

## Questions from the public for the ESHT's Trust Board meeting 2<sup>nd</sup> June 2020

### Questions from Mr Colin Campbell:

1. Did the onset of the pandemic crisis lead to a re-prioritising of programmes being dealt with through the Improvement Hub (assuming that this is still functioning) and were any of the programmes already under consideration implemented?

*Yes, there was some re-prioritisation of programmes and resources to deal with Covid pressures. Some changes that had been planned were accelerated. The programme will be put back on track as part of our restoration planning.*

2. If implemented, did they bring positive and on-going benefits during the crisis?

*Some did, yes – for example remote consultations for patients.*

3. Have there been any other occurrences of viral infections within the Trust other than Covid-19 during the pandemic period?

*No other different or unexpected viral infections and Flu season is finished for now.*

4. Has there been any simple data analysis completed for those patients identified as positive for the coronavirus to establish if there were any common datasets that might help future identification and eradication of the disease?

*We have participated in several Covid-related research programmes and will continue to do so.*

5. Have there been any changes to the strategy for discharging elderly patients from hospital back into the community?

*ESHT, with the CCG and local authority established integrated discharge hubs working 7 days a week, these are still in place and we are looking at a sustainable model so that we can continue on an on-going basis. The aim is to discharge on the same day as declared medically fit, although this is not always achieved*

*We increased senior clinical cover at the front end of the hospital (EDs and AMU) as well as additional ward cover*

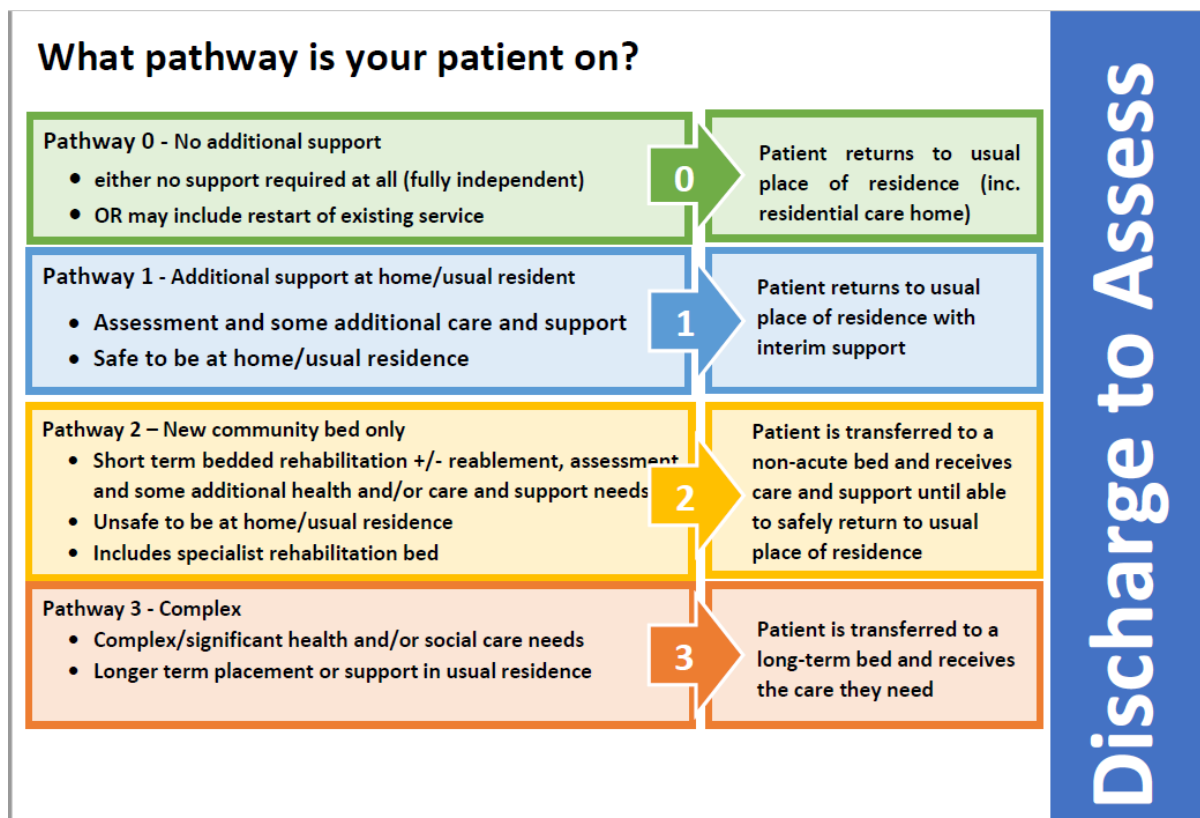
*Additional discharge to assess and local authority capacity has been put in place, and we have maintained our community beds at winter levels to support discharge to assess*

