Brighton and Sussex University Hospitals NHS Trust

BSUH Submission for STP

13th October 2016

The Challenge from the STP

The STP has challenged how the Trust's winter planning will interface with the recovery plan and wider capacity planning across the footprint. The specific challenges are:

1. Confirmation of the scale of the gap this year
2. The action plan to close the gap, detailing the list of actions and likely impact of each
3. BSUH confidence in achieving each action, drawing on granular analysis of the specific steps required
4. The support required from the system, and the centre in delivering these actions, or in supporting identification of further options if there is any unfilled

The Trust's Recovery Plan

- BSUH is a **complex multi-site teaching hospital with significant issues and challenges**. The root causes of these problems are the historical lack of strategy with limited Board level ownership and no grip on the basics of delivering high quality care and sound financial planning. This is compounded by a lack of capability and capacity which has led to a culture of low morale, an optionality mind set and a prevalence of starting but not finishing projects. All of this is within the context of an incredibly poor estate and capital infrastructure.
- BSUH understands the CQC findings and **initiated a recovery plan** in April 2016. Plans address the root causes of the problems the trust faces and will raise care standards. The recovery plan is built upon four transformation programmes and six enabling programmes (supported by a robust PMO which has full Board approval):
  - Transformation: Quality and Safety, Financial Improvement, Clinical Services Transformation, and Workforce and Leadership
  - Enabling: Governance and Structure, Communications Development, Performance Management and Performance Improvement, Information and Technology, and Strategy, Transformation and BSUH Improvement Academy
- We are currently developing our transformation programmes and have already made **progress in five main areas**:
  1) Strengthened Trust governance and committee structures
  2) Created strong senior leadership triumvirate of CEO, Chairman, and Board Advisor with a number of changes to executive and non-executive personnel
  3) Strengthened accountability and role clarity for Executive Directors
  4) Filled key recovery roles in line with NHSI special measures requirements
  5) Started developing detailed CQC Quality interventions to improve to necessary standards

The Trust's Recovery Plan (continued)

- Our **recovery plan has clear milestones and measurable KPIs**. Notably, our plans are intended to :
  - Increase proportion referral to treatment waiting time standards that meet standards from 72.2% to 82.7% by March 2017 and zero 52 week waiters by March 2017, with a review taking place in December 2016 against progress
  - Close the financial deficit for 2016/2017.
  - Resolve estate and safety issues in the Barry Building by closing beds where necessary on the grounds of safety, conducting a full estates viability assessment and using alternative accommodation where possible and as clinically appropriate
  - Raise our statutory and mandatory training compliance to 75% by December 2016

- The **recovery that lies ahead is ambitious with significant risks associated with delivery**. The problems the Trust faces have developed over multiple years. Moving to full compliance with NHS standards and meeting public and patient expectations is a multi-month journey which requires real change management, focus, strong local leadership and external support. Investment will also be needed to deliver recovery plans and ensure that care for patients in Brighton and Sussex is not just satisfactory but exemplary going forward.

Context – the Trust's recovery plan

The Integrated Recovery Plan has been agreed by the Quality Oversight & Improvement Delivery Groups and noted by NHSI as an exemplar.

Up until mid-September 2016, the Trust were undertaking weekly reporting to NHS Improvement/CQC on the Section 29A Warning Notice.

A CQC visit took place on 19 September 2016 and the frequency and format of the reporting was agreed. As we shift the dial on quality, the Trust will now be reporting on a monthly basis.

1. Confirmation of the scale of the bed capacity gap

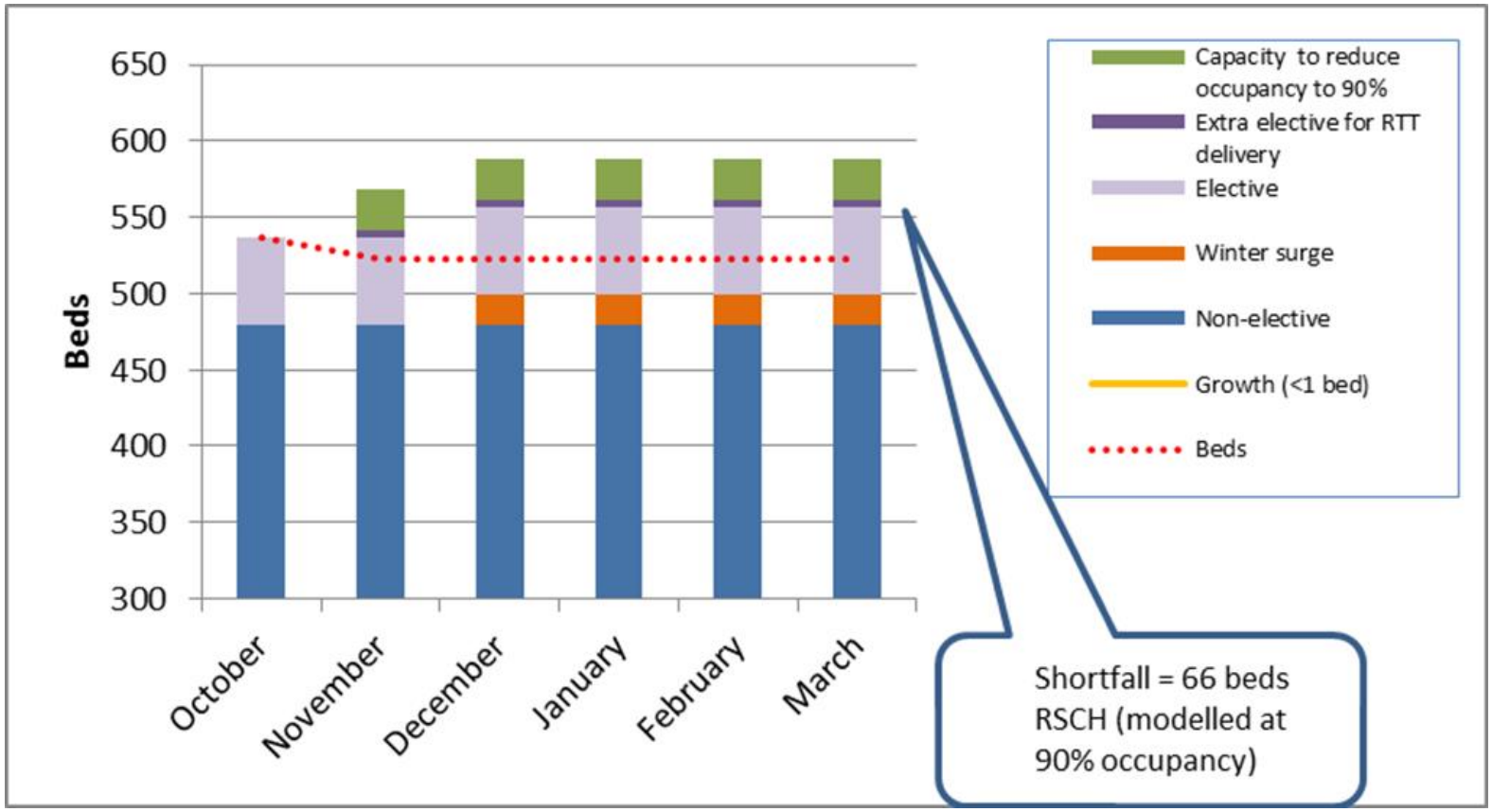
A shortfall of 86 beds is anticipated during the winter

