

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 28 JUNE 2018

10.00 AM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Phil Boorman, Bob Bowdler (Vice Chair),
Angharad Davies, Stuart Earl, Sarah Osborne and Alan Shuttleworth

District and Borough Council Members
Councillors Mary Barnes, Rother District Council
Councillor Janet Coles, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council
Councillor Susan Murray, Lewes District Council
Councillor Johanna Howell, Wealden District Council

Voluntary Sector Representatives
Geraldine Des Moulins, SpeakUp
Jennifer Twist, SpeakUp

AGENDA

1. **Minutes of the meeting held on 29 March 2018** *(Pages 7 - 22)*
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. **East Sussex Healthcare NHS Trust: Care Quality Commission Inspection Report**
(Pages 23 - 56)
6. **Urgent Care** *(Pages 57 - 72)*
7. **HOSC future work programme** *(Pages 73 - 94)*
8. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Assistant Chief Executive
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20 June 2018

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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 29 March 2018

PRESENT:

Councillors Colin Belsey (Chair), Councillors Phil Boorman, Angharad Davies, Ruth O'Keeffe, Sarah Osborne and Andy Smith (all East Sussex County Council); Councillors Barnes (Rother District Council), Councillor Janet Coles (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Susan Murray (Lewes District Council), Geraldine Des Moulins (SpeakUp) and Jennifer Twist (SpeakUp)

WITNESSES:

Councillor Robert Smart, Eastbourne Borough Council
Peter Finnis, Assistant Director Corporate Governance/Monitoring officer, Eastbourne Borough Council
Sarah Blanchard-Stow, Head of Midwifery, East Sussex Healthcare NHS Trust
Vikki Carruth, Director of Nursing, East Sussex Healthcare NHS Trust
Ashley Scarff, Director of Commissioning and Deputy Chief Officer, High Weald Lewes Havens CCG
Dr Peter Birtles, Urgent Care Clinical Lead, High Weald Lewes Havens CCG
Sally Smith, Director of Delivery, High Weald Lewes Havens CCG
Dr David Warden, Chair, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Jessica Britton, Chief Operating Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Mark Angus, Urgent Care System Improvement Director, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG

LEAD OFFICER:

Claire Lee, Senior Democratic Services Adviser

24. MINUTES OF THE MEETING HELD ON 30 NOVEMBER 2017

24.1 The minutes of the meeting held on 30 November 2017 were agreed.

25. APOLOGIES FOR ABSENCE

25.1 Apologies for absence were received from Cllr Bob Bowdler (substitute: Cllr Martin Clarke) and Cllr Johanna Howell (substitute: Cllr Jo Bentley).

26. DISCLOSURES OF INTERESTS

26.1 There were no apologies for absence.

27. URGENT ITEMS

27.1 There were no urgent items.

28. GP ACCESS

28.1. The Committee considered a report on the state of access to GP practices in East Sussex.

28.2. Dr David Warden, Chair, Hastings and Rother Clinical Commissioning Group (HR CCG); Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and HR CCG; Jessica Britton, Chief Operating Officer, EHS CCG/HR CCG; Ashley Scarff, Director of Commissioning/Deputy Chief Officer, High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) Dr Peter Birtles, HWLH CCG; and Sally Smith, Director of Primary Care and Integration, HWLH CCG responded to questions from HOSC.

Extent of GP vacancies

28.3. Amanda Philpott explained that the greatest number and highest proportion of GP vacancies are in the HR CCG area, where there are currently 16 vacancies out of 97 GP positions. In the EHS CCG area the vacancy rate is 11 out of 120. Sally Smith said that the greatest number of vacancies in the HWLH CCG area are in Newhaven and Peacehaven, but recent vacancies have arisen in Rotherfield, Crowborough, and Wadhurst.

Work to support individual GPs

28.4. Amanda Philpott explained that newly qualified GPs are increasingly looking for a 'portfolio career' where working as a GP forms part of a wider clinical role. To accommodate this new working practice and to tackle GP shortages CCGs in the East Sussex Better Together (ESBT) area have implemented the following initiatives:

- A GP portfolio fellowship scheme that allows junior doctors to work in a GP practice for 2-3 days alongside working, for example, in an acute hospital or within mental health services. This improves the variety of a GP's working week and improves the spread of knowledge between primary and secondary care.
- The availability of a GP bursary scheme for new GPs;
- The employment of physician associates to reduce the administrative burden on GPs; and
- The option for part-time, flexible mentoring work for older GPs who are otherwise planning to retire.

