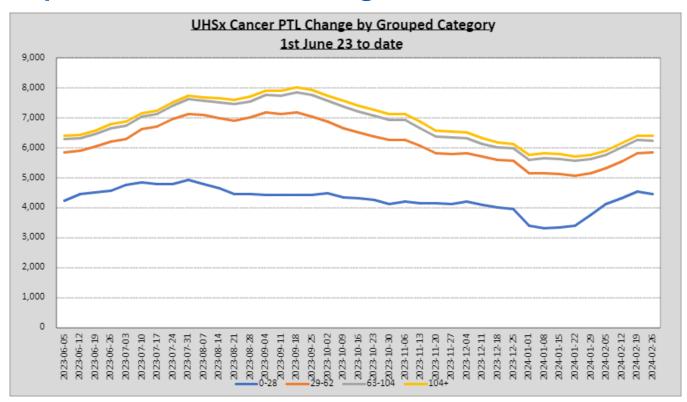


Total waiting list reduced by 11,000 patients in 11 weeks leading up to Christmas – reduction sustained into 2024, despite two long periods of industrial action and significant winter pressures



#### **Progress: cancer care**

#### Improvements in our waiting lists

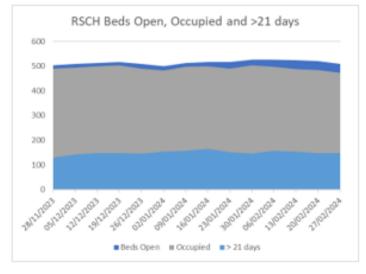


Total waiting list has reduced materially since September.



#### **RSCH** performance





RSCH	28/11/2023	05/12/2023	12/12/2023	19/12/2023	26/12/2023	02/01/2024	09/01/2024	16/01/2024	23/01/2024	30/01/2024	06/02/2024	13/02/2024	20/02/2024	27/02/2024
Beds Open	503	508	513	516	508	499	513	516	516	525	527	524	520	508
Occupancy	97.2%	97.3%	97.6%	97.5%	96.6%	96.7%	96.9%	96.9%	95.0%	95.9%	94.5%	93.2%	93.0%	92.9%
Occup ie d	489	494	500	503	491	483	497	500	490	503	498	488	483	472
> 21 days	129	143	147	148	145	154	157	165	152	146	157	153	148	148
MRD	78	77	70	66	58	59	72	88	85	84	85	92	79	78



### Regulatory compliance and assurance

Since UHSussex was created in April 2021, we have had numerous inspections from the CQC. RSCH has received eight inspections.

The most recent inspection of our hospitals was in August 2023, looking at Surgery and Medicine at our main hospital sites.

The CQC published four new hospital reports last month, with each hospital now rated as "Requires Improvement" overall.

In May 2023, the Trust's Well-Led domain was rated "Inadequate", following a Trust-wide inspection in October 2022.





## Well-Led action plans following May 2023 report



Action plans related to our previous Well-Led inspection continue to be progressed, with the current status shown below of the 8 Must Do and 5 Should Do recommendations:

	RED	AMBER	GREEN	BLUE
	Significant Risk	Progressing with risk	In Progress / On Track	Completed
Must Do	-	3	4	1
Should Do	-	1	1	3



#### Of the four items showing at amber risk:

Recommendation	Status	Next steps	
Reporting via Trust systems	Behind schedule due to delays with launch of Datix IQ Incident module launch.	System anomalies currently being addressed with Provider.  Oversight of incidents currently remains through Quality  Governance Steering Group	
Ensure staff of black and minority ethnic backgrounds are not disproportionately disadvantaged	Work is scheduled to take place throughout the year	Work is underway to cascade the delivery of the EDI plan into the clinical and corporate operating divisions	
Review medical staffing in RSCH Surgery to ensure service can deliver safe and responsive care	Business case prepared	Presented to Business Case Scrutiny Panel	
Ensure staff with long-term health conditions are protected in line with Equality Act 2010 (should do)	Work in progress, including 'Lived experience' videos and workshops launched to help raise awareness.	Need to conclude on central budget to fund support with reasonable adjustments; cascade EDI plan into clinical and corporate divisions	



## New reports published February 2023 - themes

While each report is distinct and relates to an individual hospital, there are some common themes. For example:

Working well	Requires improvement		
Compassion and kindness, privacy and dignity	Pressures on access and responsiveness, especially regarding cancer care		
Teams work well together	copocially regulating carroon care		
Staff involved people and met their needs	Not always getting the basics right, from consistency of reporting to secure storage of notes		
Staff supported people to live healthier lives	etc.		
Local leaders were visible, skilled and effective	Visibility of senior leadership		

We are currently preparing our formal response to present to the CQC on 4 April 2024.

