healthscrutiny east sussex

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 29 JUNE 2017

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Phil Boorman, Bob Bowdler, Angharad Davies, Ruth O'Keeffe (Vice Chair), Sarah Osborne and Andy Smith

District and Borough Council Members
Councillor Janet Coles, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council
Councillor Nigel Enever, Lewes District Council
Councillor Bridget George, Rother District Council
Councillor Johanna Howell, Wealden District Council

Voluntary Sector Representatives
Julie Eason, SpeakUp
Jennifer Twist, SpeakUp

AGENDA

1. **Minutes of the meeting held on 23 March 2017** *(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. **Connecting 4 You progress update** *(Pages 15 - 16)*

6. **East Sussex Healthcare NHS Trust Quality Improvement Programme: End of Life Care** *(Pages 17 - 24)*

7. **HOSC future work programme** *(Pages 25 - 28)*

8. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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21 June 2017

Contact Claire Lee, 01273 335517
Email: claire.lee@eastsussex.gov.uk

Next HOSC meeting: 10am, Thursday, 21 September 2017, County Hall, Lewes

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122 – Barcombe Mills

123 – Newhaven, Peacehaven

166 – Haywards Heath

VR – Plumpton, Ditchling, Wivelsfield, Hassocks, Burgess Hill.

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Agenda Item 1.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 23 March 2017

PRESENT:

Councillors Colin Belsey (Chair), Councillors Ruth O'Keeffe, Philip Howson, Angharad Davies, Alan Shuttleworth, Bob Standley and Tania Charman (all East Sussex County Council); Councillors Councillor Mike Turner (Hastings Borough Council), Bridget George (Rother District Council) and Councillor Johanna Howell (Wealden District Council)

WITNESSES:

East Sussex Healthcare NHS Trust

Alice Webster, Director of Nursing
Catherine Ashton, Director of Strategy

South Central Ambulance NHS Foundation Trust

Paul Stevens, Director of Commercial Services
Stacey Warren, Business Manager

High Weald Lewes Havens Clinical Commissioning Group

Ashley Scarff, Director of Strategy
Maninder Singh Dulku, Patient Transport Service Programme Director

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

Amanda Philpott, Chief Officer

LEAD OFFICER:

Claire Lee, Senior Democratic Services Advisor

29. MINUTES OF THE MEETING HELD ON 1 DECEMBER 2016

29.1 The Committee agreed the minutes of the meeting held on 1 December 2016.

30. APOLOGIES FOR ABSENCE

30.1 Apologies for absence were received from Cllr Carstairs (substitute: Cllr Howson), Cllr Coles, Julie Eason and Jennifer Twist.

31. DISCLOSURES OF INTERESTS

31.1 There were none.

32. URGENT ITEMS

32.1 There were none.

33. EAST SUSSEX HEALTHCARE NHS TRUST: CARE QUALITY COMMISSION FOLLOW-UP INSPECTION REPORT

33.1. The Committee considered a report on the Care Quality Commission's (CQC) follow-up inspection of East Sussex Healthcare NHS Trust (ESHT).

33.2. Catherine Ashton, Director of Strategy, and Alice Webster, Director of Nursing, answered questions from the Committee.

Performance of A&E Department

33.3. Alice Webster explained that shortages of available clinical staff, including consultants, are a major reason for the performance of the A&E Department. The difficulty in recruiting and retaining staff is a nationwide issue and is the result of a shortage of available candidates not lack of resources. Alice Webster added that the CQC had inspected the emergency departments at a particularly busy period when there were a large number of patients and flow issues throughout the Trust that were causing delays in A&E.

33.4. Alice Webster outlined some of the ways that the Trust is working to improve A&E performance:

- increasing consultant cover at both A&E departments, and recently recruiting an additional emergency consultant;
- strengthening clinical management by employing a clinical lead to manage the whole department whilst retaining a clinical lead for both A&E departments at Eastbourne District General Hospital (EDGH) and Conquest Hospital who are present at all times;
- put in place an extra nurse on each shift to see patients who are waiting but are not in a cubicle, e.g., waiting in an ambulance, or 'off loaded' onto the department;
- monitoring the number of patients in A&E four times a day to improve patient flow and ensure patients are safe; and
- entering discussions with NHS Improvement about the physical appearance of both A&E Departments.

