Board in Public – 2 May 2024

Questions received and answers provided.

	Question from Member of the Public		Response provided by	Response:
1	**Mr Simon Chilcott**	**Question 1**: What measure have trust taken to protect patients amid concerns around operation Bramber and staff named in the media who are still practicing at the Trust?	Chief Medical Officer	There are national standards for ensuring and measuring patient care and harm. In surgery (for example) surgeon and surgery data is uploaded to enable national benchmarking. When we look at this data in both neurosurgery and general surgery (at surgeon and surgery level) we are within accepted safety limits. We have embedded the new PSIRF framework to review all incidents and any harm, using the learning and change lens to improve. If any concerns about an individual doctor are raised then they are investigated and actions taken. We work closely with NHS Sussex regional NHSE and regional medical director, PPA and General Medical Council to review our processes, methodology or individual doctors. No concerns have been raised about current practice or methodology. Quality and safety improvement is a continuous journey and we are focused on learning and improving (see QSIP program).
		Question 2: I want to know how many departments are now being looked at by police?	Chief Governance Officer	The latest we have heard from Sussex Police is that the scope of their investigation – relating to neurosurgery and general surgery at the Royal Sussex County Hospital in Brighton

				between 2015 and 2021 – remains unchanged (note this is from the police press reponse 4th April)
		Question 3: What is the legal spending on defending allegations of deaths and serious harm caused by UHS staff since 2021?	Chief Governance Officer	Cost of defending is not on a case-by-case basis but rather through a trust wider annual premium that all Trusts pay into NHS Resolution. In 23/24 Premium was £48m, which is typical of a trust of this size
		Question 4: How many patients or families have contacted the trust complaint department since July 2021 and what is the status of those complaints/resolved, or in progress?	Chief Nurse	Firstly, I would like to acknowledge that behind every letter to the trust there is a patient or family story. From July 21/22 (based on a 75% of annual total) 900. 22/23 1230 and 23/24 1350. Totalling = 3480. 378 complaints are currently open, and the rest are resolved/ closed. Less than 0.3% of complaints closed are then upheld by Parliamentary & Health Service Ombudsman.
2	**Franklin Zoglie**	After Royal College of Surgeons looked at general surgery and found toxic culture, how is the Board assuring themselves the management are capable of keeping future patients safe.	Chief Medical Officer	There are national standards for ensuring and measuring patient care and harm. In surgery (for example) surgeon and surgery data is uploaded to enable national benchmarking. When we look at this data in both neurosurgery and general surgery (at surgeon and surgery level) we are within accepted safety limits. We have embedded the new PSIRF framework to review all incidents and any harm, using the learning and change lens to improve. If any concerns about an individual doctor are raised then they are investigated and actions taken. We work closely with NHS Sussex regional NHSE and regional medical director, PPA and General Medical Council to review our

				processes, methodology or individual doctors. No concerns have been raised about current practice or methodology. Quality and safety improvement is a continuous journey and we are focused on learning and improving (see QSIP program). Additional reviews are undertaken as indicated or requested with assurance gained from regional MD and ICB. To reiterate our surgeons and outcomes are all within accepted national limits.
3	**Madeline Eaton**	Health Education England were recommending an urgent invited review of general surgery at UHS by the Royal College of Surgeons in 2020. Why did no review happen until 2023?	Chief Medical Officer	A number of reviews and recommendations have been conducted over the years (ie CQC). The recommendations (must do / should do) have been actioned. Work has been delivered via the corporate project, and the RCS were invited by UHSussex to conduct a review to understand / gain external assurance on the delivery of changes, whilst acknowledging that more work remained. The RCS opened by acknowledging the significant improvements in Q&S / governance, local leadership and that outcomes were within accepted limits. It is worth recalling that during 2020-2022 we were managing a SARS-co2 pandemic, then recovery and needed to implement the work plan. Of note HEE reinspection in 2023 acknowledged the improvement and the restoration of higher trainees to RSCH site.

4	**Robin Penfold**	**Question 1**: Collectively the metrics in the various Board reports show a deterioration in performance across a range of measures by the RSCH ED in particular in Q4 2023. What does the Trust's executive management consider to be the top 3 reasons for the poor performance of the RSCH ED against the various service metrics relative to the performance of other hospitals in the Trust?	Chief Operating Officer and Deputy Chief Executive	I agree that we have seen a deterioration in performance across a range of measures, as noted with the heightened pressures during the winter months, and we agree we need to do more. In line with many other Trusts across the country, and our other hospitals, this is largely related to what we call exit block – our inability to admit patients to our assessment units and core wards which means our ED teams have to care for patients waiting for beds; patients are prioritised clinically. This afternoon we are signing off a business case for our medical assessment unit, part of a £50M investment in our ED at the Royal Sussex County to make it right size and ensure patients are seen in the right place, and not the corridor.
		Question 2: What steps are the Trust's executive management taking to improve patient experience in the RSCH ED?	Chief Nurse	Firstly to acknowledge that we are actively looking to ways to improve our patients experience for care in our EDs Alongside what Andy has described • Although space is limited, new seating went in last year • The reconfiguration of the ED which will improve the waiting and treatment areas for patients • Welcome Standards programme – customer service for reception and greeting teams • Encouraging Improving access to care – so using pharmacies, UTC etc to ensure people get the right care in the right