## Princess Royal Hospital

**Inspection report** 

Lewes Road Haywards Heath RH16 4EX Tel: 01444441881

Date of inspection visit: 1 to 3 August 2023 Date of publication: N/A (DRAFT)

Overall rating for this location	Requires Improvement (	
Are services safe?	Requires Improvement 🧶	
Are services effective?	Good 🌑	
Are services caring?	Good 🌑	
Are services responsive to people's needs?	Requires Improvement 🥚	
Are services well-led?	Requires Improvement 🧶	



## St Richard's Hospital

#### **Inspection report**

St Richards Hospital
Spitalfield Lane
Chichester
PO19 6SE
Tel: 01243788122
www.westernsussexhospitals.nhs.uk

Date of inspection visit: 1 to 3 August 2023 Date of publication: N/A (DRAFT)

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement 🛑
Are services effective?	Good
Are services caring?	Outstanding 🏠
Are services responsive to people's needs?	Requires Improvement 🛑
Are services well-led?	Requires Improvement 🛑



## Worthing Hospital

**Inspection report** 

Lyndhurst Road Worthing BN11 2DH Tel: 01903205111 www.westernsussexhospitals.nhs.uk

Date of inspection visit: 1 to 3 August 2023 Date of publication: N/A (DRAFT)

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement 🛑
Are services effective?	Requires Improvement
Are services caring?	Outstanding 🏠
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement



## Royal Sussex County Hospital

#### **Inspection report**

Eastern Road Brighton BN2 5BE Tel: 01273696955 www.bsuh.nhs.uk

Date of inspection visit: 1 to 3 August 2023 Date of publication: N/A (DRAFT)

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Outstanding 🏠
Are services responsive to people's needs?	Requires Improvement 🛑
Are services well-led?	Requires Improvement 🧶





## **New Surgery ratings**

		Overall	Safe	Effective	Caring	Responsive	Well-led
Princ Roy		Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
St Richa		Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Roy Suss Cou	sex	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Wort	hing	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement



## **New Medicine ratings**

	Overall	Safe	Effective	Caring	Responsive	Well-led
Royal Sussex County	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Worthing	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

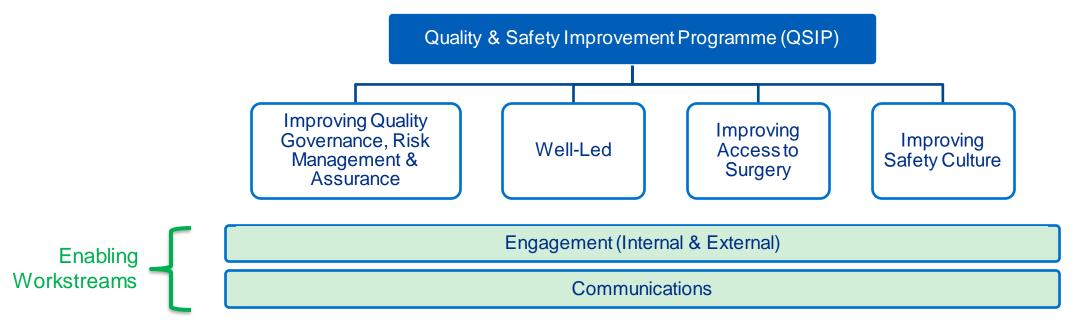


## **Must Do actions required**

- Overall, the reports include 72 required actions related to our four main hospitals, plus 13 'should do' actions.
- All hospital specific improvement actions will be implemented Trust-wide.
- ► Taken as a whole, there are around 29 broad themes to be addressed.
- We are currently preparing our formal response to present to the CQC on 4 April 2024.
- All actions will be incorporated into our comprehensive and executive led Quality and Safety Improvement Programme (QSIP).

## Making improvements through QSIP





#### Key deliverables in each workstream:-

Improving Quality Governance, Risk Management & Assurance	Well-Led	Improving Access to Surgery	Improving Safety Culture
<ul> <li>The standards that need to be delivered</li> <li>The policies that support this</li> <li>The measurement of how well we are doing</li> <li>How we need to improve our gaps</li> <li>The provision of assurance</li> <li>CQC must and should dos</li> </ul>	Overseeing the delivery of well-led improvements, based on CQC requirements and best-practice	<ul> <li>Focus supporting divisions with onward improvements, many initiated through the Improving General Surgery corporate project</li> <li>Right-sizing theatre capacity across the Trust</li> <li>Ensure the provision of surgery is maximised across the Trust</li> </ul>	<ul> <li>Improve safety culture in the Trust, ensuring that relevant training is embedded</li> <li>Delivery of a framework tool to help effectively measure safety culture</li> <li>Enhance the effectiveness of reporting and feedback, and embed an open, learning culture</li> </ul>

## **QSIP – Top-Level Programme Plan**



#### Oct-Nov 23

Scoping & design of programme. Project Charters agreed

Explore and agree programme deliverables

Establish programme governance

Identify and release resources to support programme

Dec 23

Establish baselines and agree improvement trajectories

Programme scorecard created, from workstream KPIs, to enable tracking of improvement metrics against agreed targets

