Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**13 December 2012**
By:	**Assistant Chief Executive**
Title of report:	**Shaping our Future – NHS decisions**
Purpose of report:	**To consider decisions made by NHS Sussex in relation to the 'Shaping our Future' proposals for reconfiguration of stroke, general surgery and orthopaedic services provided by East Sussex Healthcare NHS Trust.**

RECOMMENDATIONS

HOSC is recommended to consider whether the decisions made by NHS Sussex are in the best interests of the health service for residents of East Sussex.

1. Background

1.1 In June 2012 HOSC considered reconfiguration proposals for three services arising from the East Sussex Healthcare NHS Trust (ESHT) Clinical Strategy, known as *'Shaping our Future'*. The proposals, put forward by NHS Sussex in conjunction with ESHT and the emerging Clinical Commissioning Groups (CCGs), involve reconfiguration of these specific services:

- Acute stroke care
- Emergency and higher risk elective (planned) general surgery
- Emergency and higher risk elective orthopaedics

1.2 The proposals were set out in a public consultation document available from www.esht.nhs.uk/shapingourfuture. The public consultation process ran from 25 June to 28 September 2012.

1.3 In June, HOSC agreed that the proposed changes constituted potential 'substantial variation' to services, requiring formal consultation with the Committee under health scrutiny legislation. HOSC agreed to undertake a detailed review of the proposals from July-October 2012 in order to prepare a report based on evidence gathered from a range of sources. HOSC's report was agreed by the Committee on 30 October 2012 and is available from the HOSC website www.eastsussexhealth.org .

1.4 The Board of NHS Sussex, as commissioner of services, was responsible for making a final decision on the proposals. The NHS Sussex Board was to be informed by the views of the CCGs, who will take over commissioning responsibilities from April 2013, and the view of the ESHT Board. It was expected that decisions would be informed by the outcomes of the consultation process, including consideration of HOSC's report and recommendations.

2. NHS decisions

2.1 The presentation at appendix 1 and report at appendix 2 outline the decisions which have now been taken by NHS Sussex and summarise their reasons for taking these decisions. They also describe the recommendations made to the NHS Sussex Board by the Board of ESHT and by the CGGs.

2.2 In summary, NHS Sussex has decided that:

- Acute stroke services will in future only be provided at Eastbourne District General Hospital
- Emergency and higher risk orthopaedic services and emergency and higher risk general surgery will in future only be provided at the Conquest Hospital in Hastings.

2.3 Appendix 2 also presents the NHS response to HOSC's recommendations, all of which have been accepted. Appendix 3 is the action plan which follows from the response to HOSC.

3. HOSC role

3.1 When considering proposals for 'substantial variation' to services, HOSCs are expected to focus on two key questions:

- Is the Committee satisfied with the content of the NHS consultation process and that sufficient time has been allowed?
- Is the NHS preferred way forward in the best interests of the health service for people in the area affected?

3.2 HOSC has previously commented in detail on the consultation process in the Committee's report. HOSC is now invited to consider whether the NHS Sussex decisions are in the best interests of the health service for the residents of East Sussex, taking into account the evidence gathered by the Committee.

3.3 If a HOSC does not consider proposed substantial service change to be in the best interests of the local health service the Committee has the option to refer the decision to the Secretary of State for Health for decision.

4. NHS decisions for consideration

4.1 NHS Sussex and ESHT are now seeking HOSC's support for the decisions which have been taken. HOSC is recommended to consider whether the following decisions are in the best interests of the health service for East Sussex:

1. ESHT acute stroke services should in future be provided only at Eastbourne District General Hospital.

2. ESHT emergency and higher risk elective orthopaedic and general surgery services should in future be provided only at the Conquest Hospital.

4.2 If HOSC determines that either decision 1 or decision 2 in paragraph 4.1 are not in the best interests of the health service the Committee will need to consider whether or not to refer the relevant decision(s) to the Secretary of State for Health.

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Shaping our future

NHS

Decisions made by NHS Sussex regarding reconfiguration in East Sussex and response to the HOSC recommendations on Shaping our Future

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Eastbourne ,Seaford and Hailsham, Hastings and Rother Clinical Commissioning Groups (CCGs)

Dr Amanda Harrison

Joint Senior Responsible Officer

East Sussex Healthcare NHS Trust (ESHT)

Summary of recommendations from ESHT- 15th November

- creation of a specialist centre for stroke services on Eastbourne District General Hospital (DGH) site
- and a specialist centre for emergency and high risk general surgery and emergency and high risk orthopaedics on the Conquest Hospital site in Hastings

Summary of recommendations from Joint CCG Governing Bodies-20th November

- All the preferred delivery options were supported.
- With regard to site:
- Eastbourne, Hailsham & Seaford CCG gave a strong preference for stroke to be sited at Hastings and for emergency and high risk general surgery / orthopaedics at Eastbourne
- Hastings & Rother CCG gave a strong preference for stroke to be sited at Eastbourne and for emergency and high risk general surgery / orthopaedics at Hastings
- High Weald, Lewes & Havens CCG gave a strong preference for stroke to be sited at Eastbourne and emergency and high risk general surgery / orthopaedics at Hastings

Committed to Improving Quality

- All three CCG Boards recognise the importance of improving quality and that single siting these services is the best mechanism for securing the best clinical outcomes for the population of East Sussex and will ensure that there are two thriving hospitals in the County.

Committed to implementing the decision made by NHS Sussex

- All three CCGs jointly agreed that it is reasonable to site any of these preferred delivery options at either acute hospital.

- The Governing Bodies would wish it recognised that their strong preferences are influenced by their need to reflect the views of their member practices and they acknowledge the particular geographical perspectives that each CCG has.

- All three CCGs are committed to working with the outcome of the decisions made by NHS Sussex and they will strive to implement these decisions in the best interest of the population of East Sussex.

The decision by NHS Sussex 23rd November

- Following a careful review of the evidence, the NHS Sussex Board unanimously agreed to the;
- creation of a specialist centre for stroke services on Eastbourne DGH site,
- and a specialist centre for emergency and high risk general surgery and emergency and high risk orthopaedics on the Conquest Hospital site in Hastings.

Response to HOSC recommendations

- Both ESHT and NHS Sussex and the East Sussex CCGs have welcomed the clear and positive recommendations made by HOSC
- In principle all 20 recommendations are supported and an action plan with narrative summary has been provided.
- Continued involvement and support from the HOSC would be welcomed.

Moving Forward - HOSC recommendations

- NHS Sussex and ESHT have formally agreed to address all the recommendations as they apply to them and to working with other partners to ensure they are all addressed
- A draft action plan has been written
- The ‘Shaping our Future’ Programme Board will monitor performance against plan during the implementation phase.

