

**Report for Brighton & Hove Health & Wellbeing Overview and Scrutiny Committee,
Care Quality Commission Report for Brighton and Sussex University Hospital NHS Trust
October 2014**

1. Purpose

The purpose of this paper is to update the B&H HWOSC on the findings from the CQC reports published in August 2014 following their visit to Brighton and Sussex University Hospital NHS Trust in May 2014. It will also detail the key findings and actions, governance processes and subsequent monitoring arrangements to ensure compliance.

2. Background

The Care Quality Commission (CQC) conducted an announced inspection of the Trust on the 21-23rd May 2014. A team of 35 inspectors visited four of the Trust's eight registered hospital sites and conducted further unannounced spot checks on the 27th May and 30th May.

The CQC arranged the Quality Summit on 5th August 2014. It was attended by invited members of the Trust Board and external stakeholders, including commissioners, health overview and scrutiny committees, NHS England and the Trust Development Authority.

The final reports were published on 8th August 2014 and can be accessed through .
<http://www.bsuh.nhs.uk/about-us/performance-and-data/cqc-reports-and-statement-of-purpose/care-quality-commission-cqc-inspection-august-2014>

The Trust's action plan arising from the recommendations from the report was reviewed internally and with external partners prior to being submitted to the CQC on 15th September 2014. The action plan focussed on the actions the Trust must take to improve quality and safety, linked to Compliance Actions (Regulations). The Trust Board paper includes the action plan and can be accessed through: <http://www.bsuh.nhs.uk/about-us/the-trust-board/trust-board-meeting-papers/september-2014-board-meeting-papers/?assetdet8792229=524557>

3. Report findings

The new approach used for the Chief Inspector of Hospital inspections identifies the key questions to ask about the quality and safety of care, based on the things that matter to people:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to peoples' needs?

- Is it well led?

The new programme of inspections included the introduction of ratings for healthcare organisations to support the process of regulation. Ratings are at service level, hospital level, domain level (relating to the 5 key questions) and Trust level. This is on a 4-point scale:

Outstanding	Good	Requires Improvement	Inadequate
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The CQC inspected and rated the following 8 clinical areas and pathways identified as priorities for all Trusts by the Chief Inspector of Hospitals:

Medical care (including older people's care)	Outpatients	Services for children and young people Paediatrics	Maternity
Surgery	Critical Care/ Intensive Care	A&E	End of Life Care

Each of these services was given a rating of outstanding, good, requires improvement or inadequate in relation to each of the five questions above. For the sites the CQC visited during the inspection. There were overall 90 ratings which were: 64 Good 25 Requires Improvement 1 Inadequate

The Trust received an overall rating of 'requires improvement'. RSCH and PRH sites were given a 'requires improvement' rating, Bexhill Renal satellite Unit and Hove Polyclinic and Community Services for children, young people and their families were given 'good' ratings.

The Trust received overall ratings for the whole Trust in relation to the five questions:

Are the services at this trust safe?	Requires improvement
Are the services at this trust effective?	Good
Are the services at this trust caring?	Good
Are the services at this trust responsive?	Requires improvement
Are the services at this trust well-led?	Requires improvement

Outstanding areas noted within the reports were:

- *The Trust was exceptionally open and engaged with the inspection*
- *Awareness of staff of the work on values and behaviours was almost universal.*
- *Care for patients with dementia was good in both Royal Sussex and Princess Royal Hospitals, where staff had been innovative and creative in order to provide a safe and stimulating environment for people.*
- *The critical care teams at the Royal Sussex and Princess Royal Hospitals were strong, committed and compassionate.*
- *The feedback from patients was overwhelmingly positive.*

There were eight compliance actions which focused around areas which had been identified by the Trust prior to the CQC visit. These included patient flow, the central booking 'hub',

staffing, learning lessons and feedback to staff on incidents, cultural issues and the environment.

4. Key actions to address the challenges

4.1 Unscheduled care, flow and Emergency Department (ED) performance

The overall aim is to achieve and sustain 95% by internally developing mechanisms to better use the trusts capacity and respond to changes and spikes in demand. These include:

- creation of a surgical assessment unit
- focus on earlier and greater numbers of discharges each day
- creation of additional/flexible capacity including for 72 hours stay
- 'cohorting' policy and full capacity protocol
- continued work within ED and with downstream wards on all pathway issues and flow

It is also important to work with the Trust's partners on developing new approaches and tiers of support to address the changing environment. These include:

- alternatives to ED attendance with primary care and SECAMB
- 'discharge to assess'
- repatriation to secondary care providers
- Better Care Fund and frailty pathway
- onward care capacity to help reduce 'medically fit for discharge' list

4.2 Central booking 'hub'

A plan is in place to improve performance which includes:

- Hub and spoke model in high volume specialties to provide local support and access for clinicians
- Patient Access Managers based in the hub
- Flexing of staff to answer the phones to ensure times with busiest call volumes are adequately covered
- Continuation of dedicated email address for raising concerns (checked daily and responded to within 24 hours)
- Work with primary care on referral patterns

4.3 Cultural issues

The "Foundations for Success" programme within the Trust is engaging the workforce to address long-standing issues. The programme includes:

- establishing a Values and Behaviours blueprint and implementation plan including workstreams on race equality and empowerment, accountability and performance management which have now been developed
- a new clinical structure
- Appointment of new Director of Strategy and Change
- Focus on increased communication, engagement, training and appraisal

4.4 Staffing

There are a number of actions which are being implemented to support the staff which have included:

- a £3 million investment in nursing including increased nurse to patient ratios and supernumerary Ward Sisters/Charge Nurses
- Improvements to efficiency of recruitment processes and prioritisation of nursing recruitment in line new recruitment strategy
- Clinical restructure includes a lead nurse in each new clinical directorate with overall responsibility for nurse staffing issues

4.5 Environment, Cleaning and Food

The actions related to the environment longer term will be addressed by the 3Ts redevelopment of Royal Sussex County Hospital. However, ahead of this, there is a capital investment programme to maintain existing estate/facilities to the highest possible standards and improve where necessary including, for example, works to support service reconfiguration and refurbishment of PRH discharge lounge. There has also been the creation of Lead Nurse as link between ward areas and Sodexo to receive and action issues raised and proactively identify and drive improvement.

5. Governance process for the CQC Action Plan

It has been agreed that internally the action plan will be monitored through the Clinical Management Board on a monthly basis by exception, the Quality and Risk Committee quarterly and bimonthly at the Trust Board.

Externally, the action plan will be monitored monthly at the integrated delivery meeting. The first part of the meeting will focus on the action plan and the CCGs and Area team will join the meeting. The meeting is chaired by the TDA.

The Improving Quality and Patient Experience Group will continue to coordinate the programme of monthly Quality visits and will review the evidence against compliance actions in more depth. The Quality visits in the future will focus on achievement of the fundamental standards which have been consulted on by the CQC and will come into force for all providers in April 2015. The quality visits also help the Trust to identify improvements in practice related to the action plan.

Elma Still
Associate Director of Quality
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