

## **East Sussex Healthcare NHS Trust**

### **Response to East Sussex Health Overview and Scrutiny Review Board**

#### **Quality Improvement Report March 2016**

##### **1. Introduction**

We would like to thank members of the Health Overview and Scrutiny (HOSC) Review Board for their comprehensive and insightful report. It is encouraging to receive external recognition of the positive improvements that have taken place over the last year and we welcome the opportunity to demonstrate continued progress as part of HOSC's work programme.

##### **2. Response to recommendations**

Outlined below is our response to the recommendations in the Report.

##### **2.1 Recommendation about the general potential for sustained quality improvement at East Sussex Healthcare Trust (ESHT)**

In the HOSC's view, ESHT's interim management team has shown that it understands the need for, is committed to, and is capable of delivering, sustained organisational improvement.

*The Trust now has a full complement of Board members under a new Chairman. The new Chief Executive is in post and there is both commitment and focus to build on and strengthen the good work commenced under the interim leadership team. The recently appointed Director of Finance joins the organisation this month. Recruitment to the executive roles of Director of Strategy, Innovation & Planning, and Chief Operating Officer are underway. The Medical Director will be stepping down in August and the recruitment process has commenced.*

##### **2.2 Recommendation about monitoring ESHT quality improvement**

The HOSC will continue to monitor ESHT quality improvement, particularly in terms of: sickness absence rates, bullying and harassment, complaints, incident reporting, and staffing and recruitment.

*We note this recommendation and will provide information as required to support HOSC in monitoring quality improvement. As acknowledged in the report significant work has been undertaken to ensure that there are effective systems in place to improve quality and governance.*

*In respect of some of the areas highlighted. Sickness rates are reducing and in January 2016 were 4.45% which compares favourably to the NHS Trust national benchmark of 4.63% for the same period.*

*A cultural review has taken place and the findings were presented to the Board at the beginning of June. A plan is being developed to act on the findings from the review.*

*A clinical governance review is also underway to look at how the organisation manages and learns from issues. A governance restructure has strengthened both the central team and the clinical unit support.*

*Healthwatch continues to support the Trust and undertook a focussed review of complaints. The outcome of this work will improve both the quality and experience for those who make a complaint.*

### **2.3 Recommendation about ESHT capital projects**

ESHT should report to the HOSC confirming whether funding for the promised Better Beginnings capital works and for any works that form part of the Quality Improvement Plan (QIP) has been secured. Should the predicted NHS or corporate funding no longer be available, ESHT should set out its alternative plans for securing key projects.

*We have committed £2.35million of capital works funding from our 2016/17 capital program to address Quality Improvement (QIP) matters. These QIP works includes amongst other schemes, improvements to the Radiology departments at Eastbourne and Conquest hospitals, relocation of the Fracture Clinic at Conquest hospital and the construction of a new CT suite at Eastbourne.*

*We have committed £1.225 million of capital works funding to improve Halisham 4 Ward (Urology Investigation Services) at Eastbourne, environmental improvements at the Midwifery led birthing unit at Eastbourne and improvements to the main operating theatres reception area at Conquest hospital.*

*We are reviewing our clinical strategy and have already identified a number of capital schemes for which we will require external capital funding to drive forward our clinical activities e.g. expanded SCBU at Conquest hospital, remodelling of the Emergency and Radiology Departments at Conquest hospital etc. The level of funding required is above and beyond the Trust's delegated authority and therefore the Trust intends to apply for public dividend capital during 2016.*

### **2.4 Recommendation about surgical bed capacity**

ESHT needs to develop a strategy to deal with general medical capacity demands without impacting on the performance of the trust's surgical units.

*An independent review of bed modelling has been undertaken and the recommendations will be implemented in quarter two (Jul-Sept 16). This will enable better patient flow for non-elective activity and protect surgical capacity. We will update HOSC as the plan progresses.*

### **2.5 Recommendation about leadership**

ESHT is asked to report to the HOSC on its plans for board development in response to the CQC's criticisms of trust senior leadership.