Moving Forward- Full Business Case

- This builds on the Pre-Consultation Business Case and Outline Business Case
- It will plan for successful delivery by specifically reflecting the decisions that have been made on delivery options and site
- It will include clinical protocols and arrangements for monitoring risks and benefits
- It will provide more detailed information on finance and activity

	APPENDIX 2
To	**East Sussex Health Overview and Scrutiny Committee**
From	**Dr Amanda Harrison -Director Of Strategic Development and Assurance – East Sussex Healthcare Trust.** **Amanda Philpott - Director of Strategy and Provider Development NHS Sussex, Chief Officer (interim) Eastbourne, Hailsham and Seaford CCG.** **Chief Operating Officer Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG.** **Joint Senior Responsible Officers**
Subject	**Response to the recommendations made by East Sussex HOSC on: 'Shaping our Future'** **Consultation on stroke, general surgery and orthopaedic services**
Date	**For Consideration by HOSC members at the meeting on the 13th December 2012**
Purpose and Timeframe	**To outline the decisions made by NHS Sussex with regard to the proposed reconfiguration of stroke, general surgery and orthopaedic services in East Sussex** **To provide response to the recommendations made by East Sussex HOSC on the 'Shaping our Future'**

1. Introduction

East Sussex Healthcare Trust's (ESHT) Clinical Strategy Shaping our Future has been developed to ensure that the Trust is able to deliver sustainable healthcare services for its local population and respond to national and local requirements to improve patient safety, patient outcomes and service quality and to meet standards. Through this overarching strategy the Trust has sought to ensure it can deliver bold and radical change that reflects the changing needs of patients, the rapid development of clinical practice in a new era of financial austerity that requires services to be efficient and cost effective.
Over the past 18 months ESHT along with key stakeholders have through the Eight Primary Access workgroups developed and agreed models of care and the options for delivering these models from this the following areas were identified as requiring reconfiguration in order to provide the agreed models of care:

- Stroke
- General Surgery
- Orthopaedics

Following discussion with East Sussex County Council's Health Overview and Scrutiny Committee and NHS South of England it was agreed that NHS

Sussex and ESHT would undertake a public consultation process in line with the duty to consult as described in the NHS Act (2006).

The public consultation ran for a total of 14 weeks from 25th June to 28th September 2012**.**

After the consultation was complete the ESHT Board and the Joint Governing Bodies of the Clinical Commissioning Groups (CCGs) were asked to make recommendations on the delivery option and site option for each of the three services. These recommendations were made available to the NHS Sussex Board and formed part of the information and evidence pack that each Board used. This pack included:

- National Clinical Advisory team report- May 2012
- Department of Health Health Gateway reviews - May and November 2012
- Independent report and analysis of data from the public consultation - Christ Church Canterbury University- October 2012
- Independent report on the consultation process- Christ Church Canterbury University – November 2012
- Equality Impact Analysis and Public Sector Equality Duty Assurance Statement produced by NHS Sussex and ESHT- October 2012
- The Options Appraisal panel Summary- October 2012
- East Sussex HOSC report and recommendations- November 2012
- Outline Business Case- November 2012

2. Recommendations from ESHT Board November 15th 2012 (Annex 1)

The Board recommended:

2.1 that a specialist stroke unit should be created on a single hospital site which will provide all hyper acute and acute inpatient services.

2.2 that all emergency and all high risk elective inpatient general surgery should be provided on one hospital site only with lower risk inpatient general surgery and day case general surgery provided on both hospital sites.

2.3 that all emergency and all high risk elective inpatient orthopaedic surgery should be provided on one hospital site only with lower risk orthopaedic inpatient surgery and orthopaedic day case surgery provided on both hospital sites.

2.4 that the site for Stroke is Eastbourne District General Hospital (DGH).

2.5 that the site for emergency general surgery and emergency orthopaedics is The Conquest Hospital, Hastings.

3. Recommendations from the Joint Governing Bodies of the Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical

Commissioning Group and High Weald, Lewes and Havens CCG 20th November 2012 (Annex 2)

The Governing Bodies agreed with the preferred delivery options that recommended the following:

3.1 that hyper acute stroke services should be provided on one hospital site

3.2 that all emergency and all higher risk elective inpatient general surgery should be provided on one hospital site, with lower risk inpatient general surgery and day case general surgery provided on both hospital sites.

3.3 that all emergency and all higher risk elective inpatient orthopaedic surgery should be provided on one hospital site with lower risk inpatient orthopaedic surgery and day case orthopaedic surgery provided on both hospital sites.

3.4 that emergency general surgery and emergency orthopaedics are located together on one site to reflect the requirements of trauma unit provision.

3.5 that all three services could not be accommodated on the same hospital site. This is to minimise as far as possible the capital investment required, minimise the time delay to implementation and ensure two thriving hospitals sites in East Sussex providing high quality services.

3.6 With regard to site:

All three CCGs jointly agreed that it is reasonable to site any of these preferred delivery options at either acute hospital, however the Governing Bodies would wish it recognised that their strong preferences are influenced by their need to reflect the views of their member practices and they acknowledge the particular geographical perspectives that each CCG has. They asked NHS Sussex to acknowledge and support the significant areas of agreement, and to carefully consider the strongly expressed preferences regarding site. They are all however committed to working with the outcome of the decisions made by NHS Sussex and they will strive to implement these decisions in the best interest of the population of East Sussex.

3.7 Eastbourne, Hailsham and Seaford CCG:

3.7.1 gave a strong preference that emergency general surgery and emergency orthopaedics be sited at Eastbourne DGH. The primary reason for this is that they have an elderly population with higher numbers of patients needing emergency general surgery or emergency orthopaedics than Hastings and therefore more patients would have to travel to the Conquest if the services were sited there.

3.7.2 Noted therefore that stroke be sited at the Conquest Hospital in Hastings.

3.8 Hastings and Rother CCG:

3.8.1 gave a strong preference that stroke be sited at Eastbourne DGH. The primary reason for this is that the evidence suggests that there are more acute strokes in the Eastbourne locality and that this view is reflected in the outcomes of the option appraisal panel and the ESHT recommendation.

3.8.2 gave a strong preference that emergency general surgery and emergency orthopaedics be sited at the Conquest Hospital in Hastings. The primary reason for this is that they believe the Sussex Trauma Network evidence provided to the Boards supports this. They also noted that the outcome of the options appraisal panel steers the location of emergency general surgery and emergency orthopaedics towards The Conquest Hospital if the single site for stroke is preferred at Eastbourne.

3.9 High Weald, Lewes and Havens CCG:

3.9.1 gave a strong preference that stroke be sited at Eastbourne DGH. The primary reason for this is that they consider that there is more compelling evidence that supports single siting Stroke at Eastbourne DGH.

3.9.2 gave a strong preference that emergency general surgery and emergency orthopaedics be sited at the Conquest Hospital in Hastings. The primary reason for this is that they consider that there is more compelling evidence that supports single siting these services at the conquest, including the view of the Sussex Trauma Network.

4 Decision by NHS Sussex (Annex 3)

4.1 Following a careful review of the evidence and the recommendations of the other NHS bodies as noted above, the NHS Sussex Board unanimously agreed to the creation of a specialist centre for stroke services on Eastbourne DGH site, and a specialist centre for emergency general surgery and emergency orthopaedics on the Conquest Hospital site in Hastings.

5 Response to the East Sussex HOSC recommendations:

ESHT, The CCG Governing Bodies and NHS Sussex have all welcomed the HOSC report on the Shaping our Future consultation and the recommendations made by the HOSC, and would wish to acknowledge and extend sincere thanks to HOSC members who have worked closely with health colleagues in the pre consultation phase to ensure that we were in the best possible position to deliver a robust public consultation. The report and recommendations have captured the many salient points of this reconfiguration and the evidence gathering sessions have enabled a wide range of stakeholders to present their views and opinions in a clear and constructive way.

It is imperative that in moving forward we maintain the level of engagement that we have achieved over the past 18 months. Therefore we would wish to continue to provide the HOSC with regular reports on implementation and where appropriate continue to engage in more depth with HOSC members through the task group that previously enabled us to explore issues of particular concern in more detail. In particular we would welcome the opportunity to use this forum to develop and monitor measures of patient experience to ensure that the benefits envisaged are realised and that any emergent issues and risks are identified early.