- 66 at Royal Sussex County Hospital
- 20 winter surge at Princess Royal Hospital

This is consistent with the 2020 Delivery 5 year model for the STP and reconfirms previous capacity planning work, including that undertaken by Ernst & Young. The recommendations in this submission primarily focus on the 66 bed gap at Royal Sussex County Hospital. Options for the potential 20 bed winter surge capacity at Princess Royal Hospital need to be considered with our system partners.

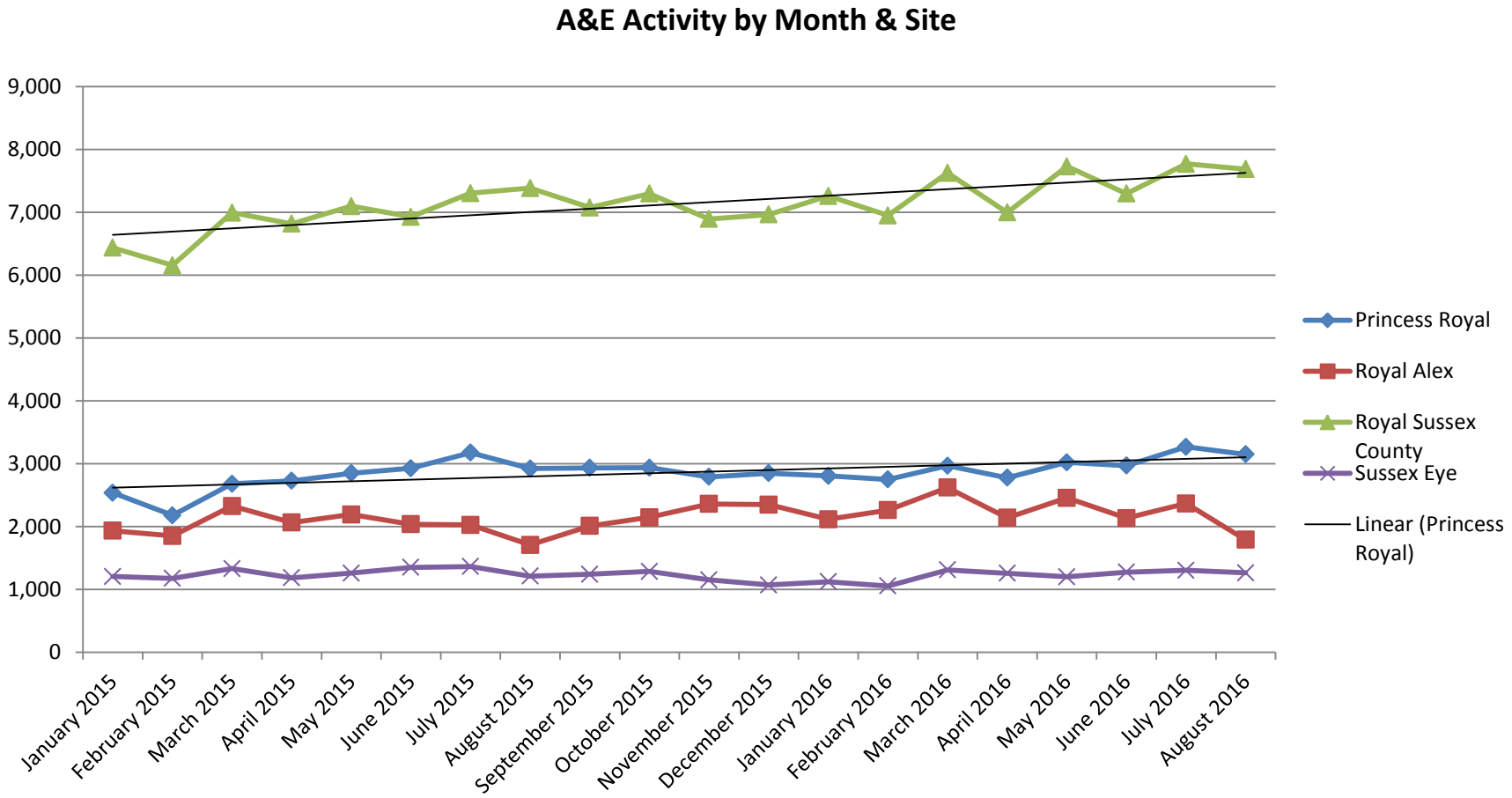
Bed Capacity & Demand at Royal Sussex County Hospital

The following graph shows the components of the shortfall in beds at Royal Sussex County Hospital



Bed Capacity & Demand at Royal Sussex County Hospital

The following graph shows Accident and Emergency activity across all BSUH sites



2. Action plan to close the gap

The table below shows the range of programmes which constitute our action plan, broken down into internal efficiency, additional capacity and system-wide support. This plan has been developed and agreed and is based on the recommendations of our Clinical Directors and Senior Clinicians.