Amanda Philpott confirmed that work to support GPs had all begun to be put into practice and was either in a pilot stage, or in the process of being rolled out across the ESBT area.

Work to support GP practices

28.5. Amanda Philpott and Dr David Warden outlined some of the initiatives established by the ESBT CCGs to help GP practices, including:

- supporting the GP Federation to run a GP locum bank that administers requests for locum GPs centrally that would otherwise be made by individual GPs.

- Encouraging pharmacists in the ESBT area to work with networks of 3-4 GP practices, or be employed directly by a GP practice. Pharmacists perform medication reviews of patients in consultation with the GPs and perform care home visits. Most practices that have used pharmacists have achieved considerable savings in their prescribing budget.

28.6. Sally Smith outlined the initiatives established by HWLH CCG to help GP practices, including:

- The Enhanced Help in Care Homes team, which is a GP-led multi-disciplinary team (including a pharmacist) that supports patients in care homes and nursing homes. The team was established in November 2017 to cover five nursing homes and will cover all nursing homes in the High Weald Lewes Havens area by the end of March 2018.
- The Integrated Pharmacy Teams that work across several GP practices to improve their standard of prescribing. These teams have been in operation for the last 2 years in the Havens area and were rolled out to the Lewes, Uckfield and Crowborough areas during the last six months.
- A community-based Frailty Service comprising 1.5 FTE consultant geriatricians and frailty nurses. The initial service has been in place for two years but in the last year the capacity has been increased.

Workforce Plan

28.7. Amanda Philpott acknowledged that staff applying for jobs within the local system that they find more attractive and the fact that there are more specialist consultant trainees than GP trainees entering the system are both workforce issues. Ms Philpott explained that ESBT organisations have produced a Workforce Plan to help co-ordinate and plan the best use of available nursing and clinical staff.

Clinical Governance in GP Practices for non-GP staff

28.8. Dr David Warden explained that strong clinical governance for non-GP staff should be in place for each GP practice in the ESBT area. He said that advanced nurse practitioners and paramedic practitioners have professional indemnity insurance and will perform clinical work that is within their own skill level. Amanda Philpott added that each practice has had a Care Quality Commission (CQC) inspection, and the CCGs' Chief Nurse, alongside other team members, performs 'quality visits' to support practices.

28.9. Dr Warden clarified that whether clinical pharmacists can prescribe medicine to patients or not depends on their license, which is not issued by the CCGs.

New housing developments

28.10. Amanda Philpott explained that housing developments include section 106 monies that the developer provides to improve local services. CCGs can make a bid for section 106 funding for additional GP practices, or GP capacity in existing practices, if they are made aware of proposed housing developments sufficiently in advance, and the housing development is of sufficient size that a new practice would be necessary to accommodate the additional residents. She said that for this reason the CCGs' Capital and Estates Team works with planning authorities to ensure that they proactively inform the CCGs of any proposed developments. Ms. Philpott cautioned that S.106 funding is also sought by other public organisations and there needs to be sufficient workforce available to be able to recruit to any new facilities.

28.11. Amanda Philpott confirmed that the proposed new Hailsham Health Centre and the Beaconsfield practice in Hastings are two of 16 potential practice developments within the ESBT

area. The construction of these facilities are contingent on other factors such as planning permission and capital funds, but there is a CCG officer focussed on capital works whose role is to ensure that the developments are supported as much as possible.

28.12. Ashley Scarff explained that local authority housing teams inform HWLH CCG through their involvement in the Connecting 4 You programme of the demographics of people who may be moving in to new developments, i.e., younger or more elderly people, which helps to determine the necessity for new GP practices, as demand is based partly on age.

Effect of Brexit

28.13. Amanda Philpott said that Brexit is a factor in the workforce recruitment difficulties facing the NHS locally, albeit one whose long term implications remain unknown until the terms of negotiations with the EU become clear. She explained that a significant percentage of the workforce in East Sussex – like the rest of the country – comes from Europe and many are taking the decision to leave early, or not come in the first place. Dr Peter Birtles added that the whole health and care system is going to be effected by Brexit, in particular the nursing and care home sector. He said this will have a knock-on effect on the willingness of trainees to specialise as GPs.