During the next 3 months ESHT will be preparing a full business case (FBC) that will include more detailed implementation plans. Alongside this an action plan has been developed to ensure that all the HOSC recommendations are built into the the FBC or implementation plans and that a senior NHS manager is identified to act as lead on each action. Action on each recommendation will also be reported to the Shaping our Future Programme Board which will provide overall scrutiny on progress and provide updates to the HOSC.
To ensure that stakeholders are kept fully aware of the progress over the next year ESHT will produce a quarterly reconfiguration update for patients and the public and where appropriate we will create short term working groups to ensure patient and public participation in key issues that affect them.

Stroke services

Recommendation 1
If a single stroke unit is created, ESHT should take all possible measures to maximise speed of access to thrombolysis once a patient arrives at hospital, with a view to offsetting additional travel time. ESHT should aspire to surpass current requirements regarding the proportion of scans undertaken within one hour and robust contingency plans must be in place if one scanner is out of use.

Evidence from South East Coast Ambulance Service (SECAMB) (a retrospective audit of travel times for stroke patients to EDGH or Conquest over a 3 month period) presented at the HOSC identified that the current average journey time to hospital is 13 minutes. The Sussex Stroke Network leads – Dr David Hargroves and Dr Rajen Patel - explained at the HOSC evidence gathering session that the average additional travel time as a consequence reconfiguration would be between 10 and 13 minutes. They were clear that this could be mitigated by the improved patient pathway that would be available in the single site option.
The model of care identified in the pre consultation business case (PCBC) will provide patients with a suspected stroke or the symptoms of a TIA not resolved completely within one hour at time of assessment with:

- Direct admission to a specialist stroke unit within four hours of attendance
- Brain imaging within one hour of arrival at the hospital for all patients meeting the criteria as this is required to assess patient's suitability for thrombolysis.

The Stroke Clinical Unit lead will develop internal protocols to maximise speed of access to thrombolysis for the 15% of patients for whom this is suitable treatment, this will reflect the stroke performance indicators advised by the Sussex stroke network and other nationally agreed data. These protocols will be ratified by the Clinical Management Executive (CME) at ESHT. The percentage of scans undertaken within an hour is already monitored but revised target milestones will be agreed by the CME that reflect the improved access to imaging outlined in the PCBC.
At the current time there is one scanner on the Eastbourne site and contingency plans for when the scanner is out of use already exist. These will be reviewed prior to delivery of the one site service and this includes, as previously described to the HOSC the provision of additional scanning capacity with an additional scanner.

Recommendation 2
If a single stroke unit is created, commissioners and ESHT must ensure that seven day intensive therapy and treatment services are in place from the outset as this has been a key promise to the public and would be critical to achieving improved patient outcomes.

ESHT will work closely with commissioners to develop and deliver seven day therapy services. This will be led by the Associate Director for Integrated Care at ESHT and will build upon the existing therapy provision; it will include the ongoing development and delivery of robust monitoring and reporting of patient outcomes as per the recommendations in the South East Coast integrated stroke care pathway service specification. ESHT will produce an implementation plan which will be made publicly available and will publish the key performance indicators for stroke therapy by March 2013

Recommendation 3
Commissioners should review access to community and inpatient stroke rehabilitation across East Sussex to ensure consistency across the county, particularly for patients receiving acute care at other Trusts given that demand would increase if the proposed reconfiguration was implemented. The capacity of rehabilitation services to meet need should be closely monitored as a shortage will have significant knock on effects on acute stroke services' ability to support improved bed management.

The agreed delivery option for stroke includes increasing Stroke rehabilitation beds by 50% from 12 to 18 at the Irvine Unit in Bexhill and the PCBC describes in detail the investment in Community healthcare services right across the county including in the early assisted supported discharge for stroke patients. An increase in the overall numbers of stroke patients in East Sussex is anticipated not because of the reconfiguration of stroke services but because of changes in demographic and disease prevalence across the County. We anticipate there may be a small increase in the number of East Sussex residents receiving hyper acute and acute stroke care at different hospitals outside the county such as Brighton and Pembury and we will ensure that the pathways between providers enable a seamless cross border discharge.

A number of forums for ensuring that inter area discharges are safe and timely already exist and it is through these that we will manage any additional actions that need to be taken.

Recommendation 4
Commissioners and ESHT should ensure that any reconfigured service meets end of life standards contained within the Stroke Network integrated service specification. The impact of extra travel time for families should be recognised – for example, providing improved information for families on a patient's prognosis where possible, or providing improved facilities for visitors spending lengthy periods at hospital.

The Director of Nursing and Medical Director for Governance will ensure that end of life standards are achieved and this will be followed up and monitored in the End of Life Programme Board at ESHT. It should also be noted that improving end of life care is a stated priority for Eastbourne, Seaford and Hailsham and Hastings and Rother CCGs.
The Director of Nursing has agreed to chair a short term working group to ensure that all the issues relating to information for patients and visitors, improved visiting arrangements and better ways of communicating are explored and implemented. This group will include a wide range of stakeholders and will run throughout the implementation and transition period to ensure that emerging issues are identified and tackled

Recommendation 5
If a single stroke unit is created, a clear and understandable patient pathway for stroke should be developed to demonstrate to patients and the public what they can expect from the reconfigured service, from prompt assessment and treatment on arrival at hospital to how patients will be transferred to community services closer to home.

Information on the patient pathway will be created along with information on how patients and public can access performance information. ESHT will engage with user groups to produce a factsheet and this will be circulated widely before the service is implemented.

General surgery and orthopaedic services

Recommendation 6
If emergency surgery is consolidated on one site, commissioners and ESHT should ensure the following safeguards are in place on the site without emergency surgery:
• Access to a senior surgical opinion 24/7
• Formalised and well communicated procedures for other specialties to access a surgical review
• Contingency plans for patients with unforeseen immediate need for surgery
• Clear protocols with the ambulance service, including for transfer of patients requiring emergency surgery.

This work will be lead by the Clinical Unit lead for general surgery (a doctor). All the appropriate protocols as suggested above will be developed and will be ratified through the appropriate clinical governance channels.

We are aware that SECAMB have already developed protocols for the safe transfer of patients as similar models of service are provided at other Trusts in the area. We have already been in discussion with SECAMB to ensure that similar protocols can be implemented in East Sussex.

Recommendation 7
If emergency surgery is consolidated on a single site, ESHT should undertake further work to identify co-dependencies with other specialities, such as obstetrics and gynaecology, and further modelling to specify the number of patients affected. This work should be used to set out a clear plan to ensure appropriate access to surgical input is available on the non-emergency site.

Further work has already been undertaken on co-dependencies and is available in the Outline Business Case. The Full Business Case will identify the numbers of patients affected, and the resources required to provide appropriate access to surgical input on the Eastbourne site will be clearly articulated. It is also important to note that the decisions on delivery options and site made by NHS Sussex do not predetermine the future of any other services on either site.

Recommendation 8
If the proposed reconfiguration is implemented, ESHT should put in place alternative escalation procedures to manage sudden peaks in medical admissions, to avoid the use of surgical beds. It would also be important to have fully implemented planned improvements to acute medicine on the site hosting the centralised surgical services, in order to support improvement bed management, prior to implementation.

The Trusts Deputy Chief Operating Officer will lead this work and this will be ratified by the Senior Operations Group and Clinical Management Executive (CME). The Conquest Hospital is already implementing the new model of managing acute medical patients which is reducing acute medical admissions on this site and this will be further developed and implemented on the Eastbourne site. ESHT have existing plans for winter, emergencies and bed escalation plans which will be reviewed and revised to reflect the impact of reconfiguration. The Deputy Chief Operating Officers at the CCGs will also work closely with ESHT in emergency and winter planning.