	Immediate	Short Term	Medium Term
Internal Efficiency	1. Protecting all Ambulatory areas 2. Improved Discharge Process (incl. TTOs) 3. Internal Professional Standards 4. Strengthen Governance arrangements 5. Frailty Liaison Consultants to support Digestive Diseases (initially using Wait List Initiatives to reduce length of stay 6. Increasing HDU capacity by 4 beds at Princess Royal Hospital	1. Further roll out of Right Care Right Place Each Time 2. Further focus on length of stay reductions, day case rates, readmissions & conversion rates (Four Eyes) 3. Job Planning including SPA allocation 4. Urgent Care Centre Rebuild 5. 7 Day Service and Therapy provision	1. Single siting of services including Gynae, Digestive Diseases, Stroke
Additional Capacity	1. Expansion of Hospital at Home 2. Open beds on Balcombe ward (Princess Royal Hospital) 3. Increase age range for medical admissions to the Alex	1. Open Newhaven for Medically Fit patients (Plumpton model) 2. Move Royal Sussex County Hospital Dementia Unit to Princess Royal Hospital 3. Spinal cases and hand lists to Sussex Orthopaedic Treatment Centre 4. Move Royal Sussex County Hospital Oncology Ward to Princess Royal Hospital 5. Temporary build at Princess Royal Hospital (Vanguard) 6. Use of Nursery as additional capacity 7. Day Procedure Unit at Hurstwood Park 8. Parallel workstream for Hospital at Home at front door	1. Full modular build at Princess Royal Hospital
System Capacity	1. Temporary change in our geographical boundaries 2. Social Packages of care 3. Repatriation 4. Ophthalmology to Queen Victoria Hospital	1. Max Fax & Head and Neck cancers to Queen Victoria Hospital 2. Bowel Cancer Screening 3. Further reduction in delayed transfers of care	1. Review of secondary service provision in 3Ts & MTC - range of specialties 2. Build Rapid Diagnostic model in response to Nice Guidance 12 3. Development of more complete Out Of Hours model (*Sunderland*)

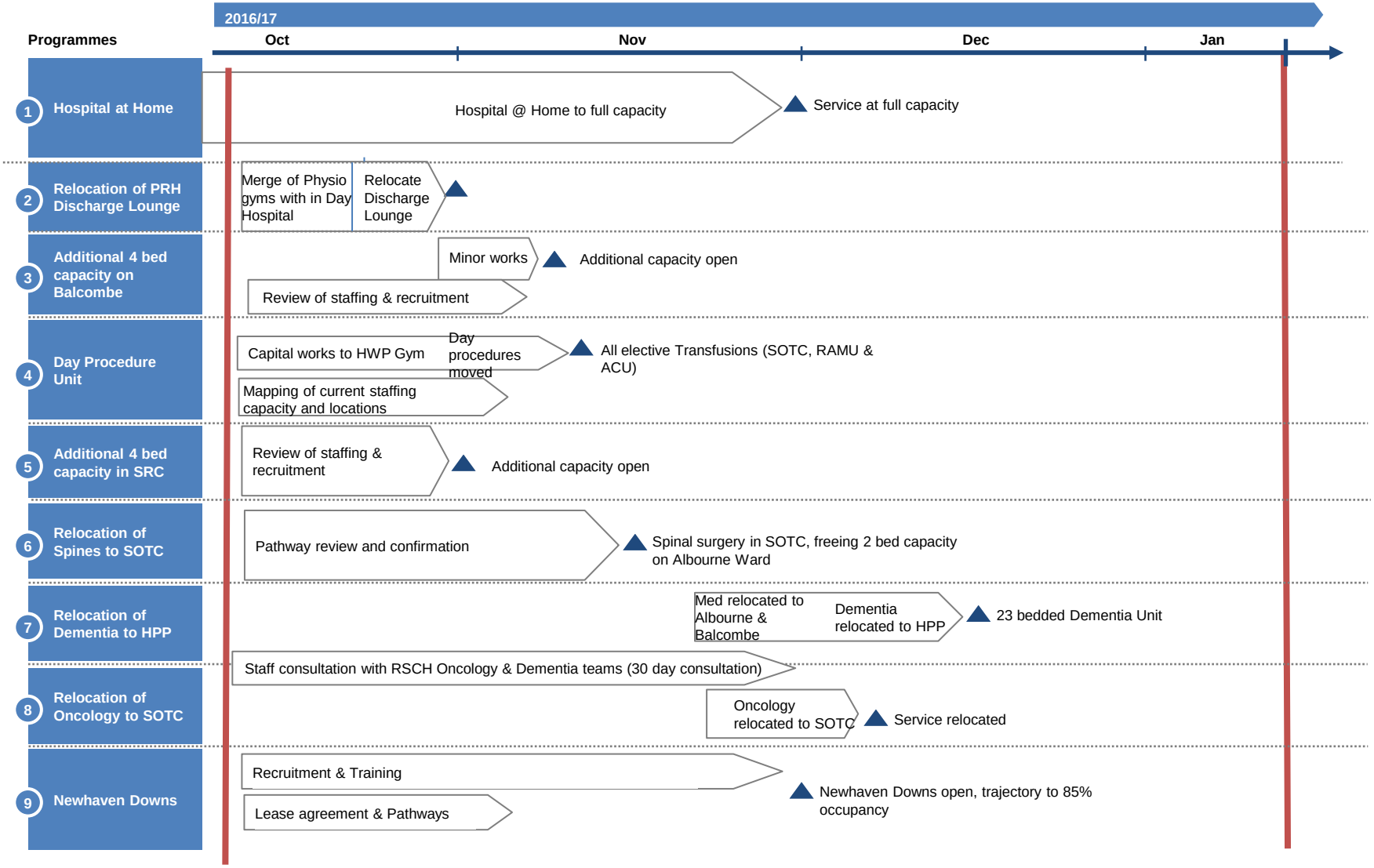
Impact of our action plan

The table below shows our progress in identifying additional capacity which can be brought on stream through internal actions. The total figure only includes the most worked up plans, which are highlighted