28.14. Despite the uncertainties, Amanda Philpott said that the CCGs in East Sussex are preparing for Brexit by supporting the ongoing work of the Chief Executive of NHS England, Simon Stevens, to secure the 'special status' of NHS workforce post-Brexit. She said that the actions the CCGs can take directly are to retain the existing GP workforce and make the role more attractive, which is what they have been working on doing.

GP Federations

28.15. Amanda Philpott explained that GP federations are voluntary and comprise GP practices that wish to become more resilient to crises by joining together. She said that there are currently four GP federations in ESBT but this could reduce to one or two in the future if they come together. She added that the introduction of Extended Hours will increase the likelihood of GP practices federating because the requirement to provide extended hours is based on localities and not individual GP Practices, so by federating GP practices can share the responsibility for providing the quota of extended hours.

28.16. Dr Peter Birtles reminded HOSC that GP Practices are independent contractors whose contracts are held by NHS England and that GP federations are legally binding arrangements between individual GP practices. Guidelines call for CCGs to support federating but ultimately the decision is with individual practices themselves. Within the HWLH area there is not much appetite for federations, however, they are only one way of working co-operatively to improve sustainability, for example, the Lewes GP Practices have come together to form the Lewes Health Hub.

28.17. Dr Birtles explained that the development of federations and other joint GP working has developed more slowly amongst GP practices in the HWLH area as the area has only been affected by GP shortages in the last year or so. Elsewhere in the country there have been shortages for much longer, so GP practices have had to band together earlier in order to increase resilience.

Responding to GP practice closures

28.18. Amanda Philpott explained that NHS England provides best practice advice to CCGs on responding to the closure of a GP practice. She said that GP practices are funded on head count, so the money that would have gone to Cornwallis Plaza practice in Hastings will be redistributed to other practices that took its patients. The only additional funding is a small

amount of transitional funding to provide capacity to those practices that take on a large tranche of patients in a short timescale to review patients' medical records, as well as undertake medication reviews and referral reviews for certain patients.

Monitoring potential practice closures

28.19. Amanda Philpott explained that there are always going to be vulnerable GP practices; not always because they are financially challenged but sometimes a GP has become unwell, or the practice is small and the GP is planning to retire. She said that CCGs always attempt to stay aware of the health of the GP practices in their areas and offer support where appropriate, for example, supporting GP practices with action plans to improve their standards where the CQC has inspected them and recommended that they make improvements.

Support for patients after a GP closure

28.20. Jessica Britton said that the ESBT CCGs are confident that they do all they can reasonably do to contact vulnerable patients in the event of a practice closure. In the case of Cornwallis Plaza, HR CCG identified all patients flagged as 'vulnerable' by the former GP practice and specific actions were put in place to ensure that all, as far as possible, were contacted and re-registered. This included direct contact from someone in the CCGs' team to assist them with the process of registering.

28.21. Amanda Philpott explained that there are some patients with out of date information who would be uncontactable following a GP closure, although this amount is very small. In the case of Cornwallis Plaza it totalled about 50-80 out of 17,000 patients.

28.22. Sally Smith said that there have been two closures in Peacehaven in the last four years, and in both cases a list dispersal process was undertaken by HWLH CCG in line with NHS England's published process. Ms Smith said that GP practice boundaries tend to overlap, so there is an element of patient choice in which practice they can opt for and an appeals process that can be followed if needs be. She added that Practice Participation Groups assist with communicating with vulnerable patients, as can other NHS or care organisations that may be in contact with these patients.

Armed forces personnel recruitment into health and social care

28.23. Amanda Philpott explained that HR CCG hosts the Armed Forces Network for the Kent, Surrey and Sussex area. The purpose of the Network is to ensure that a) armed forces personnel and their families receive rapid, priority access to appropriate health and care services; and b) provide appropriate job opportunities to people leaving the armed forces within the health and care sector. East Sussex is currently rated 'silver' for job opportunities and is working towards 'gold'.

The use of digital technology in GP practices

28.24. Sally Smith confirmed that HWLH CCG has not received any complaints from the public about the patient administration systems used by GP practices. Amanda Philpott said that there has been a lot of positive feedback from patients in the ESBT area about text reminders, particularly in relation to the reminder to request a repeat prescription, which is a common reason for contacting the Out Of Hours (OOH) team.