Recommendation 9
If the proposed reconfiguration is implemented discharge procedures should be reviewed to reflect the fact that patients, carers and families may need to make more complex travel arrangements if they have been treated further from home.

The Head of Nursing for General Surgery will lead on this work and will provide a report on the outcomes to the Senior Operations Group. It should be noted that a number of services are already single sited such as ENT (Ear, Nose and Throat) and urology at EDGH and therefore it is recognised that some of our patients already experience complex journeys home and this is already reflected in discharge planning processes. We will however ensure that the services that we are now single siting do not create any additional issues that we have not already encountered. It should be noted that outpatients and any follow up will in the majority of cases be undertaken as close as possible to the patient's home.

Cross-cutting issues

Recommendation 10
'Accessibility plans' should be developed for each acute hospital in order to take a strategic approach to maximising access to each site and to identify all potential mitigating actions to reduce the impact from increased travel if services are reconfigured. These should include the Trust's plans in areas such as:
• working with transport planners to maximise public transport access
• working with community transport services and volunteer services to support access, particularly for the most vulnerable
• making appointment systems more flexible and offering greater choice
• parking policy, including disabled parking
• staff travel, including the use of alternatives to the car
• access for those with mobility restrictions or other disabilities
• publicising availability of help with travel costs through NHS schemes and national schemes such as free bus passes for older people
• maximising the access of visitors to patients.

ESHT, NHS Sussex as a precursor to the CCGs have worked closely with colleagues in East Sussex County Council during the consultation and have met with a small team from the Council's infrastructure team since the decision on site was taken. ESHT already has a local transport group which includes membership from Stagecoach, campaign for better transport, bespoke cycle group and Eastbourne Borough and County Council. This group will be asked to produce an accessibility action plan which will include the following tasks:

- Updated local travel information to be made available to patients and visitors
- Request the opportunity to make a presentation to the Community transport operators group and seek their views / support for action plan
- Request the opportunity to make a presentation to the Quality Bus Partnership and seek their views / support for action plan
- Undertake a parking review on both sites
- Commission an independent feasibility study on a shuttle bus between the sites
- Liaise with Stagecoach to explore the feasibility of extending existing bus routes between the hospital sites

- Devise a ‘transport roadshow ’ in all acute and community hospital sites with information on public and community transport, buss pass information, routes around the county
- Seek to become and ‘early adopter’ of real time travel information which would have real time bus info on plasma screens in the hospital.

The Director of Nursing will work closely with this group to ensure that the issues regarding flexible visiting arrangements which will be worked on in the short term group are incorporated in the overall accessibility plan

Recommendation 11
If the proposed reconfiguration of services is agreed, a feasibility study should be undertaken to consider the introduction of a regular shuttle bus between the two hospital sites, for staff, patient and visitor use, to include the impact on parking arrangements.

The Trust has agreed to commission an independent feasibility study into the introduction of a regular shuttle bus between sites. This will be undertaken in advance of implementation and used to inform the Full Business Case. This study will be made available to the HOSC.

Recommendation 12
If the proposed reconfiguration of services is agreed, and particularly if a single stroke unit is created, ESHT should consider measures to mitigate the impact of reduced access for visitors such as:
• Use of telephone contact with families/carers to ensure staff are aware of patient needs/preferences
• Increased use of volunteers to provide psychological and practical support to patients
• Increased flexibility in visiting arrangements/hours
• Improved advice to visitors on how they can best support their loved one, whether this is through visits or in other ways such as providing information on needs and preferences.

These recommendations / measures have been discussed with the Director of Nursing at ESHT who has agreed to chair an implementation task group for patients and their representatives to ensure that these and other suggestions are implemented. ESHT fully support all of these suggestions and will support this task group throughout the period of planning and implementation to ensure that these and other issues that may emerge are resolved.

Recommendation 13
If the proposed reconfiguration of services is agreed, the impact on ambulance capacity should be fully calculated and a plan for resourcing this agreed between commissioners and South East Coast Ambulance Service before changes are implemented. This should include the impact on patient transport services, demand for which may increase.

Preliminary work has already been undertaken to understand the impact on Ambulance capacity and the potential financial impact of additional activity. SECAmb have supported the proposed reconfiguration throughout planning and consultation and have indicated that they will work with commissioners to ensure that the appropriate level of service is provided. This action will be taken through the standard commissioning route between CCGs and SECAMB and all parties, now the decision on site has been made are ready to take this action forward. This will be lead by the Joint Chief Finance Officer at Eastbourne, Seaford and Hailsham and Hastings and Rother CCG. The outcome of contract negotiations will be reported to the Shaping our Future Programme Board. It should be noted that the implementation of the whole of the Trust's Clinical Strategy including those elements where reconfiguration is planned is anticipated to have an impact on patient flows in A&E. Therefore it is likely that some of the impact of additional journey times will be offset by reductions in turnaround times.

Recommendation 14
The Medical Advisory Committee at the Conquest Hospital and the Consultant Advisory Committee at Eastbourne District General Hospital should merge into a single Clinical Advisory Committee in order to provide ESHT, Commissioners, patients and the public with a Trust-wide clinical view on sustainable and best practice future provision of Trust services.

Our understanding is that this recommendation is being considered favourably by the respective bodies and we anticipate a decision in the very near future. This decision will be conveyed to the HOSC.

Recommendation 15
A local 'clinical senate' should be put in place by Clinical Commissioning Groups and ESHT to improve liaison between Trust consultants and GP commissioners, to foster joint work on the development of sustainable acute services and build clinical consensus. Appropriate links should be made to the regional Clinical Senate and Clinical Networks.

The Sussex Clinical Senate was established in April of this year, and senior clinicians from East Sussex are key members, including taking the chairing role. The Medical Directors at ESHT and the CCG chairs have welcomed the recommendation for an even more focused group and recognise that closer working is imperative to enable the delivery of sustainable healthcare services for the local population and respond to national and local requirements to improve patient safety, patient outcomes and service quality and to meet standards. A proposal to create a local 'Clinical Board' will be advanced once the CCGs have completed their authorisation process. HOSC will be informed of the outcome.

Recommendation 16
Commissioners and ESHT should jointly publish and regularly update a clear timeline showing planned developments in community health services, in order to give confidence to patients and carers that these services are developing alongside changes in acute care. This timeline should reflect

access to these services for residents whose acute provider trust is outside East Sussex.

This recommendation will be actioned by the Chief Operating Officer at ESHT and will be reported to the *Shaping our Future* Programme Board and to the East Sussex Joint Commissioning Board. The development of community services is part of the overarching implementation plan that ESHT has produced for the outline business case but it is recognised that this needs to be communicated clearly to the public. It is noted that the recommendation suggests regular updates and the communication team at ESHT will be tasked with developing a communication plan for all areas affected by the reconfiguration to ensure that the public is well briefed on developments

Recommendation 17
An integrated, partnership approach to the development of community services should continue to be taken by Clinical Commissioning Groups, Adult Social Care and ESHT. Plans must recognise:
• the impact of earlier discharge and reduced admissions, in terms of impact on carers
and increased reliance on means-tested social care.
• the need for additional support for more vulnerable residents and those in more deprived areas, as these groups are less likely to have access to support networks and resources to support their care.
• the importance of clear pathways between local services, such as intermediate care and rehabilitation teams, and single sited acute services, if these are implemented.

