

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 30 JUNE 2016

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Ruth O'Keeffe (Vice Chair), Frank Carstairs, Angharad Davies, Alan Shuttleworth, Bob Standley and Tania Charman

District and Borough Council Members
Councillors Janet Coles (Eastbourne Borough Council), Mike Turner (Hastings Borough Council), Sam Adeniji (Lewes District Council), Bridget George (Rother District Council), and Johanna Howell (Wealden District Council)

Voluntary Sector Representatives
Julie Eason (SpeakUp) and Jennifer Twist (SpeakUp)

AGENDA

1. **Minutes of the meeting held on 24 March 2016** (*Pages 7 - 14*)
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **Patient Transport Service** (*Pages 15 - 34*)
6. **Hospital handover** (*Pages 35 - 54*)
7. **South East Coast Ambulance Service NHS Foundation Trust (SECamb) Update** (*Pages 55 - 66*)
8. **Brighton and Sussex University Hospitals NHS Trust (BSUH) Care Quality Commission (CQC) update** (*Pages 67 - 72*)
9. **East Sussex Healthcare NHS Trust (ESHT) Quality Improvement Plan (QIP)** (*Pages 73 - 86*)

10. **Sussex and East Surrey Sustainability and Transformation Plan** (*Pages 87 - 100*)
11. **HOSC future work programme** (*Pages 101 - 104*)
12. **Any other items previously notified under agenda item 4**

PHILIP BAKER
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22 June 2016

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Next HOSC meeting: 10am, Thursday, 29 September 2016, County Hall, Lewes

Please note that the meeting will be available to view live or retrospectively on the internet via the HOSC website: www.eastsussexhealth.org

Map, directions and information on parking, trains, buses etc

Map of County Hall, St Anne's Crescent, Lewes BN7 1UE



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Commonly Used Acronyms Glossary

A&E	Accident and Emergency department
ASC	Adult Social Care
BSUH	Brighton and Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DGH	District General Hospital
DH	Department of Health
EHS	Eastbourne, Hailsham and Seaford
ESCC	East Sussex County Council
ESHT	East Sussex Healthcare NHS Trust
FT	Foundation Trust
GP	General Practitioner
H&R	Hastings and Rother
HCAI	Healthcare Associated Infection
HOSC	Health Overview and Scrutiny Committee
HW	Healthwatch
HWBB	Health and Wellbeing Board
HWLH	High Weald, Lewes, Havens
LTC	Long Term Condition
MIU	Minor Injury Unit
MLU	Midwife-led Unit
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSF	National Service Framework
OPMH	Older People's Mental Health
PALS	Patient Advice and Liaison Services
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
SECamb	South East Coast Ambulance Service NHS Foundation Trust
SPT/SPFT	Sussex Partnership NHS Foundation Trust
TDA	(NHS) Trust Development Authority
WIC	Walk in Centre

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 24 March 2016

PRESENT:

Councillor Michael Ensor (Chair); Councillors Ruth O'Keeffe, Frank Carstairs, Angharad Davies, Alan Shuttleworth, Bob Standley, Tania Charman and John Ungar (all East Sussex County Council); Councillors Rob Blackman (Lewes District Council), Sue Beaney (Hastings Borough Council), Mary Barnes (Rother District Council), Julie Eason (SpeakUp)

WITNESSES:

East Sussex County Council

Keith Hinkley, Director of Adult Social Care and Health

High Weald Lewes Havens Clinical Commissioning Group

Wendy Carberry, Chief Officer
Ashley Scarff, Head of Commissioning and Strategy
Alan Beasley, Chief Financial Officer

Eastbourne, Hailsham and Seaford Clinical Commissioning Group/ Hastings and Rother Clinical Commissioning Group

Allison Cannon, Chief Nurse
Murray King, Associate Director of Strategic Investment

East Sussex Healthcare NHS Trust

David Clayton-Smith, Chair
Richard Sunley, Acting Chief Executive

South East Coast Ambulance NHS Foundation Trust

Sir Peter Dixon, Chair
Geraint Davies, Acting Chief Executive
James Pavey, Paramedic and Senior Operations Manager

Sussex Community NHS Trust

Siobhan Melia, Commercial Director

LEAD OFFICER:

Giles Rossington, Senior Democratic Services Adviser

30. MINUTES OF THE MEETING HELD ON 3 DECEMBER 2015

30.1 The minutes of the meeting of 03 December 2015 were agreed.

31. APOLOGIES FOR ABSENCE

31.1 Cllr Rob Blackman attended as substitute for Cllr Sam Adeniji (Lewes District Council representative).

31.2 Cllr Mary Barnes attended as substitute for Cllr Bridget George (Rother District Council representative).

31.3 Cllr Johanna Howells (Wealden District Council representative) sent apologies.

31.4 Jennifer Twist (Community Sector representative) sent apologies.

31.5 The Chair welcomed Cllr Tania Charman to the committee as replacement for Cllr Michael Wincott.

32. URGENT ITEMS

32.1 The Chair informed members that he had asked Sir Peter Dixon, the newly appointed interim Chair of South East Coast Ambulance Trust (SECAMB); and Geraint Davies, acting SECAMB Chief Executive, to detail recent events affecting the trust.

32.2 Sir Peter Dixon informed the committee that he had been appointed SECAMB Chair by Monitor, the NHS Foundation Trust regulator. His appointment is initially for six months, although this may well be extended for a further six months. Sir Peter has a long track history of assisting NHS organisations that are experiencing problems.

32.3 The recently published Monitor report on the SECAMB 111-999 triage scheme describes an initiative that was hastily introduced, with poor risk and clinical governance mechanisms. Details of the initiative were poorly communicated to SECAMB's commissioners.

32.4 From investigations to date, it appeared that the scheme caused no actual patient harm, although this will not be confirmed until the publication of a second report in June. The only trust staff criticised in the Monitor report are very senior officers. Disciplinary procedures against some of these officers are ongoing. To date there has not been a significant impact on organisational morale.

32.5 Geraint Davies added that SECAMB has agreed a joint recovery plan with Monitor and with its commissioning CCGs.

32.6 The context in which the triage scheme was undertaken was that of increasing service pressures which meant that SECAMB was struggling to meet its response time targets. However, the trust's priority should have been to provide a safe and effective service, even if this meant missing targets. There will be a full and open examination of what went wrong at the trust.

32.7 The 111-999 triage scheme aside, the ambulance service and indeed the whole health system are currently experiencing severe pressures. James Pavey, SECAMB Paramedic and Senior Operations Manager, told members that ambulance demand is currently 15% higher than predicted volumes (SECAMB had forecast demand to be 5% higher than last year). Similar demand pressures are being faced across the system – and particularly in hospital emergency departments. Dealing with this level of demand calls for a holistic response, with more being done to share the burden across the health and care system. Changing ambulance or A&E ways of working alone will not be sufficient as these services have already made significant

changes to cope with increased demand – SECAmb is already dealing with around 50% of ambulance call-outs by means other than taking patients to A&E.

32.8 James Pavey told members that it is uncertain why demand is 20% higher than a year ago. This may in part be because we are currently experiencing a flu outbreak – there has been a significant increase in patients reporting shortness of breath which could be indicative of flu. In part it is also likely to be because patients are presenting with increased acuity, due to complex co-morbidities which may often be age-related. Hospital emergency departments are reporting similar problems.

32.9 Difficulties with hospital handover inevitably impact upon SECAmb performance: ambulances that are waiting at hospital to handover patients are unavailable for other calls. The focus has been on this issue, including very close liaison with hospital colleagues. Indeed, managerial focus on dealing with hospital handover is diverting managers from more general management duties. Members agreed that hospital handover was an important issue, and one that the committee would explore in detail at a later date.

32.10 In response to a question about paramedic recruitment, James Pavey told the committee that there was a national shortage of paramedics, exacerbated by growing demands from non-ambulance trusts sources such as primary care. However, Sussex does reasonably well in recruiting and retaining paramedic staff.

32.11 In reply to a question as to how SECAmb could persuade the public of its future integrity, Sir Peter Dixon told members that it was his responsibility both to find what had gone wrong and fix it *and* to ensure that the trust never again prioritised hitting targets over providing the best possible service to the public.

33. HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP (HWLH CCG): WITHDRAWAL FROM THE EAST SUSSEX BETTER TOGETHER (ESBT) PROGRAMME

33.1 This item was introduced by Wendy Carberry, High Weald Lewes Havens Clinical Commissioning Group (HWLHCCG) Chief Officer; Ashley Scarff, HWLHCCG Director of Strategy; Alan Beasley, HWLHCCG Chief Finance Officer; and by Siobhan Melia, Director of Partnership and Commercial Development, Sussex Community NHS Trust (SCT). The speakers also introduced and took questions on the HWLHCCG Annual Operating Plan item (item 6) at this point.

33.2 Wendy Carberry told the committee that HWLHCCG patient flows differ considerably from those of the other East Sussex CCGs. For Eastbourne, Hailsham & Seaford CCG (EHS) and Hastings & Rother CCG residents, the great majority of healthcare activity takes place within the county. In particular, most people living in these areas access secondary care services at either Eastbourne District General Hospital or at the Conquest Hospital, Hastings. However, although HWLHCCG residents receive the majority of primary and community services within East Sussex, the great majority of people access secondary care services from out of county providers – particularly from hospitals in Brighton, Hayward’s Heath and Tunbridge Wells.

33.3 This means that HWLHCCG has to contribute to planning for better integration and co-working across three health systems: East Sussex, Brighton & Hove & Mid Sussex, and West Kent.

33.4 Wendy Carberry told the committee that HWLHCCG has been criticised for over-emphasising flows into acute care when one of the principle strategic NHS goals is to reduce reliance on acute care. However, the CCG believes that district general hospitals have an

integral role to play in designing effective health and care systems; a view which is supported by NHS England and by NHS Five Year Forward View planning guidance. The CCG's plans fit well with the requirements of NHS Sustainability & Transformation Plans (STPs)

33.5 The CCG felt that too much of its time was being spent on East Sussex Better Together (ESBT), when only around 10% of HWLH residents receive their healthcare exclusively within East Sussex. The CCG was also uncomfortable with the pace of change involved in year two of the ESBT project.

33.6 In consequence, HWLHCCG withdrew from ESBT. The CCG is committed to working with partners towards better system integration in East Sussex and in the other areas that it works with. This includes working with Brighton & Hove and Horsham & Mid Sussex CCGs on an 'A23 South' programme; working with Kent CCGs on an integration programme centred upon Maidstone & Tunbridge Wells hospitals; working directly with Sussex Community Trust and Brighton & Sussex University Hospitals Trust to develop the Queen Victoria Hospital, Lewes as a hub for community services; and working with MTW and Kent CCGs on developing Crowborough Community Hospital as a community and gerontology hub. In East Sussex, the CCG has launched its 'Connecting 4 You' programme and has invited the County Council and other key partners to join the Programme Board.

33.7 The CCG is committed to implementing the NHS Five Year Forward View. One area of focus will be on improving community services, working in close partnership with Sussex Community Trust. Another focus will be on aligning HWLH GP practices and other primary/community services in 'communities of practice. The CCG hopes that social care services will be included in the communities of practice.

33.8 Siobhan Melia explained that communities of practice will link community health and GP services with acute healthcare and mental health trusts via the Sussex Healthcare Alliance.

33.9 Alan Beasley told members that the CCG will balance its budget for 15/16. However, this has required the CCG to use all of its contingency funding. Next year's financial targets will be very demanding: the CCG will have a £7M uplift (about 2% of budget) but will be required to find £9M of savings at the same time as investing more in providers (particularly in the acute sector to bring down waits for elective procedures). Better Care Fund (BCF) funding will be maintained at its current level: the HWLH contribution to BCF is C£10M pa.

33.10 Keith Hinkley, East Sussex County Council Director of Adult Social Care & Health, told the committee that he agreed that patient flows for HWLHCCG were complex. However, this complexity is explicitly recognised by the ESBT programme, which is predicated upon devolving responsibilities down to localities so that decision-making is fully responsive to specific local need and circumstances.

33.11 Current ESCC plans will have to be revisited in light of HWLHCCG's withdrawal from ESBT. ESCC is committed to working with the CCG to deliver high quality care for residents, but there will be challenges here – particularly for ESCC management capacity now that there is no single integration programme for the whole of East Sussex. HWLHCCG's decision also threatens to delay the implementation of the transformational changes planned through ESBT which are likely to impact upon the council's Medium Term Financial Strategy. There has already been an impact on managerial capacity within the Adult Social Care (ASC) service.

33.12 There is an urgent need to consider the ESCC plans developed within ESBT with those of HWLHCCG, and to then develop a joint programme to improve health and social care outcomes in High Weald, Lewes and The Havens. This will need to be signed-off by ESCC Cabinet in June 2016 so it can form part of the final STP submission (end of June 2016).

33.13 Keith Hinkley also told members that ESBT was designed to reduce hospital admissions whilst recognising that acute providers are an integral part of an integrated health and care

system. The devolution of responsibilities to localities was explicitly intended to recognise that different parts of the county require the autonomy to address specific local issues.

33.14 Wendy Carberry told members that, although HWLHCCG had initially been committed to ESBT, it had recently become apparent that the demands of the ESBT programme were too high, given the other integration projects the CCG is involved in and the need to send more and more time addressing the deteriorating situation at the Royal Sussex County Hospital – the main hospital for many HWLH residents.

33.15 Alan Beasley responded to questions by confirming the CCG's commitment to providing more care in the community. The CCF seeks a 3:1 return for community investment, and this is achievable. Mr Beasley also confirmed that investment in BCF had been maintained. The CCG analysed the costs of leaving ESBT versus the benefits, and is convinced that the benefits will outweigh any costs. Keith Hinkley noted that calculating returns on investment in this context is complex, particularly when it involves funding leaving East Sussex.

33.16 Keith Hinkley explained that based on the joint modelling undertaken through ESBT the sustainability of the entire East Sussex health and social care system required transformational change in the immediate future. This is the case nationally, but is a particularly pressing issue for the county because of demographic pressures caused by an ageing population. In terms of the financial impact of HWLHCCG's withdrawal from ESBT, ESCC has not yet fully modelled the cost of withdrawal although there will undoubtedly be additional management costs.

33.17 Members agreed to note the update on the CCG's withdrawal from ESBT and on its annual operating plan. The committee welcomed the opportunity to learn more about HWLHCCG's integration plans for East Sussex (Connecting 4 You) as these evolve.

34. EAST SUSSEX CLINICAL COMMISSIONING GROUP (CCG) 2016/17 OPERATING PLANS: HIGH WEALD LEWES HAVENS CCG

34.1 This issue was considered together with Item 5 and a minute of the relevant discussion is included under Item 5.

35. EAST SUSSEX CLINICAL COMMISSIONING GROUP (CCG) 2016/17 OPERATING PLANS: EASTBOURNE, HAILSHAM & SEAFORD CCG AND HASTINGS & ROTHER CCG

35.1 This item was introduced by Murray King, Associate Director of Strategic Investment; and by Allison Cannon, Chief Nurse, EHS and H&R CCGs.

35.2 Murray King told members that CCG priorities for the coming year included the development of locality teams and of federated GP practices; Health & Social Care Connect; getting services working together effectively; and planning for the creation of an Accountable Care Model. ESBT has a five year investment plan in which CCG and social care budgets are undifferentiated.

35.3 In reply to questions on research and/or evidence reviews supporting the accountable care model, Murray King agreed to provide a written response to members.

36. KENT, SURREY & SUSSEX STROKE REVIEW

36.1 This item was introduced by Ashley Scarff, Director of Strategy, High Weald Lewes Havens CCG; and by Allison Cannon, Chief Nurse, Eastbourne, Hailsham & Seaford and Hastings & Rother CCGs.

36.2 Ashley Scarff told the committee that the stroke review is ongoing. The current focus is not on services within East Sussex, but on services at hospitals used by a number of county residents such as the Royal Sussex County hospital, Brighton; the Princess Royal hospital, Hayward's Heath; and Tunbridge Wells hospital. Any significant service changes will be reported back to the HOSC.

36.3 In response to a question on cross-border funding, Ashley Scarff told members that a good deal of work had been done on this issue via the Sussex Collaborative, but that more still needs to be done.

36.4 Replying to questions on staffing for language therapy services, Allison Cannon informed the committee that there were long-standing issues with recruitment of some workers, particularly in terms of speech and language and of physiotherapists. It was important to think innovatively, for example, using easier to recruit lower grade staff to undertake appropriate tasks.