33.5. Alice Webster said that it was important to make clear that A&E Departments do not work in isolation of the rest of the Trust. Staff will try to identify patients that can move out of A&E to elsewhere in the hospital or could go home, and implement this with immediate effect, to manage the throughput of patients in A&E. ESHT also works closely with South East Coast Ambulance NHS Foundation Trust (SECAmb) to manage hospital handover; the A&E department has an action plan that encompasses hospital handover.

33.6. Alice Webster confirmed that there has been change in staffing at the Ambulatory Care Unit at Conquest Hospital but people continue to receive care at the Unit.

33.7. Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG) said that urgent care is a system-wide service that hospital A&E departments play a major part in. Every health system is required to have a local A&E delivery board to oversee urgent care and the East Sussex A&E Delivery Board is working on five workstreams to improve urgent care, including:

- improving the minor injuries discharge rate within 4 hours from 95-98% to 100%;
- developing protocols for ensuring consistency in seeing, diagnosing and treating patients;
- establishing equal clinical leadership on both hospital sites;
- improving discharge planning to begin when a patient is first admitted to hospital to reduce instances of delayed transfer of care;
- improving the rate of recruitment and retention of consultants and GPs.

Performance of Children and Young People services

33.8. Alice Webster said that one of the CQC's 'must do' actions was for the Trust to develop play services in line with national guidance. The CQC has since elaborated with ESHT that its inspectors had concerns with the number of beds in a particular paediatrics room, and the lack of a paediatric nurse in A&E 7 days per week. Inspectors required evidence that both were being introduced in a sustainable way, and the Trust has now carried this out.

End of Life Care and rapid discharge process

33.9. Alice Webster explained that the discrepancy in the rating of End of Life Care (EoLC) between both hospitals was due to the responsiveness of the EoLC team in EDGH, for example, it was less aware of ESHT's pathways that allow for the discharge of patients from the A&E directly into the community. Since the CQC inspection, a training programme is being undertaken around EoLC and the preferred place of death for patients, i.e., ensuring that they are taken to their preferred place of death and not automatically put into a bed. In addition, a piece of work is being undertaken at the Conquest Hospital to develop 'peace plans' for the last 12-18 months of a patient's life that involves patients and their family.

Organisational culture

33.10. Alice Webster explained that the annual NHS Staff Survey is managed independently and the company that runs the survey said that the progress ESHT has made has been phenomenal. All measures of staff satisfaction have improved (including staff morale) or stayed the same, and a number are now at the national average. Furthermore, ESHT is showing a marked improvement in areas such as communication between management and staff, communication between staff, and staff being able to identify and report if they are being bullied or harassed.

33.11. Alice Webster assured HOSC that ESHT will continue to build on innovations such as the independent 'speak up' guardian, staff engagement sessions, training on the essentials of management for junior staff, and managing the manager training for more senior staff, which have started to improve the culture at the trust at all levels.

33.12. Alice Webster said that patient and service users are reporting an improved service. This is based on triangulating the results of the Friends and Family Test (FFT) (which have always been positive but have now seen a 15% increase in the number of patients filling them out),

patient complaints (which have not increased or shown any emerging patterns), plaudits from patients, and feedback from Healthwatch engagement events.

Leadership and Board monitoring ESHT progress

33.13. Alice Webster said that there had been a number of changes to the ESHT Board. The Board receives reports of departmental performance in public meetings and it will continue to monitor the progress of the trust's action plans through board papers and committees, such as its audit and finance committees. The Board and Chief Executive are also doing 'quality walks' through the departments and 'in your shoes' visits to understand the patient and staff experience of the Trust and see whether what is in the board reports is accurate. The expectation is that these visits are several hours long and involve following patient journeys and pathways through the hospital, not just walking around a ward. Catherine Ashton confirmed that in the last 6 weeks there have been over 20 quality walks throughout the Trust in both the daytime and evenings, and both on frontline wards and in back office areas.

Infection control rates

33.14. Alice Webster said that infection control rates are overseen effectively by a Director of Prevention Infection and Control who is a qualified microbiologist. There are set objectives around MRSA, C-Difficile, and winter flu rates (amongst other diseases) and these are monitored by the CCGs on a regular basis – with clear evidence of improvements being seen.