This recommendation highlights the need for robust partnership arrangements in order to realise the benefits identified in the clinical strategy. A number of these issues are already within the remit of multiagency Boards eg the Integrated Care Network Board and we will ensure that these boards are made aware of the HOSC recommendations and incorporate these views where necessary. The Shaping our Future Programme Board will ensure that these issues are recognised in future developments and it should be noted that a post has been newly created by the joint CCGs, Associate Director for Strategy and Whole Systems Working which will have a key role in ensuring that health and social care developments across the county are strategically aligned. The current Programme Director who has been working for NHS Sussex and ESHT will transfer into this role, thereby ensuring continuity of knowledge and responsibility. The East Sussex Joint Commissioning Board will also an have an overview of partnership work streams.

Recommendation 18
If the proposed reconfiguration of services is agreed, further work should be undertaken with voluntary and community sector organisations to improve understanding of the impact of service changes and to address issues arising from the implementation of changes.

The work undertaken to deliver the consultation plan involved a stakeholder group including voluntary and community sector organisations. It has already been agreed that a further stakeholder workshop will be held in January to support implementation. At this workshop we will test the best methods of engagement during the implementation phase and subject to support from this initial meeting we will agree a time table for engagement and involvement extending beyond implementation.

Recommendation 19
If the proposed reconfiguration of services is agreed, a clear set of quality indicators should be agreed and monitored before, during and after implementation by Commissioners, ESHT and HOSC. These should be able to demonstrate how patient experience and outcomes have been impacted by changes to services and demonstrate whether the anticipated financial impact of changes is being realised.

The Director of Nursing will lead on the development of indicators for improvements in patient experience and these indicators will be ratified by the Shaping our Future Board and monitored by the Senior Operations Group. The Medical Director (Governance) will lead on the development of indicators for improvement in patient outcomes and these indicators will be ratified by the Shaping our Future Board and monitored by the Senior Operations Group. The Directors of Finance of the Trust and the CCGs will lead on the development of indicators for financial benefit realisation and these indicators will be ratified by the Shaping our Future Board and monitored by the Senior Operations Group, and the CCG Area Management Team

Recommendation 20
NHS Sussex should clearly set out arrangements for accountability for decisions relating to the ongoing development or implementation of proposed changes after the abolition of Primary Care Trusts in March 2013.

All parties will continue to adhere to the NHS South of England process until further advice is received. It should be noted that the joint governing bodies of the CCGs in East Sussex, NHS Sussex and ESHT have all publicly stated their shared commitment to working with the outcome of the decisions made by NHS Sussex and will strive to implement these decisions in the best interest of the population of East Sussex.
Ensuring the delivery of the implementation plan will be a key objective for each of the organisations accountable officers.

Summary

ESHT, NHS Sussex and the CCGs in East Sussex agree with all of the HOSC recommendations and have provided an action plan to support implementation. The Programme Director will be responsible for ensuring progress with the actions described.

	ANNEX 1
To	Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, and High Wealds Lewes and Havens CCG Joint Governing Body and NHS Sussex Board
From	Stuart Welling. Chairman. East Sussex Healthcare NHS Trust Darren Grayson. Chief Executive. East Sussex Healthcare NHS Trust
Subject	Recommendations made by the East Sussex Healthcare NHS Trust Board on the 15th November 2012 on the proposed reconfiguration of Stroke services, General Surgery services and Orthopaedic services
Date	16th November 2012
Purpose and Timeframe	Recommendations on delivery option and site for Stroke services, General Surgery services and Orthopaedic services to inform Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, and High Wealds Lewes and Havens CCG Joint Governing Body the recommendations of the ESHT Board and to enable decision making by NHS Sussex Board on the 23rd November 2012.

1. Summary of Discussion and Recommendations of the Board

1.1 The East Sussex Healthcare NHS Trust Board met in public on the 15th November 2012 to review a range of information and evidence. This enabled it to make recommendations on the delivery options proposed in the pre consultation business case and the subsequent consultation documents and on the site options. The Board confirmed that it had all the information and evidence it required to make a recommendation as proposed. The Board also recognised and welcomed the involvement of the CCGs and NHS Sussex in taking shared responsibility throughout the consultation.

2. In making their recommendation:

2.1 The Board wishes to thank the all the individuals and groups who responded during the public consultation with their valuable views. The Board paid due consideration to these views along with the clinical and financial evidence base when making their recommendations.

2.2 The Board reviewed the clinical case for change, financial information and workforce modelling. There was clear support for the clinical case for change from the Medical and Divisional Directors and the Director of Nursing. A very clear financial case for change was made regarding the proposals to single site, and differences in capital costs on the two sites were highlighted. The Board took assurance from the Outline Business Case that delivery of these service changes would contribute to the Trust's ability to meet the requirement of achieving Foundation Trust status. It recognised that this will be dependent on the quality and safety of the services that are provided by the Trust alongside their clinical and financial sustainability and that the models of care and delivery recommendations will support the Trust to meet FT requirements.

2.3 The Board reaffirmed its commitment to ensuring that it continues to provide two thriving hospitals for the population of East Sussex. It stated that the recommendations, that are part of the Trust's broader clinical strategy, would support the Trust to provide clinically safe and sustainable services in the future. The Board

strongly refuted the concerns that the proposals would lead to the 'downgrading' of one of the acute hospital sites.

2.4 The Board referred to the evidence within the documents presented which demonstrated that the changes proposed would impact on small numbers of patients in relation to those that use the Trust's services every day. In addition the ongoing provision of A&E and emergency medicine on both sites would ensure both hospitals continued to thrive. The Board also reflected on a number of services that are already single sited including ear, nose and throat (ENT), urology, complex haematology and vascular services and how the consolidation of these services on one site has not jeopardised the ability of either site to operate a fully functioning A&E department. The continued investment in improving services on both acute sites was reiterated.

2.5 The Board was made aware of the strong depth of public concern around travel times and sought assurance from the divisional and medical directors that the additional time it might take some patients to travel to the site chosen to provide the specialist service would not impact adversely on their care. They also took assurance from evidence provided by the South East Coast Ambulance Service NHS Foundation Trust, the Sussex Stroke Network and the Sussex Trauma Network Support Team on travel times and the impact on patient safety and care quality. They were assured that that the preferred delivery options would improve patient care and outcomes and that this was the key mitigation in the potential for increased travel. The Board also discussed in detail the need to work in partnership with the local authority, travel companies and the voluntary sector to ensure that all appropriate actions would be taken with regard to mitigating the additional impact of travel that single siting might bring for carers, family, and friends.

2.6 The Board recognised that the preferred models of care and delivery options could be delivered successfully on either of the two hospital sites. In making its recommendations on the siting of services the Board considered a range of issues including capital costs, patient safety, deliverability and access for patients and their families and carers. the evidence considered was drawn from the equality impact analysis, outline business case and option appraisal report.

2.7 In making the recommendation to site stroke at Eastbourne District general Hospital the Board recognised the compelling clinical case for change as the key driver and its ongoing priority to make service improvements and investment in the hyper acute, acute and rehabilitation elements of this service.

2.8 In making the recommendation to site emergency general surgery and emergency orthopaedics at the Conquest Hospital the Board acknowledged the need to minimise as far as possible the capital investment required to enable this change and the views of the Sussex Trauma Network Support Team on the role the siting of these services plays in ensuring appropriate Trauma provision across Sussex and the South East.

3. The Recommendations

3.1 The Board recommends that a specialist stroke unit should be created on a single hospital site which will provide all hyper acute and acute inpatient services.

3.2 The Board recommends that all emergency and all high risk elective inpatient general surgery should be provided on one hospital site only with lower risk inpatient general surgery and day case general surgery provided on both hospital sites.

3.3 The Board recommends that all emergency and all high risk elective inpatient orthopaedic surgery should be provided on one hospital site only with lower risk orthopaedic inpatient surgery and orthopaedic day case surgery provided on both hospital sites.