28.25. Sally Smith said that issues with digital technology tend to arise where GPs are using different systems for the same purpose, for example, the 20 GP practices in the HWLH area are using two different the systems – EMIS Web and System One – to administer patient records. To help mitigate this issue the CCG is providing ICT and digital assistance to GP practices. She

confirmed that the three GP Practices comprising the Lewes Health Hub are using the same system to share patient records.

28.26. Dr David Warden said that digital technology has benefited GP practices by:

- Significantly reducing the number of missed GP practice appointments, particularly nurse practitioner appointments.
- Ensuring consistent templates are used by GPs to record patient data into a central system. All GP practices in the ESBT area use EMIS-Web and there is a central ICT team that designs the template.
- Allowing GP practices in GP Federations to match demand from patients in one locality with available timeslots in another locality of the federation.
- Allowing GPs to access patient records remotely through an iPad. GPs having remote access to clinical information makes a significant difference to decision making and caring for patients outside the GP practice.

28.27. Amanda Philpott explained that the NHS Locally Commissioned Schemes provide individual CCGs with the opportunity to specifically commission a particular digital technology for a GP practice if it is beneficial to do so.

28.28. Dr David Warden said that it would be a potential breach of data protection if a GP practice contacted a carer via text on an ad hoc basis and GP practices would not do this. However, it is possible to text the carer when it has been recorded that an individual has given them permission to do so.

28.29. Amanda Philpott explained that online consultations are undertaken by an individual and are not automated. She said that Skype consultations are carried out by a GP as part of their core business as an alternative to a patient visiting their practice; they are based on patient choice and used when appropriate.

Access for people not using digital technology

28.30. Sally Smith explained that the purpose of digital technology is to increase the range of methods people can use to book their GP appointments, and people would still be able to access services using conventional methods such as the telephone. She added that the CCGs, in conjunction with the CQC, monitor and support GP practices with their response times to telephone calls and other methods patients use to contact them.

Physical Access to GP Practices

28.31. Dr Peter Birtles explained that CQC inspections take into account physical access to GP practices. Sally Smith added that the HWLH CCG Estates Strategy includes a survey of the condition, accessibility, and lease arrangements of the 20 GP practices in the area. Ms Smith said that some GP practices might not meet the requirements of the Disability Discrimination Act, but the CCG is working continually with them to identify opportunities to improve the premises or move to new ones.

28.32. Ms Smith said that NHS England provides minor improvement grants that GP practices can apply for. There is also a national Estates and Technology Fund that HWLH CCG has submitted a bid for on behalf of its GP practices – as have the ESBT CCGs. This fund will support the move of the three GP practices in Lewes to the new building in the North Quarter development.

General Data Protection Regulations (GDPR)

28.33. Dr David Warden confirmed that GP practices in the ESBT area have undergone considerable training in preparation for the introduction of the new GDPR. Sally Smith said that the HWLH area GP Practices are also prepared for GDPR because protecting and safeguarding individual patients' records is an area that they take very seriously.

28.34. The Committee RESOLVED to:

- 1) Note the report;
- 2) request to be provided with further details of the CCGs' approach to workforce planning in primary care in relation to the impact of Brexit;
- 3) request a briefing on the use of digital technologies such as Skype, including the timelines for roll out, and what is done to ensure patients with disabilities can use the technology.

29. EAST SUSSEX BETTER TOGETHER URGENT CARE REDESIGN

29.1. The Committee considered a report providing an update on the redesign of the urgent care system as part of the ESBT programme, with a focus on the development of Urgent Treatment Centres (UTCs).

29.2. Mark Angus, Urgent Care System Improvement Director, EHS/HR CCG; Jessica Britton, Chief Operating Officer, EHS/HR CCG; and Ashley Scarff, Director of Commissioning/Deputy Chief Officer, HWLH CCG responded to questions from HOSC.

Capital requirements

29.3. Mark Angus explained that during 2017/18 £1.7m was invested in the A&E Departments at both East Sussex Healthcare NHS Trust (ESHT) hospital sites to create the Primary Care Streaming Services. He said that he believed the capital works were completed effectively and with little disruption to the A&E Department.

29.4. Mark Angus said that the Primary Care Streaming Services have been assessed and it has been agreed that the Conquest Hospital site can provide a UTC in its current configuration, however, the Eastbourne District General Hospital (EDGH), whilst able to support a UTC, requires some additional capital investment to optimally provide the service. Mr Angus said that the CCGs are in the process of sourcing the capital funds and are confident that the necessary works can be completed by the 1 April 2019 deadline.