Ensure enabling workstreams are engaged across the programme Jan 24 – Sep 24

**Improvements** 

Delivery of improvements according to workstream priorities

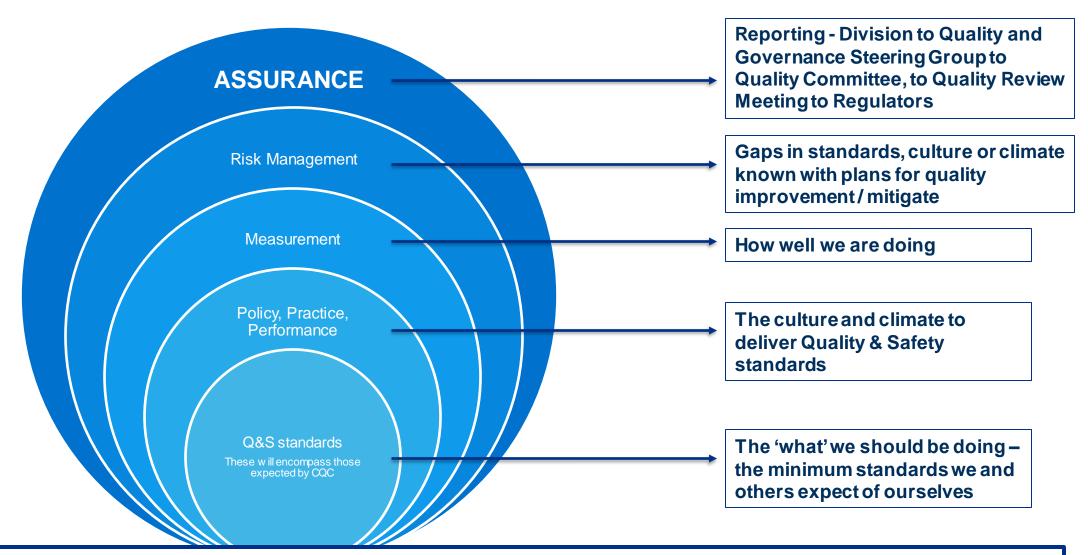
Oct 24 – Mar 25

Sustain & Monitor

To ensure improvements have been maintained; establish BAU and ensure sustainable processes in place

#### QSIP – how we ensure this becomes our BAU





OUTCOME: the creation of ward-to-board evidence bank that provides necessary assurance to all parties at the touch of a button



## **QSIP** supports broader Patient First strategy



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### **Patient First objectives**







Strong track record of efficiency delivery



Changing our culture for the better



Improving incident reporting



Bringing forward median hour of discharge



Big ambitions for healthcare research and innovation

#### STRATEGIC THEMES

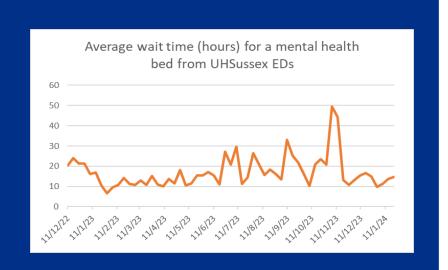


### Support



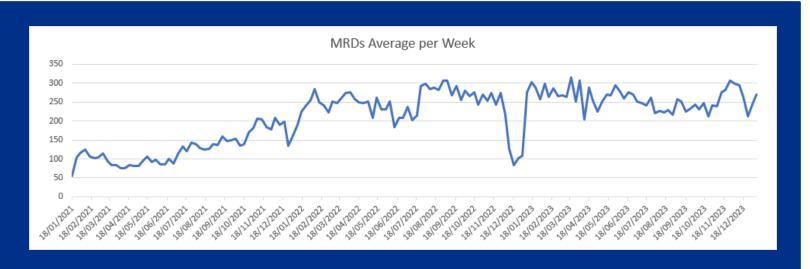
#### **Ongoing support**

- Remaining in Oversight level 3
- Developing emergency improvement plans
- Investing in developing Acute Floor at RSCH
- Chief Culture and Organisational Development Officer



#### **Further support**

- MFD patients
- Apr 21: 100/day
- Dec 23: 300/day
- Biggest rise in pathway 2





### **Operation Bramber update**

Sussex Police are looking into possible cases of medical negligence – primarily connected to general surgery and neurosurgery at RSCH – between 2015 and 2021.

We are fully supportive of this action and are helping officers in any way we can, but we are not directly involved in their work and cannot directly discuss their inquiry.

We know how difficult this is for patients and their families and doing what we can to support them within the restrictions imposed upon us.

Intense and sometimes misleading media coverage is adding further complexity to a difficult situation and undermining confidence in the safety of our services.

Our data and due diligence, national benchmarking and external reviews show services are safe.





Louisa Martindale Building fully operational and home to more than 30 wards and departments.

New Southlands Community Diagnostic Centre open – treated 14,000 patients in first three months.

£50m Acute Floor Reconfiguration programme underway to improve A&E at RSCH.

Surgical Pre-Assessment Unit and Same Day Emergency Care Unit opening soon at RSCHA&E.

Revised planning application for new £150m Sussex Cancer Centre being submitted soon.

## **Summary**



- ▶ Performance beginning to improve
- But multiple challenges persist
- Staff working exceptionally hard
- ► We must support them and recognise their achievements

## Thank you



Thank you for your support

Any questions?