36.5 As well as seeking to improve stroke services and fill the gaps between services, the stroke review will focus on rehabilitation and on preventative measures.

37. CO-COMMISSIONING OF GP SERVICES

37.1 This item was introduced by Wendy Carberry, Chief Officer, High Weald Lewes Havens CCG; and by Murray King, Associate Director of Strategic Investment, Eastbourne, Hailsham & Seaford and Hastings & Rother CCGs.

37.2 Wendy Carberry told the committee that HWLHCCG was now fully in control of GP commissioning, and that this is progressing well. There is a nationwide shortage of GPs which poses inevitable challenges. One partial solution is to increase the use of non-GPs to take on some GP workload: for example pharmacists based in GP practices.

37.3 Murray King told members that the ESBT programme will address the fragmentation of GP services via an accountable care model and the federation of GP practices. CCG commissioning of GP services is particularly useful because it facilitates localised decision-making.

38. SCRUTINY REVIEW BOARD: ESHT QUALITY IMPROVEMENT PLAN

38.1 The Chair welcomed David Clayton-Smith, the new Chair of East Sussex Healthcare NHS Trust (ESHT) to the meeting. Mr Clayton-Smith told the committee that the new ESHT Chief Executive, Dr Adrian Bull, will be starting work soon. The trust has also recently appointed a new Finance Director and a new Non-Executive Director. Mr Clayton-Smith thanked Richard Sunley for all he had done as Acting Chief Executive. Mr Clayton-Smith also told members that he was determined to rebuild ESHT's relationships with stakeholders.

38.2 The Chair commended the Scrutiny Review Board report to the committee and thanked all the ESHT witnesses who had agreed to take part in the review.

38.3 Cllr Angharad Davies commented that the surgery sub-committee was impressed by the improvements that had been made to surgical wards. However, it was worrying that surgical beds were being taken up by medical patients: ESHT needs to think innovatively about how to accommodate medical patients without impacting on surgery.

38.4 Julie Eason commented that the maternity sub-committee had found that the maternity wards were cleaner and less cluttered than previously. It is too early to tell whether there has been a genuine change for the better in terms of culture.

38.5 Cllr Bob Standley commented that the pharmacy sub-committee had found a very positive team of workers who communicated openly with each other. It was particularly good to see that the team recognised that the CQC had made valid criticisms of previous arrangements. Delays in the discharge of patients from hospital, including delays caused by having to wait for discharge medicines, remain a concern.

38.6 Cllr Alan Shuttleworth commented that the patient records sub-committee had been impressed by the actions taken to address this issue. However, it remained unclear whether the funding to digitally tag all records had been found and whether there had been a final decision to store all records at the Apex Way site.

38.7 Cllr Frank Carstairs commented that the outpatients sub-committee was impressed with both the quality and motivation of staff in the department and by the improvements made to the call centre.

38.8 The Committee RESOLVED to: 1) endorse the Review Board report on ESHT Quality Improvement; and 2) agree to refer it to ESHT, the NHS Trust Development Authority and to the Care Quality Commission for consideration.

38.9 Richard Sunley, Acting ESHT Chief Executive, welcomed the report, which he described as very fair. The trust will respond formally in writing to the report recommendations. ESHT does recognise the medical bed pressures described in the report: speeding up the discharge of those patients medically fit for discharge is a priority for the trust and for the local health and care system. ESHT has added an additional 100 beds across its two hospital sites in recent years. The challenge now is principally to reduce length of stay.

38.10 Richard Sunley added that maternity wards had previously not been audited for cleanliness frequently enough and standards had slipped. This has now been addressed. There has also been an increased focus on incident-reporting following the CQC inspections and there has been a 40% increase in reporting of low level incidents (serious incident reporting always was robust).

38.11 The trust has now appointed a new Chief Pharmacist and is happy with progress in this area. Did Not Attend (DNA) rates for outpatients appointments have improved recently. In terms of patient records, there had been a long term lack of investment in this service. However, significant improvements have now been made. An independent review on the plans to move records storage to Apex Way will report soon. The trust is still exploring details of the planned move with employee representatives.

38.12 Cllr Ungar told members that he was concerned that the previous HOSC approval of the East Sussex maternity reconfiguration was predicated upon a capital improvement programme (including the development of the Eastbourne Midwife-Led Delivery Unit) that may not now be delivered. Should these improvements not be made, the reconfiguration decision should be reconsidered. The Chair responded that he was not minded to revisit the maternity argument at this point, but that he would ensure that the ESHT response to the Scrutiny Review Board report explicitly addressed the issue of this capital funding.

38.13 Julie Eason told members that she was unhappy with the wording of Recommendation 1 in the Scrutiny Review report. She proposed the deletion of the phrase "and is capable of delivering." The Chair declined to accept this proposal, noting that the committee had already

agreed to endorse the report and its recommendations. There would be ample opportunity to debate this issue at future meetings.

39. HOSC FUTURE WORK PROGRAMME

39.1 It was agreed to add items on: ESHT response to Scrutiny Review Board report; SECAmb; and HWLHCCG integration action plan to the work programme for the next HOSC meeting.

The meeting ended at 1.27 pm.

Councillor Michael Ensor
Chair

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: Patient Transport Service

Purpose: To consider the performance of the Patient Transport Service in Sussex following a change of provider from 1 April 2016.

RECOMMENDATIONS

- 1) to consider and comment on the report from High Weald Lewes Havens Clinical Commissioning Group**
 - 2) to consider whether any further action is required**
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1 Background

1.1 The Patient Transport Service (PTS) is a Sussex-wide service that helps people access healthcare appointments. The service provides some 25,000 journeys per month for people who are unable to use public or other transport owing to medical conditions. The service is booked for people who meet certain medical criteria which would otherwise prevent them from getting to their appointment. PTS is free at the point of use for all eligible patients. It is a non-emergency transport service and is quite separate from emergency ambulance services, which are commissioned separately.

2 Supporting information

2.1 On 1 April 2016 a new PTS went live across Sussex. The new service is provided by Coperforma, following a procurement process led by High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) on behalf of the seven CCGs in Sussex.

2.2 Before April 2016 the transport element of PTS in Sussex was provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb), with some private and voluntary providers. The booking element of the service was provided by the Patient Transport Bureau (PTB), which was hosted by HWLH CCG.

2.3 The procurement process was initiated by a decision in March 2014 by SECAmb to serve notice on its contract to provide PTS in Sussex beyond the expiry date of 31 March 2015. A one year extension was agreed with SECAmb to continue delivering the service until 31 March 2016 to enable the seven CCGs in Sussex to undertake a process of commissioning a new provider.

2.4 A new service specification was developed by commissioners, informed by public, user, staff and clinical engagement to learn about people's experiences of using PTS and how a new service could meet patients' needs. Following a competitive tendering process Coperforma, a large independent sector organisation specialising in patient transport, were awarded the contract in November 2016. Although other organisations had participated in earlier stages of the procurement process, Coperforma were ultimately the only provider to submit a bid. They commenced delivery of the PTS on 1 April 2016.

2.5 Since 1 April PTS performance has been unacceptable, with many patients experiencing severe delays or not receiving transport at all. There has been considerable media coverage of the problems experienced by patients and concerns have been raised with patient groups and elected representatives. The impact is particularly great on patients who need transport for frequent appointments such as renal patients requiring regular dialysis or cancer patients undergoing treatment. Both Coperforma and Sussex CCGs have issued a public apology to those affected.

2.6 HWLH CCG has engaged TIAA, an independent company which provides assurance services to the public sector, to carry out an independent enquiry into the transition and mobilisation of the new PTS. The enquiry is supported by all three organisations (CCGs, Coperforma and SECAMB). The TIAA report is expected to be published in July.

2.7 On 17 June local media reported that one of the sub-contractors used by Coperforma to provide transport (a company called VM Langfords, which reportedly provides 40 vehicles) had gone into the preliminary stages of the administration process.

2.8 HWLH CCG will present a report to HOSC (**appendix 1**) which covers the procurement and transition processes, service issues experienced since 1 April, the remedial action plan, and current performance. Representatives of Coperforma and SECAMB will also be in attendance. The service issues have impacted on local hospital trusts in terms of delayed or missed appointments, and additional costs of providing alternative transport to enable patients to return home. Representatives of East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust will also be in attendance.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider the report from HWLH and question the attendees on the issues arising. The Committee will wish to consider whether everything possible is being done to improve the service for patients and to ensure lessons are being learnt for any future procurement and transition processes.

3.2 HOSC is also recommended to consider whether any further scrutiny of this issue is required.

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Patient Transport Service - Update

**Health and Overview Scrutiny Committee
30 June 2016**

Setting the Scene

- In **2011** the Primary Care Trusts (PCTs) across Sussex commissioned a new Patient Transport Service (PTS)
 - The transport function was awarded to the South East Coast Ambulance Service (SECAmb)
 - The Patient Transport Bureau (PTB) was established to apply the Sussex PTS Eligibility Criteria and book transport for eligible patients and escorts
- HWLH CCG inherited pan-Sussex responsibility for PTS from B&H PCT in **2012**
- In **March 2014**, SECAmb stated it did not wish to extend the existing contract under the current terms beyond the scheduled end date of 31 March 2015
- A Project Team and Programme Board were established to lead and coordinate the re-tendering and procurement of a new PTS. These included representation from all 7 Sussex CCGs, and were attended by finance, procurement and quality experts
- A 12 month extension period was subsequently agreed with SECAmb to extend the contract end date to **31 March 2016**. This provided the opportunity to commission a new, innovative, more patient-centered service, with an aim for the new service to commence on **1 April 2016**. The Commissioners felt this was an opportunity to procure a PTS that met its users' needs; not an opportunity to 'privatise' the service.

Development & design of service model

- The CCGs designed and **tested a new service model** reflecting feedback from:
 - Current service users;
 - Current transport providers and their staff;
 - Local stakeholders, including the acute Trusts;
 - Patient and public groups; and
 - Other transport providers - community transport, volunteer drivers, and potential bidders.
- This process included **patient and public surveys and engagement events**, and a series of meetings with local stakeholders; including representation from BSUH
- **Managed Service Provider (MSP) model** includes a separate Booking Hub; a single point of access to PTS which applies Eligibility Criteria and manages bookings
- The MSP delivers patient transport via **multiple sub-contractual arrangements** with transport providers; sub-contracting will also enable partnership working with Local Authorities in preparation for integrating health, social and community transport
- The MSP employs **Service Delivery Specialists** to work in acute hospitals to support patients, answer PTS queries, and coordinate with hospital staff

Timelines and contract details

- All CCG Governing Bodies Inc. B&H CCG signed off PTS Business Case **April 2015**
- Market-warming event held **6 May 2015**, attended by 23 potential bidders
- Pre-Qualification Questionnaire (PQQ) to market on **20 May 2015**
- PQQ evaluation and selection of bidders completed end **June 2015**
- Service specification completed **June 2015** (including input from Patient Forum)
- Invitation to Tender (ITT), the second phase of procurement, **16 July 2015**
- Evaluation of ITT, **28 August to 16 September 2015**
- All CCGs in Sussex approved Award to Contract to Coperforma during **October 2015**
- Award of contract to Coperforma in **November 2015**
- New PTS service commenced **1 April 2016**
- Contract length **4 + 1 years** (maximum of 5)
- Underpinned by Programme Budget of **c£60m for 5 years**
- Based on 2014/15 activity and spend
- Includes all activity, both planned (including renal) and unplanned/on-the-day
- Includes additional, historical activity and spend as identified by each CCG

Who are Coperforma?

- Coperforma has **five years' experience of managing NHS patient transport** for hospital Trusts, CCGs and community and mental health service providers in London and Hampshire.
- Coperforma's NHS contracts have included delivery of a c18 month renal dialysis patient PTS pilot for Barts Health NHS Trust from April 2013 and providing PTS cover across mid- and North Hampshire for Hampshire Hospitals NHS Foundation Trust and a community hospital.
- The **CCGs sought references** from Hampshire Hospitals NHS Foundation Trust and Barts Health NHS Trust, who both confirmed that Coperforma had delivered a good quality, consistent service aligned with their Specifications. The referees stated that Coperforma had received minimal complaints, had quickly responded to any arising issues, and had proactively adapted its services to support changes in the wider healthcare system. Both confirmed they would contract with Coperforma again.
- In 2012, Coperforma won the Health Service Journal (HSJ) **Efficiency Award for Transport & Logistics**.

Programme Governance - procurement

Structure overseeing procurement and transition:

- The Programme Board comprises director leads from the 7 CCGs, with procurement and project support. It has provided scrutiny during the procurement, contract award, transition and mobilisation periods.
- The Project Team comprises Programme Managers from the 7 CCGs, procurement leads, Subject Matter Experts (SMEs), and members of the CCGs' PTS Patient Forum were also involved in designing the new Service Specification, Eligibility Criteria and procurement process.
- The CCGs undertook an extensive patient, public and stakeholder engagement process.
- On-going contract monitoring arrangements with current providers.
- Transition and mobilisation plan with actions, timelines, roles and responsibilities in place.
- Frequent meetings to manage transition and review progress with current providers, new provider and CCGs.
- Bi-monthly meetings with Trust leads to monitor progress and address any issues;

Service issues experienced from 1 April 2016

Issues related to the Booking Hub (Demand Centre):

- Lengthy call-handling response time, with patients and Healthcare Professionals (HCPs) unable to get through on their dedicated telephone lines;
- Staff who were TUPE'd from the previous service started training on Coperforma's system on 1 April 2016 and Coperforma were unable to install its booking system in the Durrington office during the mobilisation process.
- Unexpectedly excessive call volumes on 1 April 2016 from users with future PTS bookings, who stated they had been advised by previous PTS staff to call in on that date to confirm their booking;
- Low uptake of online booking by local Trusts and delayed roll-out of online staff training and login allocation by Coperforma;
- Some patient records on Coperforma's system incorrect / incomplete; some bookings not transferred.

Service issues experienced from 1 April 2016

- **Issues related to patient transport vehicles:**
 - Patient transport failing to arrive to collect booked patients;
 - Some staff expected to TUPE-transfer to transport providers did not arrive for work on 1 April;
 - Staff from previous provider not trained prior to 1 April 2016;
 - Patients waited excessively long periods of time for collection by patient transport;
 - Receiver appointed to transport provider VM Langford Ltd;
 - CCG, Coperforma and Unison working together to ensure that plans are in place to minimise any impacts on patient transport service delivery and patient experience.
 - CCG are working with Coperforma and Unison, the recognised trade union, to ensure that any effect on staff is in keeping with employment legislation and good practice.'
- **Complaints & incidents (service exceptions) related to Managed Service:**
 - Significant volumes of complaints and patient queries regarding transport;
 - The occurrence of several incidents relating to PTS, which have been logged by local Trusts;
 - Coperforma's clear complaints process will respond to each complaint within agreed timeframes.
 - Coperforma is establishing a process for investigating all incidents, undertaking a Root Cause Analysis (RCA), and sharing associated learning with the relevant Trust.

Programme Governance - mobilisation

Structure overseeing mobilisation and remedial action plan:

- Continuation of Programme Board, with director leads (including B&H CCG) from 7 CCGs providing scrutiny of progress and risks during the mobilisation period
- Weekly Trust conference calls, with CCGs (BSUH & B&H CCG) and Coperforma since April 2016
- Joint development of Remedial Action Plan (RAP) in May 2016, HWLH CCG and Coperforma, underpinned by standard contractual process and levers
- Weekly RAP Review meetings to monitor performance, delivery and progress attended by HWLH CCG and Coperforma
- Standard, monthly contracting meetings led by the South East Commissioning Support Unit (CSU) commenced in May 2016
- The Internal Audit Association (TIAA) commissioned by HWLH CCG to undertake an independent investigation and review of the transition and mobilisation of Sussex PTS. The review's Terms of Reference have been agreed jointly by HWLH CCG, SECAMB and Coperforma.
- Identify next steps following independent report. TIAA report will to be shared with stakeholders after submission and scrutiny by the commissioners.

