

Joint Sussex HOSC Working Group: BSUH

Date: Wednesday 31st October 2018

Time: 9.30am to 1.30pm

Room 181 Hove Town Hall

Attending

Name	From
Ben Stevens	Deputy Chief Delivery & Strategy Officer, BSUH
Nicola Ranger	Chief Nurse, BSUH
Cllr Ken Norman	Chair, B&H HOSC
Cllr Louisa Greenbaum	Member, B&H HOSC
Cllr Colin Belsey	Chairman, ESCC HOSC
Cllr Johanna Howell	Member, ESCC HOSC
Harvey Winder	Officer, ESCC
Cllr Edward Belsey	Co-opted Member, WS HASC
Dr James Walsh	Vice-Chairman, WS HASC
Cllr Bryan Turner	Chairman, WS HASC
Helena Cox	Officer, WSCC
Nuala Friedman	Officer, B&H

1	Notes of the last meeting 04.04.18
	The notes were agreed.
2	Media update
	<p>NR used the opportunity to update the group on recent press coverage involving the Trust and TB.</p> <p>The Trust had approximately 60 TB cases per year. A patient treated in December 2016 was diagnosed with TB, subsequently a nurse also tested positive for TB in January 2018. Both had a specific strain (Beijing) which had responded to medication. The cases had been declared to PH England and RIDDOR. The Trust had undertaken work to ensure that 341 patients and 1600 staff were tested, those who had an inflammatory response have been treated successful with medication. Not all who have been contacted have taken up the blood test, so secondary letters will be sent. The Trust was consulting with a hospital in Birmingham who had experienced similar issues. Pathways had been altered so those presenting with specific symptoms would be treated in isolation rather than on the respiratory ward.</p> <p>Staff communications would continue emphasising that the strain is completely treatable.</p>
3	Update on CQC / Quality
	<p>24/25/26 September – CQC inspection in all domains 16/17 October – ‘Well-Led’ inspection</p> <p>Large team of over 50 inspectors split across the two sites In April 2016 the Trust had gone into special measures and could not come out without a well-led inspection. A previously divisional structure had made it difficult to collaborate which had been changed to improve communications. CQC visited: critical care, A&E, medicine and surgery.</p>

Each division had prepared an overview of where they were before and where they thought they were now, what has been implemented, challenges, what still needed to be done etc.

ACTION: It was agreed that the overview documents would be shared electronically with members of the group

The incident where a patient had accidentally drunk cleaning fluid from a water jug had resulted in stricter protocols including the removal of green drinking jugs and swipe card access to cleaning cupboards. [COSHH](#) compliance was checked and was described as exemplary. Initial feedback on engagement of staff was also very positive. The Trusts Equality Action Plan had also impressed the CQC.

Well-led review report was due in January 2019. The management team were hopeful that BSUH would come out of special measures.

Positives:

CQC was impressed with the preparation.

Core inspection could probably not have gone better.

Other positive comments included improvements in cleanliness, staff keen to showcase positive things they have done. Compliments also on the culture and the work being done on the equality action plan.

Members asked what was considered as areas of possible weakness:

NR highlighted the following areas of paediatrics at PRH, Cancer performance, A&E small for the level of activity and was not included in the 3Ts project; bed shortage on the County site.

ACTION: It was agreed that members of the group would visit the County site to see the development of the 3Ts project.

4 Update on Performance

Members highlighted their frustration that more up to date reports had not been made available for the meeting. NR gave an assurance that this would not happen in future.

NR provided updates to the July 2018 Board reports which had been circulated:

- Mortality overview – lot of work had been done on evaluating deaths, with a clear process that the Trust could share with members.
- Key issue was falls but the Trust was performing well on prevention of falls nationally.
- Infection Control and CDifficile - Protocol for use of side-rooms, limited number so staff had to prioritise the use of these depending on diagnosis.
- Monthly audits including what patients present with, falls. High number of patients coming into hospital with tissue damage, working with partners to try and work with causes and reduce.

Members asked if the Trust held data relating to the numbers of patients with dementia who fall. In response members were informed that this was often the case but not always. Demographic is actually younger than Eastbourne or Worthing.

- Family & Friends test (national NHS test) - Only 11% of patients responded to this previously but since April 2018 this has been automated and the Trust are now above national average of response rate at 38%. As a result the recommendation rate has decreased as the Trust was asking higher numbers. Getting some good data on this. Feedback is at 90%, nationally it is 88%. Only slightly lower in post-

natal ward. Good response rate for outpatients. The Trust had commissioned an outside company to managing and review the data.