Maintenance backlog

33.15. Alice Webster clarified that there is a maintenance programme, monitored by the estates team, and there is an ongoing discussion about backlog priorities. The figure of £26m backlog of maintenance works is for the whole trust and is indicative of the age of the building stock. Catherine Ashton said there is a maintenance backlog issue at ESHT but added that one of the workstreams of ESBT is to look at the shared estate of all partner organisations and how it can be used differently and more effectively.

Backlog of unreported x-rays

33.16. Alice Webster confirmed that the backlog of x-rays have all been reviewed and reported on, which was a considerable piece of work. The Trust has a new x-ray reporting system so is not expecting a re-occurrence of the issue.

33.17. The Committee RESOLVED to:

1) note the report; and

2) request a report on the progress of the end of life care, and urgent care and patient flow projects in more detail at a future committee meeting; and

3) request that ESHT provide by email the NHS Staff Survey results and a breakdown of maintenance costs for each building in ESHT's estate.

34. <u>SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PLAN</u>

34.1. The Committee considered a report on the progress of the Sussex and East Surrey Sustainability and Transformation Plan (STP).

34.2. Amanda Philpott, Chief Officer, EHS CCG/HR CCG provided a presentation to the Committee on behalf of Wendy Carberry, who is the Senior Responsible Officer for the STP and who had to give her apologies for the meeting.

Date for competition of STP review of acute care

34.3. Amanda Philpott said that the CCGs are anticipating three or four options from the STP review of acute care to be publically available by June or July, with pros and cons for each option – due to the pressure on resources there are unlikely to be any risk free options.

STP Review and refresh

34.4. Amanda Philpott explained that one of the reasons for the STP review and refresh is member organisations' desire to adapt how they work together within the STP to ensure that the STP adds value to the population it serves.

34.5. Amanda Philpott said that NHS England had a good insight into the reason for creating the 44 STP footprints, for example, around trauma and tertiary care areas, and has an important role in ensuring that national and strategic issues are considered by CCGs when redesigning services within the footprints – the STP wide work needs to complement the place-based plans, i.e., ESBT and C4Y for East Sussex.

34.6. Amanda Philpott told HOSC that the ESBT place-based plan has materially influenced the STP as its core building blocks, and in that sense the STP process has been 'bottom-up'. However, that influence is within the wider context of an STP programme that is nationally mandated and overseen by NHS England. For the STP to succeed, these place-based plans have to succeed in enabling greater and more efficient care to be provided in the community.

34.7. The Committee RESOLVED to:

1) note the report; and

2) request a further update on the progress of the STP in September unless there is significant progress with the development of the STP prior to the Committee's June meeting.

35. PATIENT TRANSPORT SERVICE

35.1. The Committee considered a report on the latest developments regarding the Patient Transport Service (PTS).

35.2. Maninder Singh Dulku, PTS Programme Director, Sussex CCGs; Paul Stevens, Director of Commercial Services, South Central Ambulance Service NHS Foundation Trust (SCAS); and Stacey Warren, Business Manager, SCAS, responded to questions from the Committee.

Key lessons from previous contract

35.3. Mr Dulku said that a key recommendation of the independent report into the previous mobilisation of PTS was to employ a specialist PTS advisor. The CCGs appointed one in August 2016 and they have been pivotal in the process, and will be retained for a further six months to ensure an ongoing monitoring of the new contract. The CCGs have also avoided the mistake of attempting a one day contract transfer and have instead opted for a two phase transfer: phase one commenced on 1 March and phase two will commence on 1 April. Some lessons were learned from phase one that have been adopted for phase two.

Online booking systems

35.4. Paul Stevens explained that there was a problem with the online booking system during phase one. SCAS quickly had the software supplier resolve the issue and, following further testing, there have been no further issues. Online booking will be available from 1 April.

Capacity of SCAS to take on both Surrey and Sussex PTS

35.5. Paul Stevens explained that the Sussex contract will have its own management team that will report to SCAS's Board. It is standard practice throughout the area in which the trust operates for SCAS to have a local contract team manage the PTS, as each area has their own locations and demands.