Remedial Action Plan (RAP) SMART actions

The RAP developed by HWLH CCG and Coperforma contains SMART actions to address issues with:

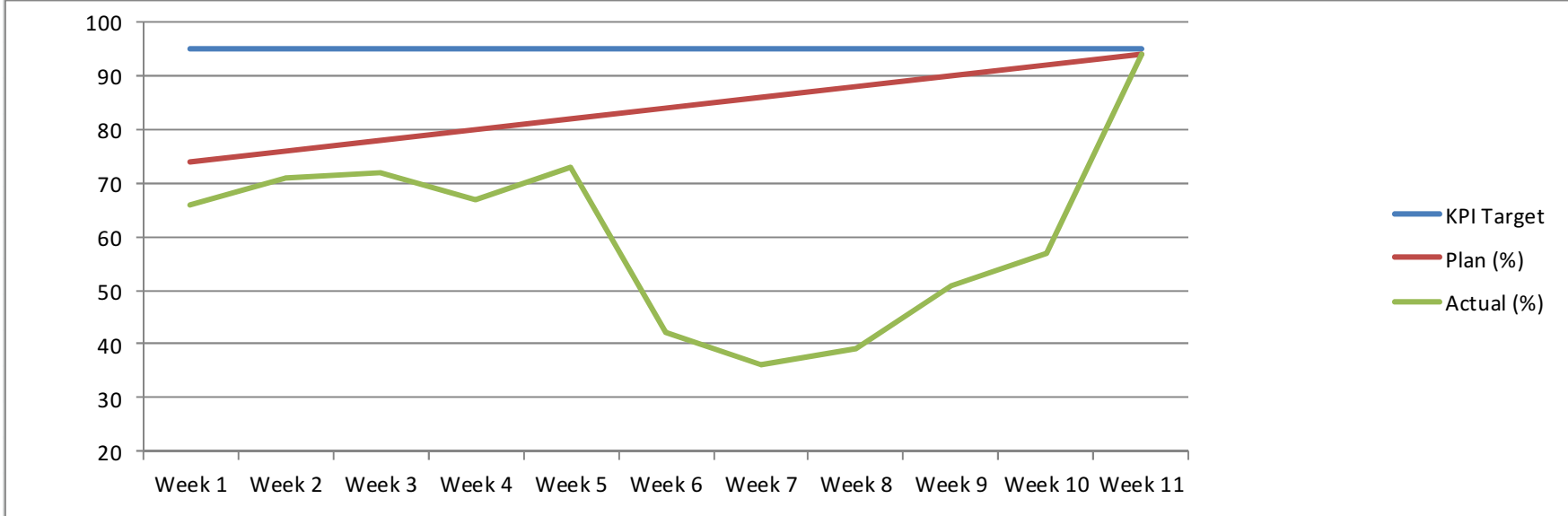
- Staffing levels and integration within the Booking Hubs;
- Staff training and compliance with service specification;
- Online booking availability and training for hospital staff;
- Improving data quality and accuracy, with an initial focus on renal dialysis, oncology and neurology patients;
- Consistent communication with staff and stakeholders;
- Timeframes for handling incidents, complaints and appeals and completing RCAs;
- Sufficient vehicle capacity for all required activity, and allocation of multiple journeys to each vehicle;
- Patients arriving in time for appointments and being collected in a timely manner.

RAP planned outcomes

Delivery of the RAP SMART actions is intended to achieve:

- Delivery of KPI targets as per improvement trajectory, including call handling, scheduling, and advance contact;
- Increase in proportion of journeys made/checked online;
- Improvements in PTS staff satisfaction levels, full compliance with staff training requirements, and a clear understanding of their roles and responsibilities;
- 100% accurate data set including names, addresses, journey details, mobility/vehicle needs and carers;
- A joint communications plan;
- Appropriate investigation, response and closure of all complaints, incidents and appeals since 1 April 2016;
- Completion of all booked journeys within agreed timeframes, with all journeys appropriately allocated.

Call Handling															
Target KPI:	95% of calls picked up within 60 seconds														
Action:	See RAP ID1, ID2, ID3, ID4														

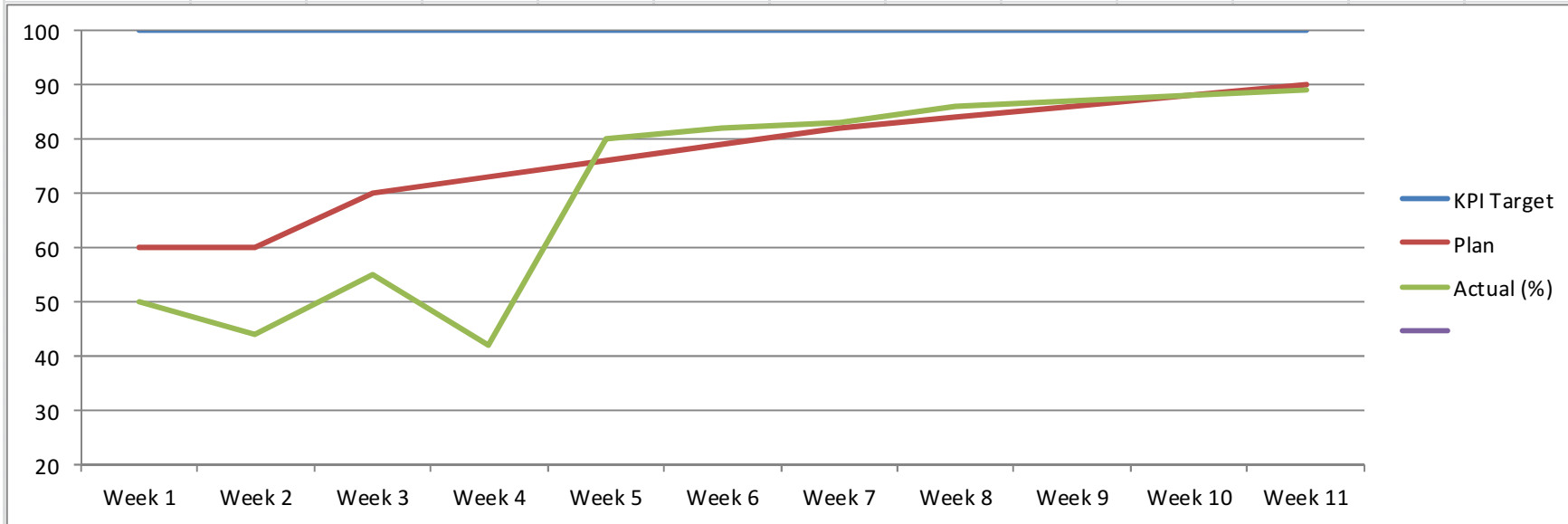


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
KPI Target	95	95	95	95	95	95	95	95	95	95	95
Plan (%)	74	76	78	80	82	84	86	88	90	92	94
Actual (%)	66	71	72	67	73	42	36	39	51	57	94

Renal Inbound Timeliness

Target KPI: 100% of renal patients to arrive between 45 mins before and the actual appointment time

Action: See RAP ID1, ID2, ID3, ID4

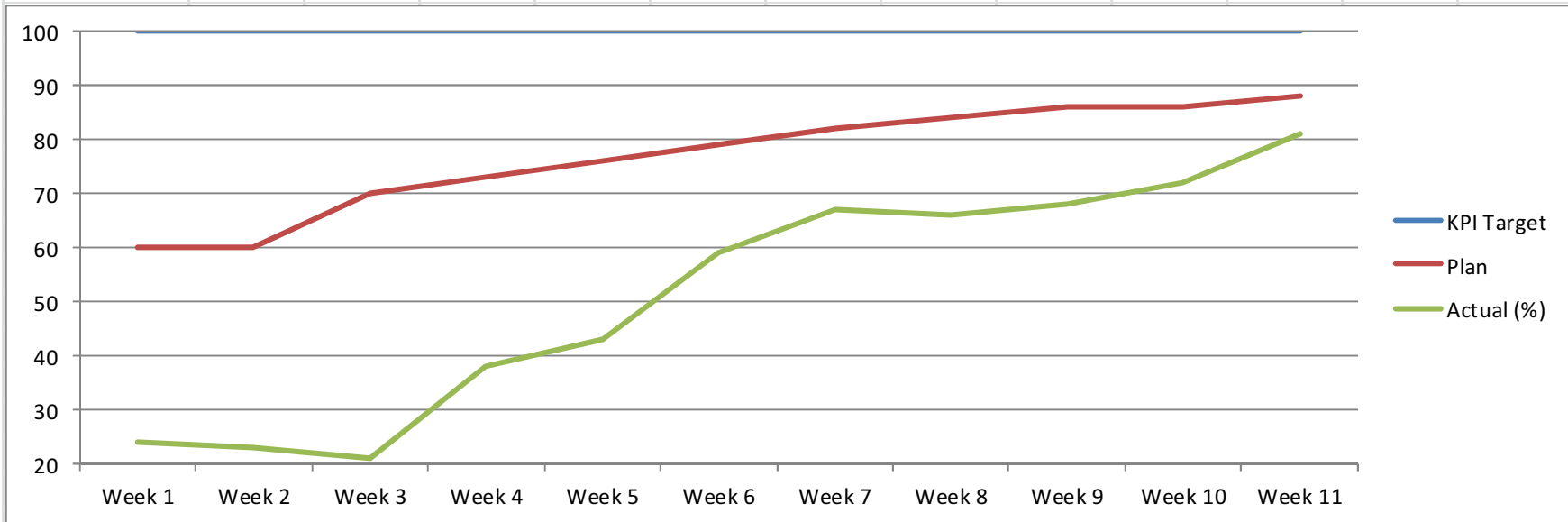


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
KPI Target	100	100	100	100	100	100	100	100	100	100	100
Plan	60	60	70	73	76	79	82	84	86	88	90
Actual (%)	50	44	55	42	80	82	83	86	87	88	89

Renal Outbound Timeliness

Target KPI: 100% of renal patients to depart no later than 60 mins after booked time.

Action: See RAP ID1, ID2, ID3, ID4

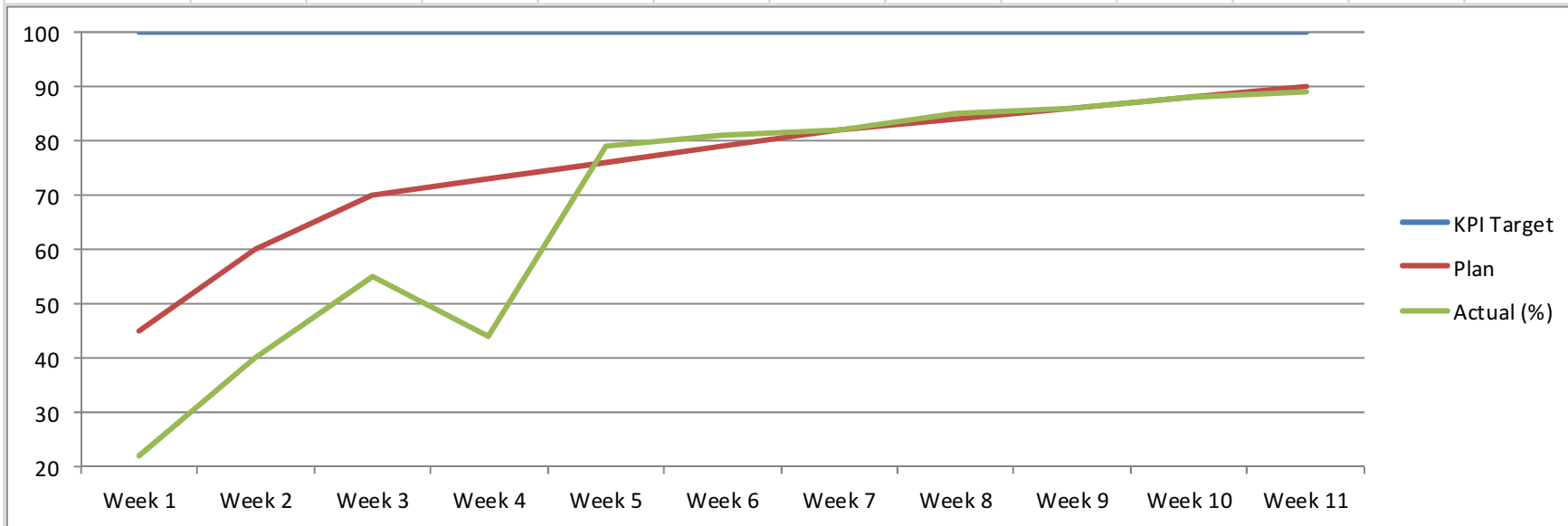


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
KPI Target	100	100	100	100	100	100	100	100	100	100	100
Plan	60	60	70	73	76	79	82	84	86	86	88
Actual (%)	24	23	21	38	43	59	67	66	68	72	81

Non Renal Inbound Timeliness

Target KPI: 100% of non renal patients to arrive between 75 mins before and the actual appointment time for attendances.

Action: See RAP ID1, ID2, ID3, ID4, ID6

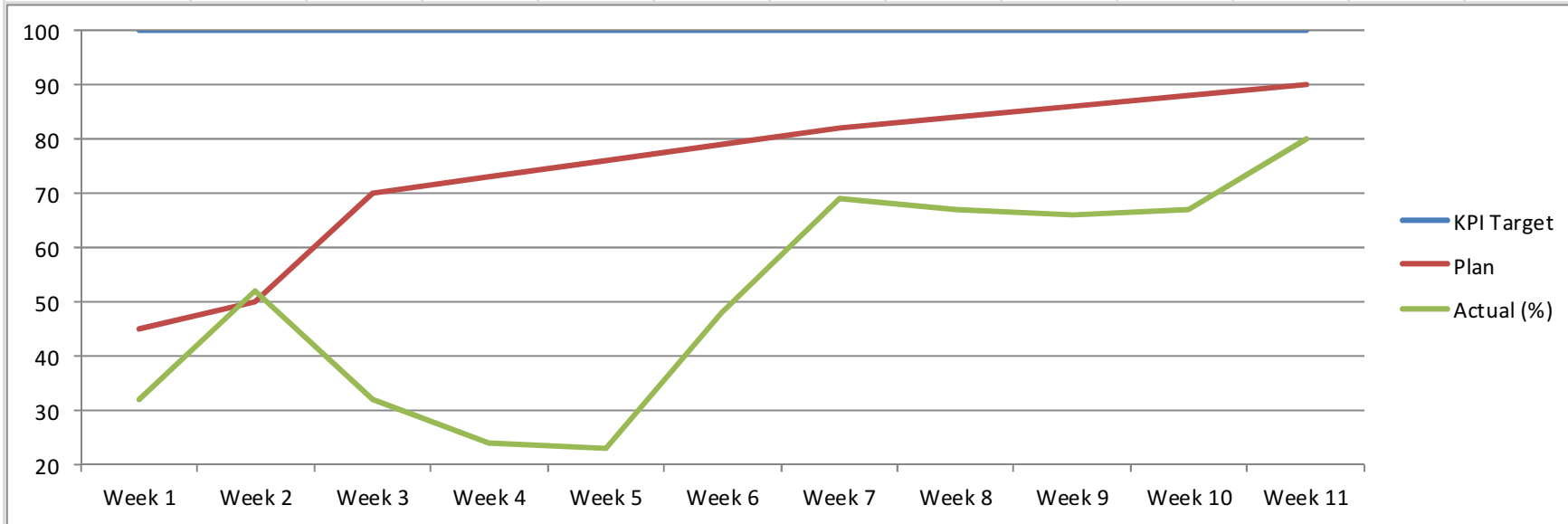


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
KPI Target	100	100	100	100	100	100	100	100	100	100	100
Plan	45	60	70	73	76	79	82	84	86	88	90
Actual (%)	22	40	55	44	79	81	82	85	86	88	89

Non Renal Outbound Timeliness

Target KPI: 100% of non renal patients to depart no later than 60 mins after booked time for attendances, 90 mins for planned discharges, and 180 mins for unplanned discharges.