Procurement process

29.5. Mark Angus confirmed that the decision about the UTC procurement process will now be formally considered by the CCGs' Procurement Committee in May.

Patient access to the UTC

29.6. Mark Angus explained that the UTC will include a bookable service. In order to book an appointment to the UTC, patients will be triaged by their GP, ambulance service, or the NHS

111 Clinical Assessment Service. He said that walk-in patients will use the triaging system established for the Primary Care Streaming Service, which is led by fully trained senior nurses who can call on the support of doctors and consultants if necessary.

Reason for co-location of UTCs

29.7. Mark Angus said that the decision to develop co-located UTC was informed by what local people had said what was important to them when accessing urgent care services together with the outcome of engagement with local stakeholders and providers. The plans would provide 24/7 access to urgent care services, including access to a broad range of simple diagnostics where required and immediate access to co-located emergency and specialist acute assessment services for sick patients. Audit work undertaken indicates that approximately 20% of current attendees at the local A&Es would also benefit from primary care delivered services. The proposed UTC model addresses this need and should take pressure off of the A&E departments.

Risk of staffing shortages

29.8. Mark Angus agreed that the development of UTCs faces similar workforce challenges to the rest of the healthcare system, however, the UTCs should mitigate workforce challenges somewhat by providing existing services in a single location more efficiently and effectively. He said that feedback from staff suggests that the proposed model offers a better work-life balance.

Out of Hours GPs involvement in UTCs

29.9. Mark Angus explained that the current Out of Hours (OOH) GP service will be changing as part of the broader Urgent Care Redesign programme. The telephony and home visit aspect of the OOH will become part of NHS 111 and the face-to-face visit aspect that is currently based at the hospital sites will become part of the UTCs.

29.10. Mr Angus said that one of the benefits of this new service is that the current OOH GPs have manage the challenge of answering calls, seeing patients and responding to home visits, whereas the new delivery model will separate them into different and distinct services. The new urgent care model will also use a broader range of clinical staff to provide urgent care, such as primary care trained nurses, that will mitigate GP shortages by reducing the areas within the healthcare system where those skills are required.

Equality Impact Assessment and impact on vulnerable patients

29.11. Jessica Britton explained that, based on the CCGs' engagement to date, the majority of people who use the current walk-in centres would be able to use a walk-in service in a different location, or access the services they need in a different way. However, a small but important and vulnerable cohort – including homeless people, people with chaotic lifestyles, and people with mental health issues – who tend to prefer town centre facilities are more likely to be affected by the proposed change in location.

29.12. Ms Britton confirmed that the CCGs have and will be talking to people to understand how the changes might impact them and what the CCGs can do to ensure they are able to access the right services for them . . She said that whilst this vulnerable cohort may access current town centre services they may not be the best services for them, so the CCGs are also, for example, working with homeless groups to consider the best services to provide for this cohort.

29.13. Jessica Britton confirmed that the CCGs have undertaken a full Equality Impact Assessment (EqIA) that includes the impact of the relocation of walk-in centres on a range of individuals with protected characteristics and the plans to mitigate these impacts.

29.14. Ms Britton added that the development of the proposals has been guided somewhat by the fact that UTCs have nationally set specifications, although the ESBT proposals offer a slightly better specification due to the proposed location of the UTCs on hospital sites.

Consultation plans

29.15. Jessica Britton explained that the consultation information will be available online and in leaflets available at locations such as GP practices. The CCGs will also attend specific events to discuss the proposals – either forums that they are already members of, or specific focus groups of people likely to be affected assembled for the purpose of the consultation. She said the proposal is for the formal consultation to begin in May and last for 8 weeks.

UTC at Victoria Hospital in Lewes

29.16. Ashley Scarff explained that the proposed UTC at Victoria Hospital in Lewes will be fully compliant with the standards set out by NHS England, including that it is GP-led (by the Lewes Health Hub) and contains the prescribed facilities.

29.17. The Committee RESOLVED to:

- 1) note the report;
- 2) agree that the proposed relocation of the walk-in primary care service as part of the development of Urgent Treatment Centres in Eastbourne and Hastings constitutes a 'substantial development or variation' to services requiring consultation with the committee under health scrutiny legislation;
- 3) establish a Task Group comprising – Councillors Mrs Barnes, Belsey, Coles, Turner and Jennifer Twist – to consider the proposals in more detail and prepare a HOSC response for consideration by the committee in June; and
- 4) request a copy of the Equality Impact Assessment to be circulated by email.