35.6. Paul Stevens said that he did not expect every aspect of the new contract to be perfect from the outset and it will take time to embed and understand some of the issues and concerns about the service over the past year. However, the transition team has worked extremely hard and has carried out 150 one-to-one TUPE meetings with future team members– this is resource heavy and demanding but must be done in order to get TUPE contracts right. SCAS will continue with its established managers for the first 2 weeks of April, rather than bringing in new managers, to help reduce issues with the transition.

35.7. Paul Stevens added that the activity levels experienced from 1 March were different to the expected levels developed beforehand from the data provided – certain assumptions are now being made about the level of demand from 1 April.

35.8. Catherine Ashton said that ESHT considers that the PTS it is in a better position than it was this time last year. There have been a few problems but they have been nothing more than anticipated for a new service and are being resolved in the way ESHT would want to see. The Trust has no clinical risks or safety concerns that have been identified about the PTS.

Complexity of phased approach

35.9. Paul Stevens argued that the phased approach is a good idea but one hurdle it has is that staff are transferred over at different periods meaning that temporary staff must be in place for those areas not yet transferred over, for example, on 1 March SCAS took responsibility for transport activity but had not yet transferred over any Coperforma call handlers; SCAS had to put in place temporary call handling staff which was a challenge initially.

Number of staff transferring

35.10. Paul Stevens explained that although there was no legal right for staff to be transferred from Docklands and VM Langford to SCAS via a TUPE process, because of the ordeal they had been through, the CCGs took the decision to request that SCAS undertake a TUPE process. Stacey Warren said that 72 staff have been transferred and no more than two chose not to.

Cost to the CCG of change in provider

35.11. Maninder Singh Dulku told HOSC that the financial costs are still being worked out but will be available in due course.

Eligibility process

35.12. Paul Stevens said that the re-eligibility review period for patients is set out in the PTS contract at 28 days because PTS eligibility is based on medical requirements and people's circumstances can change quickly. This does not apply to people using transport for renal or oncology who have access to the block-booking of transport.

Key Performance Indicators (KPIs)

35.13. Maninder Singh Dulku said that the PTS advisor considered the original KPIs for the Coperforma contract to be “wholly unrealistic”. A process of dialogue with SCAS and the PTS advisor has since taken place to revise the KPIs. The PTS Programme Board signed off these revised KPIs in February 2017.

Journey planning

35.14. Paul Stevens said that SCAS has a different service model to Coperforma. The Trust runs a planned service where journeys are booked and planned beforehand and drivers know, when they first log in to their smartphones in the morning, what their journeys will be for the day. Under the previous contract most drivers were allocated visits depending on their availability during the day. Stacey Warren explained that SCAS also operates a ‘buddy’ system elsewhere where the same group of patients are taken to and from the healthcare centre by the same driver and plans are in place to implement it in East Sussex.

35.15. The Committee RESOLVED to:

1) note the report;

2) request an email update in the summer on the performance of the PTS including patient satisfaction.

36. CENTRAL SUSSEX STROKE SERVICES: REPORT OF THE SCRUTINY REVIEW BOARD

36.1 The Committee considered a report of the Central Sussex Stroke Services Scrutiny Review Board.

36.2 The Review Board thanked the witnesses for their contributions. Ashley Scarff, Director of Strategy, High Weald Lewes Havens CCG, said that the review process had been a worthwhile and helpful exercise.

36.3 The Committee RESOLVED to

1) agree the report and its recommendations;

2) agree to submit the report to the appropriate NHS organisations; and

3) request an update on the progress of the new stroke service for March 2018.

37. HOSC FUTURE WORK PROGRAMME

37.1 The Committee considered its future work programme.

37.2 The Committee RESOLVED to note the report.

The meeting ended at 12.10 pm.

Councillor Colin Belsey

Chair

Agenda Item 5.

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

Date: **29 June 2017**

By: **Assistant Chief Executive**

Title: **Connecting 4 You update**

Purpose: **To update HOSC on progress of the Connecting 4 You health and social care transformation programme in the High Weald Lewes Havens area.**

RECOMMENDATIONS

HOSC is recommended:

1) To consider and comment on the presentation from High Weald Lewes Havens Clinical Commissioning Group.

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1. Background

1.1 In March 2016 HOSC considered a decision by High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) to withdraw from the *East Sussex Better Together* (ESBT) programme and to establish a parallel health and social care transformation programme known as Connecting 4 You.

