

Item 34(a)

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

Thursday 30 March 2017

Attendees (HOSCs):

Cllr Dee Simson, Chair (BH HOSC), Cllr Kevin Allen (BH HOSC), Cllr Lizzie Deane (BH HOSC), Cllr Colin Belsey (ES HOSC), Cllr Ruth O'Keeffe (ES HOSC), Cllr Edward Belsey (WS HASC), Cllr Bryan Turner (WS HASC)

Attendees (BSUH):

Lois Howell, Director of Clinical Governance

Pat Keeling, Consultant (supporting BSUH with outpatient performance)

1. Apologies

1.1 Cllr Johanna Howell (ES HOSC), Cllr Dr James Walsh (WS HASC) and Dominic Ford (BSUH).

2. Notes of the last meeting 14.2.17

2.1 In regard 2.2, bullet point 1 Mr Turner wished he had challenged Mr McEwan's comments regarding 'Adult Social Care (ASC) funding cuts causing exit lock from A&E' and that Mr McEwan was unable to provide evidence to substantiate that statement.

3. Outpatients

3.1 Pat Keeling gave a presentation on outpatient performance at BSUH (see separate slides). Since the CQC inspection BSUH had been working to improve certain aspects of the patient journey through outpatients, members were updated on the progress that had been made.

3.2 **GP referral management** – backlog in the numbers of referrals had averaged around 2,000-3,000 per week during the first half of 2016, additional staff had removed the backlog and following the implementation of a digital link in September 2016 numbers had fallen below 1,000 per week. The digital link at reduced referral management from 8 days to 1 day and had been great for staff morale. The next stage was to move to an e-referral system and process within 24 hours.

3.3 **Consultant Triage Times** - in relation to some unacceptable referral triage times, work was underway looking into nuances with particular consultants. The target was to move to referrals being triaged within 48 hours.

3.4 **Patient 'Did Not Attend' (DNA) rates** - DNAs were down to 6.6% which was better than the national average and the trust was trying to get everything right first time. Appointment letters had been sent asking patients to ring to book an appointment and then patients couldn't get through. Patients were now being telephone and given a choice with appointments. Two way

texting had begun on 6 March which was beginning to have an impact and was good for offering appointments too. It was planned that digital barcoded letters would be offered, which was saving some trusts approximately £1.5m a year. Continuous improvement was expected but at a lesser rate than had been experienced so far.

3.5 30 Minute Wait Time – 26.51% of patients were waiting longer than 30 minutes wait to see a consultant and again there was a need to get things right first time. Individual audits would take place as the year progressed on routine OD appointments. It was asked if digitalisation gave a truer picture of how long patients were waiting. Members were informed that a patient admin system was due to be introduced in October which would track patients across the hospital on a particular day. It was asked if this work would assist the CQC when they revisiting the hospital. Members were informed that previous figures could not be repeated and that the Trust was doing a deep dive with a number of variables being look at, in addition to working with the outpatient nurse forum. A lot of money was being lost for patients who did not attend approximately £160 per patient. It was hoped that by using two way texting this would allow patients to be slotted in. Members highlighted the need to use publicity to make the public aware.

3.6 Clinics which over run – Members noted that Rheumatology was high in percentage terms compared to others. The issues had been identified as reception staff leaving after contracted which contributed to a loss of effective follow on appointments. This would continue to be monitored.

3.7 Reduced number of missing follow up appointments - There had been an issue of forms not being processed at the end of clinics with receptionists not picking up or consultants filling them in. Work had been done with consultants the numbers were coming down. The new module which was being launched in October was anticipated to help but the CQC expected no missing forms when they re-inspected the Trust. There was a sustained improvement across the Trust.

3.8 Members were pleased that things were going in the right direction and supported the planned digitalisation. It was asked if the current team were able to take this work forward. An officer had been brought in who would identify and map processes which could then be digitalised. In turn information management strategies would be looked at to strategically align with all Trust strategies. However, there were constraints with Wi-Fi access in some buildings and that infrastructure would not be put into buildings which would be redeveloped. Although, it was commented that it was important to get digital systems in place regardless of buildings. Two way texting was hoped to be in all departments by the end of April and that a procurement/business case would be needed before letters could be digitalised. Members were informed that it was not possible to estimate the savings that would be gained by digitalisation although savings would be made through two way texting for all outpatients and looking at diagnostics. Digitalised forms for inpatient booking and theatres from October may be more of a challenge for some clinicians.