Action: See RAP ID1, ID2, ID3, ID4, ID6

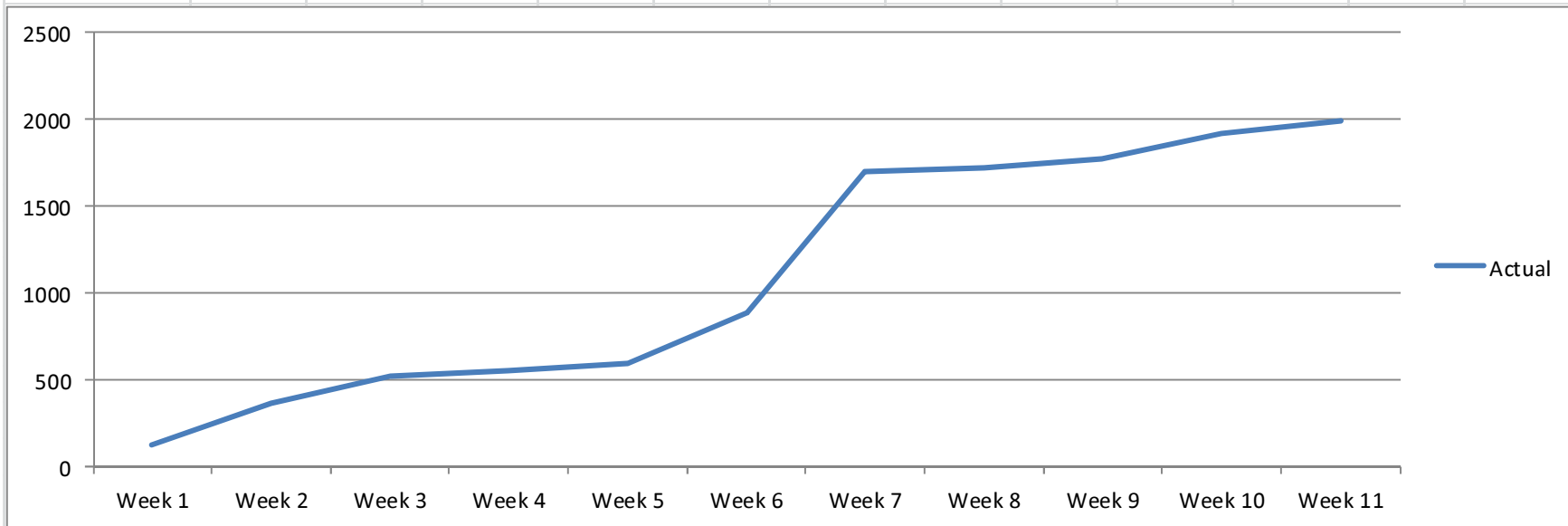


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
KPI Target	100	100	100	100	100	100	100	100	100	100	100
Plan	45	50	70	73	76	79	82	84	86	88	90
Actual (%)	32	52	32	24	23	48	69	67	66	67	80

On line booking user accounts

Target KPI: n/a

Action: See RAP ID4



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Actual	130	369	520	557	600	890	1698	1725	1777	1919	1996

Key messages and next steps

Summary of key messages:

- The Patient Transport Service is still experiencing difficulties and the CCGs apologise to all patients affected for this unacceptable level of service
- There have been improvements in the timeliness of call handling and journey transportation, although further improvement is expected and required
- The CCGs with TIAA, independent auditors, are undertaking an external review of the data to ensure it is accurate
- The CCGs are working closely with and supporting Coperforma to deliver the improvement actions detailed in the RAP, within the framework of the national contract
- The CCGs are exploring contingency plans should the RAP not deliver the required improvements.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: Hospital handover

Purpose: To consider the extent of delays in handover of patients from ambulances to hospital emergency departments, how handover is managed and actions in place to address this issue.

RECOMMENDATION

To consider and comment on the report.

1 Background

1.1 In recent years there have been significant increases both in the numbers of people attending hospital for emergency care, and in 999 and 111 emergency ambulance calls. This has been the case both nationally and locally.

1.2 This increase in activity puts pressure on the entire urgent care system, but one area of particular concern is 'handover': the point where ambulance staff transfer patients to the care of hospital staff. When things are very busy this process of transfer may not function effectively, meaning that ambulance crews have to stay with their patients rather than getting back on the road. It also means that patients may have to wait in sub-optimal conditions for assessment and treatment. There tend to be particular difficulties at hospitals where there is little or no opportunity to flex the physical capacity of A&E units, although handover problems also relate to staffing levels in emergency departments.

2 Supporting information

2.1 In March, HOSC heard from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) that ambulance demand was approximately 20% higher than the previous year and that similar demand pressures were being felt in hospital emergency departments. As a result, delays in handing over patients from ambulances to hospitals had worsened. The Trust told HOSC that difficulties with hospital handover inevitably impact upon SECAmb's response time performance as ambulances waiting at hospital to handover patients are unavailable to respond to other calls.

2.2 SECAmb indicated that there had been considerable attention given to this issue, including very close liaison with hospital colleagues. Indeed, managerial focus on dealing with hospital handover was diverting managers from more general management duties. Members agreed that hospital handover was an important issue, and one that the committee would explore in more detail.

2.3 Clearly, pressures and delays at the point of handover are symptomatic of wider system and demand issues. Ultimately, it is necessary to address these wider issues to ensure patients' needs are met outside hospital where possible, and that there is appropriate flow of patients through hospitals, including discharge back to the community. There are ongoing service redesign programmes in place to address these issues.

2.4 However, given that handover pressures have been ongoing for some time and service redesign is a relatively long term process, HOSC may wish to focus for the purposes of this item on how the interface between the ambulance service and emergency departments is being managed day to day and whether any improvements could be made which would improve safety, patient experience and release ambulance crews more promptly.

2.5 SECamb, East Sussex Healthcare NHS Trust (ESHT) and Brighton and Sussex University Hospitals NHS Trust (BSUH) have each provided a brief summary of the key challenges as they see it (appendix 1). Representatives of these three Trusts will be in attendance to discuss the issues arising. Commissioners will also be in attendance and will be able to comment on how they monitor performance and the actions being taken through the Urgent Care Network to address the wider issues.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider the report and discuss the issues arising.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Claire Lee, Senior Democratic Services Adviser

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Ambulance Handover

East Sussex Healthcare NHS Trust (ESHT)

Reduction in delays

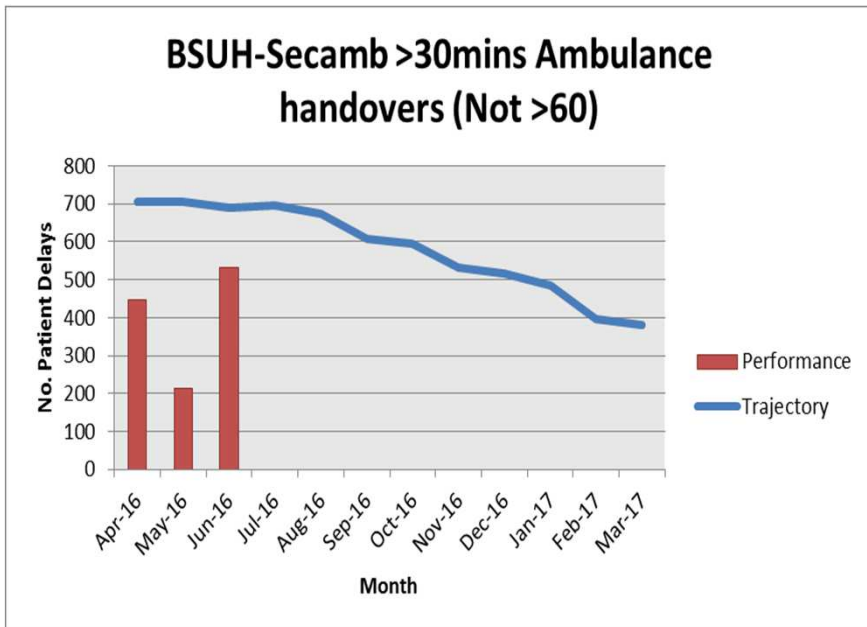
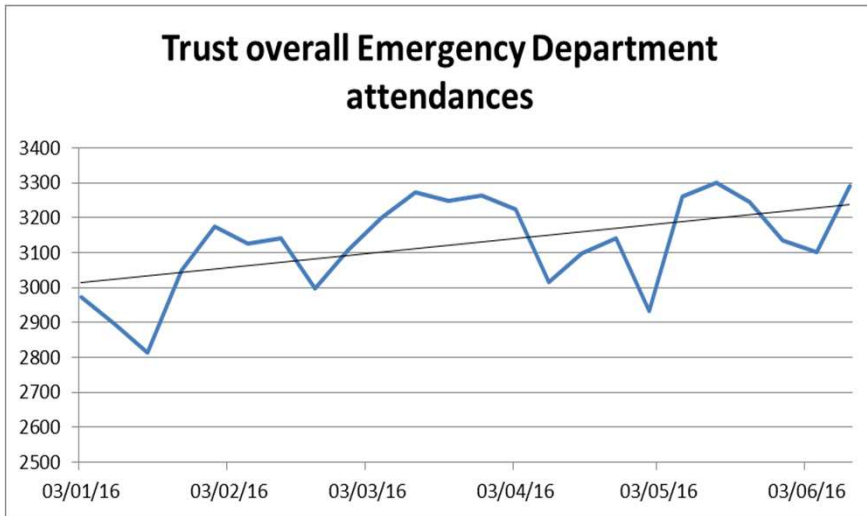
Contributing Factors

- High level Medical Fit For Discharge
- Admission profile not aligned to discharge profile
- Facilitation seven day discharge
- High weekend ambulance conveyance
- Low double click compliance
- Workforce

Mitigating Actions

- Monthly review meeting with ESHT and South East Coast Ambulance chaired by CCG's
- Increase in Emergency Department nurse establishment. Increased ENP cover, ambulance handover nurses.
- Improve double click compliance (detailed data provision)
- Development of Hospital Director and site teams; re align discharge profile
- 7 day support services to facilitate weekend discharges.

Brighton & Sussex University Hospital NHS Trust (BSUH)



Issues

- Excessive delays historically have put significant strain on the Ambulance Service
- Delays waiting for cubicles in the main emergency department
- Patients waiting in entrance corridor to A&E managed by a combination of Ambulance Staff and Hospital Nurses
- Delays put the relationship between hospital and ambulance staff at risk
- Clinical discussions difficult with patients when they are housed in a corridor
- Difficulties in maintaining dignity.

Work in progress

The cause of delayed ambulance handover is poor flow through healthcare system

Limitations on alternatives to A&E

Inefficiencies in assessment and clinical decision making

Delays in discharge and transfer out of the emergency department

Unnecessary delays in the treatment of in-patients increasing length of stay

Slow discharge back into the community or to alternative providers

Actions underway

- Introduction of 'single clerking'
- Redevelopment of entrance into department to create more assessment space
- Introduction of rapid assessment model (PAT)
- Stricter monitoring of patients awaiting ED capacity
- Joint work with ambulance service through workshop in early July
- Right care, right place, each time
- Development of enhanced escalation process

South East Coast Ambulance NHS Foundation Trust (SECAMB)

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

Current Performance & Trends

- SECAmb lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

Factors Affecting Handover & Turnaround Delays

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand
- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

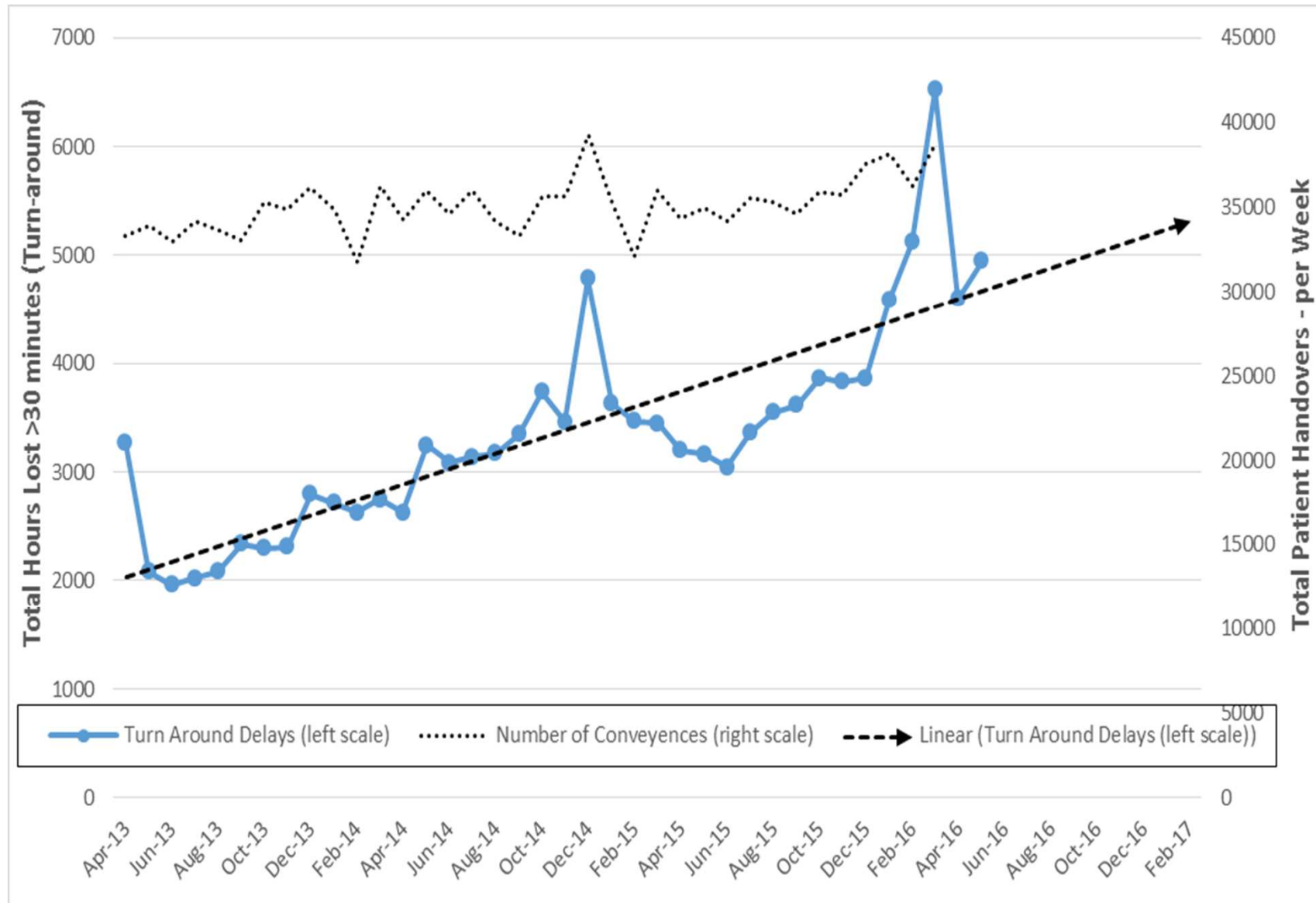
Driving Improvement

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

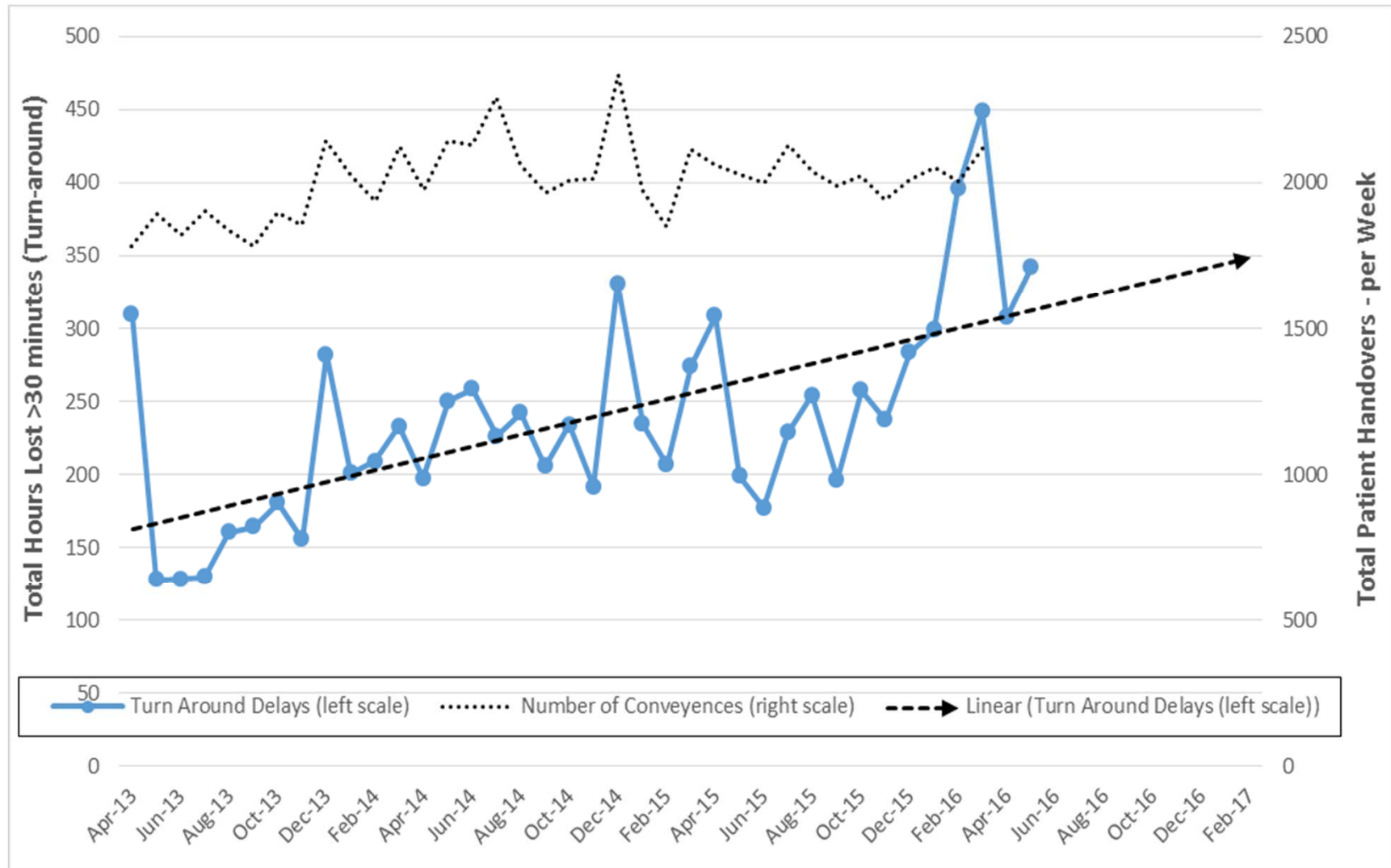
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current ‘balance of risk’ is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