				places, so not attending ED if not require
		Question 3: What steps does the Trust's Board intend to take to hold RSCH's management to account for delivering these improvements over the next quarter?	Chief Executive	As you've heard from the meeting today, our focus is to ensure our patients are able to access the highest standards of care, when and where they need it. We have the right governance in place and continue to support our teams to make the improvements required. It's important to recognise that our services do not operate in a vacuum. We must maximise our performance on the elements within our control and continue working with partners to ensure necessary support is in place throughout patient journey.
		Question 4: The Metric A&E and Emergency Flow report, which forms part of the May Board Pack notes that waiting time performance is most challenged at the RSCH ED with 16.1% of patients in the department waiting more than 12 hours in December 2023 but notes this as an improvement against December 2022. However, the month-on-month data shows a significant worsening trend throughout 2023. Even though this is described as representing an improvement on December 2022, does the Board consider this performance to be acceptable?	Chief Operating Officer and Deputy Chief Executive	Agree that whilst we had started to see improvements in the number of patients waiting more than 12 hours in the department – linked to patients waiting for inpatient beds. Of course we don't consider this to be good enough for our patients or our staff. The work I talked about early – creation of our new assessment units – is what will ensure we get better flow through our ED and so that more people are seen, treated, admitted to our assessment wards and or discharged within 4 hours
		Question 5: What are the priority workstreams for Quality Service & Improvement Programme and what improvements have been delivered over the first quarter of it entering into the 'Improvements' phase this year?	Chief Governance Officer	Our Quality and Safety Improvement Programme gives us a framework for making the improvements we know are required. Its workstreams are: improving quality

				governance, assurance and risk management, improving access to surgery, improving our safety culture and well-led. Improvements are being made and there is a long way still to go. For instance, we've seen a big increase in the number of Structured Judgement Reviews undertaken each month, we have a much better and more embedded process for risk management (DATIXIQ) and we have every ward in the trust using and reporting on refreshed patient safety metrics that enables them to monitor safety and quality and take steps to address problems quickly.
		Question 6: The Invited Service Review Report on the general surgical service dated 17 January 2024 notes a series of concerns in relation to RSCH's ED including inadequate space for patient consultations for patients receiving emergency surgery, delays in treatment resulting in patient condition potentially worsening prior to surgery etc. What action is going to be taken to address the findings of this report? How is the Board going to oversee delivery of any agreed actions?	Chief Operating Officer and Deputy Chief Executive	We have developed a surgical assessment unit, in line with the recommendations of the RCS report and we are just finalising the details of the staffing model. We have already approved a business case to recruit 5 more consultant surgeons at the County site. This will ensure surgical emergencies are seen by dedicated specialist teams who have no other clinical commitments
5	**Miss Charlotte Smart**	**Question 1** Since 2021, how many times has the Trust been approached by the GMC with Fitness to practice questions about UHS surgeons?	Chief Medical Officer	Zero have been referred re FTP. All doctors when they change organisations the GMC requires a FTP (transfer form) and any enquiry to GMC will trigger the same. No FTP concerns have been raised since 2021.
		Question 2 How can patients have confidence in the Trust when the Royal College review found there was a 'toxic culture' in general surgery?	Chief Medical Officer	The Trust has a significant program of work embedding and strengthening the cultural

				change work including extending human factors training, leadership and others.
6	**Audrey Sharma**	**Question 1**. Are the same staff that have been identified by colleagues as wanting, operating on patients? If so, why?	Chief Medical Officer	We are unable to discuss any individual case. But there are no outstanding GMC FTP referrals in either of the departments. There are national standards for ensuring and measuring patient care and harm. In surgery (for example) surgeon and surgery data is uploaded to enable national benchmarking. When we look at this data in both neurosurgery and general surgery (at surgeon and surgery level) we are within accepted safety limits. We have embedded the new PSIRF framework to review all incidents and any harm, using the learning and change lens to improve. If any concerns about an individual doctor are raised then they are investigated and actions taken. We work closely with NHS Sussex regional NHSE and regional medical director, PPA and General Medical Council to review our processes, methodology or individual doctors. No concerns have been raised about current practice or methodology. Quality and safety improvement is a continuous journey and we are focused on learning and improving (see QSIP program).
		Question 2. At what stage do the regulatory bodies enforce the requirements identified repeatedly as needing action?	Chief Medical Officer	We have no enforcement notices from regulatory bodies. All external regulatory visits generate an action plan that is worked through

				and responded to within the time lines. The CQC/ NHSE and other regulatory bodies have a clear and regular framework to review the actions are completed. As can be seen in the August 2023 inspection of surgery RSCH was rated as improved..
		Question 3. When will those in control cease to be in charge, given that the deficiencies shown in reports from staff, patients, a large police investigation, the CQC, Ombudsman & Royal College of Surgeons, are years old?	Chief Executive	It remains important to recognise that the police enquiry is in still in the very early stages and therefore we are limited in terms of what we're able to say, other than we continue to support Sussex Police with their work. However, it is also true that there are issues here which are indeed years old – some challenges date back more than a decade. There have been numerous leadership teams in that period, and concerted efforts to find solutions, to address concerns. Some of those efforts made real progress, some did not. Challenges which have been in place for so many years are, by definition, hard to fix quickly but our executive team – who ultimately will be held to account – have a total focus on trying to find solutions for the frontline teams.
		Question 4. Who is responsible for supporting staff & patients whilst we go through this awful, prolonged waiting game?	Chief Goverannce Officer Chief Medical Officer	With staff we have a range of support services they can access including counselling and psychological support and we are in regular conversations with the affected staff so they are kept up to speed and can ask questions and talk things through All patients or families have open access to our PALS service or email the Trust directly. In

				addition when op Bramber first notified families we wrote a letter with contact information if there were any additional questions. The time for the Op Bramber is outside our control, however we appreciate that for patients, families and staff the time that any investigation takes can be extremely stressful and distressing.
		Question 5. If a person has or believes they may receive a poor service is it possible to get a transfer to a different health trust?	Chief Medical Officer	All patients have the right to request second opinion or transfer to another Trust. We have no control over acceptance by another Trust.