1.2 The committee was informed that HWLH CCG patient flows differ considerably from those of the other East Sussex CCGs. For Eastbourne, Hailsham & Seaford CCG and Hastings & Rother CCG residents, the great majority of healthcare activity takes place within the county through a limited number of providers. 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 HWLH CCG 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. This means that HWLHCCG has to contribute to planning for better integration and co-working across three health systems: East Sussex; Brighton & Hove and Mid Sussex; and West Kent. In consequence, the CCG wished to work with partners towards better system integration in different ways, and so together with ESCC have established the Connecting 4 You programme in East Sussex to best support the transformation of health and social care services for this population.

1.3 In June 2016, December 2016 and March 2017 HOSC received brief updates on the progress of Connecting 4 You within broader reports on the development of a Sustainability and Transformation Plan (STP) across Sussex and East Surrey. The committee was advised that the building blocks of the STP were three 'place based plans'. HWLH area and the Connecting 4 You programme formed part of the Central Sussex and East Surrey Alliance (CSESA) place based plan area which also involved Brighton & Hove, Horsham & Mid-Sussex, Crawley and East Surrey CCGs.

2. Progress update

2.1 Ashley Scarff, Director of Commissioning and Deputy Chief Officer and Sam Tearle, Senior Strategic Planning & Investment Manager from HWLH CCG will give a presentation to HOSC to update the committee on the Connecting 4 You programme and the wider context the programme is operating within.

2.2 Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council will also be in attendance.

3. Conclusion and recommendation

3.1 HOSC members are invited to consider and comment on the HWLH CCG presentation.

PHILIP BAKER
Assistant Chief Executive

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

Date: **29 June 2017**

By: **Assistant Chief Executive**

Title: **East Sussex Healthcare NHS Trust (ESHT) Quality Improvement Programme: End of Life Care**

Purpose: **To consider progress of the Trust's End of Life Care Project**

RECOMMENDATIONS

HOSC is recommended to:

1) consider and comment on the Trust's progress report (appendix 1)

2) to request a further update in March 2018.

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1. Background

1.1. The Care Quality Commission (CQC) carried out inspections of East Sussex Healthcare NHS Trust (ESHT) in September 2014 and March 2015 which resulted the Trust receiving overall ratings of 'inadequate' and entering special measures.

1.2. As part of the special measures process ESHT was required to implement a Quality Improvement Programme (QIP) to demonstrate how sustainable improvements would be made in response to the inspection findings. During 2015/16 HOSC scrutinised specific aspects of the CQC's findings and the Trust QIP in more detail to gain assurance that appropriate action was being taken.

1.3. The CQC inspected both of ESHT's acute hospital sites for a third time in October 2016 and published its inspection report in January 2017. The reports recognised significant improvements since the previous inspections and the CQC rating moved from 'inadequate' to 'requires improvement'. However both CQC and the Trust recognised the need for further work in a number of areas and the Trust remains in special measures. The QIP was reviewed and updated in response to the most recent inspection.

1.4. HOSC considered the CQC report and updated Trust QIP in March 2017 and agreed that more detailed reports should be requested in two areas: end of life care, and urgent care and patient flow (the latter to be considered by HOSC in September 2017).

2. End of life care

2.1. Following its inspection in October 2016 the CQC rated End of Life Care Services as 'good' for Safety and Care but 'requires improvement' in the Effective, Well Led and Responsive domains. Key concerns raised by the CQC were:

- variation in practice across the Trust
- quality of care in the last days of life
- care after death
- workforce education and learning

2.2. Following the inspection ESHT strengthened its existing end of life care programme with the aim of ensuring that: there are changes and improvements in clinical practice; governance and

operational management are well co-ordinated; and progress is monitored and reported to provide maximum contribution to the achievement of the Trust's 'high quality end of life care aims'.

2.3. The report provided by ESHT (**Appendix 1**) provides an overview of the work underway through the end of life care programme, progress to date and further work planned.

3. Conclusion and recommendation

3.1 End of life care was a key area highlighted in CQC's most recent inspection as in need of further improvement. The Trust's report provides the committee with more detailed information about the action underway to improve care for patients at the end of life.