3.9 Other digital pathways included a digital fracture clinic where clinicians use Skype to talk to patients; integrated discharge team to follow-up digital approaches; digital signatures for consultants in order to catch up on admin. Infrastructure was a big theme both buildings and digital.

4. Quality and Safety Improvement Plan (QSIP)

4.1 Lois Howell presented an update (papers attached). There was an emphasis to remind staff of the improvement that had been made. Work was continuing with staff and wards, with mock inspections undertaken. These inspections had been supported from NHSI, WSHT, SECAmb, Sussex Police, CCGs, Healthwatch and BSUH staff. There was a focus on what must do's/should do's.

4.2 Members noted for the following points from Ms Howell's presentation:

- There had been considerable improvement in the four hour access targets and ambulance handover times – for the week ending 8 January the four hour target was 74.3% although only 20% of ambulance turnovers were within 15 minutes
- For the week ending 26 March the four hour target was 86.5% with increased attendance, which was much better performance. 45% within 15 minutes, 86% delayed more than 30 minutes, 8% more than an hour which was to do with space in hospital, although delayed transfers of care have reduced
- 94% occupancy rate in March – aiming for 85% - good patient flow was key
- The national target for 18 week waiting time is 92% in February BSUH was at 82.1%, an improvement. The Trust is now 136 out of 154 in this regard nationally.
- Cancer performance target of 31 days, the Trust was 62 day below national standard. The Trust was treating people in backlog and expected to be compliant in April.
- There was a focus on people and to talk positively on what has been done.
- Routine and continual improvement regarding the one patient experience panel working with Healthwatch. People were being invited to apply to be on the panel with training provided.
- It was asked if what was being done was sustainable going into next winter. Members were informed that there would be pressures but there was potential to have 40 beds at Newhaven and look at movement between PRH & RSC recommissioning 75 extra short stay beds so patients would not need to go to wards.
- An infusion suite was being created at PRH so that patients did not need to be in a hospital bed when received treatment.
- Regarding Hospital at Home, members were informed that the Community Trust was struggling to appoint to those roles and that through turnover there had been a net loss. However, there had been some successful recruitment days.
- Part of the problem at PRH was affordable accommodation for staff, with more available in Brighton. There was a small supply of suitable accommodation Haywards Heath.
- Cleaning had been outsourced but was to be brought back in-house as the standard wasn't good enough.

- Over the past 18 months extra recruitment had been an issue so the Trust was embarking on an apprentice scheme, NVQ etc and enhancing the NHS Band 4 role.
- It was asked if anything could be done regarding the loss of a nursery bursary. Help was need for affordable and suitable accommodation and help with travel to Haywards Heath. The take-up for nurse's houses had not been great as they were one step up from university accommodation.

5. Update on management arrangement with Western Sussex Hospitals NHS Foundation Trust

5.1 Members received an update on management arrangements at the Trust and were provided with staff briefings which had just been issued (attached). NHS Trusts were legally obliged to have a Chief Executive, Head of Finance, Chief Nurse and Medical Directors. The management team at WSHT would divide roles between the two Trusts. Evelyn Barker had a one year contract currently with BSUH.

6. Quality Account 2016/17

6.1 Lois Howell provided members with the main headlines from the Trusts previous Quality Account and the nine targets for coming year (presentation attached). There had been mixed performance regarding the Trusts previous years Quality Account. The Medical Examiner has tasked all Trusts to review deaths in hospitals in order to learn effectively. An engaged workforce would continue to be an area of focus for the coming year.

6.2 Members noted that the target within the Enhanced Recovery Programme for Orthopaedics had not been met and in terms of reducing hospital required infections the Trust had not achieved targets regarding C-difficile and MRSA.

6.3 Focus for the coming year was:

- Three Patient Experience Projects – Patient Experience Panels/Booking Hub/Mouth care matters
- Three Patient Safety Projects – Safety Huddles/Improving care for the deteriorating patient – Sepsis and Acute Kidney Injury (AKI)
- Three Clinical Effectiveness Projects – Urgent Care Centre/Ward supplies system/Fractured neck of femur surgical pathway

6.4 Through the discussion members were informed that regarding 'Mouth care matters' there was an aspiration to eliminate rather than reduce numbers of lost and broken dentures. Work would be done in the run up to surgery to ensure that patients had not had a change in condition over the 18 week referral to treatment target.

6.5 It was agreed that individual HOSCs would contact the Trust to respond to the Quality Account consultation.

7. Date of next meeting

7.1 It was agreed the next meeting should be held in July to focus on a 3Ts update and CQC re-inspection update. Members also asked to use this opportunity to meet new directors.