Hospital Handover and Turnaround Performance

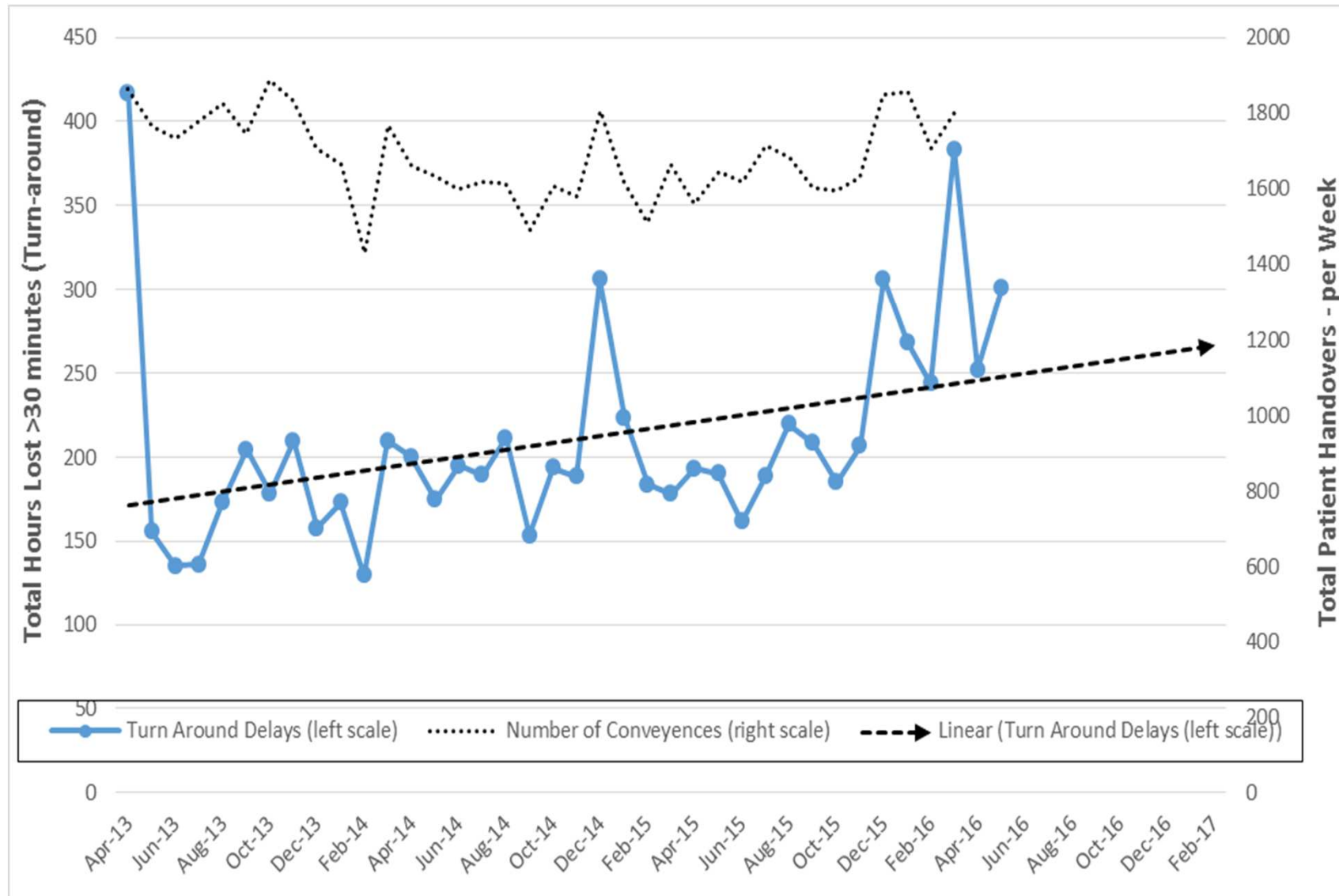
The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:



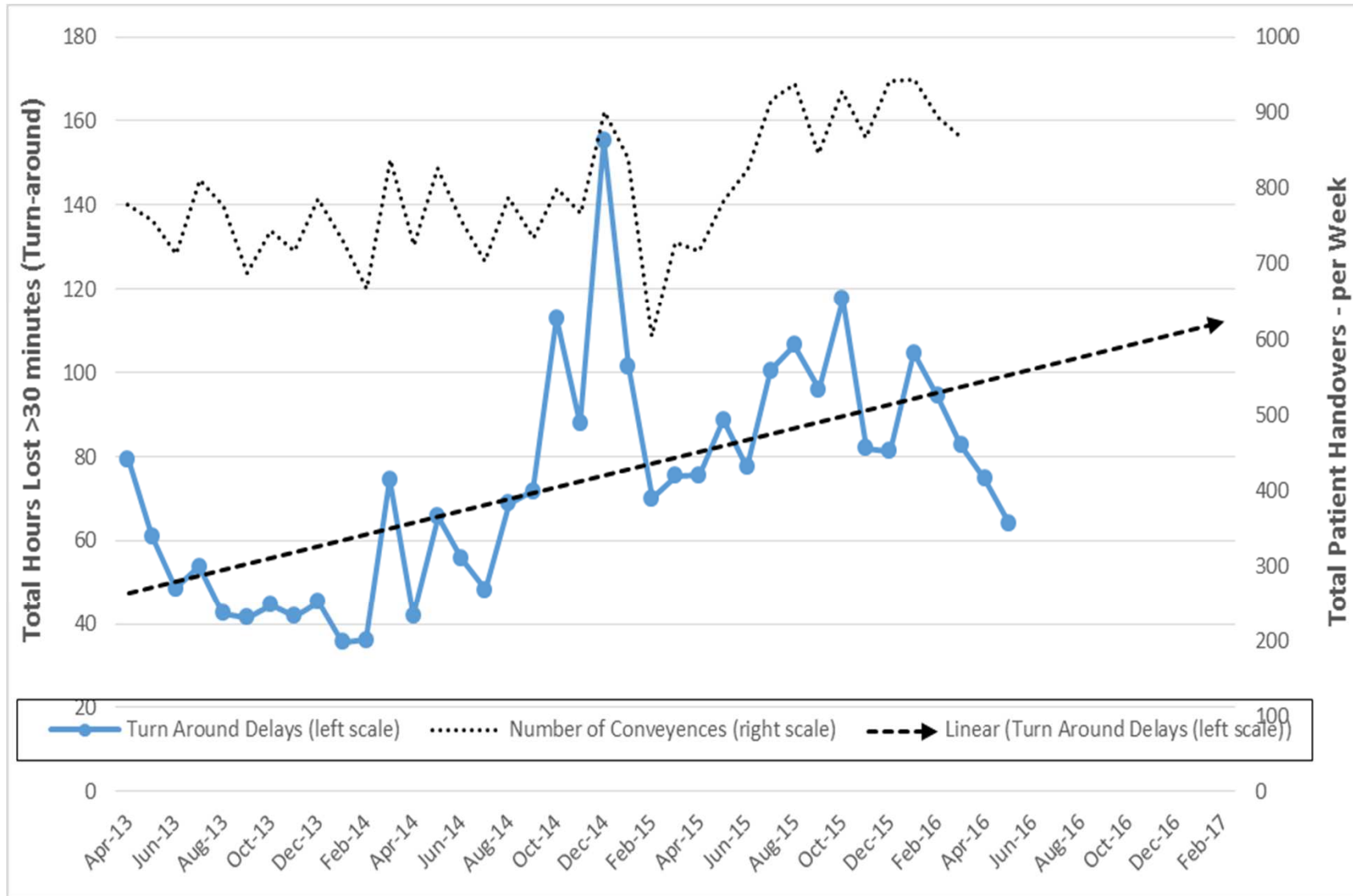
SECAmb Area Overall – hours lost to delays by month



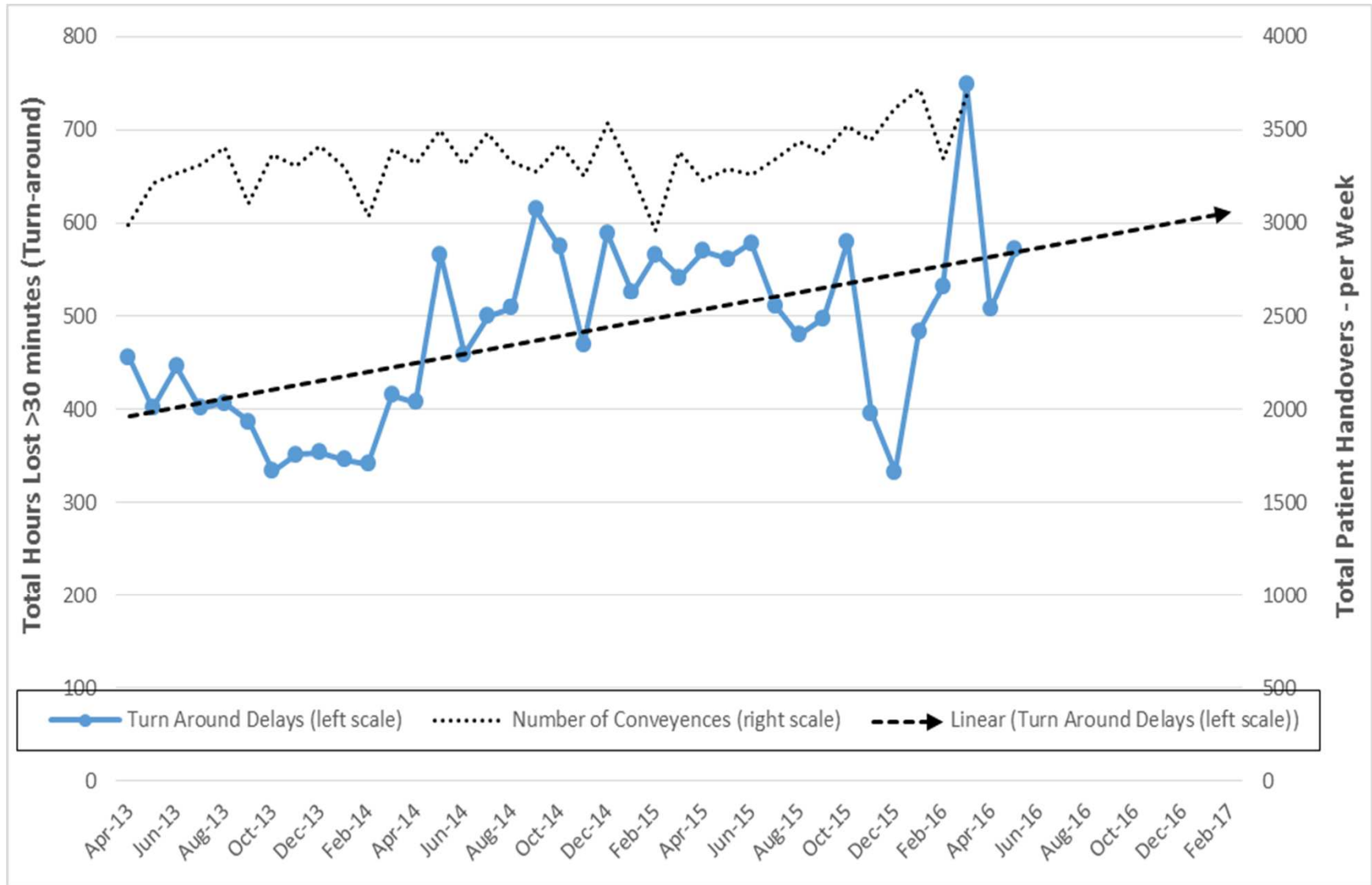
Conquest Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Princess Royal Hospital – hours lost to delays by month



Royal Sussex County Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECamb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	29251	41134	47720	16%	63%
Kent Area	9247	12132	14337	18%	55%
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	7731.61	12751.98	15447.41	21%	100%
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	12272.42	16249.45	17935.58	10%	46%
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

Agenda Item 7.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: South East Coast Ambulance Service NHS Foundation Trust (SECAmb) Update

Purpose: To update HOSC on a number of developments in relation to the Trust's services including triage scheme patient impact report, Trust leadership, Care Quality Commission (CQC) inspection and Trust recovery plan.

RECOMMENDATIONS

- 1) to consider and comment on the attached report
 - 2) to request a further update on the CQC inspection and triage scheme patient impact report in September 2016.
-

1 Background

1.1 In March, HOSC was informed of the findings of an independent report by Monitor (the regulator of Foundation Trusts) on South East Coast Ambulance NHS Foundation Trust's (SECAmb) pilot scheme to allow additional triage time for calls transferred from the NHS 111 service to the 999 emergency service. The report described an initiative that was hastily introduced, with poor risk and clinical governance mechanisms. Details of the initiative were poorly communicated to SECAmb's commissioners.

1.2 At that time, it appeared that the scheme had caused no actual patient harm, although a further investigation was underway in relation to this aspect. The only Trust staff criticised in the Monitor report were very senior officers. Disciplinary procedures were ongoing against some of these officers. The Trust's Chief Executive had taken a mutually agreed leave of absence and the Chair had resigned. A new interim Chair had been appointed by Monitor and SECAmb had agreed a joint recovery plan with Monitor and its commissioners.

2 Supporting information

2.1 Since March there have been a number of further developments in relation to the Trust. SECAmb has supplied a report (**appendix 1**) to update HOSC which covers the following areas:

111-999 triage scheme

2.2 The second independent report on the scheme, focusing on the impact on patients, was due to be published in June but has been slightly delayed. SECAmb will be able to give a verbal update on progress at the meeting.

Trust leadership

2.3 The Trust Chief Executive has now resigned from his post. A recruitment process for a new Chief Executive will now begin, and this is expected to take 4-6 months. In the meantime, the Trust has an Acting Chief Executive as well as an interim Chair.

Care Quality Commission (CQC) inspection

2.4 CQC inspected the Trust in May as part of its routine programme of inspections of ambulance trusts. The full report is not yet available. However, CQC has sent a letter to the Trust

highlighting some significant concerns and indicating that the Commission may take immediate regulatory action. The CQC letter is attached at **appendix 2**.

Trust recovery plan

2.5 The Trust continues to work to implement the recovery plan agreed with Monitor and commissioners. SECAMB's report (appendix 1 – to follow) provides an update.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider and comment on this report.

3.2 Given the delay to the triage scheme patient impact report, the immediate action required in response to CQC's inspection and the possibility that the full CQC report will be published later in the summer, it is recommended to schedule a further report for the next HOSC meeting in September 2016.