3.2 The Committee is recommended to consider and comment on the Trust's progress report and, given that improvement work is ongoing, to request a further update in March 2018.

PHILIP BAKER
Assistant Chief Executive

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End of Life Care Report – June 2017

1. Purpose

This is a briefing note to update HOSC on the progress East Sussex Healthcare NHS Trust (ESHT) is making to ensure that high quality end of life care is experienced by service users and their families/carers.

2. Introduction

We are committed to improving end of life care (EOLC) to ensure people and their families are able to access the care they need, as well being supported to die with dignity in their preferred setting of care.

Following the Care Quality Commission inspection in October 2016 we strengthened our existing EOLC programme to support us in delivering our aims of ensuring:

- Adults approaching end of life have access to consistent care that meets national best practice standards.
- Reduce unwarranted variation in care delivery across ESHT for people approaching end of life and/or requiring specialist palliative care.

The project will ensure changes and improvements in clinical practice, governance and operational management are well co-ordinated; progress is monitored and reported to provide maximum contribution to the achievement of our 'high quality end of life care aims'.

On closure of the project, all operational and support teams will have embedded the requisite governance requirements into their "business as usual" activities.

3. Definitions

The following definitions all contribute to the delivery of end of life care:

- **Last days of life care**: patient is identified as being within a very few days or hours of death, the patient and those important to the patient should be involved in decision making and individualised care planning.

- **Palliative Care:** Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual. (World Health Organisation (WHO) 2002)

- **General Palliative Care**: General palliative care is an integral part of the routine and essential care delivered by all health and social care professionals to those living with a progressive and incurable disease, whether at home, in a care home, or in hospital. (Scottish Partnership for Palliative care http://www.palliativecarescotland.org.uk/content/what_is_palliative_care/)

- **Specialist Palliative Care:** Specialist palliative care is based on the same principles of palliative care outlined above, but can help people with more complex palliative care needs. Specialist palliative care is provided by specially trained multi-professional specialist palliative care teams and can be accessed in any care setting. (Scottish Partnership for Palliative care http://www.palliativecarescotland.org.uk/content/what_is_palliative_care/)

4. National Developments

Over the last few years much work has been undertaken nationally in the area of EOLC, these include:

Author	**Date**	**Title**
National Palliative and End of Life Care Partnership	2015- 2020 (Sept 15)	Ambitions for Palliative and End of Life Care: A national framework for local action
NICE	Revised March 2017 March 17	End of life care standards QS13 Care of dying adults in the last days of life QS 144 End of life care for people with life-limiting conditions (clinical pathway)
National Resuscitation Council	April 2017	ReSPECT- documentation to replace DNACPR documents and to cover in part escalation planning
	2013	Transforming end of life NHS England (Revised December 2015)

Table 1 – Key National EOLC Documents

Best practice and recommendations from these documents has been reviewed and where appropriate integrated into our EOLC project.

5. Local developments – EOLC steering group

Following feedback from the CQC, ESHT has identified a number of organisational requirements and enablers to support improvement in the delivery of end of life care.

The EOLC steering group oversees progress of these improvements. The key priorities overseen by the steering group are:

a) Governance and Strategy
b) Access to service
c) Quality of Care in the last days of life
d) Care After Death
e) Workforce: Education and learning

Key enablers are:

- Communications and engagement plan
- Informatics and working with partner organisations to achieve shared records (EPACCS).

5.1. Governance and Strategy

A new EOLC senior leadership team has been formed and includes:

- The Senior Responsible Officer - Medical Director of the Trust
- EOLC project lead – Deputy Director of Nursing
- Clinical Lead for Palliative Care - Consultant in Specialist Palliative Care.
- A new senior nurse role who will coordinate and oversee the service (commenced in May 2017)

Oversight of the key deliverables is through the EOLC Steering Group. The Terms of Reference for the Steering Group are being reviewed to ensure that

- 'Task to finish' groups deliver key actions, as identified by the CQC, with accountable officers identified.
- The EOLC strategy is refined, and implemented.

A key part of the EOLC steering group is the monitoring of the effectiveness of the EOLC for the patients. This includes reviews of incidents, complaints and compliments, identifying themes and opportunities for improvement. EOLC performance indicators have been agreed and will be monitored through the Divisional Integrated Performance Report.

