

East Sussex Healthcare NHS Trust Update

1. Introduction

East Sussex Healthcare NHS Trust is currently in the recovery phase following the Covid-19 pandemic, planning for winter and in the process of refining our Trust Strategy to set our objectives to 2025.

This paper provides an overview of the Building for Our Future Programme, the Care Quality Commission's findings following core services inspection in November 2019 and Well Led/Use of Resources assessment in December 2019 and a high level summary of recent temporary service changes and transformation.

2. Building for Our Future

2.1 Background

In October 2019, the government announced its Health Infrastructure Plan, a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate. As HOSC is aware, the Trust has an ageing estate and backlog maintenance and we welcomed the announcement that ESHT would be part of phase 2 of this Plan which will result in a significant investment in our organisation.

On 21 April 2020 the Trust received notification of approval of 'seed funding' of £5M to support the development of the Strategic Outline business Case (SOC) with the aim of being ready to deliver between 2025-2030. The Trust's programme is called 'Building for our Future'.

2.2 Programme

"Building for our Future" is a comprehensive development programme of new build and refurbishment across a wide range of our buildings at Conquest, Eastbourne and Bexhill hospitals, to shape our estate and enable the delivery of safe, effective and world class healthcare for the population of East Sussex. The programme of works will make best use of the existing assets, and tax payers money, to focus on areas of clinical need and removing estate liabilities and investment backlog, combining refurbishment and new build, and shaping an estate to meet the demands of modern healthcare that can be delivered and operated in a more cost effective manner. The developments will be delivered in line with the governments Net Zero Carbon initiative, befitting any public sector development.

The key deliverables of the programme are to:

- Reduce critical infrastructure risk across the Conquest, Eastbourne and Bexhill hospitals and create space that is fit for purpose
- Extend and improve facilities for Emergency Care ensuring that the departments are the right size and shape for the model of care

- Improve access to Interventional Cardiac facilities
- Provide additional bed capacity, outpatients, theatres, endoscopy, diagnostic services and wards, to ensure alignment to system demand
- Improve access to Ophthalmology facilities

Although the HIP2 program was originally scoped across the period 2025-2030 we have bid for funding to commence enabling works e.g. multi-storey car parking, to be brought forward of this original timetable i.e. start the main build in 2023 with enabling works in period 2021-2023 (subject to approvals at the 3 business case stages) .

2.3 Progress to date

Key project appointments have been made including a programme director, architects, engineering and structures experts, cost advisers and health care planners to support the programme.

We are also in the process of developing a comprehensive communications and engagement strategy to ensure stakeholders are fully engaged and consulted so there is co-production and co-design. This will involve engagement with the Health Overview and Scrutiny Committee.

2.4 Additional Capital Funding

In addition to the Building for Our Future Programme the Trust will receive £3.7m capital to support coronavirus related upgrades to our emergency departments ahead of this winter.

3. Care Quality Commission (CQC) Inspection

The CQC reports were published on 27 February 2020 and the positive outcome is a testament to the hard work and commitment of all our staff and volunteers.

3.1 **OVERALL RATING** for the Trust was **GOOD**

Safe	Effective	Caring	Responsive	Well led	Overall
Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)

The full reports can be found at <https://www.cqc.org.uk/provider/RXC/reports> The areas inspected and ratings are outlined below however the inspection did not cover all of the services. A number of those that were not inspected (particularly at Eastbourne) still carry the results overall of inspections that were conducted in 2018 and 2016.

3.2 Community: Adult Services and End of Life Care were inspected and Community Services were rated **Outstanding** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community Adult Services	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Community End of Life Care	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

3.3 Conquest Hospital: services for Children and Young People, End of Life Care and the Outpatients' departments were inspected and the hospital was rated **Outstanding** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Requires Improvement (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Good)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Outpatients	Good (Previously Requires Improvement)	Not rated	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

Children and Young People's services were rated requires improvement in the safe domain due to nursing staff shortages which was a particular issue when there were children with very complex health needs who required one to one care, It was also noted that there was no seven-day service for physiotherapy, occupational therapy and play specialists.

3.4 Eastbourne District General Hospital: services for Children and Young People, and End of Life Care were inspected and the hospital was rated **GOOD** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)

3.5 Use of Resources

In addition a "Use of Resources Inspection" was undertaken by NHS Improvement in parallel to the Well Led inspection. The Trust was rated "Requires Improvement" for Use of Resources. The Use of Resources review noted that the Trust had exited special measures for quality and finance in 2018 and 2019 respectively. It highlighted the Trust's good productivity in several areas; that the organisation had benchmarked well on clinical services and had significantly reduced reliance on agency staff. However, the information available at the time of the assessment showed that despite improvements, the trust's costs remained higher than the national median and there were opportunities to improve use of

resources regarding workforce, clinical support services and corporate functions. The report flagged the need to continue to increase the level of recurrent efficiencies in order to reduce reliance on central cash support.