3.4 The Board recommends that the site for Stroke is Eastbourne District General Hospital.

3.5 The Board recommends that the site for emergency general surgery and emergency orthopaedics is The Conquest Hospital, Hastings.

3.6 The board welcomed the HOSC report and agreed all the recommendations made that related directly to the Trust. It made a commitment to working with others in the local health and social care system to ensure all the recommendations were implemented. It also confirmed it would work with HOSC members and the public to agree the metrics for monitoring implementation.

3.7 The Board approved the OBC on the basis that the recommendations made above made a substantial contribution to the Trusts drive to achieve clinical and financial sustainability and therefore put the local health economy on the best position to meet the health needs of local people within the resources available.

ANNEX 2

Recommendations of the Joint Seminar of the Governing Bodies of the East Sussex CCGs regarding the East Sussex *Shaping our Future* consultation on the delivery option and site option for stroke services, general surgery services and orthopaedic services held on the 20th November 2012.

1. Purpose

1.1 The Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Group (CCG) Governing Bodies met on the 20 November 2012. They were joined by a GP Board member representative from High Weald, Lewes Havens CCG, who had delegated responsibility to speak and make recommendations on behalf of the HWLH Governing Body. The purpose of this seminar was to reach recommendations that would be put forward, as part of the body of evidence, to the NHS Sussex Board.

1.2 The Governing Bodies reviewed the range of information and evidence that has also been provided to the ESHT and NHS Sussex Boards, in order to enable them to make recommendations on the delivery options proposed in the pre consultation business case and the subsequent consultation documents and on the site options.

2. In making their recommendations:

2.1 The Governing Bodies reaffirmed their commitment to securing two thriving acute hospitals in the centre of their communities serving the population of East Sussex and their commitment to continue to work towards improving health outcomes for the population. The Governing Bodies stressed that they had taken an active role in the process from the outset, had publicly supported the preferred delivery options identified in the *Shaping our Future* consultation, liaised with GP member colleagues and spoken with patients and the public in a number of forums.

2.2 During the seminar, the Governing Bodies were assured that the preferred models of care and delivery options could be delivered successfully on either of the two hospital sites. It was acknowledged that the provision of healthcare will continue to change as we seek to continuously improve patient outcomes whilst meeting the needs of the population within available resources. Both hospitals will benefit from the sharing of best practice and the opportunity to further specialise in a number of areas.

2.3 In making their recommendations on the siting of services the Governing Bodies considered a range of issues including capital costs, quality and safety, activity data, deliverability and access for patients and their families and carers. The evidence considered was drawn from the equality impact analysis, outline business case and option appraisal report.

2.4 During the seminar the Governing Bodies were assured that implementation of the preferred delivery options would not impact on the ability to deliver the rest of the work outlined in the clinical strategy as a whole, and that these decisions would not predetermine the future of any other services provided by ESHT on either hospital site.

3. Delivery options

3.1 The Governing Bodies agreed with the preferred delivery options that recommended the following:

- that hyper acute stroke services should be provided on one hospital site
- that all emergency and all higher risk elective inpatient general surgery should be provided on one hospital site, with lower risk inpatient general surgery and day case general surgery provided on both hospital sites.

- that all emergency and all higher risk elective inpatient orthopaedic surgery should be provided on one hospital site with lower risk inpatient orthopaedic surgery and day case orthopaedic surgery provided on both hospital sites.

4. Site Options

4.1 The Governing Bodies agreed and therefore recommend that emergency general surgery and emergency orthopaedics are located together on one site to reflect the requirements of trauma unit provision.

4.2 The Governing Bodies agreed and therefore recommend that all three services could not be accommodated on the same hospital site. This is to minimise as far as possible the capital investment required, minimise the time delay to implementation and ensure two thriving hospitals sites in East Sussex providing high quality services.

4.3 Having agreed all of the above, the Governing Bodies had contrasting views about the site options. After discussing these in detail it was agreed that they were unlikely to reach common agreement on their strong preferences. Therefore the Governing Bodies agreed to jointly convey these and their reasoning for those preferences to the NHS Sussex Board for their consideration. The preferences of each CCG regarding site are listed below:

Eastbourne, Hailsham and Seaford CCG:

- gave a strong preference that emergency general surgery and emergency orthopaedics be sited at Eastbourne DGH. The primary reason for this is that they have an elderly population with higher numbers of patients needing emergency general surgery or emergency orthopaedics than Hastings and therefore more patients would have to travel to the Conquest if the services were sited there.
- Noted therefore that stroke be sited at the Conquest Hospital in Hastings.

Hastings and Rother CCG:

- gave a strong preference that stroke be sited at Eastbourne DGH. The primary reason for this is that the evidence suggests that there are more acute strokes in the Eastbourne locality and that this view is reflected in the outcomes of the option appraisal panel and the ESHT recommendation.
- gave a strong preference that emergency general surgery and emergency orthopaedics be sited at the Conquest Hospital in Hastings. The primary reason for this is that they believe the Sussex Trauma Network evidence provided to the Boards supports this. They also noted that the outcome of the options appraisal panel steers the location of emergency general surgery and emergency orthopaedics towards The Conquest Hospital if the single site for stroke is preferred at Eastbourne.

High Weald, Lewes and Havens CCG:

- gave a strong preference that stroke be sited at Eastbourne DGH. The primary reason for this is that they consider that there is more compelling evidence that supports single siting Stroke at Eastbourne DGH.
- gave a strong preference that emergency general surgery and emergency orthopaedics be sited at the Conquest Hospital in Hastings. The primary reason for this is that they consider that there is more compelling evidence that supports single siting these services at the conquest, including the view of the Sussex Trauma Network.

4.4 All three CCG Boards recognise the importance of improving quality, and that single siting these services is the best mechanism for securing the best clinical outcomes for the population of East Sussex, and will ensure that there are two thriving hospitals in the County.
All three CCGs jointly agreed that it is reasonable to site any of these preferred delivery options at either acute hospital, however the Governing Bodies would wish it recognised that their strong preferences are influenced by their need to reflect the views of their member practices and they acknowledge the particular geographical perspectives that each CCG has. They ask NHS Sussex to acknowledge and support the significant areas of agreement, and to carefully consider the strongly expressed preferences regarding site. They are all however committed to working with the outcome of the decisions made by NHS Sussex and they will strive to implement these decisions in the best interest of the population of East Sussex.

Author: Amanda Philpott
Director of Strategy and Provider Development NHS Sussex (joint SRO)
Chief Officer (interim) Eastbourne, Hailsham and Seaford CCG
Chief Operating Officer Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG
Chair of the joint seminar- 20th November

23rd November 2012

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Our ref: AF/SR/CEO/231112

Shaping our future

I am writing to confirm the decision made at the NHS Sussex Board meeting on 23 November 2012 following the 'Shaping our Future' consultation in East Sussex. The consultation addressed potential changes to the delivery of services for stroke, emergency and higher risk general surgery and emergency and higher risk orthopaedic surgery in East Sussex.

The NHS Sussex Board received recommendations from East Sussex Healthcare NHS Trust and from each of the three clinical commissioning groups in East Sussex. We also considered the independent report analysing feedback received during the consultation and the recommendations of East Sussex HOSC. Our decision making was supported by a number of detailed documents including the outline business case; the options appraisal panel report and the equality impact assessment.

As the Board confirmed, our overwhelming priority is to improve health services for people in East Sussex. This is not about money; it is about ensuring that people receive high quality care and are able to recover faster and more fully. In their discussion members of the Board considered important issues such as clinical quality and accessibility.