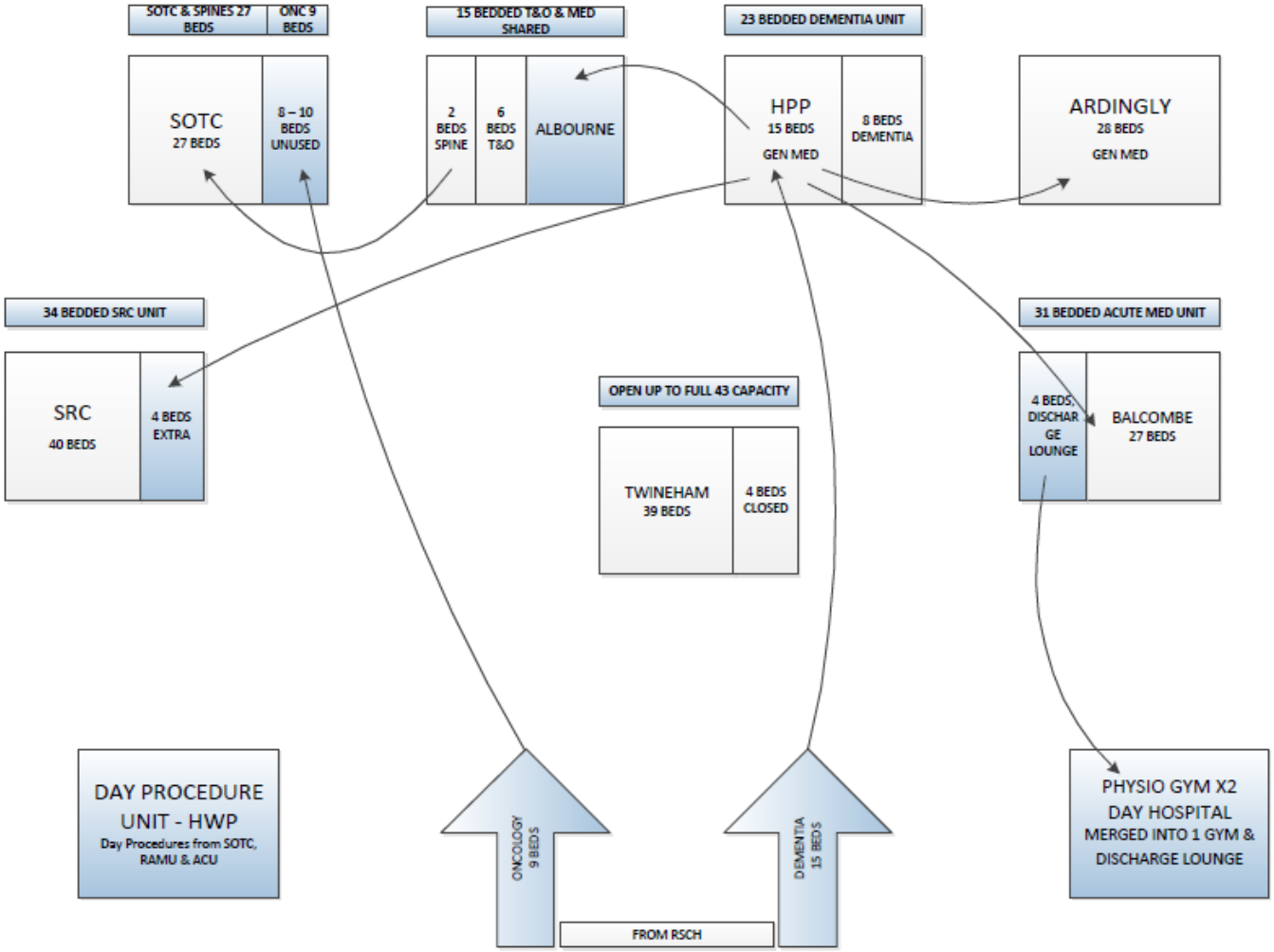
BSUH INTERNAL ACTIONS						
Immediate Actions	**16/17 Capital ('000)**	**17/18 Revenue ('000)**	**16/17 Revenue ('000)**	**Maximum Capacity Created**	**Risk Adjusted**	**Risks and Mitigations**
Hospital at Home	50	200	350	20	15	Already Started - Full capacity by end of November
Balcombe Ward Beds	50	200	70	4	4	Recruitment/redeployment required
Sussex Rehab Centre Beds	Minor	200	70	4	4	Recruitment/redeployment required
Increased utilisation of Albourne	0	180	65	7	6	Marginal increase in staff to allow for increased utilisation
Increase age range at Alex	*0*	*0*	*0*	*8*	*2*	*Capacity created is 8 but demand likely to be lower*
Internal Efficiency	*0*	*0*	*0*	*10*	*5*	*Initial estimate*
Short Term Actions	**16/17 Capital ('000)**	**17/18 Revenue ('000)**	**16/17 Revenue ('000)**	**Maximum Capacity Created**	**Risk Adjusted**	**Risks and Mitigations**
Opening of Newhaven	Minor	1000	350	20	17	20 beds at 85% occupancy
RSCH Dementia Unit to PRH	Minor	0	0	N/A	N/A	Dementia to Hurstpierpoint - enabled by other moves above
Spinal Cases/Hand lists to SOTC	Minor	0	0	2	2	See Dementia above
Open SOTC bays for Oncology	50	0	0	10	8	To be accommodated in SOTC area
RCRPET Roll Out	*0*	*0*	*0*	*10*	*5*	*Initial estimate requires further work*
Twineham Beds	*50*	*200*	*70*	*4*	*4*	*Staffing is the key risk*
Productivity Work (Four Eyes)	*0*	*0*	*0*	*6*	*4*	*Initial estimate requires further work*
Temporary Build at PRH	*0*	*1200*	*200*	*TBC*	*24*	*Short term more likely to be outpatient capacity*
Use of Nursery	*TBC*	*TBC*	*TBC*	*TBC*	*14*	*Feasibility underway*
Day Procedure Unit at HWP	*50*	*100*	*35*	2	2	*Takes infusions from a number of areas improving flow*
H@H at Front Door	*Adm Avoid*	*Adm Avoid*	*Adm Avoid*	*20*	*15*	*Up to 40 H@H beds possible in future*
Further extension of Newhaven	*0*	*500*	*200*	*20*	*17*	*Requires agreement of East Sussex*
TOTAL (ONLY THOSE IN GREEN)	**200**	**1880**	**940**	**69**	**58**	

Brighton and Sussex University Hospitals NHS Trust

Internal Capacity Delivery Timeline



Proposed bed moves from Royal Sussex County Hospital to Princess Royal Hospital



Implementing our capacity plans

1 Hospital at Home

We have introduced a new Hospital at Home service with Sussex Community Trust

- All referral & escalation pathways, and SLA agreed, with CCG pump priming
- Recruitment to service successful - current capacity 4 patients, moving to 8 from 17th October
- Twice daily IV patients began on 3rd October
- Bronchiectasis and Vascular patients go live 17th October
- Up to full (20) capacity by the end of November
- Further implementation will be at the front door, and we will be working with Sussex Community Foundation Trust and/or other partners to deliver this and the impact will be admission avoidance
- Potential is there to create an additional capacity of at least 40 beds

2 Relocation of Princess Royal Hospital Discharge Lounge

Discharge Lounge is currently on Balcombe Ward, which will be used for bed space. Space identified in Day Hospital by merging two Gyms to create Discharge Lounge rapidly at a minor cost

3 Additional 4 bed capacity on Balcombe Ward

Four beds on Balcombe ward are part of a series of rapid moves which allow us to relocate the Dementia Ward, currently on the Royal Sussex County Hospital site, to Princess Royal Hospital. The space identified can be modified to provide bed space easily. The recruitment process will start immediately for this.