30. MATERNITY SERVICES IN EAST SUSSEX

30.1. The Committee considered a report on the quality and performance of maternity services for East Sussex residents, including feedback from local women obtained from a survey undertaken by Eastbourne Borough Council.

30.2. Councillor Robert Smart, Eastbourne Borough Council; Peter Finnis, Assistant Director – Corporate Governance, Eastbourne Borough Council; Amanda Philpott, Chief Officer, EHS/HR CCG; Jessica Britton, Chief Operating Officer, EHS/HR CCG; Vikki Carruth, Director of Nursing, ESHT; and Sarah Blanchard-Stow, Head of Midwifery, ESHT were present for this item.

30.1. In addition to the written report submitted to HOSC by Eastbourne Borough Council, Cllr Robert Smart made the following additional points:

- The Eastbourne Borough Council survey is the most extensive of its kind and was sent to all mothers who gave birth in East Sussex during 2016, based on Office of National Statistics (ONS) data. The response rate was 35%.

- The survey provides evidence that 93% of mothers in the EHS CCG area who responded to the survey would wish to give birth at EDGH if there were a full obstetric service available.
- There should be an independent review to consider whether the ONS figures for stillbirths in Eastbourne are in any way correlated to the single siting of obstetrics services at Conquest Hospital, Hastings, and the related travel times.
- The extensive Netherlands study (of over 700,000 mothers) simply concludes that a travel time of over 20 minutes increases risk.
- The National Maternity and Perinatal Audit published in 2017 shows that maternity services are not performing as well as is set out in the CCGs' report.
- Any complete review of maternity services should look into its share of ESHT's reported clinical negligence liabilities of £80 million, with £13m being paid out. Nationally, maternity accounts for 50% of payouts, according to NHS Resolution, so this would amount to approximately £6.5m maternity payments.

30.2. A number of questions from HOSC were answered by witnesses.

Transfers during labour

30.3. Councillor Robert Smart said that a figure of 90 patients transferred during labour referred to the number of respondents to the survey who had been transferred to the Obstetric Unit at Conquest Hospital during labour. He said that 55 came from the EHS CCG area, 15 from the HR CCG area and 20 from the HWLH CCG area.

30.4. Peter Finnis observed that the survey findings indicated more Eastbourne mothers experienced transfer than the rest of the county put together and suggested that this was an inequality of service that is an ongoing concern to the Eastbourne community.

30.5. Sarah Blanchard-Stow said that the Midwife Led Unit (MLU) at Eastbourne District General Hospital (EDGH) is staffed solely by midwives. Normal, low risk labour can take place at the MLU, but if at any point there is a deviation from normality or the woman requests more pain relief then a transfer will take place. A lack of other MLUs in the local area makes comparisons of transfer rates difficult, but the figures are compared to those published by the Birthplace Study.

30.6. Ms Blanchard-Stow explained that there were 63 transfers from the MLU in 2017 on safety grounds. She said the outcomes for all patients who were transferred were followed up and none had an emergency caesarean section within an hour of arriving at the Conquest Hospital. This indicates that the decision was the correct one to have taken and none of those patients were put at risk by either using the MLU in the first place, or being transferred when it became necessary.

30.7. Jessica Britton said that there will always be a certain level of transfers from an MLU to an obstetric unit, as the decision to transfer is based on clinical need and national guidelines on when people should be transferred.

Definition of 'near miss'

30.8. Councillor Robert Smart said that he had no information available on the 150 near misses mentioned in the Eastbourne Borough Council presentation but suggested that such information was difficult to obtain from ESHT. Peter Finnis added that Eastbourne Borough

Council did not have enough information on near misses, serious incidents, or transfer times, which is why the report concluded that more work was needed to understand those issues.

30.9. Vikki Carruth said that the 150 near miss figure was not one that ESHT recognised. She said that such a figure would, however, indicate a good reporting culture and ESHT encourages all staff to report all near misses including those that are relatively minor.

Born Before Arrival (BBA)

30.10. Councillor Smart said he had not had time to review the additional Born Before Arrival (BBA) figures submitted by the CCGs after the publication of the agenda that indicated a higher BBA rate in Hastings.

30.11. Sarah Blanchard-Stow explained that BBAs refer to a birth before a midwife is in attendance and do not necessarily refer to hospital births as the mother may have intended to give birth at home, for example, the 20 BBAs in Eastbourne between January 2016 and December 2017 included 6 planned home births.

