

Our ref: CA167/SF

28 March 2013

Mrs Margaret Whitehead
Chairman, West Sussex Health and Adult Social
Care Select Committee

Mr Rupert Simmons
Chairman, East Sussex Health Overview and
Scrutiny Committee

Mr Sven Rufus
Chairman, Brighton and Hove Health and
Wellbeing Overview and Scrutiny Committee

Dear Mrs Whitehead, Mr Simmons and Mr Rufus

Thank you for your letter dated 11 March in relation to your concerns about the continuing pressure at the Royal Sussex County Hospital and the impact on services to patients during this time.

Firstly, I would like to assure you that addressing the issues which have contributed to the current situation and delivering the care and experience our patients have a right to expect is the number one priority and focus of the hospital at this time.

I will respond to your specific points in the order you have raised them:

1. How is BSUH working to manage capacity at both the Royal Sussex County (RSCH) and Princess Royal Hospitals (PRH)?

As you are aware, RSCH is a very constrained site in terms of our existing infrastructure at the present time and this provides us with very particular challenges during periods of significant pressure such as we have experienced over recent months. RSCH is a comprehensive emergency or "hot" site. Only by concentrating emergency and critical services in the way that we have done at RSCH are we able to have in place the scale of resources, skills and clinical expertise vital for providing the best outcomes for patients, in order to provide local and regional access to these services for the residents of Sussex.

Although it is of absolutely critical importance to be able to provide these services closer to the homes of our population than would otherwise be the case, this does necessarily constrain our access to flexible capacity as our elective beds, which are often used by hospitals to provide a buffer at times of crisis, are located at PRH. We are therefore reliant on being able to maximise the flexible use of capacity at PRH to support RSCH in times of acute activity pressures.

The concept of "one hospital on two sites" is very important to the way our hospitals run and we seek to maximise flexibility across all of our capacity wherever possible. Our staff on both sites have been extremely flexible and when the ambulance service has been able to support this we have done this to the maximum extent possible.

Another factor in relation to the infrastructure constraints at RSCH is that Level 5, our Emergency floor is now too small. We have well developed plans to increase the clinical footprint and extend our emergency department capacity and this work will commence later in the current financial year.

Ultimately, the 3Ts development will address the remaining infrastructure issues at RSCH and this is a crucial and significant component of our longer term planning arrangements.

In the meantime, we are working very hard on a number of our internal processes which we are confident will lead to the tangible and material improvements which are required. We have a comprehensive plan of actions supported by strong governance arrangements to support the senior clinicians who are leading each component. The management of the hospital will be supporting the rapid implementation of all components of the plan.

2. How the system is working as a whole to manage demand?

You may be aware that in January we invited the Emergency Care Intensive Support Team (ECIST) to visit our hospitals to independently review the current situation and make recommendations for improvement. This was subsequently followed by a further visit in February to conduct a point prevalence study (a detailed and comprehensive clinical audit of patients in acute beds). The reports from these visits made a series of recommendations which we have used to directly form our action plans and the construction of our improvement programme. The measures we have in place to protect the patient experience at this time, and to deliver the improvements required have been formally reviewed along with the wider and associated Local Health Economy plans through a system risk summit meeting and follow up meeting held yesterday. We have established robust system programme management arrangements to co-ordinate and performance manage the implementation of these action plans.

We continue to have concerns about the difficulties in accessing social care, rehabilitation and other community based short term services and this is having a dramatic impact on patient flow out of the hospital resulting in the bed pressures which have so constrained Emergency Department performance at this time. A further ECIST review of the wider systems and processes had been planned to independently assess these services and processes and I am hopeful that this will happen in the near future.

3. What work is being undertaken to understand the reasons for the pressure on services across the region?

Many healthcare systems are experiencing similar pressures to those faced in Brighton at the current time and there are various efforts to understand the national and regional picture underway. In Brighton, and as I have previously mentioned, we have engaged ECIST to conduct an independent review of the situation within the hospital and we are anticipating a similar system review in the near future. BSUH has been working very closely with members of NHS Sussex to better understand the patient

flow pressures, ambulance conveyance trends and various other indicators which will help form conclusions about systemic causes to these pressures. This work is underway as part of our overall integrated system approach and we will be able to say more on this matter in the near future.

As you will be aware, our new Chief Executive Matthew Kershaw will be in post full time from 3 April. I have shared your letter with him and either Matthew or myself would be very happy to discuss these issues further with you in the near future and discuss how we could make best use of the offer of the support of your committee members in implementing the changes and delivering the improvements which we require for our patients.

Best wishes

Yours sincerely

A handwritten signature in black ink that reads "Chris Adcock". The signature is written in a cursive, slightly slanted style.

Chris Adcock
Chief Executive

c.c. Julian Lee, Chairman, BSUH
Matthew Kershaw, Chief Executive Designate, BSUH
Nikki Luffingham, Chief Operating Officer, BSUH