PHILIP BAKER
Assistant Chief Executive

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SECamb Update to Health & Social Care Scrutiny Committee June 2016

Purpose

This briefing note is to update members of Healthwatch and local Health & Social Care Scrutiny committees with recent information as to SECamb's performance. Alongside this, the report outlines:

- Recent CQC inspection feedback and the Trust's response
- Red 3 / Green 5 pilot patient impact
- Transition of Sussex Patient Transport Service provision from SECamb to Coperforma from 1 April 2016
- Risks associated with patient handover delays at acute hospitals and recent performance trends

South East Coast Ambulance Service Performance

For 2016/17, SECamb has agreed a performance improvement trajectory for the 3 main Ambulance Quality Indicators:

- Percentage of Red 1 calls receiving a response within 8 minutes
- Percentage of Red 2 calls receiving a response within 8 minutes
- Percentage of Red 1 & 2 calls receiving a transport-capable response within 19 minutes

The agreed improvement trajectory is shown in Figure 1 below:

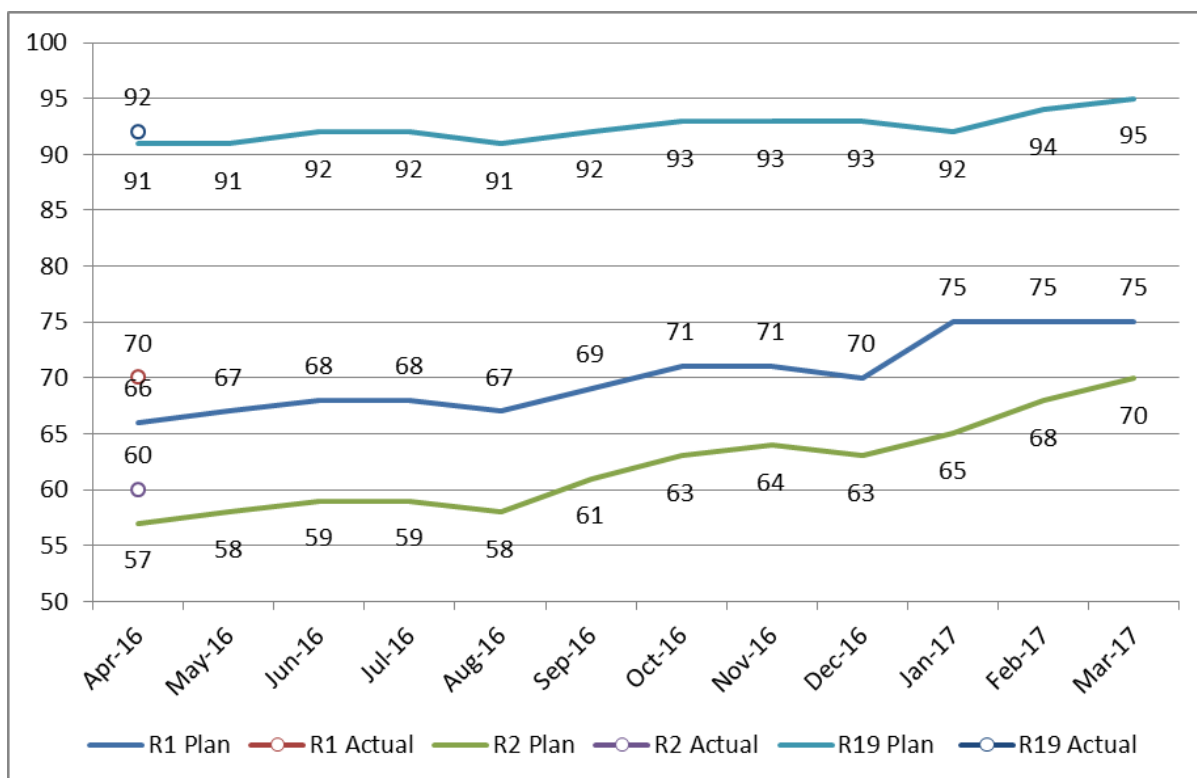


Figure 1: 999 Performance Improvement Trajectory

To date, the following performance has been achieved against the trajectory:

SECamb performance	April 2016	May 2016	Jun 2016
Red 1 trajectory	66%	67%	68%
Red 1 actual	70%	66%	Not yet available
Red 2 trajectory	57%	58%	59%
Red 2 actual	60%	57%	Not yet available
Red 19 trajectory	91%	91%	92%
Red 19 actual	92%	91%	Not yet available

Table 1 – Performance achieved year to date against improvement trajectory

SECamb met the trajectory for all three targets in April 2016, and narrowly missed targets for Red 1 and Red 2 in May 2016.

Improving Our Performance

SECamb is finalising a Trust-wide Recovery Plan, focusing on operational performance, improvements in quality, governance and culture, and delivery of major projects. This plan will be agreed with our Commissioners by June 30th 2016.

The 999 elements of this Plan will drive achievement of the trajectory outlined above through a focus on key factors within our control including:

- 1) Provision of sufficient response capacity (unit hours) to meet expected activity. This will require accurate forecasting and planning, and maintenance of appropriate staff skill mix and vehicle provision mix in each local area. Alongside this, we will minimise loss of hours due to absences and sickness.
- 2) Effective demand management through appropriate clinical management of calls transferred to 999 from NHS 111. The Trust will improve the proportion of calls resolved through 'Hear & Treat' (for example, by improving our management of frequent callers), and maximising our available capacity to meet peak demand through effective planning and escalation processes.
- 3) Delivering response time improvement by improving 999 call answer performance, and the effectiveness with which resources are dispatched.
- 4) Maximising the use of available capacity, by identifying safe and appropriate ways to reduce job cycle time and working with the wider healthcare system to minimise loss of hours due to hospital handover delays.

Alongside this, the Trust will implement a range of projects to ensure continued improvement in clinical quality and patient experience.

External Factors Affecting Performance

SECAMB's performance is also affected by a range of external factors over which we have limited influence. The most important amongst these are explained below.

Where activity levels exceed those for which SECAMB has been commissioned and funded, the level of capacity available 'per incident' is reduced and overall response time reliability will be reduced. During April and May 2016, activity exceeded our commissioned plan by 2.5% and 5.6% respectively which will have reduced the level of performance it was possible to deliver.

Delays to patient handover at hospitals further reduce the capacity available to respond to new incidents. During 2015/16, SECAMB lost over 47,000 hours to hospital delays – an increase of over 60% on the level of hours lost in 2013/14.

Unfortunately, the general trend remains one of increasing losses of resource hours to handover delays, with 4600 and 4800 hours lost in April and May 2016 respectively. Alongside the impact on response performance, these delays present a significant risk to patient experience and safety whilst awaiting handover, and the safety of patients in the wider community who will receive a slower response to their emergency needs.

Role for Wellbeing & Scrutiny Boards

Board members are asked to:

- Recognise the severity and impact of this issue, and ensure it remains a high priority for the healthcare economy
- Invite regular updates from local Systems Resilience Groups / Urgent & Emergency Care Networks as to progress in driving improvement
- Provide constructive challenge and scrutiny to the healthcare system to ensure risk is appropriately managed

SECamb CQC Inspection

SECamb was inspected by the CQC during the week commencing 3rd May 2016. We have received initial feedback via letter and expect the full report in due course. The initial feedback letter has been published on the Trust's website, and via the public Trust board meeting on 23rd June.

The inspectors gave positive feedback in a range of areas, including the quality of caring amongst our staff, with high levels compassion and awareness of patient need being demonstrated. Several of the Trust's innovations such as the IBIS system, and the roles of our Critical Care Paramedics and Community Paramedics were praised. However, the Trust received challenging feedback in a number of areas, including:

- The management of risks, incidents and complaints and how we learn from these
- Lack of clarity and accountability in some senior management roles
- Safeguarding training and responsibilities
- Infection control issues relating to hand hygiene and waste disposal
- Staff not feeling cared for, alongside issues of bullying and harassment
- Business continuity planning at Dorking Patient Transport Service locations
- Security and access issues at Lewes Emergency Operations Centre (EOC)
- Issues with the Trust's Computer Aided Dispatch System (CAD)

The Trust has taken immediate action to address the practical concerns, including:

- Resolving the access and security issues at Lewes EOC
- Communicated with staff about their responsibilities for infection control, and planned a training needs analysis to identify any further improvement needs. Key skills training is underway for patient facing staff to reinforce infection control practices

- Commenced an action plan to improve business continuity in the Patient Transport Service
- Resolved several immediate CAD issues, and ensured a program of planned maintenance and upgrades is in place to address the concerns that have been raised

Alongside this, the Trust is implementing a longer term program to improve governance and culture. This program will focus on areas including:

- Review of executive portfolios to ensure clarity of roles and responsibilities
- Redesign of committee structures and revised terms of reference to ensure clarity and coherence of decisions and management of issues
- Establishing a new Risk Practice Meeting and revised Risk Management Strategy
- Renewed focus on incident reporting and process improvement to provide assurance of resolution of issues, and implementation of lessons learned
- Improving quality and speed of response to complaints to address the current backlog
- Ensuring the basic structures and processes are in place to ensure staff are well looked after, such as guaranteed regular appraisals, and personal development plans.
- Commissioning external support for a full review of how the Trust works together, with specific training and support to address bullying and harassment issues
- Implementing a leadership development program and talent management framework

Whilst the Trust pursues these improvements, we will maintain our focus on our key goals of:

- Improving operational performance in 999, 111 and PTS
- Improving patient safety and performance against national Clinical Quality Indicators

Patient Impact Review Following Red 3/Green 5 Pilot

The Trust was previously expecting to receive the final Patient Impact Review in June 2016. The Review is externally-led and was one of the actions required by NHS Improvement (formerly Monitor) as part of their regulatory action against the Trust.

The Review is largely complete, however, for various reasons, the completion of the Review is likely to be slightly delayed.

Review into transition of Sussex PTS contract

An external review into the transition and mobilisation of the Sussex PTS contract by the new provider has been commissioned by the High Weald Lewes Havens CCG.

SECamb have participated fully in this review and have provided a full timeline of events, with associated evidence. We understand that the findings of the review will be made public in June 2016.

Following the on-going difficulties with VM Langfords, one of the two main transport providers, we are continuing to monitor the impact that this is having on our 999 services and the wider patient community.



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By Email

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Our reference : SPL1-2366220429

www.cqc.org.uk

Geraint Davies , Chief Executive(Interim)
South East Coast Ambulance Service NHS Foundation Trust
The Horseshoe, Bolters Lane, Banstead, Surrey, SM7 2AS

Friday 20th May 2016

CQC Reference Number: RYD6A

Dear Geraint,

Re: CQC inspection of SECAMB NHS Foundation Trust

Following the feedback meeting with yourself, Dr Rory McCrea, Kath Start, Professor Andy Newton, James Kennedy and other team members on Friday 6th May 2016 I thought it would be helpful to give you written feedback of our preliminary findings as highlighted at the inspection and given to you and your colleagues by the inspection chair Sarah Faulkner at the feedback meeting.

This letter does not replace the draft report we will send to you, but simply confirms what we fed-back on and provides you with a basis to start considering what action is needed rather than waiting for the draft inspection report.

An overview of our preliminary findings

The preliminary findings that we fed back to you were:

- We asked the team to thank the staff of the trust for the openness with which they discussed issues with the CQC team
- The caring approach of staff to patients was of a very high standard. We saw numerous examples of staff showing empathy and being highly aware of patient needs.
- Innovation was evident in a number of areas with the inspection team being particularly impressed with the IBIS system, the centre of excellence and the roles delivered by community and critical care paramedics.

In addition we outlined some areas of significant concern.

- Risk management, complaints and incident processes and systems for learning were highly unsatisfactory and did not afford movement of information or intelligence from the frontline staff to the board and back down.
- Arrangements for safeguarding were exceptionally weak with limited understanding of processes throughout the trust. Complaints and incident processes were not linked with safeguarding. We identified that allegations of abuse against staff were not being investigated in an appropriate and timely manner.
- Management roles at all levels lack clarity and as a result accountability is absent in many areas. This is particularly notable for the three clinical based executive directors.
- We found numerous policies to be out of date. In addition human resource policies are applied in an inconsistent manner across the organisation.
- Although we saw excellent care being provided by staff, a high percentage of feedback from staff indicated that they themselves do not feel cared for by the organisation.
- There was a lack of business continuity planning in the event of the loss of the single patient transport call centre at Dorking
- The general approach of the organisation towards equipment management, maintenance and checklists was not seen as robust.
- Our team identified security of access issues at the emergency operations centre at Lewes.
- The C.A.D. did not appear to have been updated to provide the most contemporaneous record of addresses.
- Infection control practice on ambulances, notably hand washing and waste disposal was not of the expected standard.

We advised that these were initial findings and subject to further evidence review but indicated that these areas warranted immediate further investigation and attention from the trust.

Further to the feedback we provided post inspection we would advise that we have received a number of calls from staff following the inspection indicating a continuing culture of bullying and harassment. These calls support some of the evidence from our interviews during inspection and on initial findings appears to be linked with inconsistent application of human resource policies (notably, but not exclusively, sickness and return to work). The number of outstanding grievances within the executive team itself is also a serious concern.

We advised you that due to the serious nature of some of our preliminary findings we would be meeting within the next ten days to explore the possibility of immediate regulatory action. You will be advised by letter of any such outcomes.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Victoria Keilthy at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any further queries at this stage please do not hesitate to contact me.

Yours sincerely



Alan Thorne

Head of Hospitals Inspection

c.c. Sir Peter Dixon, Chair

Victoria Keilthy, NHS Improvement

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Agenda Item 8.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: Brighton and Sussex University Hospitals NHS Trust (BSUH) Care Quality Commission (CQC) update

Purpose: To update HOSC on recent CQC activity in relation to BSUH.

RECOMMENDATIONS

- 1) to consider and comment on the attached report
 - 2) to request a further update in September 2016
 - 3) to liaise with West Sussex and Brighton & Hove HOSCs regarding ongoing scrutiny of BSUH's response to CQC
-

1 Background

1.1 The Care Quality Commission (CQC), the national health and social care regulator, has an ongoing programme for inspecting all NHS hospital trusts. CQC's inspections of services are based around five key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

1.2 Inspections result in an overall rating for the Trust of inadequate, requires improvement, good or outstanding. Ratings are also given for each of the five questions and each of the core services inspected.

2 Supporting information

2.1 BSUH was last inspected in April 2016. The full report has not yet been published. However, CQC has issued a warning notice to the Trust setting out some immediate concerns about its services. CQC's press release, which was published on 20 June, is attached at **appendix 1**. It indicates that the Trust has until 30 August to make necessary changes in response to CQC's concerns.

2.2 A letter from the Trust's Chief Executive (who took up her post in April 2016) to the HOSC Chair in relation to the warning notice is attached at **appendix 2**. This invites the HOSC Chair to meet with the Chief Executive for a fuller briefing, which is currently being arranged.

2.3 Members are invited to highlight any immediate questions which can be taken forward initially with the Chief Executive at the briefing meeting.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider and comment on the report. Given the CQC deadline of 30 August, and the possibility that the full CQC report may be available later in the summer, it is recommended that a further update is scheduled for September's meeting.

3.2 Both West Sussex and Brighton & Hove HOSCs will also have a strong interest in the Trust's response to CQC. It is recommended that HOSC liaise with the neighbouring committees in order to co-ordinate ongoing scrutiny where possible.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Claire Lee, Senior Democratic Services Adviser
Tel. No. 01273 335517
Email: Claire.lee@eastsussex.gov.uk



20 June 2016

CQC tell Brighton and Sussex University Hospitals NHS Trust to improve services

The Care Quality Commission has told Brighton and Sussex University Hospitals NHS Trust that it must make significant improvements in the quality of its services at the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital, Haywards Heath.

Following an inspection in April, CQC has issued a Warning Notice identifying three main areas for improvement:

- The trust's systems to assess, monitor, and mitigate risks to people receiving care and treatment as inpatients and outpatients were not operating effectively. Patients were being put at unnecessary risk because they were not being dealt with properly or in appropriate areas.
- There were ineffective systems to ensure the care privacy and dignity of people attending both hospitals as inpatients and outpatients.
- The trust had been failing to ensure patients are seen in line with national timescales for diagnosis and treatment. In many services, too many patients were on waiting lists which failed to meet national standards.