Following a careful review of the evidence, the NHS Sussex Board unanimously agreed to the creation of a specialist centre for stroke services on Eastbourne DGH site, and a specialist centre for emergency general surgery and emergency orthopaedics on the Conquest Hospital site in Hastings.

Staff at both Eastbourne District General Hospital and Conquest Hospital in Hastings work incredibly hard to provide high quality services to patients. These changes to the way specialist stroke services, emergency general surgery and emergency orthopaedic services are organised will enable us to provide better care.

I firmly believe that this decision will lead to improvements in care and is the right foundation for ensuring safe and sustainable services for the future while maintaining two thriving major hospital sites.

NHS Sussex represents the following primary care trusts:

NHS East Sussex Downs and Weald
NHS West Sussex
NHS Hastings and Rother
NHS Brighton and Hove

ESHT is already working hard on improvements in other areas of care where quality and safety can be improved through redesigning services. The decision made today is about the three clinical areas which require reconfiguration. The next stage is to progress to completing a full business case which we anticipate will be finalised early in the new year.

Yours sincerely

Amanda Fadero
Chief Executive, NHS Sussex &
LAT Director Designate, NHS Surrey & Sussex

NHS Sussex represents the following primary care trusts:

NHS East Sussex Downs and Weald
NHS West Sussex
NHS Hastings and Rother
NHS Brighton and Hove

HOSC action plan – ESHT Draft 5

	Recommendation		Action required	Lead	Monitored by	Timescale	Update	Rag rating
Stroke Services								
1.	If a single stroke unit is created, ESHT should take all possible measures to **maximise speed of access to thrombolysis** once a patient arrives at hospital, with a view to offsetting additional travel time. ESHT should aspire to surpass current requirements regarding the proportion of scans undertaken within one hour and robust contingency plans must be in place if one scanner is out of use.	1.1	Develop internal protocol to maximise speed of access to thrombolysis.	Stroke Clinical Unit lead/Emergency Dept lead	Stroke performance indicators. * ASI 3	Draft for approval to Clinical Management Executive (CME) January 2013. For assurance by Shaping our Future (SoF) Programme Board		
		1.2	Agree and monitor % scans undertaken within one hour Improve on national target of 50%	Diagnostic Clinical Unit lead	Stroke performance metric ASI 4a	Target milestones agreed January 2013. Draft for approval to CME January 2013. For assurance by SoF Programme Board		
		1.3	Agree contingency plans when scanner out of use	Deputy COO		Draft for approval to CME March 2013. For assurance by SoF Programme Board		
2.	If a single stroke unit is created, commissioners and ESHT must **ensure that seven day intensive therapy and treatment services are in place** from the outset as this has been a key promise to the public and would be critical to achieving improved patient outcomes.	2.1	ESHT to work closely with commissioners to develop 7 day therapy services	Associated Director for Integrated Care and Lead Commissioner within PCT/ CCG	Senior Operations group	Implementation plan March 2013	Seven day working is already in the therapies redesign plan	
		2.2	Develop robust monitoring and reporting of patient outcomes of service	Associated Director for Integrated Care Lead Commissioner within PCT/ CCG	Senior Operations group ASI 3 ASI 2 ASI 9	Implementation plan March 2013		

	Recommendation		Action required	Lead	Monitored by	Timescale	Update	Rag rating
					ASI 4a ASI 5			
3.	Commissioners should **review access to community and inpatient stroke rehabilitation** across East Sussex to ensure consistency across the county, particularly for patients receiving acute care at other Trusts given that demand would increase if the proposed reconfiguration was implemented. The capacity of rehabilitation services to meet need should be closely monitored as a shortage will have significant knock on effects on acute stroke services' ability to support improved bed management.	3.1	To develop and implement plans to ensure consistency across county for stroke rehabilitation	Associate Director for Urgent Care and Lead Commissioner within PCT/ CCG	Senior Operations group via Community redesign and integrated network Board	Implementation plan March 2013		
		3.2	ESHT to work with commissioners and have robust reporting and monitoring in place to achieve patient outcomes	Lead Commissioner within PCT/ CCG and Associate Director for Urgent Care and lead commissioner	ASI 2	Ongoing		
4	Commissioners and ESHT should ensure that any reconfigured service meets **end of life standards** contained within the Stroke Network integrated service specification. The impact of extra travel time for families should be recognised – for example, providing improved information for families on a patient's prognosis where possible, or providing improved facilities for visitors spending lengthy periods at hospital.	4.1	Review and ensure implementation of agreed model of care which includes standards for end of life.	Director of Nursing and Lead Commissioner within PCT/ CCG	Medical Director for governance-chair end of life programme Board	Implementation plan by February 2013. outcomes reviewed bi monthly at Programme Board		
		4.2	Review facilities and support for families visiting	Head of Nursing for Stroke	Director of Nursing in short term task and finish group	Implementation plan by March 2013		
5.	A clear and understandable **patient**	5.1	Develop clinical pathway	Stroke Clinical	Senior	Pathway Complete by		

	Recommendation		Action required	Lead	Monitored by	Timescale	Update	Rag rating
	pathway for stroke should be developed to demonstrate to patients and the public what they can expect from the reconfigured service, from prompt assessment and treatment on arrival at hospital to how patients will be transferred to community services closer to home.		information for stroke patients and their families	Unit lead/Head of Nursing. Lead Commissioner within PCT/ CCG	operations group	March 2013		

	Recommendation		Action required	Lead	Monitored by	Timescale	Update	Rag rating
General Surgery & Orthopaedic Services								
6	Safeguards need to be in place on the site without emergency surgery: - Access to a senior surgical opinion 24/7 - Formalised and well communicated procedures for other specialties to access a surgical review - Contingency plans for patients with unforeseen immediate need for surgery - Clear protocols with the ambulance service, including for transfer of patients requiring emergency surgery.	6.1	Confirm level of senior cover available to provide surgical opinion on lower risk site	Clinical Unit Lead for General Surgery	Senior Operations Group	Implementation plan March 2013		
		6.2	Develop agreed procedure and protocol for accessing surgical opinion	Clinical Unit Lead for General Surgery	Senior Operations Group And CME	Implementation plan March 2013		
		6.3	Agree and develop protocol for unforeseen immediate need for surgery	Clinical Unit Lead for General Surgery	Senior Operations Group And CME	Implementation plan March 2013		
		6.4	Agree protocols for surgical admissions with SECAmb	Clinical Unit Lead for General Surgery	Senior Operations Group And SoF Programme Board And CME	March 2013		
		6.5	Agree and protocols for treat and transfer of patients requiring emergency surgery	Clinical Unit Lead for General Surgery	Senior Operations Group And SoF Programme Board And CME	March 2013		
7	ESHT should undertake further work to identify co-dependencies of general surgery with other specialities, such as obstetrics and gynaecology, and further modelling to specify the number of patients affected. This work should be used to set out a clear plan to ensure appropriate access to surgical input is available on the non-emergency	7.1	Carry out in depth analysis of co dependencies and activity numbers for FBC	General Manager for General Surgery	Medical Director for Strategy	January 2013	This has been clarified in the outline Business case	
		7.2	Develop agreed procedure and protocol for accessing surgical opinion and for unforeseen immediate need for surgery (as in	Clinical Unit Lead for General Surgery	Senior Operations Group And CME	March 2013		