30.12. Ms Blanchard-Stow said that it is not always possible to reach a woman with a precipitate labour in time, however, each BBA case is reviewed to ensure that the correct pre-natal advice was given to the mother beforehand. The review records whether the BBA was avoidable or unavoidable, with any lessons learned taken on board where it was avoidable. Ms Blanchard-Stow confirmed that there were no adverse outcomes from any BBA in the previous year, and a midwife or ambulance crew attended each incident.

Stillbirths

30.13. Councillor Smart referred to the ONS statistics for 2016 stillbirths which reported eight for Eastbourne, which he suggested is close to double the national rate. He recognised that stillbirths were not necessarily reported as serious incidents but suggested that the public may consider it an oddity that there were reportedly eight stillbirths in Eastbourne in 2016 and only one had been deemed a serious incident. He added that part of the problem is that hospital trusts report their own serious incident figures and that the Secretary of State has suggested an independent review of stillbirths would be necessary in the future. He also raised concerns about the different still birth figures supplied by the CCGs compared to those provided by the ONS which are quoted in the Eastbourne Borough Council report.

30.14. Jessica Britton explained that the discrepancy in the stillbirth figures provided by Eastbourne Borough Council and the CCGs is due to how the NHS and ONS are required to report their data in different ways.

30.15. Sarah Blanchard-Stow confirmed that of the eight stillbirths being quoted for Eastbourne during 2016:

- two were classified as anomalies, one of which was a woman due to give birth at Maidstone and Tunbridge Wells NHS Trust who reported problems whilst on holiday in Eastbourne that were classified as 'no foetal heartbeat'; the other was classified as an 'intrapartum stillbirth' that went through a vigorous serious incident process during which the midwife was referred to the Nursing and Midwifery Council (NMC);
- three were classified as 'reduced foetal movements', and
- three were classified as 'abruptions'.

30.16. Ms Blanchard-Stow explained that reduced foetal movements and abruptions cannot be prepared for but ESHT has done considerable work to raise awareness amongst pregnant

women to monitor foetal movement; and the Trust is looking for links between communities with high rates of cocaine use and incidents of abruptions, due to the increased likelihood of cocaine use causing an abruption.

30.17. Ms Blanchard-Stow reiterated that ESHT's maternity service has not been an outlier in any national indicators, including stillbirths, for the past three years. Furthermore, the small numbers mean statistically it is difficult to compare year-on-year rates of stillbirths. However, ESHT has a stillbirth rate of 3.45 per 1,000 compared to the national average of 3.46 for comparably sized units and 3.96 for larger units.

30.18. Sarah Blanchard-Stow said two bereavement midwives and a consultant are employed to investigate all stillbirths and monitor local stillbirth rates against national trends.

30.19. Ms Blanchard-Stow explained that the maternity services operate an after care service that involves the bereavement midwives visiting bereaved parents. The after care service has close ties with East Sussex SANDS charity and was shortlisted for an award by the Royal College of Midwives.

Performance of maternity services since the reconfiguration

30.20. Councillor Smart said that it was possible that the maternity services appeared to be improving due to how statistics had been presented in the CCGs' report to the Committee.

30.21. Amanda Philpott said she had no doubt about the integrity of all people who are involved in providing and monitoring maternity services. She also welcomed HOSC and Liz Walke, Chair of Save the DGH campaign, consistently holding the CCGs to account.

30.22. Amanda Philpott clarified that the CCGs report data to the national maternity databases in a different way to how it is reported locally, and there is a difference between actual numbers of incidents and rates of incidents per 1,000.

30.23. Jessica Britton said that during the 'Better Beginnings' reconfiguration of maternity services in 2014 the CCGs critically reviewed the evidence base to determine the safest service that could be provided based on a number of indicators. She said that these indicators are still used for reporting the quality and safety of the service, and the data is provided in good faith and accurately to the best of the knowledge of those who compile it.

30.24. Jessica Britton said that the CCG can provide some assurance that the safety and quality figures provided demonstrate that the reconfiguration has made sustained improvements, for example, quality indicators around staffing levels of midwives and consultants, and the number of locums being used have all improved.

30.25. Ms Britton said that there will always be areas where further improvement could be made, and indicators such as those around serious incident numbers and BBAs in Hastings are kept under review.