Professor Edward Baker, Deputy Chief Inspector of Hospitals, said:

"People being treated at the Brighton and Sussex University Hospitals NHS Trust are entitled to a service that is consistently safe, effective and responsive to their needs. Throughout our inspection we found that patients were not receiving the quality of care that they are entitled to expect, or within the timescales required.


"There is limited evidence to show these issues were being addressed at board level. We have told the trust they must improve and treat patients in a timely manner with care, dignity and respect. We have given the trust until the 30 August to address these immediate concerns. We will continue to monitor the trust closely, and will be returning in the near future to check that the trust has got an improved grip on these immediate issues."

A report of the inspection will be published in due course.

About the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and we encourage care services to improve. We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

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Brighton and Sussex 
University Hospitals

NHS Trust

Our ref: GF076/SF

20 June 2016

Cllr Colin Belsey
Chair East Sussex HOSC

Headquarters
The Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE

Tel: 01273 664902

Dear Cllr Belsey,

I am writing to let you know that, following a full inspection of the Trust from 4-8 April 2016, the Care Quality Commission (CQC) have issued the Trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008.

The Notice sets out a lack of systems and processes to ensure the safe and effective care of both inpatients and outpatients in a number of key areas. It also highlights issues around privacy and dignity and a failure to provide treatment and care that is in line with national timescales and standards. The Trust is required to make significant improvements by 30 August 2016.

It is clear from the Warning Notice that, in the areas identified, we have failed our patients and for that I have offered a public apology. For the Trust Board and our executive leadership the priority now is to do everything we can to put matters right.

The Trust is already working on an improvement plan designed to address the issues raised by the CQC and has taken action on the most immediate concerns since their April visit. These actions include amongst others:

- Escalation processes being changed to better manage patients at the Royal Sussex County Hospital during periods of high demand in the Emergency Department.
- A redesign of the Royal Sussex County Hospital Emergency Department, which will provide more cubicles for patient assessment and treatment from the beginning of July.
- Implementing patient quality and safety checklists incorporating 'comfort rounds' into the Emergency Department for patients awaiting a cubicle who have been brought in by ambulance.
- The opening of a 24/7 surgical assessment unit for patients referred by GPs.
- Redesigning the corporate Trust-wide governance structure
- Changes have been made to the Trust Board.

The CQC's full report will be published later in the summer and when it is I will ensure you are fully aware of its details and the progress we have made. In the meantime, we will continue to give our unrelenting focus to the necessary improvements to ensure our patients get the best possible care.

With our partner

I have attached the CQC press release and the Trust's media statement for your information.

I would like to thank you for your continued support. It is clear that in order to bring about the improvements necessary it is vital that we work together as system partners to ensure that we provide the healthcare to our patients and communities that they deserve and have a right to expect.

Should you want to discuss this further with me personally I would be happy to meet with you as soon as possible at your convenience.

Yours sincerely

A handwritten signature in black ink, appearing to read 'G. Fairfield', written in a cursive style.

Dr Gillian Fairfield
Chief Executive

Enc.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: East Sussex Healthcare NHS Trust (ESHT) Quality Improvement Plan (QIP)

Purpose: To consider the response by ESHT to HOSC's report on the Trust's QIP

RECOMMENDATIONS

- 1) to consider and comment on the attached response from ESHT; and**
 - 2) to agree future updates on specific areas of ESHT's quality improvement programme.**
-

1. Background

- 1.1. In July 2015, The Care Quality Commission (CQC) rated East Sussex Healthcare NHS Trust (ESHT) as 'inadequate' following a second inspection of the Trust. As a result, ESHT was placed in special measures by the NHS Trust Development Authority (TDA).
- 1.2. As part of the special measures, the TDA – now NHS Improvement – required ESHT to produce a Quality Improvement Plan (QIP) that detailed the sustainable improvements ESHT's new leadership team would make to the Trust in order to ensure it got out of special measures.
- 1.3. HOSC agreed to establish a Review Board to examine ESHT's proposed quality improvement planning. The Review Board looked at the leadership and culture at ESHT and, in five sub-committees, visited each of the five service areas rated as inadequate: health records, maternity, outpatients, pharmacy, and surgery.
- 1.4. HOSC endorsed the Review Board's report at its 24 March 2016 meeting and referred it to NHS Improvement and the CQC for consideration. At the same time, ESHT's new leadership team welcomed the report and agreed to respond formally to its recommendations at HOSC's next meeting on 30 June 2016.

2. Supporting information

- 2.1. The attached **appendix 1** contains ESHT's formal response to HOSC's report. HOSC's report can be viewed on the [East Sussex County Council website](#).
- 2.2. ESHT's response aims to provide assurance to HOSC that it is acting upon the recommendations made by the Committee.
- 2.3. ESHT's new leadership team says that it has developed a clear programme of quality improvement and is determined to learn lessons that enable it to restore the standards and reputation of the organisation. ESHT's leadership team looks forward to reporting back to HOSC as this work progresses.
- 2.4. As part of the special measures process, ESHT also agreed to work collaboratively with Healthwatch East Sussex on a series of projects linked to the ESHT improvement plan aimed at strengthening ESHT's patient and public engagement and promoting a culture of continuing quality service improvement.
- 2.5. Healthwatch has provided HOSC with a summary of this work with ESHT which is attached as **appendix 2**. Healthwatch will attend the HOSC meeting to present its findings. Their full reports will be available on the [Healthwatch East Sussex website](#) by 30 June.

3. Conclusion and reasons for recommendations

3.1. ESHT has now formally responded to HOSC's report, setting out how it is progressing against each of the nine recommendations.

3.2. HOSC is recommended to consider and comment on ESHT's response, and take this opportunity to agree dates for any future updates on specific areas of ESHT's quality improvement programme.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer

Tel. No. 01273 481796

Email: harvey.winder@eastsussex.gov.uk

East Sussex Healthcare NHS Trust

Response to East Sussex Health Overview and Scrutiny Review Board

Quality Improvement Report March 2016

1. Introduction

We would like to thank members of the Health Overview and Scrutiny (HOSC) Review Board for their comprehensive and insightful report. It is encouraging to receive external recognition of the positive improvements that have taken place over the last year and we welcome the opportunity to demonstrate continued progress as part of HOSC's work programme.

2. Response to recommendations

Outlined below is our response to the recommendations in the Report.

2.1 Recommendation about the general potential for sustained quality improvement at East Sussex Healthcare Trust (ESHT)

In the HOSC's view, ESHT's interim management team has shown that it understands the need for, is committed to, and is capable of delivering, sustained organisational improvement.

The Trust now has a full complement of Board members under a new Chairman. The new Chief Executive is in post and there is both commitment and focus to build on and strengthen the good work commenced under the interim leadership team. The recently appointed Director of Finance joins the organisation this month. Recruitment to the executive roles of Director of Strategy, Innovation & Planning, and Chief Operating Officer are underway. The Medical Director will be stepping down in August and the recruitment process has commenced.

2.2 Recommendation about monitoring ESHT quality improvement

The HOSC will continue to monitor ESHT quality improvement, particularly in terms of: sickness absence rates, bullying and harassment, complaints, incident reporting, and staffing and recruitment.

We note this recommendation and will provide information as required to support HOSC in monitoring quality improvement. As acknowledged in the report significant work has been undertaken to ensure that there are effective systems in place to improve quality and governance.

In respect of some of the areas highlighted. Sickness rates are reducing and in January 2016 were 4.45% which compares favourably to the NHS Trust national benchmark of 4.63% for the same period.

A cultural review has taken place and the findings were presented to the Board at the beginning of June. A plan is being developed to act on the findings from the review.

A clinical governance review is also underway to look at how the organisation manages and learns from issues. A governance restructure has strengthened both the central team and the clinical unit support.

Healthwatch continues to support the Trust and undertook a focussed review of complaints. The outcome of this work will improve both the quality and experience for those who make a complaint.

2.3 Recommendation about ESHT capital projects

ESHT should report to the HOSC confirming whether funding for the promised Better Beginnings capital works and for any works that form part of the Quality Improvement Plan (QIP) has been secured. Should the predicted NHS or corporate funding no longer be available, ESHT should set out its alternative plans for securing key projects.

We have committed £2.35million of capital works funding from our 2016/17 capital program to address Quality Improvement (QIP) matters. These QIP works includes amongst other schemes, improvements to the Radiology departments at Eastbourne and Conquest hospitals, relocation of the Fracture Clinic at Conquest hospital and the construction of a new CT suite at Eastbourne.

We have committed £1.225 million of capital works funding to improve Halisham 4 Ward (Urology Investigation Services) at Eastbourne, environmental improvements at the Midwifery led birthing unit at Eastbourne and improvements to the main operating theatres reception area at Conquest hospital.

We are reviewing our clinical strategy and have already identified a number of capital schemes for which we will require external capital funding to drive forward our clinical activities e.g. expanded SCBU at Conquest hospital, remodelling of the Emergency and Radiology Departments at Conquest hospital etc. The level of funding required is above and beyond the Trust's delegated authority and therefore the Trust intends to apply for public dividend capital during 2016.

2.4 Recommendation about surgical bed capacity

ESHT needs to develop a strategy to deal with general medical capacity demands without impacting on the performance of the trust's surgical units.

An independent review of bed modelling has been undertaken and the recommendations will be implemented in quarter two (Jul-Sept 16). This will enable better patient flow for non-elective activity and protect surgical capacity. We will update HOSC as the plan progresses.

2.5 Recommendation about leadership

ESHT is asked to report to the HOSC on its plans for board development in response to the CQC's criticisms of trust senior leadership.

We acknowledge that there has been a lack of confidence in the senior leadership team and are committed to developing a strong, high performing Board.

A tailored programme of seminars is in place to facilitate understanding and development. Board members undertake quality walks to strengthen “ward to board” governance. In addition, all Board members have clear objectives which are aligned to the Trust’s priorities. An external review of leadership was commissioned and the outcome of this review is being used as a focus for further development of leadership across our organisation.

2.6 Recommendation about strategic risk management

ESHT is asked to report to the HOSC on what it is doing to ensure that the trust’s system of strategic risk management is fit for purpose.

We are committed to ensuring risks are appropriately escalated and managed in a timely way. The Board has reviewed and agreed the principal risks to achievement of its strategic objectives and these are captured in the Board Assurance Framework. Internal Audit has evaluated the risk management processes and given “Significant Assurance” that they are fit for purpose. Mitigating actions to address gaps in control or assurance are reviewed and Board sub committees undertake “deep dives” into areas requiring further scrutiny.

2.7 Recommendation about hospital discharge

ESHT is asked to report to the HOSC on what it is doing to ensure that hospital discharges are not unduly delayed by waits for take-home medicines or other factors within the control of the trust.

We have discharge co-ordinators on both of our acute sites to help facilitate timely discharge. Currently 90-92.5% medicines are dispensed well in advance of discharge and there are ready labelled medicines (TTO packs) in ward areas such as A&E and the medical and surgical assessment units to help with discharging patients in a timely way. At ward level we promote nurse led assembly of take home medicines to ensure that discharge medicines can be assembled at any time from those medicines on the ward; this includes out of hours and weekends. FP10s prescriptions are also available for out of hours discharges when pharmacy is closed which means the medicines can be supplied in the community.

We currently have a drug chart that enables medicines to be ordered from pharmacy without the formal discharge letter being written. This means that as soon as the patient is identified for discharge the team can indicate what is needed. We are working on a couple of projects in pharmacy to enhance this work and are developing key performance indicators to monitor the pharmacy aspect of the discharge process.

2.8 Recommendation about incident reporting and complaints

ESHT is asked to report to HOSC on the measures it is taking to cross-reference the trust's incident reporting and complaints data.

There has been a change to the way in which data is reviewed in the individual clinical units and across the organisation. Incident reporting has been strengthened to ensure all staff receive training about reporting an incident and the closure of incidents. An organisation with a high incident reporting is considered to have a good safety culture. Our incident reporting continues to increase but the percentage of "no harm" is still lower than the national average. .

A new Serious Incident Process commenced in April and will improve the speed and turnaround of serious incidents. A shared learning in practice newsletter (SLiP) is developed from incidents and this is cascaded across the Trust. Triangulation from themes and trends in complaints, patient experience and incidents is reviewed and actions agreed. This is scrutinised by the Trust's Quality and Safety Committee.

2.9 Recommendation about seven day working

ESHT is asked to report its plans to move to a seven day working model to the HOSC.

We have undertaken an audit and gap analysis of our current model. A programme of work has commenced to support us in delivering a seven day working model, which will be aligned to the Surrey and Sussex Transformational Plan (STP). This includes considering new ways of working which will encompass:

- *working in networks with neighbouring hospital to support each other to achieve the standards set*
- *establishing safe and effective information governance to facilitate more effective information sharing*
- *developing innovative workforce approaches to consider new and extended roles for clinical and non-clinical staff*
- *addressing lower staffing levels at weekends*
- *working with our commissioners to develop financial incentives and CQUINs to incentivise system-wide achievement of the clinical standards*

We propose to update HOSC on this project as it progresses.

3. Conclusion

We hope that this response provides assurance to the HOSC that we are acting upon the recommendations made. We have developed a clear programme of quality improvement and are determined to learn lessons to restore the standards and reputation of the organisation. We look forward to reporting back to HOSC as our work progresses.

Dr Adrian Bull
Chief Executive
June 2016

June
2016

HOSC
Briefing Paper

*A briefing on the support provided to
East Sussex Healthcare NHS Trust*

"It takes a minute to feedback, but the difference could last a lifetime"

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Executive summary

East Sussex Healthcare NHS Trust (ESHT) and Healthwatch East Sussex (HWES) agreed to work collaboratively on a series of projects linked to the ESHT improvement plan aimed at strengthening ESHT's patient and public engagement and promoting a culture of continuing quality service improvement.

The projects include:

- Increasing Healthwatch East Sussex visibility within the Trust.
- Completing an independent lay review of the complaints process; and
- Undertaking a programme of Healthwatch East Sussex Enter and View activity.

Healthwatch East Sussex visibility within the Trust

Information volunteers support two pop-up 'Info hubs' situated in the main reception areas of both acute hospitals. The main aims are to raise the profile of HWES with staff and patients; improve the overall relationship between the Trust, HWES and its volunteers; and to generate an increase in patient feedback.

Observations

- Some ESHT Board members have visited HWES volunteers in the reception areas.
- Noticeable changes have been observed with interactions between the Trust's staff and Healthwatch volunteers as more staff understand the role of local Healthwatch.
- More staff are aware of local Healthwatch.
- Communication within the Trust has improved when Healthwatch representatives visit the wards; and
- The overall relationship has noticeably improved since the beginning of this project.



Making Complaints Personal - independent review of the complaints process (Report 1)

The review team looked at a random selection of complaints received by ESHT, with each complaint scrutinised for process. A total of **66 cases** were reviewed.

Observations and findings

It was clear there was a process and a structure of acknowledgement in place and that it was generally followed. There was also evidence of:

- Responses which were generally sympathetic.
- The Trust communicating well with other agencies when more than one organisation was involved.
- Long delays for complainants at various points of the process.
- Some delays stretching over six months from the initial point of contact.
- No fast track system for more serious complaints.
- Clinical and formulaic responses which could lead to the complainant feeling that they are outside the process and not being treated as an individual.

Maternity Review - summary of on-line responses (Report 2a)

A working group was created to look at all **197 on-line responses**, following the call out for evidence. (January - February 2016) The experiences women shared through this on-line survey were largely related to the service at the Conquest Hospital (80%). Key themes, actions and learning points include:

- **Staff attitude** - the experiences reported by women contributed to an overall negative experience in some instances.
- **Special Care Baby Unit (SCBU)** - very complimentary references to staff and the community midwives.
- **Ante-natal care** - a number of women commented on their belief that they had undergone an unnecessary emergency caesarean section and on the waiting times for induction.
- **Labour care** - overall largely positive experiences, the most negative experiences were reported at the Conquest Hospital; whilst women giving birth at the Eastbourne unit were very complimentary.
- **Post-natal care** - the highest proportion of respondents were critical of their experience at the Conquest Hospital. However where the feedback was positive, care was described by women as 'excellent', 'fantastic' and 'supportive', across both sites.
- **Cleanliness and hygiene** - most of the negative comments received related to the showers and bathrooms at the Conquest Hospital.