Implementing our capacity plans

4 Day Procedures Unit

Creating a new Day Procedure Unit in Hurstwood Park physio gym. This will allow a range of day case procedures from both the Royal Sussex County Hospital and Princess Royal Hospital site. Some relocation of staff , with further recruitment required. Two beds are ascribed to this, as it will improve flow in Sussex Orthopaedic Treatment Centre, as well as flow of emergency ambulatory care through the Rapid Access Medical Unit and Ambulatory Care Unit

5 Additional 4 bed capacity in Sussex Rehab Centre

Bed space already available but requires rapid review of staffing available and recruitment if required. There are currently patients waiting at both the Princess Royal Hospital site and at Royal Sussex County Hospital awaiting transfer to Sussex Rehab Centre

6 Relocation of Spines to Sussex Orthopaedic Treatment Centre

Inpatient spinal surgery is currently undertaken on Albourne ward, and occupies on average 2 beds. In order to facilitate the move of the Dementia service to Princess Royal Hospital these will in future be undertaken in the Sussex Orthopaedic Treatment Centre.

7 Relocation of Dementia to Hurstpierpoint

The Royal Sussex County Hospital Dementia services currently occupies 15 beds on Emerald ward. Moving this to Princess Royal Hospital creates 19 beds however, due to a conversion of a day care area. The new service will be co-located on Hurstpierpoint Ward in a new integrated unit. Staff consultation of 30 days will be required

Implementing our capacity plans

8 Relocation of Oncology to Sussex Orthopaedic Treatment Centre

The Royal Sussex County Hospital Oncology service is due to move from the Jubilee Building to the Courtyard; as part of the 3Ts development. We are now planning to move this to the Sussex Orthopaedic Treatment Centre at Princess Royal Hospital in order to provide the additional capacity on the Royal Sussex County Hospital site. This will involve the opening of unused and under-used capacity on the Sussex Orthopaedic Treatment Centre site. Staff consultation of 30 days will be required.

9 Newhaven Downs

The Newhaven facility is fully equipped and ready to receive patients (closed end of May).

- Opened dialogue with NHS PropCo regarding lease
- Key risk to be mitigated is staffing of facility – we will recruit, targeting those who previously worked there
- Potential to open within a 6-week lead in
- Capacity for a maximum of 40 beds – either in conjunction with East Sussex or as a BSUH facility
- Finalising case mix of patients suitable for facility with East Sussex this week
- Costs of off-site 20-bedded facility to be circa £1m for 12 months

