

## **Joint Sussex HOSC Working Group: Brighton and Sussex University Hospitals NHS Trust (BSUH) Quality Improvement**

Notes from the meeting held on 5 December 2016, Hove Town Hall, Hove.

**Present:** Bryan Turner (West Sussex HASC Chairman), Dr James Walsh (West Sussex HASC Vice-Chairman), Cllr Edward Belsey (West Sussex HASC), Cllr Colin Belsey (East Sussex HOSC Chair), Cllr Ruth O'Keefe (East Sussex HOSC Vice-Chair), Cllr Johanna Howell (East Sussex HOSC), Cllr Kevin Allen (Brighton & Hove HOSC), Cllr Lizzie Dean (Brighton & Hove HOSC)

**In Attendance:** for BSUH - Lois Howell (Director of Clinical Governance) and Dominic Ford (Director of Corporate Affairs); Helena Cox (West Sussex County Council); Barbara Deacon (Brighton & Hove City Council) and Claire Lee (East Sussex County Council)

**Absent:** Cllr Dee Simson (Brighton & Hove HOSC Chairman)

**Apologies:** Giles Rossington (Brighton & Hove City Council)

### **Election of Chairman**

1. The Working Group agreed that Cllr Simson should be the Chairman of Working Group and that Mr Turner would be Vice Chairman. In Cllr Simson's absence Mr Turner took the Chair.

### **Terms of Reference**

2. The Working Group considered the draft terms of reference, which were agreed.

### **New Working Arrangements**

3. Dominic Ford confirmed that Western Sussex Hospitals NHS Foundation Trust (WSHFT) Chief Executive and Chairman would become Chief Executive Officer and Chairman of BSUH respectively on 1 April 2017. This would initially be for a three year period, at the end of which the organisations may or may not come closer together. WSHFT senior leadership would also have a role at BSUH during the initial three years. There was a management agreement in place and the two trusts would remain separate organisations.

4. Questions/comments from members were as follows:

- It was asked how the leadership team from WSHFT would divide their time and what would be their remuneration? Members were informed that there were examples in the NHS where this arrangement had worked but there would be risks for both organisations. There would be a need for a strong second tier of management who would be more operational with the senior team taking a strategic approach across the two Trusts, particularly at WSHFT. Remuneration had not been disclosed as yet. Further to this it was asked if there was a 'strong second tier of management' already in place at WSHFT or whether recruitment would be needed. Members were informed that there were no details as yet.

- It was asked what monitoring arrangements were in place. The group was informed that the both Boards would monitor the arrangements post 1 April 2017. The composition of the BSUH board was yet to be confirmed, but there was felt to be a strong case for a separate team of Non-Executive Directors at BSUH.
- The group noted that Mr Turner and Dr Walsh were to meet with Marianne Griffiths.
- The Trust would be under considerable scrutiny by the Care Quality Commission (CQC) and NHS Improvement (NHSI) and were aware of the risks, particularly between now and April.
- The group agreed that they would receive a further update on the development of proposals and would continue to monitor as a group.

### **Sustainability and Transformation Plan (STP) – BSUH Plans for Winter**

5. The group noted that BSUH plans for winter had been circulated with the Sussex and East Surrey STP submission. Members were advised that this appendix had been an early version of the plan and that there had been developments since then. A summary of the subsequent discussion is as follows:

- The Hospital at Home programme would see up to 20 patients treated at home who otherwise would have to stay in hospital. It was asked if this number was deliverable. Members were assured that clinicians had been consulted and the programme had been implemented from September, with 12 patients involved at present. It was acknowledged there were risks and members were concerned whether the programme was tried and tested enough. Community Trust nurses, trained at hospital level, were providing support to the programme, which is commissioned by BSUH and works under BSUH policy. Members emphasised the importance of continuity of staff involved in this programme and concern over the use of agency staff. It was asked if there would be capacity to increase numbers if successful but this would depend on identifying the right patients to be discharged.
- The number of delayed transfers of care (DTOC) was highlighted and members were assured that the Trust was working hard to engage with Clinical Commissioning Groups to try to increase community capacity and that NHSI were holding the Trust to account. Work was underway on a shared discharge team with a single trusted assessment. All providers agreed that a streamlined process was required.
- It was asked if the relocation of oncology and dementia beds to the Princess Royal Hospital (PRH), which was included in the original plan, was still going ahead. The conclusion had been that this would be disruptive to patients, carers and families, and not in their best interest so there were no plans to relocate those beds. The plan was to release internal capacity at Royal Sussex County Hospital (RSCH) and PRH, including a fully resourced discharge lounge at PRH, making it more efficient by including nurse led and physio led discharge. However, Albourne ward would still transfer from RSCH to PRH – this mainly affects orthopaedic surgery patients.
- In terms of recruitment, members were informed that a matron for Newhaven Downs was now in post and that the Chief Nurse was confident she would help with future recruitment. The Trust was also pursuing the

international recruitment of nurses. Work was also underway with the university to encourage people to come back to nursing.