Special Measures, to special moments - an overview of maternity services (Report 2b)

Authorised Representatives visited both units over a three day period in mid-April 2016 (including a weekend).

- Maternity units at Eastbourne District General Hospital (EDGH) and the Conquest Hospital.
- Women who had used the service were involved in the planning and shaping of this review.

A total of 50 survey interviews were completed.

Noticeable observations and findings

- Women on both units at the time of the visit shared mostly positive experiences about their interactions with nursing and midwifery staff.
- The midwife led unit at Eastbourne was very highly rated by women and their partners and described by some as a 'gold standard service'.
- Travel between the two units led to some negative responses, especially in relation to transferring back to Eastbourne from the Conquest.
- Delays were mentioned at both units by women having labour inductions.
- Frank Shaw ward was observed as being very busy at times and staff appeared stretched.
- It was suggested that better information for fathers and partners could be provided including information on access arrangements to wards at night.



Round the clock care - 24 hours in ESHT Acute Hospitals, The patients view (report 3)

A total of 252 people shared their views and experiences over a 24 hours period across both acute hospitals starting at 08.00 hrs on the 21st April and concluding at 08.00 hours Friday 22nd April 2016.

- We talked to patients, carers, relatives and some staff.
- We asked people to rate the care and treatment they received, whether their care met their expectations and how well they were communicated with.

Noticeable observations and findings

- Patient and relative's experiences of care during the 24 hours were largely reported positive and complimentary.
- Authorised representative's observations of care during the 24 hours were also positive and complimentary.
- Inappropriate attendances at A&E department were a particular issue at EDGH.
- Proactive communication with patients around waiting times in A&E needs to significantly improve.
- More public information and education is required to deter inappropriate attendance at A&E departments.

Conclusions

Healthwatch East Sussex will continue to work with the Trust in taking forward the learning identified in this review and where further activities remain outstanding i.e. the Complaints Review.

We will follow up with a programme of reflective interviews and develop early intervention strategies, seeking to address issues at an early stage and avoid complex complaints.

We are also exploring the introduction of a Maternity Guardian role in East Sussex; this would be an independent access point for women, to share experiences and concerns.

Contact us

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Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report publicly available by 30 June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 30 June 2016

By: Assistant Chief Executive

Title: Sussex and East Surrey Sustainability and Transformation Plan

Purpose: To brief HOSC about the purpose and process of developing a Sustainability and Transformation Plan for Sussex and East Surrey

RECOMMENDATIONS

- 1) To consider and comment on the report
 - 2) To request a further update, focusing on implications for East Sussex, in September or December 2016
-

1 Background

1.1 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was tasked with producing a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the NHS England Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

1.2 Local health and care systems came together in January 2016 to form 44 STP ‘footprints’. The health and care organisations within these geographic footprints are working together to develop STPs which aim to help drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term.

1.3 The NHS shared planning guidance, published in December 2015, explained that the success of STPs will depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.

1.4 Initially the timescale for submitting STPs was June 2016. However, this is now a submission of work in progress with the full plan submission due in autumn 2016.

2 Supporting information

2.1 The local footprint which includes East Sussex is ‘Sussex and East Surrey’. This comprises 23 partner organisations. The nominated Chair for this STP is Michael Wilson, Chief Executive of Surrey and Sussex Healthcare NHS Trust. Wendy Carberry, Accountable Officer of High Weald Lewes Havens CCG is a nominated responsible officer. She has provided a report outlining the aims of the STP, the process for developing it and what it is likely to include (**appendix 1**).

2.2 It is recognised that there will be sub-areas within the STP footprint with existing or evolving change programmes, such as East Sussex Better Together (Eastbourne, Hailsham and Seaford/Hastings and Rother CCG areas) or Connecting 4 You (High Weald Lewes Havens area). These can be incorporated into the STP. Individual organisations retain their existing accountabilities.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider and comment on the report and to consider scheduling a further update for Autumn 2016 either before or after the submission of the full plan.

PHILIP BAKER
Assistant Chief Executive

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*High Weald Lewes Havens
Clinical Commissioning Group*

Sustainability and Transformation Plan Update

Wendy Carberry
June 2016



National context

- Population increasing
- People living longer with long-term conditions
- Health inequality gap
- Health and care funding not increasing in line with increasing demand



Five Year Forward View
sets out how health services need to change over the next five years in order to improve public health and service quality while delivering financial stability by 2020/21.

Local context

- Long waits for planned care services
- Pressures on A&E, 18 weeks, Primary Care
- Pressures on Workforce
- Poor health outcomes (Cancer)
- Acute hospital deficits at ESHT & BSUHT



The STP – how we deliver the FYFV

- The STP is our opportunity to work together to:
 - improve population health
 - improve our approach to prevention
 - make the best use of the resources we have, including estates, workforce and finance
 - improve quality of services

Developing our STP

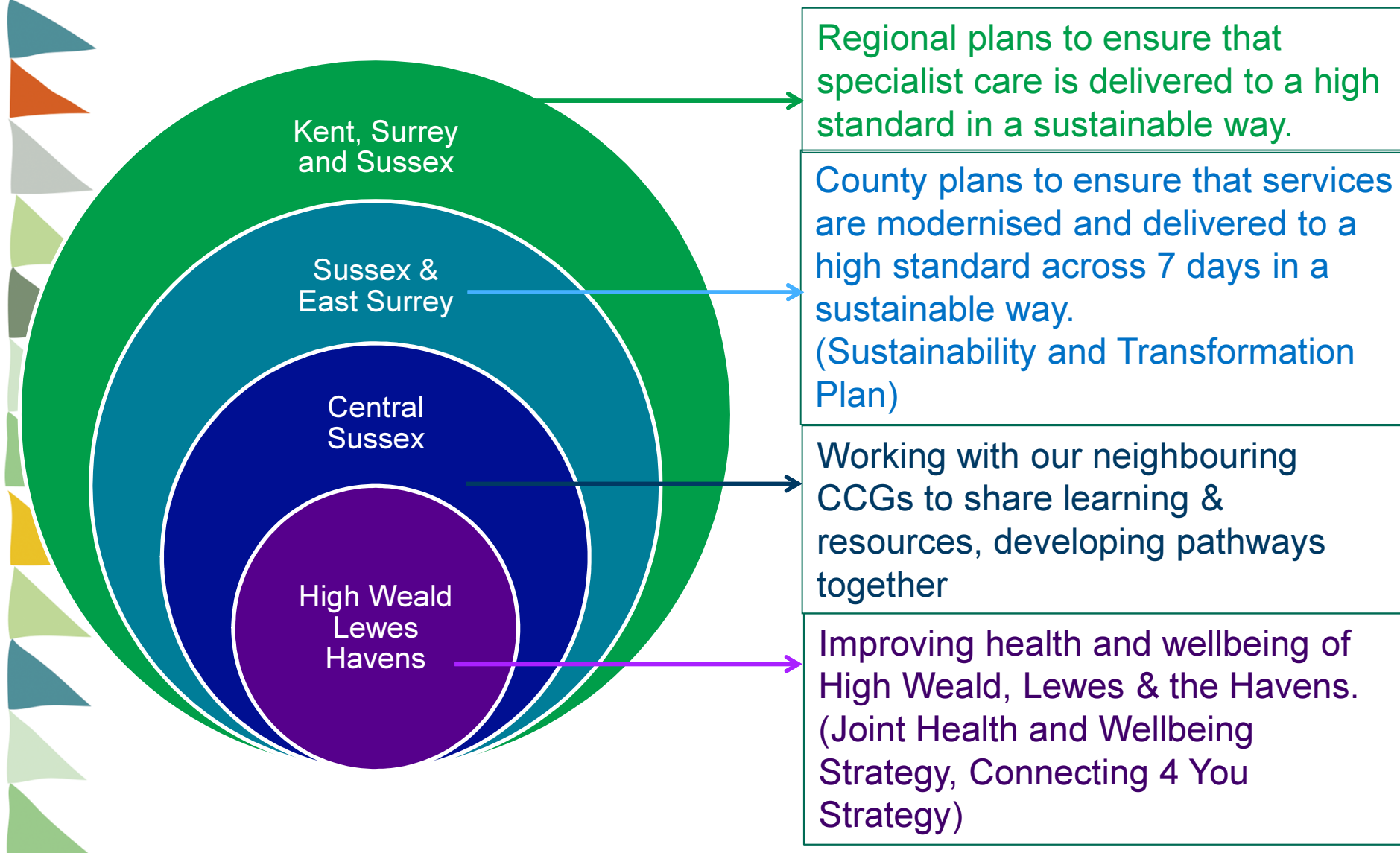
We are in the early stages of development. So far we have:

- Agreed our footprint with NHS England
- Assigned a Chair and Senior Responsible Officer
- Set up governance structure
- Started to review the local plans and identify the gaps/issues that would benefit from a Sussex East Surrey wide solution

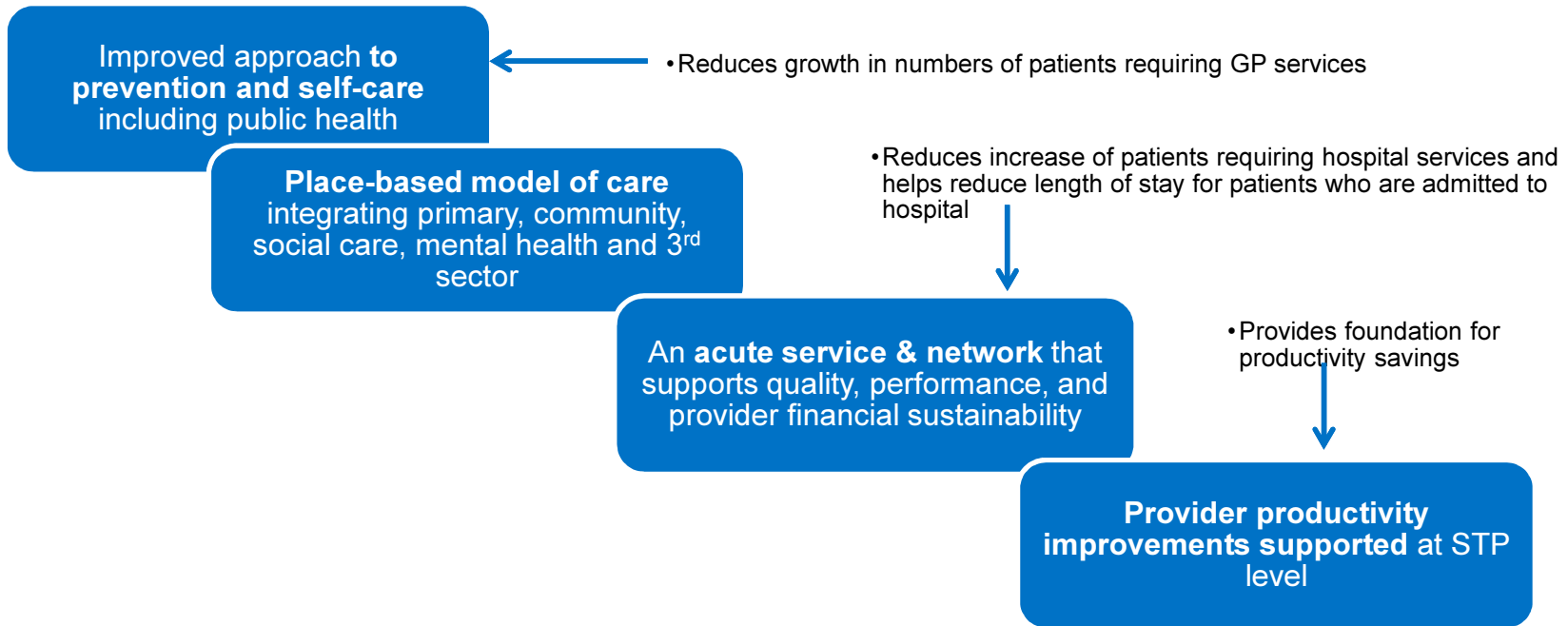
Our STP

- Our footprint is comprised of 23 partner organisations and serves a population of around 2 million people.
- Chaired by Michael Wilson CBE, Chief Executive Surrey and Sussex Healthcare Trust (SASH)
- A Programme Board has formed, constituted of the Chief Officers/ Chief Executives of all partner organisations
- Sub-groups have been formed and tasked with defining the performance gaps:
 - Health and Wellbeing is led by the local Public Health leads,
 - Care and Quality by partner quality leads and
 - Finance and Efficiency by partner Directors of Finance.

Our STP -The STP builds on the local plans



Key aims of the STP



These big changes are supported by:





Common themes - Clinical pathways

Six clear care and quality priorities have been developed through review of key quality indicators, Right Care data analysis and discussion with partner organisation's quality leads

1. Cancer outcomes
2. Stroke outcomes
3. Mental health access and outcomes
4. Management of long term conditions
5. Support to the frail and elderly
6. Maternity and children's services

STP Funding

- For the first time, local NHS planning will have significant central money attached to it via a national Sustainability and Transformation Fund of:
 - £2.9bn in 2017/18
 - rising to £3.4b in 2020/21
- STPs will be the single application and approval process for health economies to receive funding for transformation programmes and local deficits. For example, to fund:
 - improved access to GP services
 - diabetes prevention
 - support for people with learning disabilities
 - improved cancer and mental outcomes

Consultation and Engagement

- In East Sussex transformational work is already underway – and something we have been consulting local patients, partners and clinicians on for some time
- STP Engagement:
 - STP Programme Board includes members from each of the Local Authorities: East Sussex, Surrey, West Sussex and Brighton & Hove
 - Our Programme Board membership includes GPs and we are engaging with the Sussex Clinical Senate
 - As emerging solutions are developed we will engage more broadly with patients and the public
 - Healthwatch are members of the Programme Board



*High Weald Lewes Havens
Clinical Commissioning Group*

**Wendy Carberry
June 2016**



Work Programme for Health Overview and Scrutiny Committee



Future work at a glance

Updated: **June 2016**

Please note that this programme is correct at the time of updating but may be subject to change. The order in which items are listed does not necessarily reflect the order they will appear on the final agenda for the meeting.

<i>Issue</i>	<i>Objectives and summary</i>	<i>Organisation giving evidence</i>
29 September 2016		
ESHT Quality Improvement Plan	HOSC carried out a review of East Sussex Healthcare NHS Trust's (ESHT) Quality Improvement Plan (QIP) – which was developed in response to the Care Quality Commission's (CQC) Inspection Report of the Trust. HOSC will receive a report on specific areas of ESHT's improvement planning that the Committee has identified require further scrutiny.	East Sussex Healthcare NHS Trust (ESHT)
BSUH CQC update	To consider the findings of the Care Quality Commission (CQC) and Brighton & Sussex University Hospital NHS Trust's (BSUH) response.	Brighton & Sussex University Hospital NHS Trust
SECamb CQC update	To consider the findings of the Care Quality Commission (CQC) and South East Coast Ambulance NHS Foundation Trust's (SECamb) response.	South East Coast Ambulance NHS Foundation Trust
Sustainability and Transformation Plan update	To consider an update on the NHS Sustainability and Transformation Plan and its implications for healthcare in East Sussex.	High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

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Agenda Item 11.

Connecting 4 You Update	To consider an update on High Weald Lewes Havens CCG's plans for developing integrated health and social care services with East Sussex County Council.	High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)
Sussex Stroke Review	An update on the recommendations of the review of stroke services across Sussex.	High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

**If you have any comments to share about topics HOSC will be considering, as shown above, please contact:
HOSC Support Officer:** Claire Lee, 01273 335517 or claire.lee@eastsussex.gov.uk

Acronyms

A&E – Accident and Emergency department
ASC – Adult Social Care
AT – Area Team (of NHS England)
BSUH – Brighton and Sussex University Hospitals NHS Trust
EDGH – Eastbourne District General Hospital
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
EHS – Eastbourne, Hailsham and Seaford
ESCC – East Sussex County Council
ESHT – East Sussex Healthcare NHS Trust
H&R – Hastings and Rother
HOSC – Health Overview and Scrutiny Committee
HWLH – High Weald, Lewes, Havens
MTW – Maidstone and Tunbridge Wells NHS Trust
NHS – National Health Service
SECAMB – South East Coast Ambulance Service NHS Foundation Trust
SPFT or SPT – Sussex Partnership NHS Foundation Trust
TBC – to be confirmed
TDA – Trust Development Authority

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