Joint Sussex HOSC Working Group: BSUH – Briefing Note

Wednesday 04 April 2018

Attending:
Cllr Ken Norman, Chair (BH HOSC); Cllr Colin Belsey (ES HOSC), Cllr Susan Murray (ES HOSC); Mrs Anne Jones (WS HASC), Mr Bryan Turner (WS HASC), Cllr Edward Belsey (WS HASC)

Nicola Ranger, Chief Nurse (BSUH); Pete Landstrom, Chief Delivery & Strategy Officer (BSUH)

Apologies:
Cllr Deane (BH HOSC), Cllr Allen (BH HOSC), Dr Walsh (WS HASC), Cllr O'Keeffe (ES HOSC), Cllr Howells (ES HOSC)

1 Notes of the last meeting 04.10.17

1.1 The notes of the previous meeting were agreed as an accurate record.

2 Update on quality

Members considered the Quality Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. E29) refer to specific quality measures in the BSUH Quality Scorecard.
https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf

2.1 E29: % of stroke patients admitted to stroke unit within 4 hours of admission

2.1.1 PL explained that problems with capacity and flow at RSCH are responsible for the poor performance in this area. However, the 90% target is a very ambitious one, and clinical outcomes remain really good. The trust does need to look at the capacity of the stroke unit given demographic changes; 3Ts and other developments should help with this.

2.1.2 The E29 target is about patients entering the stroke unit, not entering the hospital. It does not mean that patients are being delayed in ambulances; in fact, the ambulance side of stroke services is working well with timely thrombolysis being consistently delivered to those patients who need it. Patients are being brought to hospital as they should be, but may then be being treated in a clinically appropriate environment such as A&E because there is no space in the stroke unit.

2.1.3 PL responded to a question from BT on the impact of the planned reconfiguration of West Sussex stroke services. Commissioners are keen to rationalise services, because there are substantial clinical benefits to doing so. However, this would have an impact in terms of additional patient flow to either or both RSCH/Queen Alexandra Hospital, Portsmouth. It would not be feasible to significantly increase flow to either hospital at the current time, so there are no immediate plans to go ahead with reconfiguration.

2.1.4 NR noted that stroke services require expert staff. Recruitment to specialist nursing posts has been strong, but there are national problems with the recruitment of rehab staff, due in part to insufficient numbers having been trained in recent years.

2.2 Falls (S21, S22, S40, S23, S24)

2.2.1 NR assured members that BSUH falls performance remains excellent. The trust was the second highest rated nationally last year, although this year's figures are not yet available. PL agreed to share the annualised data on falls with the working group when it is available. **ACTION**

2.2.2 There was discussion of the problem of patients being discharged back to poor living conditions. PL noted that there is ultimately little that can be done if patients choose to discharge themselves to an unsafe home environment. The trust does work very closely with Sussex Community NHS Foundation Trust (SCFT) and with Local Authorities to manage discharge effectively. However, there is an increasing gap between the acuity of patients and the level of community-based support available - e.g. in terms of intermediate care beds and of nursing home provision. The issue here is not so much a lack of beds as the specialist support required to deal with patients with high needs. NR added that the local health system is seeking to access training to up-skill community nurses to better cope with increasing acuity. An STP-wide skills passport for nursing homes is also being developed.

2.2.3 Members also discussed whether live-in carers were part of the solution to the problem of effectively supporting people in the community following discharge. NR agreed that they could be, but noted that employment regulations, such as the need to provide regular breaks, present challenges.

2.3 Staffing (S36, S37, S 38, S39, S41)

2.3.1 NR informed members that BSUH is in the top quartile for planned nursing staff levels. RSCH has a nurse to patient ratio of 1:7 which is much better than the national average. The trust measures its staffing against this planned ratio, and has managed to maintain the ratio with relatively little recourse to agency staff. The trust seeks to ensure that there is always sufficient staffing on wards, although sometimes this may mean using Healthcare Assistants when Registered Nurses (RN) are unavailable.