- Members expressed concern about how achievable the figures associated with plans were.

6. It was agreed that the group be updated at its next meeting on progress of all plans discussed.

### **BSUH Quality and Safety Improvement**

7. Lois Howell presented the slide pack to the group. Key points from the subsequent discussion included:

- Slides 3-9 showed highlight reports for the seven projects which formed the Quality and Safety Improvement Plan (QSIP), including everything that was a formal CQC requirement plus internally identified issues. The overall plan is substantial and aims to support the Trust moving forward in terms of quality and finance, so goes beyond a CQC action plan.
- More work was needed on staff engagement but there was current uncertainty with the involvement of WSHFT. There were a number of staff forums and members of the executive team were available to answer questions. There would be group meetings with WSHFT team including the front-line staff who work across the organisation. There had been roadshows for staff to understand what financial special measures actually means with input from staff into the financial improvement programme. There was an improvement academy for staff from all tiers to be involved in formal training. There was a project underway regarding the Urgent Care Pathway and staff were being encouraged to make a contribution to make things better. The group was assured that staff were being continuously developed and there were a considerable number of apprentices.
- Members queried the trajectory relating to the bereaved relatives survey on the experience project and this would be updated for the next meeting.
- Regarding governance, there was a concern at the numbers of appraisals undertaken, and the number had dipped prior to the CQC inspection.
- Lockable storage trollies were required and improvement in storage of and access to medical gases, but this needed to be considered in terms of what would be available in the new building.
- Members were assured that each project had a nominated lead and Lois Howell was responsible for the QSIP as a whole.
- Regarding patient safety, the A&E 4 hour wait figures were disappointing and there remained an issue of patients waiting in corridor areas which the Trust wanted to stop, although the facilities in this area had been improved. Progress had been made with patients no longer being transferred from A&E to the recovery department. The Alert system would be removed from PRH and the same system used at the RSCH would be adopted.
- Wards at the Jubilee building had been closed and moved to the temporary courtyard building as part of the 3Ts redevelopment.
- A spike in cancelled operations in October was disappointing. Members were informed that there had been a number of difficult days in the Trust recently and the most important thing was to keep people safe and

unfortunately this meant having to cancel elective cases. There had also been cases of norovirus recently.

- Members asked that the list of objectives in each project be presented in a different way as it was hard to read.
- Dropped calls for people ringing to make appointments should be monitored as this might be skewing appointment figures.
- Winter pressures may have an impact on the ability to release staff for training/appraisals. Members were assured that the Trust was reducing numbers of agency staff.
- More band 6 staff were required at Newhaven and it was understood that it is intended that the facility would remain open long term.
- Regarding a number of consultant vacancies in the emergency department, to ensure senior medical representation the Trust had created a clinical fellow role (fully qualified doctors but not yet consultants) which had reduced locum spend. Members were shown emergency prompt cards which had been developed by clinical fellows as an example of the quality and safety improvement projects on which the clinical fellows spend their non-clinical time.
- Regarding cancer performance, the Trust was improving against national standards but there was a backlog on 62 day performance. This was partly due to transfer to BSUH from other centres part way through the referral period.
- Mortality and infection control indicators remain good.
- The Trust was pleased with the reduction in 12 hour breaches. The escalation policy had been reviewed and revised.
- It was noted that Brighton & Hove HOSC Members would be visiting RSCH shortly.

8. CQC would be meeting the Trust on 6 December for a regular meeting. There would be a formal appraisal in January as to whether the warning notice could be lifted. A further formal inspection was expected in April at the earliest.

## WORK PLANNING

9. The group agreed it should meet monthly around the publication of each QSIP update report, with a review of progress in March. Draft work programme as follows:

January	Latest QSIP update Progress of winter planning Emergency Department
February	Latest QSIP update Outpatients- including outpatient forum Working arrangements between WSHFT and BSUH Culture and Governance
March	Latest QSIP update Urgent Care Pathway developments Review of sub-group

10. It was agreed that officers would circulate a doodle poll to arrange future meetings of the group to be timed after monthly reporting of the QSIP.