- Admittance of people with Stroke – 88% seen within 4 hours, improvement since last report. Some figures have dipped.

Points from June performance

A&E there were 2 numbers reported:

1. system as a whole including walk in centres, and
2. just BSUH performance.

BSUH was 85% against the 95% target of patients being seen within 4 hours

In June the Trust were above trajectory, so 3 or 4 months of improvement.

May and June PRH achieved above the standard.

Through July, August and September there had been an increase in 8.2% of patients attending, plus an increase in acuity of patients coming through, so this has meant a dip in performance of around 3%. Heat wave would have contributed to these figures.

In response to a question relating to areas of growth, mental health presentations were going up, which brought challenges to the system as patients were waiting longer for follow on care. This can be a challenge for staff to manage these patients in crisis.

The number of people with eating disorders was also increasing. A change in the law meant that the Police could not detain someone until assessed by a mental health team. Difficulty in providing separate units as combination of mental health and physical health is necessary.

Higher attendances at walk in centres, particularly around the heat wave during the summer months. This also contributed to higher attendances from people residing in care homes due to dehydration.

DTOC (Delayed Transfers of Care) numbers were high with an increase of 8% over the summer, so a summit meeting had been arranged to help with acute trusts and local authorities discuss delayed transfers of care and a suite of actions had been agreed, subsequently the Trust was close to reaching the 3.5% target. Contributory issues include staffing in domiciliary care.

Elected Performance – update on main constitutional standards

Standard to meet is 92% seen within 18 weeks.

Currently the Trust was meeting the performance from March 2018.

52 week wait: this had been high for years but had been reduced to 1 (a patient who chose to wait).

Cancer Performance

62 day standard for referral to treatment: figures are in arrears - September report has July data. 71% against target of 81%. This was a national issue and improvement plans were in place so the Trust was hoping to see improvements in coming months.

Patients referred from a screening programme – performance low. This was due to resourcing issues but the number of patients was low (18). Improvements were already being made.

5 Update on New Build

Expected to be completed in 2020 / 2021. Services provided from the Barry Building would move when stage 1 was completed. Work was underway to finalise stage 2. The

	<p>position of A&E was to be decided.</p> <p>As previously noted, members expressed an interest in visiting the new build in the New Year.</p> <p>Heli deck - Build works coming to conclusion, next phase would be licences and it would then come into use. Agreed hours of operation are 7am to 7pm. Helicopter currently lands at East Brighton Park and ambulance transfer to Hospital.</p> <p>BSUH could provide figures of numbers of helicopters landing in park to members if requested.</p>
6	Winter planning
	<p>In terms of winter planning there was a bed deficit on the county site and 3Ts would not be complete until early 2021. 18 beds would be added to the outpatient site in early 2019. The county site had a high occupancy rate which was frequently above 90% but the Trust was working hard to mitigate issues in the meantime.</p> <p>There was an overarching system plan of support for winter months.</p>
7	Financial update
	<p>Financial targets - total at month 6 was delivered as expected.</p> <p>Although the Trust was in deficit, it was out of financial special measures, this had meant that interest rates available to the Trust had dropped. There was a robust SIT plan. Members were informed that the necessary assurances financial plan were in place.</p>
8	AOB
	<p>The following points were noted in response to member questions:</p> <p><i>Staffing</i> – BSUH was in top quartile in UK for staffing levels, with around 300 staff vacancies currently.</p> <p><i>A&E handovers</i> – this continued to be an issue but there had been improvement in the last 2/3 months as work continued with partners.</p> <p>There was a discussion regarding services being contracted by private companies at a local level and the impact that this had had. There was a drop in orthopaedics.</p> <p><i>Where does BSUH stand with the newly modified CCGs in STP?</i> - There needed to be closer working and a need to collaborate better. This was challenging as a system as organisations were still regulated individually.</p>
9	Date and focus of next meeting
	<p>ACTION: NF to contact the Trust for dates from mid to late January 2019 for a tour and presentation at the County site and for a further meeting at Hove Town Hall in April 2019.</p> <p>ACTION: NR would confirm when the CQC report would be available – this was expected to be by mid-January 2019.</p> <p>ACTION: NF to get the up to date Board reports and circulate to members.</p>