A new five-year strategy on a page has been created setting the vision and direction for EOLC services. Our current EOLC Strategy will be reviewed to integrate the latest guidance from national guidance, and the key themes from the five-year plan. It is imperative that the refreshed strategy involves users in its development and, with this in mind, we shall be consulting and asking for feedback at our next Patient and Public Engagement meeting.

Following its inspection in October 2016 the CQC rated End of Life Care Services as 'Good' for Safety and Care but 'Requires Improvement' in the Effective, Well Led and Responsive domains. Key concerns raised by the CQC and actions are addressed below.

5.2. Access to service – reduce variation in practice

The CQC identified that there was a variation in practice across the Trust. One of the early actions undertaken has been to draw the staff from Conquest Hospital and Eastbourne District Hospital, Specialist Palliative Care, Clinical Nurse Specialists and EOLC Practice Development Nurses into one team. The team have been rebranded as the Supportive and Palliative Care Team with a single set of standards and access criteria. In addition regular team meetings are held, covering management and governance.

A referral flow chart has been created for ward staff, which describes how Trust staff can access specialist palliative care support.

An options paper for expanding the current service is being developed to review how 24/7 access to specialist palliative care can be delivered. In addition, the EOLC steering group is exploring how to ensure rapid discharge planning and enhancing community services at home.

5.3. Quality of care in the last days of life

There is an increased focus on early identification of patients, to ensure early planning of care. Both formal and informal training supports this.

An individualised care plan has been rolled out to all inpatient wards. The EOLC Practice Development Facilitators are providing training directly with staff on the wards to support its implementation. Audits of the roll out and care plan content have already been reported. An in depth audit against NICE 144 (see table above) is planned for July 2017.

An audit schedule has been developed which captures National and Local audits. Results and improvement plans will be monitored via the EOLC steering group in tandem with the Divisional Integrated Performance Reviews.

In addition, the chaplaincy services are developing a Standardised Operating Procedure that will describe how to access the service, how to make referrals, and how spiritual needs of patients should be captured to ensure patients and carers are supported.

5.4. Care after death

It is important to support carers and families in their bereavement. Therefore a separate task and finish group is being developed to ensure that the needs of people who use the services are recognised.

We want to ensure that following the death of a patient any carer/friend/family member wishing to receive bereavement support is offered this in a timely fashion and receives appropriate counselling and support.

A bereavement survey, based on the national VOICES survey, is being consulted on with key stakeholders. It is anticipated that it will be used from July onwards. Feedback will inform future service improvements.

5.5. Workforce

We are reviewing the learning and development needs of our staff and will be developing a Learning and Development Plan for specialist and generalist workforce to ensure staff have the knowledge and skills to meet the requirements set out in the NICE guidance - recognise imminent death, conduct difficult conversations; manage symptom control enable staff to conduct difficult conversations about end of life wishes and assess the needs of individuals and their carers, in a holistic and timely way, taking account of spiritual and cultural needs.

Staff find death of a patient very distressing and we are looking for innovative ways to support them. This includes after death reviews (currently being trialled), counselling, and access to informal support from the "Speak up Guardian". The Trust also utilises Schwartz Rounds for all staff to attend which focus on the impact of day-to-day work on staff wellbeing.

5.6. Enablers

5.6.1. Communications Plan

A core principle is to engage with local people to discuss and shape their EOLC strategy and services. It is important that leaders and frontline staff understand what matters to local people, and how services might be improved. The first step is raising awareness with frontline staff, which begins with a raising awareness month in and a "raising awareness month" is planned for July 2017. An annual communication and engagement plan will be developed to ensure all key stakeholders are involved and engaged.

5.6.2. Informatics

Patients and carers only want to describe information related to their personal needs once, and expect health care professionals to be able to access a summary record of their assessment, care and plans in a timely way to ensure effective high quality care. Currently the informatics systems within the hospital, GPs and community services vary on how they communicate together. As part of the strategic system wide review this will be reviewed and a plan put in place. In the meantime we are considering how we can develop systems to minimise duplication of information requests and provide seamless information exchange between services.

The EOLC steering group has commissioned a task to finish sub group to review and develop systems to enable sharing information across providers to ensure timely and appropriate support for EOLC patients.