2.3.2 NR also noted that RN turnover has significantly reduced in the past year, from 15.9% to 12.8%. The trust is aiming to reduce this to 10% eventually.

2.3.3 PL added that the trust uses the Model Hospital tool to measure performance. This shows that care hours per patient are high at RSCH, although this is partly a reflection of the tertiary nature of much of the hospital's work (more specialist services tend to require higher staffing levels).

2.4 Target S18: Full compliance with WHO Surgical Safety Checklist

2.4.1 NR told members that the trust Board has asked for a review of why BSUH is scoring red against this standard. The results of this review will be fed back to the working group. **ACTION**

2.5 Target S11: VTE Assessment Compliance

2.5.1 NR explained that all in-patients should be reviewed for risk of Deep-Vein Thrombosis, but that this is a challenging undertaking, particularly since the trust does not currently have electronic prescribing (electronic prescribing systems automatically prompt clinicians to undertake VTE assessments).

2.5.2 There was a discussion of the benefits of electronic records systems and of being able to share information digitally across organisations, particularly in terms of information sharing between acute and primary care. This is not a problem that is simple to resolve, not least because there are four separate commercial systems used by GP practices.

3 Update on performance

Members considered the Performance Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. 033) refer to specific quality measures in the BSUH Operational Performance Scorecard.
https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf

3.1 3Ts

3.1.1 PL told members that the 3Ts build continues to pose challenges, although we are probably past the most difficult stage in the project. There is now a real focus on developing transition plans for each service.

3.2 A&E Redevelopment

3.2.1 The revamp of A&E is ongoing, although works were temporarily paused in order to agree ambulance drop-off points.

3.3 Target 033: Delayed Transfers of Care (DToCs)

3.3.1 There has been significant improvement in DToCs rates, with much better partnership working (daily conference calls etc.) in recent months.

4 Winter pressures

4.1 PL told members that the trust has weathered winter well. There have been the usual seasonal issues with D&V and with flu, and there have been admission spikes following periods of cold weather (typically around a week after the cold spell). BSUH has done everything possible to avoid cancelling elective procedures, although this has sometimes been unavoidable. The trust targeted only operations where the staff involved could be usefully re-deployed in the emergency department so as to minimise cancellations, and in particular same-day cancellations.

5 Staff survey

5.1 PL informed members that the response rate to the staff survey has increased markedly since last year: from 39% to over 50%. This is good news, as it means that the survey data is really robust and is also indicative of a high level of staff engagement.

5.2 Overall, survey results are similar to last year. BSUH has focused on making improvements in a few key areas, such as care (i.e. would respondents recommend the trust as somewhere to receive care), and there are positive signs here.

5.3 Bullying & harassment is a high scorer on the survey, and this reflects a national problem which has no easy solution. The trust has invested in training staff to deal with difficult or distressed customers, but more needs to be done here. This is definitely not just a local problem: other local trusts report similar levels of bullying & harassment by patients and their families. Trusts may need to do more to manage client anxiety – for example by considering allowing vaping in designated areas.

5.4 Staff on staff bullying also appears as an issue in the staff survey. The trust is investigating this, with a focus both on discrimination and on perceptions of discrimination.

5.5 It is disappointing that the survey shows that communication between managers and staff remains poor. The trust has worked hard in this area, but more needs to be done to get messages fully disseminated. BSUH is running a series of staff conferences this summer and has also instituted staff awards.

6 Other Issues

6.1 In response to a query on radiotherapy services, PL explained that forecasts of the need for radiotherapy services were higher than the actual demand. This is mainly due to changes in the way that treatment is delivered, with fewer interventions required than would have been the practice when forecasts were made. This means that there is probably enough radiotherapy capacity across the region. However, it is not necessarily being delivered in the ideal places, and there is a case for an additional location. BSUH has raised this issue with the Cancer Alliance.

6.2 In response to questioning, PL informed members that BSUH would not be a cancer diagnostic centre pilot. Although RSCH has all the necessary facilities, they are already in constant use, and the pilots really require free capacity at a standalone site.

7 Date and focus of next meeting

7.1 TBC by email