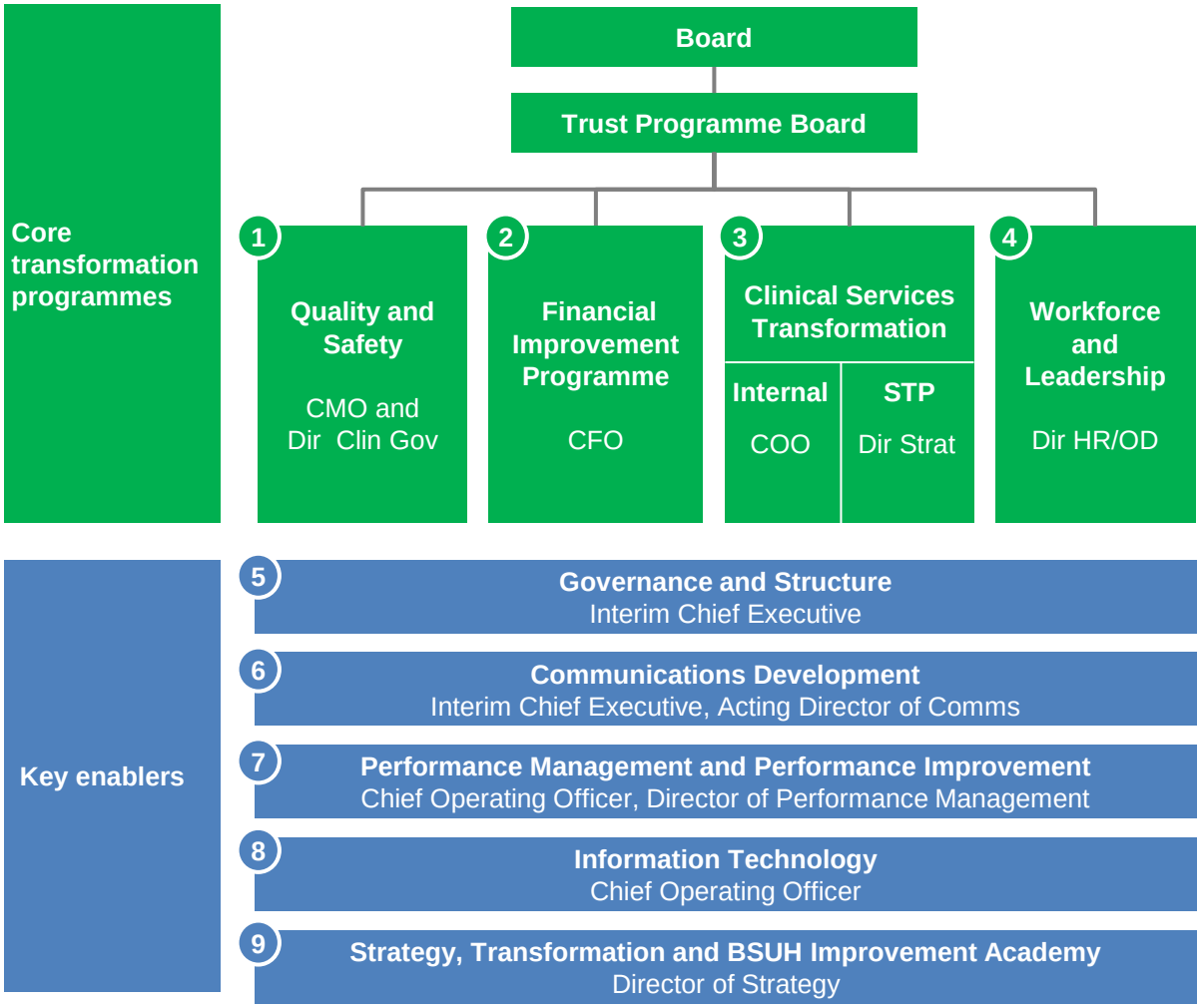
10 HDU Capacity

Increasing our HDU capacity at Princess Royal Hospital will allow a change in case mix to occur at Princess Royal Hospital, currently in discussion with Digestive Diseases & other specialties to move decompress the Royal Sussex County Hospital site

3. Providing Confidence of Delivery
Operational Control & Performance Accountability

Action	Delivery date
Senior Site Leadership Roles at PRH (Manager and Nurse)	Completed
System Surge Management & Escalation Policy	A&E Delivery Board - October 2016
Implementation of Patch Manager of the Day Roles	October 2016
Implementation of new Daily ECIP RESPONSE Model Daily Site Meetings	October 2016
Roll out of MDT weekly review of stranded patient metric patients to all specialities and sites	October 2016
Whole Trust Multi-Disciplinary Accelerated Discharge Events (MADE) programmed in for every month Oct to March	October 2016 to March 2017
Rolling programme of SAFER Start Ward based MDT deep dives	October 2016 to March 2017
Detailed Operational Plan for 19th December to 8th January	October 2016
Strengthened Internal Escalation Policy & Internal Professional Standards	November 2016
Weekly Urgent Care Operational Performance Review meetings	November 2016 to March 2017

BSUH recovery programme structure

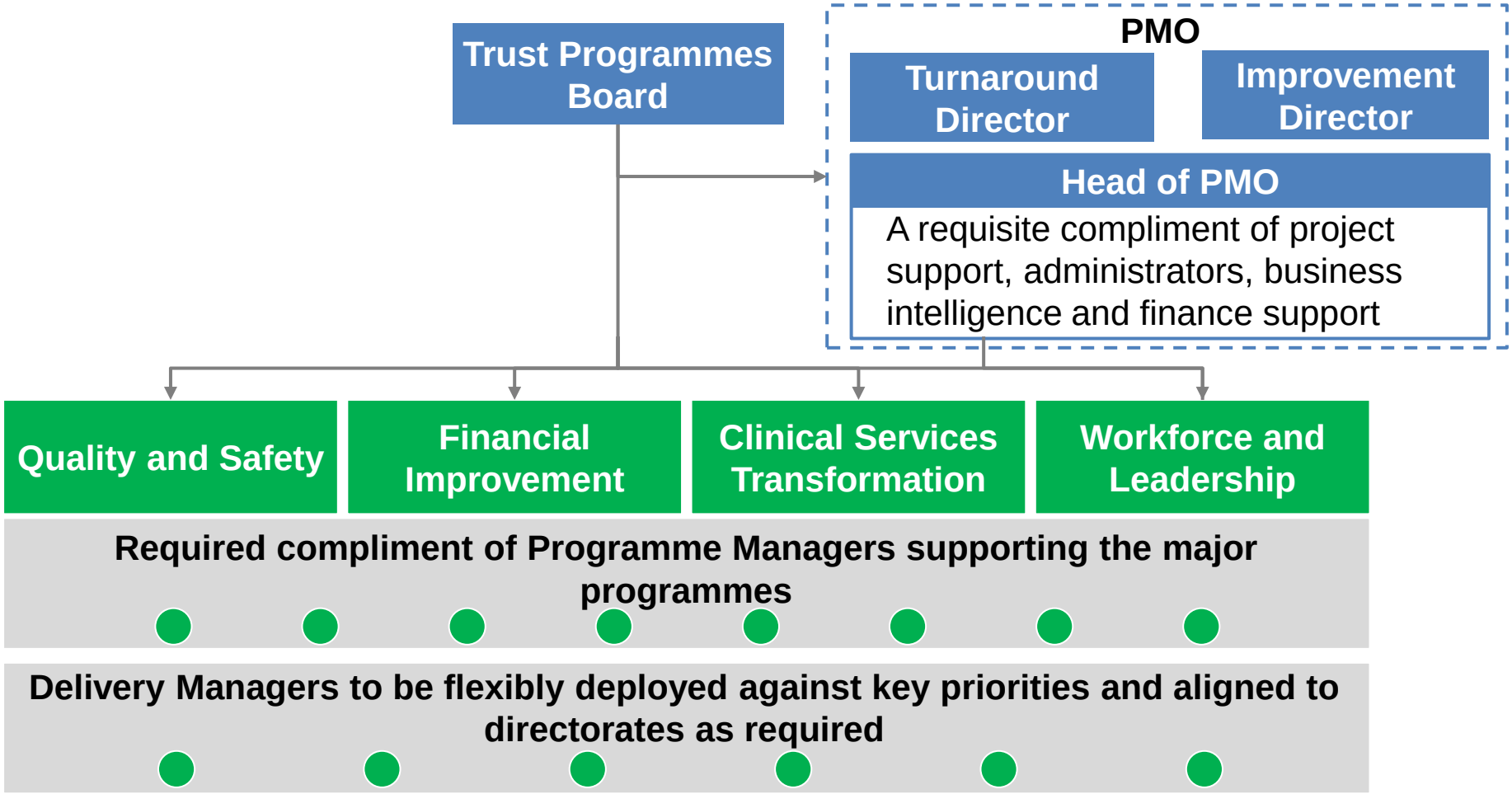


- **Four programmes** have been established, which will be conducted in a disciplined manner with set meeting schedule and outputs
- A NED will chair the **Trust Programme Board** to hold the senior responsible officer (SRO) to account for each programme

- **PMO support has been approved** and will work across all programmes to ensure weekly action-oriented meetings
- **Regular updates** will be given to the SRO of each programme, and issues will be quickly escalated to the Programme Board as required

- Five key enablers have been set up to **support the core transformation** programmes, each led by Board Directors
- These enablers will be designed to **establish the structures, capabilities, buy in, and vision** necessary to achieve change on a large scale
- The four core transformation programmes are also essentially complemented by and linked to the 3Ts Programme, which reports to the Trust Board via Trust 3Ts Programme Board and to the national 3Ts programme board
- The 3Ts programme outlines and underpins the major capital re-build of a significant proportion of the RSCH estate

Proposed PMO structure and internal resources



Clinical Transformation Programme

The Clinical Transformation Programme is the delivery vehicle to ensure that BSUH understand and meets the demand and capacity requirements of Winter and beyond, realises the potential of internal efficiency and productivity gains, optimises the available capacity within the Trust and the wider system and, in the long term, has a fit for purpose operating model. It is within this framework that the Trust has developed the STP submission.