*Patients are tested for their Covid status 48 hours before discharge is going to a care home.*

*We typically have about 50 medically ready to transfer patients in our acute beds and 10 in community beds*

*We have not changed increased our risk appetite to discharging patients*

Long stay patients have halved (7 days plus, and 21 days plus).



6. Where patients have been discharged from the Trust during the current crisis has the discharge process identified whether there any gaps in the process of notifying other healthcare providers of the discharge and future care provisions?

*There have been some communication challenges which have been fed back and as such we are undertaking an initial review of a small number of discharges (with the CCG) to identify any issues. One of the Trust's key programme, being led by our Director of Nursing is to improve patient experience on discharge.*

7. Have there been fewer management meetings and if so has this improved the decision making process and the allocation of responsibility for action?

*There have been different management meetings not necessarily fewer overall. The use of virtual meetings has made some things more efficient. The presumption that fewer management meetings would improve the decision making process is not a correct one – for example some aspects of governance are inevitably weakened by fewer governance meetings and we have been conscious of mitigating this risk.*

8. In considering the age profile of the population treated by the Trust, do any process flow charts for the discharge of patients exist and could copies be provided, please?

*The key discharge pathways are attached (see info graphic), these have been standardised across Sussex.*

9. Has a budget been set for the financial year 2020/2021 and under what form of contract has funding from the CCG for financial year 2020/2021 been agreed?

*There is a specific national Covid related budget arrangement in place which has been extended to the end of August and remains under review for extension to the end of the year. It will ensure that additional Covid costs are covered.*

10. Can you say if there is any likelihood that the new Director of Strategy may produce a paper in the near future that reviews the impact of the pandemic on the Trust's operations and the gains and losses incurred in all areas of care provision as a result of taking action to deal with the crisis.

*There is considerable work underway across Sussex as to how Trusts return to pre-COVID activity levels as soon as is safely practicable. This is informed by information and data modelling to take account of the major factors that affect the pace of service restoration; including (but not limited to) staffing, infection prevention and control and Royal College guidance. This work necessarily addresses the differentiated impact of the pandemic upon our services.*

#### **Questions from Mr Bruce Hardwick:**

First of all I would like to express appreciation on behalf of Eileen and myself for the efforts made by all employees of ESHT in these difficult times to provide a safe and continuing service. Having, thankfully, had no relations or friends, contract the virus it can be difficult to fully appreciate how badly some people have been affected, particularly carers and front line staff caring for those affected.

1. The number of covid related deaths in the ESHT area seems to have been relatively low compared to the total number nationally. Does the board have details regarding the background of people who have been treated for the virus. By that I mean, is there any particular area, rather than hospital, covered by ESHT that has had a higher proportion of cases.

*This does not appear to be the case. Eastbourne generally seems to have had a higher incidence than Hastings and Rother but the reasons for this are not clear.*

2. Is there any particular group of workers that have been more adversely affected, workers in a non-medical environment e.g. public transport, delivery drivers, police, post etc.

*There is no evidence of this but local epidemiological analysis of this sort has not yet been concluded. The department of Public Health at the County Council is working on these issues.*