6. East Sussex Better Together (ESBT)

ESBT has established a Clinical Advisory group for end of life care and we are contributing to this. Key objectives have been identified including learning and development and Advance Care Planning. It is planned that under an Accountable Care System this cross organisational group would become the strategic system wide steering group for end of life care.

7. Conclusion

As outlined in this report there is a commitment to improving EOLC for patients and their carers and to address concerns raised by the CQC. We have reviewed existing practice and are developing and embedding robust systems, improving training and promoting best practice across the organisation. This will ensure that people at the end of life receive the high quality care and support they need in the place of their choice. We are making good progress, whilst recognising there is more to be done, and propose that we provide a further update to HOSC in 6-9 months time.

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Work Programme for Health Overview and Scrutiny Committee

Future work at a glance **Updated: June 2017**

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.

Issue	***Objectives and summary***	***Organisation giving evidence***
29 June 2017		
End of Life Care	A report on the progress made by East Sussex Healthcare NHS Trust (ESHT) on its End of Life Care Project that forms part of the Trust's Quality Improvement Plan (QIP).	East Sussex Healthcare NHS Trust (ESHT), Dr Adrian Bull, Chief Executive
Connecting 4 You Update	An update on the progress of the Connecting 4 You programme in the High Weald Lewes Havens area of East Sussex.	Wendy Carberry, Chief Officer
21 September 2017		
Sustainability and Transformation Partnership (STP)	To consider an update on the NHS Sussex and East Surrey Sustainability and Transformation Partnership (STP) and its implications for healthcare in East Sussex.	Wendy Carberry, Chief Officer
Urgent Care	To consider ongoing work to develop the urgent care system in East Sussex.	Eastbourne, Hailsham and Seaford CCG/ Hastings & Rother CCG
Urgent Care and Patient Flow	A report on the progress made by East Sussex Healthcare NHS Trust (ESHT) on its Urgent Care and Patient Flow project that forms part of the Trust's Quality Improvement Plan (QIP).	Dr Adrian Bull, Chief Executive, East Sussex Healthcare NHS Trust

Agenda Item 7.

Other HOSC work
This table lists additional HOSC work ongoing outside of the main committee meetings or potential agenda items under consideration.

Issue	***Objectives / Evidence***	***People / HOSC timescale***
Patient Transport Service	Email update on performance requested following the contract transfer to South Central Ambulance Service from April 2017. Depending on performance, a further agenda item may be added to the work programme.	Email update to be requested from High Weald Lewes Havens CCG July 2017
Ambulance services	Joint South East Coast area HOSC Sub-Group to scrutinise SECAmb's response to the findings of the recent CQC inspection and the Trust's wider recovery plan	HOSC Chair, Vice Chair and officer Last meeting: 20 March 2017 Next meeting: 26 June 2017
Maternity services	A follow-up meeting from the September 2016 meeting to discuss maternity performance and visit the midwife led unit at Eastbourne District General Hospital (EDGH)	Meeting postponed from late-February 2017 due to diary difficulties
Brighton & Sussex University Hospital NHS Trust	Joint South East Coast area HOSC Sub-Group to scrutinise Brighton & Sussex University Hospital NHS Trust's (BSUH) response to the findings of the recent CQC inspection and the Trust's wider recovery plan	Last meeting: 30 March 2017 Next meeting: early July 2017
Mental health services	Regular meetings with Sussex Partnership NHS Foundation Trust (SPFT) and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues, including ongoing reconfiguration of dementia inpatient beds in East Sussex. CQC re-inspection September 2016 – report published 23 December 2016	HOSC Chair, Vice-Chair and officer Last meeting: 7 March 2017 Next meeting: 1 August 2017
Regional NHS liaison	Regular (approx. 4 monthly) meetings of South East Coast area HOSC Chairs with NHS England Area Team and other regional/national organisations as required e.g. NHS Improvement, NHS Property, CQC	HOSC Chair and officer Last meeting: 16 March 2017 Next meeting: 24 July 2017
Quality of cancer care	Consider the reasons for the performance of East Sussex CCGs in the NHS England's league table rating NHS performance on cancer.	Briefing note by CCGs circulated to HOSC Members, further update requested for autumn.

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

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