The objectives of the Clinical Transformation Programme are:

- To ensure efficient care and treatment of our patients and identify the most appropriate operating model for the Trust
- To consider and recommend the immediate actions that provides suitable use of the estate at Royal Sussex County Hospital and Princess Royal Hospital through reconfiguration of services with a future view regarding the possibility of partial or full decommissioning of the Barry Building.
- To consider and recommend improved use of Royal Sussex County Hospital and Princess Royal Hospital capacity in order to support emergency, urgent and intensive care in the short term during 2016/17
- To develop a new Directorate structure with appropriate and sustainable support
- To transform existing bespoke projects into a Patient Flow Project and Productivity and Efficiency Project
- To ensure delivery of local and national emergency care improvement plans
- Utilise the support of the BSUH Improvement Academy to make best use of the Trusts improvement methodology throughout each project(s) life cycle
- Build a stable platform from which BSUH can deliver and sustain improvements across the three key domains identified as inadequate by the CQC – safe, responsive and well led.

RTT and Cancer Operational Standards

The actions currently in place to deliver the trajectory and NHS Constitutional standards are

- Revised trajectories for RTT submitted to CCGs & NHSI
- Weekly assurance groups (Internal Planned Care Board, Directorate PTL meetings and Clinical Harm Review Panel) on trajectory compliance for both RTT and Cancer
- Demand and Capacity modelling undertaken by each Directorate to inform the RTT trajectory including diagnostics model (RTT and NG12)
- Additional medical and nursing staff in Digestive Diseases, Neurology and Urology engaged to support trajectory
- CCG GP With Special Interest roles established in Head and Neck, Paediatrics and Urology to provide additional support in delivery of the diagnostic and RTT trajectories
- Enhanced RTT management arrangements
- Further review of clinical pathways of care to improve efficiency and productivity

Ensuring delivery of RTT through the winter

BSUH has taken the following actions to ensure delivery of RTT through the winter period

- SLA outsourcing to Nuffield (Urology and Digestive Diseases) and agreements with Queen Victoria Hospital (Ophthalmology and Head and Neck) and Lewes Victoria (day case sessions weekly)
- Targeted utilisation of Wait List Initiatives in specialities where backlog exists
- Outpatient department productivity group focusing on outcomes, DNA rates and follow-up rates to optimise capacity
- Additional theatre capacity at Princess Royal Hospital site – (Vanguard/Modular Build) early 2017
- Additional ultrasound support in place with Alliance, additional MRI capacity for Urology prostate pathway
- Expansion of chemotherapy provision at Princess Royal Hospital (3-5 days)

4. System Wide Support

All members of the STP are working together to ensure the system remains resilient through the winter period. BSUH recognises it requires the help of others to ensure its recovery from special measures. We will focus on

- Commissioners and other Providers to ease the capacity pressure on BSUH
- Developing a clear three-way agreement between BSUH, East Sussex Hospitals and Queen Victoria Hospitals, to come up with intra-hospital solutions to our problems
- Ensuring that we build capacity in such a way that supports the strengthening of BSUH's role as the Major Trauma Centre for the STP

System wide capacity support

We have identified the following opportunities for system wide support which will require the agreement of partners

SYSTEM-WIDE ACTIONS						
Immediate Actions	**16/17 Capital ('000)**	**17/18 Revenue ('000)**	**16/17 Revenue ('000)**	**Maximum Capacity Created**	**Risk Adjusted**	**Risks and Mitigations**
Block Buy of Social Care Packages	0	TBC		20	15	Figures need confirming
Varying boundary for Medical Admissions	0	0		15	8	Just Chest Med/Gen Med for Shoreham & Portslade - 8 beds
Short Term Actions	**16/17 Capital ('000)**	**17/18 Revenue ('000)**	**16/17 Revenue ('000)**	**Maximum Capacity Created**	**Risk Adjusted**	**Risks and Mitigations**
Max Fax/ENT To QVH	0	200		3	2	Lost income equals circa £500k will be backfilled
Bowel Cancer Screening	0	0		NIL	NIL	Releases endoscopy capacity rather than beds
Further DTOC reduction	0	TBC		20	15	Figures need confirming
Demand Management - Proactive Care Emergency Admissions - 12.7% over plan A&E Attendances - 7.5% over plan IC24 Out of Hours - 23% down on plan 111 Calls transferrred to 999 - up from 9.5% to 11.9%	0	0		15	5	Internal confidence of delivery low

Closer Working with Provider Partners

BSUH is commissioned by NHS England to provide regional Tertiary Services and serve as the Major Trauma Centre for the South East. BSUH is also the Teaching Hospital for the footprint. As such, BSUH sees itself operating within the STP as part of a networked model of provision working in partnership with other provider organisations. To optimise the clinical outcome and experience for patients a network approach will necessitate the temporary and long term reorganisation of services between the NHS Trusts that geographically surround BSUH.

In the first instance BSUH is working with Queen Victoria Hospital and East Sussex Hospitals Trust to determine a joint operating model for key clinical services. Progress is further developed between BSUH and Queen Victoria Hospital and the following actions are underway:

- Joint appointment of a programme manager to coordinate the establishment of new systems and processes between the two Trusts.
- The creation of an SLA between BSUH and Queen Victoria Hospital to better deliver Ophthalmology, Head and Neck (OMFS), ENT, Burns and Plastics and Lower Limb Trauma.
- SLA underpinned by inter-Trust governance mechanisms and a jointly accountable operational delivery and performance management approach
- The creation of appropriate Business Cases to support the recruitment of requisite staffing for the new models of care and to financially support any fixed term reconfiguration costs.
- Both Trusts plan to agree provisional SLA arrangements at their November Board meetings followed by a Board to Board engagement session.