*We acknowledge that there has been a lack of confidence in the senior leadership team and are committed to developing a strong, high performing Board.*

*A tailored programme of seminars is in place to facilitate understanding and development. Board members undertake quality walks to strengthen “ward to board” governance. In addition, all Board members have clear objectives which are aligned to the Trust’s priorities. An external review of leadership was commissioned and the outcome of this review is being used as a focus for further development of leadership across our organisation.*

## **2.6 Recommendation about strategic risk management**

ESHT is asked to report to the HOSC on what it is doing to ensure that the trust’s system of strategic risk management is fit for purpose.

*We are committed to ensuring risks are appropriately escalated and managed in a timely way. The Board has reviewed and agreed the principal risks to achievement of its strategic objectives and these are captured in the Board Assurance Framework. Internal Audit has evaluated the risk management processes and given “Significant Assurance” that they are fit for purpose. Mitigating actions to address gaps in control or assurance are reviewed and Board sub committees undertake “deep dives” into areas requiring further scrutiny.*

## **2.7 Recommendation about hospital discharge**

ESHT is asked to report to the HOSC on what it is doing to ensure that hospital discharges are not unduly delayed by waits for take-home medicines or other factors within the control of the trust.

*We have discharge co-ordinators on both of our acute sites to help facilitate timely discharge. Currently 90-92.5% medicines are dispensed well in advance of discharge and there are ready labelled medicines (TTO packs) in ward areas such as A&E and the medical and surgical assessment units to help with discharging patients in a timely way. At ward level we promote nurse led assembly of take home medicines to ensure that discharge medicines can be assembled at any time from those medicines on the ward; this includes out of hours and weekends. FP10s prescriptions are also available for out of hours discharges when pharmacy is closed which means the medicines can be supplied in the community.*

*We currently have a drug chart that enables medicines to be ordered from pharmacy without the formal discharge letter being written. This means that as soon as the patient is identified for discharge the team can indicate what is needed. We are working on a couple of projects in pharmacy to enhance this work and are developing key performance indicators to monitor the pharmacy aspect of the discharge process.*

## **2.8 Recommendation about incident reporting and complaints**

ESHT is asked to report to HOSC on the measures it is taking to cross-reference the trust's incident reporting and complaints data.

*There has been a change to the way in which data is reviewed in the individual clinical units and across the organisation. Incident reporting has been strengthened to ensure all staff receive training about reporting an incident and the closure of incidents. An organisation with a high incident reporting is considered to have a good safety culture. Our incident reporting continues to increase but the percentage of "no harm" is still lower than the national average. .*

*A new Serious Incident Process commenced in April and will improve the speed and turnaround of serious incidents. A shared learning in practice newsletter (SLiP) is developed from incidents and this is cascaded across the Trust. Triangulation from themes and trends in complaints, patient experience and incidents is reviewed and actions agreed. This is scrutinised by the Trust's Quality and Safety Committee.*

## **2.9 Recommendation about seven day working**

ESHT is asked to report its plans to move to a seven day working model to the HOSC.

*We have undertaken an audit and gap analysis of our current model. A programme of work has commenced to support us in delivering a seven day working model, which will be aligned to the Surrey and Sussex Transformational Plan (STP). This includes considering new ways of working which will encompass:*

- *working in networks with neighbouring hospital to support each other to achieve the standards set*
- *establishing safe and effective information governance to facilitate more effective information sharing*
- *developing innovative workforce approaches to consider new and extended roles for clinical and non-clinical staff*
- *addressing lower staffing levels at weekends*
- *working with our commissioners to develop financial incentives and CQUINs to incentivise system-wide achievement of the clinical standards*

*We propose to update HOSC on this project as it progresses.*

## **3. Conclusion**

We hope that this response provides assurance to the HOSC that we are acting upon the recommendations made. We have developed a clear programme of quality improvement and are determined to learn lessons to restore the standards and reputation of the organisation. We look forward to reporting back to HOSC as our work progresses.

Dr Adrian Bull  
Chief Executive  
June 2016