3.6 Core Inspection Highlights and Outstanding Practice

- In Community Adult Services there were exceptional pathways through which patients seamlessly transitioned to receive the services they need.
- Following the introduction of advanced care plans for care home residents, the Trust saw a dramatic reduction in hospital admissions which was an exceptionally effective outcome for patients.
- There was a culture centred on the needs of patients at the end of their life with staff committed and passionate about the end of life care they provided.
- The Outpatients Service at Conquest Hospital demonstrated a strong visible patient-centred culture.
- The development of the multi-disciplinary diabetic foot clinic showed how medical and nursing staff worked together to improve patient care in response to feedback.
- The risk of infection was controlled well
- The services managed patient safety incidents well.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, and respected their privacy and dignity
- Feedback from patients was consistently very positive and patients felt staff went the extra mile to provide the care they needed.
- Care was planned and provided in a way that met the needs of local people.
- Staff felt respected, supported and valued.
- The Trust has a vision for what it wanted to achieve and a strategy to turn it into action

3.7 CQC Recommendations and Trust Actions

There were no breaches that justified regulatory action, no requirement notices or enforcement actions taken and there were no “must do” actions. The CQC highlighted 35 “should do” actions to improve on service quality. There were 2 in Community Adult Services; 2 in Community End of Life Care; 4 in Acute End of Life Care at the Conquest and 3 at Eastbourne; 5 in Outpatients Conquest; 8 in Children’s’ and Young Peoples Services at the Conquest and 6 at Eastbourne, and 5 matters were Trust wide. These related to ensuring adequate nursing staffing in children’s services, increasing access to the play specialist, improving the environment in some areas and ensuring compliance with mandatory training and appraisals. An action plan had been developed to address the “should do” recommendations and all actions are on track or completed.

There were also services/domains at Eastbourne that remain as Requires Improvement as they were not inspected in 2019, these include urgent and emergency services and surgery and critical care in the responsive domain and we hope that these will be reviewed at a

future CQC inspection. An assessment is being undertaken to support the Trust in moving to “Outstanding” overall.

4. Temporary Service Changes and Transformation

4.1 Temporary Changes

In order to minimise the risks to our most vulnerable patients being exposed to Covid19 and to ensure we had capacity to increase critical care beds we temporarily reconfigured some services in March 2020. HOSC were advised at the time and in summary these were:

- Relocation of the chemotherapy and infusion units at both Conquest and Eastbourne DGH to Sussex Downs College
- Suspension of homebirths and births at the Eastbourne Midwifery Unit at Eastbourne DGH
- Single siting of ophthalmology services to Bexhill Hospital
- Single siting all emergency cardiac catheter lab activity on to the Eastbourne DGH site.

We are now in the process of restoring these services:

- Chemotherapy and infusion units are moving back to the acute sites.
- Homebirths are now being offered and the Eastbourne Midwifery Unit is open
- Ophthalmology clinical activity has moved back to Eastbourne DGH and plans are in place to restore services at Conquest
- Out of Hours emergency cath lab cover is now operating in line with the position before the temporary change with emergency cardiac catheter lab activity rotating between the EDGH and Conquest sites on a weekly basis.

4.2 Transformation

4.2.1 Outpatients

New and better ways of working and delivering outpatient care have increasingly being delivered within services across the organisation. These include virtual appointments, patient initiated follow up and group sessions. The Covid19 pandemic has accelerated our transformation especially relating to virtual appointments however there is still a significant amount of work to do in order to embed these changes.

Building on the progress made in 2019/20, the impact of Covid19 and the recently launched NHSE/I ‘Adopt & Adapt - Outpatient workstream’ the following initiatives have been identified as highest priority:

- Restoration & Recovery of services
- Clinical Service Redesign – in particular enhanced clinical triage
- Digitally Enabled Outpatients

These aspects have been selected as they are likely to produce the greatest gain in terms of patient safety through productivity and efficient use of available resources. We are also seeking external support for an 8-10 week programme to focus on clinical service redesign in 8 specialities.

4.2.2 Cardiology

We are currently reviewing options for transforming our services and alongside commissioning colleagues are considering the future provision of both interventional cardiology and ophthalmology.

A clinically led cardiology transformation working group was established in January 2018 and the group identified the need to change clinical practice and the model of care to ensure the long term clinical and financial sustainability of the service. The clinical team are proud of the great care that they provide to cardiac patients, however, they identified that to ensure excellent outcomes, their service needed to adapt and develop to meet new guidelines and changing population needs. They evaluated maintaining the current models' of care and authorising a capital replacement of the cardiac catheter laboratories, however, the drivers for change are clear that transformation is required to address the workforce challenges, maintenance of clinical standards, expertise and patient outcomes. This has led to a focus on developing a future strategy for acute interventional cardiology which is aligned to evidence based cardiac care, care as close to home for patients without compromising clinical outcomes, delivering NHS Constitutional Standards, within a defined financial envelope and to support developing a clinically sustainable workforce.

4.2.3 Ophthalmology

The ophthalmology service has been challenged over the past 3 years experiencing difficulties with creating sufficient capacity to meet an increase in demand compounded by a shortage of consultant workforce required to deliver services across three sites, particularly for the Glaucoma and Paediatric specialties which in turn has had an impact on the quality of patient care. The specialty was identified in 2018 as a priority with recognition that many of the problems and potential solutions required an iterative development process using tests of change.

Further details and a case for change for both ophthalmology and interventional cardiology will be presented to a future HOSC meeting.