A similar approach will be adopted with East Sussex Hospital Trust and preliminary discussions about the appropriate clinical services will take place on Friday 14th October.

Major Trauma Centre Assurance Project

Working with NHS England Specialised Commissioning, BSUH is undertaking a clinical assurance review of all Major Trauma and Co-Dependant Services. Due for completion in December 2016 the review will:

- Concentrate on the tertiary services at BSUHT that support the Major Trauma Centre and examine their current compliance with national standards identifying gaps in full compliance.
- Examine the likely population base for each of these tertiary services and the geographical area they serve.
- Cross check population bases with the assumptions in STPs and will assure commissioners that the 3Ts work will support tertiary services at BSUH.
- Look for opportunities for other acute Sussex /East Surrey to take back or support elements of secondary care for their local population as well as development of networked care for tertiary services.
- NHS England Specialised Commissioning will seek advice if required from national CRGs, Public Health and regional/national Programme of Care leads.

Outputs from the MTC Assurance Review include:

- Clear plans for 3Ts regarding MTC and implications for the MTC and co-dependent services.
- Final report describing all sustainability issues identified in the specific services supporting the MTC, risks and opportunities and recommendations. NHS England will cross check findings with 3Ts and East Surrey and Sussex STP.

Changes to Specialist Services

The STP have challenged BSUH and NHS England Specialist Commissioning to consider the appropriateness of a temporary suspension of tertiary services during winter. BSUH has worked with NHS England and the following criteria are those NHS England would wish to be satisfied in order for any service to be suspended

- Speed and pace of execution / delivery to actually deliver a benefit for the winter months - planning for such a transfer of service(s) would be a considerable undertaking and is realistic or unrealistic within the required timescale?
- The impact of such a proposal on other STPs (the South and London)
- If a proposed service change requires workforce or public consultation
- The impact on other providers when RTT across Sussex appear to be informally challenging
- The impact on remaining and interdependent services (such as MTC Services that are already the subject of an NHSE and BSUH Assurance Review)
- The financial impact for BSUH and thus the STP of losing tertiary services
- Workforce implications and any impact of the status of teaching, training and education at BSUH
- The ability to reverse such a move following the agreed divert period
- Is the move congruent with national commissioning policy and strategy
- Any changes to specialised service pathways will need to be understood and agreed by NHSE prior to changes being made.

Conclusion and Next Steps

In response to the requirements set out by the STP, BSUH have:

- Identified the capacity gap for the coming winter and beyond
- Established an achievable and risk assessed action plan to cover 58 of the 66 bed gap by:
  - Moving Oncology and Dementia wards from Royal Sussex County Hospital to Princess Royal Hospital
  - Rolling out Hospital at Home
  - Opening Newhaven Downs
  - Internal efficiencies
- Identified that this will cost £940k revenue and £200k capital in 2016/17
- Set out our organisational performance and delivery arrangements to assure delivery
- Set out the support we need from our system partners

Our next steps are to

- Seek support from our system partners for this programme
  - Commissioning additional social care capacity through extending the block contract
  - Varying geographic boundary for medical and chest medicine
  - Reducing DTOCs
  - Moving MaxFax/Head and neck cancer
  - Improve system performance 111, WIC, home visit
- Continue the implementation of our programme
- Provide regular reports to system partners

ESHT/STP SUSTAINABILITY WINTER 2016/7

East Sussex Healthcare NHS Trust

Conquest Hospital

Variance from previous YTD (Apr-Sept)

A&E	Adm. via A&E	Conv.	All NEL Adm.	NEL LoS	DToCs Delayed days
↑ 3.3%	↑ 5.8%	↑ 0.5%	↓ -1.8%	↑ 0.3 Increase from 4.0 to 4.3	↑ 18%
↑ 1,000	↑ 500		↓ -350		↑ 842 days
28,500 YTD	8,051 YTD	28% YTD	14,075 YTD	4.3 YTD	5,562 days YTD

Expected increase in beds required - winter escalation	40
Beds released through Length of Stay reduction (0.3 days)	17
Variance	23

<u>Hastings & Rother – 24 Beds</u>

- 19 nursing home beds for discharge to assess
- 5 beds Rye Memorial Hospital

East Sussex Healthcare NHS Trust

Eastbourne Hospital

Variance from previous YTD (Apr-Sept)

A&E	Adm. via A&E	Conv.	All NEL Adm.	NEL LoS	DToCs Delayed days
⇧ 5.9%	⇩ -4.5%	⇩ -2.7%	⇩ -2.2%	⇧ 1.1 Increase from 5.1 to 6.2	⇧ 6%
⇧ 1,700	⇩ -300		⇩ -200		268 days
28,353 YTD	5,986 YTD	20.7% YTD	8,473 YTD	6.2 YTD	4,765 days YTD

Expected increase in beds required - winter escalation	63
Beds released through Length of Stay reduction (0.5 days)	20
Variance	43

<u>Eastbourne, Hailsham & Seaford - 47 Beds</u>

- 20 nursing home beds for discharge to assess
- 10 NHS beds on private patient unit
- 17 NHS beds on Seaford 2

Top 5 conditions driving increased length of stay

- Pneumonia
- Urinary tract infections
- Acute cerebrovascular disease
- Congestive heart failure
- Septicaemia

Focussed work is being planned by clinical units and across the trust to manage these pathways more effectively.

System Actions to Reduce LoS

- Initially 15 rising to 30 care home plus beds for patients awaiting nursing home placements
- 2400 Additional homecare hours with JCR and Rapid response by January
- Ring fencing Ambulatory Care on both sites to increase use of pathways 20%
- Increased Adult Social Care workers in A&E and gateways
- Extension of Take Home and Settle
- Hospital Intervention team extended to cover till 10pm
- GP trial in A&E EDGH to reduce medical admissions who can be managed within primary care
- Frailty Team now in place to reduce attendances and expedite discharges
- Crisis response teams on both sites to in reach into A&E
- Expanding the liaison of the respiratory team to manage pneumonia pathways

Support from The System

- Reduction in Ambulance Conveyances
- Support with elective capacity
- Primary Care focus on managing key pathways
- Resilience across the system to avoid diverting demand

East Sussex Healthcare NHS
NHS Trust

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