	Recommendation		Action required	Lead	Monitored by	Timescale	Update	Rag rating
	site.		recommendation 6)					
8	Develop escalation procedures to manage sudden peaks in medical admissions, to avoid the use of surgical beds. It would also be important to have fully implemented planned improvements to acute medicine on the site hosting the centralised surgical services, in order to support improvement bed management, prior to implementation.	8.1	Development of robust contingency plans to ensure surgical bed capacity	Deputy COO	Senior Operations Group And CME	March 2013		
		8.2	Review the model of management of acutely unwell patients currently provided at Hastings in order to further develop on the Hastings site and implement on the Eastbourne site	Deputy COO	Senior Operations Group And CME	March 2013		
9	Review discharge procedures to reflect that patients, carers and families may need to make more complex travel arrangements if they have been treated further from home.	9.1	Establish robust discharge processes to provide care closer to home as soon as possible	Head of Nursing for General Surgery	Senior Operations Group	March 2013		
		9.2	Develop information for patients & families	Head of Nursing for General Surgery	Director of Nursing in short term task and finish group	March 2013		

Crosscutting issues								
10	' **Accessibility plans'** should be developed for each acute hospital in order to take a strategic approach to maximising access to each site and to identify all potential mitigating actions to reduce the impact from increased travel if services are reconfigured. Develop robust 'accessibility plans' These should include	10.1	To coordinate a number of work streams and actions that focus on accessibility and produce an accessibility plan	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013		
		10.2	Working with transport planners to maximise public transport access	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013		
		10.3	Working with community transport services and volunteer services to support access, particularly for the most vulnerable	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013		
		10.4	Making appointment systems more flexible and offering greater choice	General manger for Outpatients	Senior Operations Group	March 2013		
		10.5	Review and where appropriate update the parking policy, including disabled parking	Facilities manager	Senior Operations Group	March 2013	Car Parking Policy dated May 2012; version number and issue number 2012156 V1.1 - refers	
		10.6	Staff travel, including the use of alternatives to the car	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013	Trust Healthy Transport Plan 2006	
		10.7	Access for those with mobility restrictions or other disabilities	Head of equality , diversity and human rights	Senior Operations Group	March 2013		
		10.8	Publicising availability of	**Assistant**	Senior Operations	March 2013		

			help with travel costs through NHS schemes and national schemes such as free bus passes for older people	**Commercial Director, Facilities**	Group			
		10.9	Maximising the access of visitors to patients	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013		
11.	A feasibility study should be undertaken to **consider the introduction of a regular shuttle bus** between the two hospital sites, for staff, patient and visitor use, to include the impact on parking arrangements.	11.1	A feasibility study to be undertaken to consider the introduction of a regular shuttle bus between the two hospital sites, for staff, patient and visitor use.	**Assistant Commercial Director, Facilities**	Senior Operations Group	March 2013		
12.	ESHT should consider **measures to mitigate the impact of reduced access for visitors** such as:	To mitigate reduced access by reviewing:						
		12.1	Use of telephone contact with families/carers to ensure staff are aware of patient needs/preferences	Director of Nursing in short term task and finish group	Senior Operations Group	March 2013		
		12.2	Increased use of volunteers to provide psychological and practical support to patients	Director of Nursing in short term task and finish group	Senior Operations Group	March 2013		
		12.3	Increased flexibility in visiting arrangements/hours	Director of Nursing in short term task and finish group	Senior Operations Group	March 2013		
		12.4	Improved advice to visitors on how they can best	Director of Nursing in short	Senior Operations Group	March 2013		

			support their loved one, whether this is through visits or in other ways such as providing information on needs and preferences.	term task and finish group				
13.	The **impact on ambulance capacity** should be fully calculated and a plan for resourcing this agreed between commissioners and South East Coast Ambulance Service before changes are implemented. This should include the impact on patient transport services, demand for which may increase.	13.1	Calculate impact on ambulance capacity, including patient transport services	Chief Financial Officer (ESH and H&R CCG)	SoF Programme Board Joint CCG Governing Body	March 2013		
		13.2	Agree plan for resourcing extra ambulance capacity with commissioners	Chief Financial Officer (ESH and H&R CCG	SoF Programme Board Joint CCG Governing Body	March 2013		
14.	The Medical Advisory Committee at the Conquest Hospital and the Consultant Advisory Committee at Eastbourne District General Hospital should merge into a **single Clinical Advisory Committee** in order to provide ESHT, Commissioners, patients and the public with a Trust-wide clinical view on sustainable and best practice future provision of Trust services.	14.1	Set up single Clinical Advisory Committee	Chair of Consultants Advisory Committee at Eastbourne and Chair of Medical Advisory Committee at Hastings	ESHT Trust Board	March 2013		
15.	A **local 'clinical senate'** should be put in place by Clinical Commissioning Groups and ESHT to improve liaison between Trust consultants and GP commissioners, to foster joint work on the development of sustainable acute services and build clinical consensus. Appropriate links should be made to the regional Clinical	15.1	Establish a local 'Clinical Senate'	Medical Directors ESHT and CCG Chairs	NHS Sussex / Sussex Together	April 2013		

	Senate and Clinical Networks.							
16.	Commissioners and ESHT should jointly publish and regularly update a clear **timeline showing planned developments in community health services**, in order to give confidence to patients and carers that these services are developing alongside changes in acute care. This timeline should reflect access to these services for residents whose acute provider trust is outside East Sussex.	16.1	Publish a timeline of planned developments in community health services	Chief operating Officer. Lead Commissioner within PCT/ CCG	SoF Programme board	March 2013		
17.	An **integrated, partnership approach to the development of community services** should continue to be taken by Clinical Commissioning Groups, Adult Social Care and ESHT. Plans must recognise: • the **impact of earlier discharge and reduced admissions**, in terms of impact on carers and increased reliance on means-tested social care. • the **need for additional support** for more vulnerable residents and those in more deprived areas, as these groups are less likely to have access to support networks and resources to support their care. • the importance of clear **pathways** between local	17.1	Review impact of earlier discharge and reduced admissions on carers and social care provision	Associate Director of Strategy and Whole systems working	SoF Programme Board Senior operations group	March 2013		
		17.2	Review the options for providing additional support to the most vulnerable	Associate Director of Strategy and Whole systems working	SoF Programme Board Senior operations group	March 2013		
		17.3	Develop pathways between local services and acute services	Associate Director of Strategy and Whole systems working	SoF Programme Board Senior operations group	March 2013		

	services, such as intermediate care and rehabilitation teams, and single sited acute services, if these are implemented.							
18.	**Further work should be undertaken with voluntary and community sector organisations** to improve understanding of the impact of service changes and to address issues arising from the implementation of changes.	18.1	Consult with voluntary and community sector organisations to understand and address issues arising from services changes	Associate Director of Strategy and Whole systems working	SoF Programme Board Senior operations group	March 2013		
19.	A clear set of **quality indicators** should be agreed and monitored before, during and after implementation by Commissioners, ESHT and HOSC.	Develop agreed set of indicators to demonstrate:						
		19.1	patient experience	Director of Nursing. Lead Commissioner within PCT/ CCG	SoF Programme Board Senior operations group	March 2013		
		19.2	improvements in patient outcomes	Medical Director- Governance Lead Commissioner within PCT/ CCG	SoF Programme Board Senior operations group	March 2013		
		19.3	financial benefits	Directors of Finance ESHT and Joint CCGs	SoF Programme Board Senior operations group	March 2013		
20.	NHS Sussex should clearly set out arrangements for **accountability for decisions** relating to the ongoing development or implementation of proposed changes after the abolition of	20.1	NHS Sussex to provide details of arrangements for accountability for decisions relating to the ongoing development or implementation of	Director of Strategy and Provider development	SoF Programme Board Senior operations group	Jan 2013		

	Primary Care Trusts in March 2013.		proposed changes after the abolition of Primary Care Trusts in March 2013.					