30.26. Vikki Carruth said that all decisions that ESHT takes are first and foremost about ensuring the safety of mothers and babies. She acknowledged that these decisions might not be what local mothers want and that they may well want services that are closer to homes but the priority is to provide the best possible service that is safe. If a service cannot be staffed safely, ESHT will not want to provide that service.

Satisfaction rating

30.27. Councillor Smart said that the Eastbourne Borough Council's report had been relatively objective in reporting the survey respondent's satisfaction levels. He quoted the Secretary of

State's November 2017 statement saying "there are high levels of satisfaction from parents, however, there is still too much avoidable harm and death" and argued that the report potentially reflected this concern by showing a 6% dissatisfaction rate amongst mothers alongside comments from survey responses that appeared more negative than the overall satisfaction levels would suggest.

Sustainability of MLU

30.28. Sarah Blanchard-Stow said that since the reconfiguration staff at the MLU are much happier and there is a better retention rate. A recent staff survey has shown an increase in satisfaction levels amongst staff over the past year, including feeling that management are listening to their concerns and taking action to address them.

30.29. Ms Blanchard-Stow explained that the MLU has some of the best staffing levels of midwives in the south coast at a ratio of one midwife to every 26 births – compared to 1:35 on average.

30.30. Ms Blanchard-Stow said that work is underway to improve the quality of the service provided by the MLU and increase awareness that the MLU is a safe place to give birth. This includes:

- Reviewing staffing levels to determine whether they are sufficient to provide continuity of care for mothers.
- Developing an Integrated Community Model of care involving community midwives and midwives within the MLU working together as a team.
- Providing reflexology at the MLU.

30.31. Ms Blanchard-Stow argued that there has been a slight increase in the number of births in recent years, but a lot of mothers who are low risk and could birth happily at the MLU are choosing to go to the Conquest Hospital instead due to local perceptions about safety and availability of a service at Eastbourne DGH.

Purpose of the Eastbourne Borough Council report

30.32. Peter Finnis said that the report was not intended to be scientific but was instead Eastbourne Borough Council, as a community leader, deciding to ask the recipients of the maternity service what they thought about the service in order to understand how the service change brought in four years ago has impacted mothers in Eastbourne.

30.33. Mr Finnis added that the survey questions had to be approved by the ONS and so were not deliberately slanted in a way to get a particular answer.

Netherlands study

30.34. Councillor Smart said that he would seek advice but disagreed that the Netherlands study of transfer times he had quoted from was not academically accepted.

30.35. Peter Finnis said that the Netherlands study looked at the impact on outcomes from a 20 minute travel time, whereas the travel time for patients from Eastbourne was 40 minutes.

Involvement of NHS with Eastbourne Borough Council's scrutiny committee

30.36. Councillor Smart said that he had expected more involvement from NHS organisations. He said that EHS CCG was invited to two Eastbourne Borough Council scrutiny committees and declined to attend.

30.37. Amanda Philpott responded that she heard about the survey via Facebook and the first invitation to a scrutiny committee for the CCGs came via a hand written note attached to the paperwork for the meeting. Ms Philpott said that it was felt more appropriate to attend the HOSC meeting to ensure continuity, due to the Committee previously having considered the Better Beginnings reconfiguration.

Independent review of maternity services

30.38. Councillor Smart said he believed that there was enough evidence for an independent review of maternity services provided by ESHT to be commissioned in order to bring the issue to a conclusion.

30.39. Vikki Carruth questioned the value of a further independent review given the range of independent reviews that ESHT is subject to, for example, recent Care Quality Commission (CQC) inspections, and upcoming reviews of serious incidents by the Healthcare Safety Investigation Branch.

30.40. Amanda Philpott added that it is already the case that it is not a self-assessment that determines the quality and safety of services provided by ESHT but a range of independent inspections and reviews by independent organisations.

30.41. Ms Philpott said that there is a case for independent review when a Trust is an outlier in national indicators of quality and safety, which is what drove the reconfiguration in 2014. However, most of the indicators are now at the better end of the range and so it would be unusual to call for an independent review in those circumstances. Commissioners, she said, would also consider that in a time of great pressure on services and resources the prospect of an independent review would unsettle the existing workforce and make it more challenging to attract additional staff.

30.42. Sarah Blanchard-Stow raised concerns that the maternity service has been reviewed so frequently that staff are beginning to question whether they are doing a good job. Furthermore, the Eastbourne Borough Council and CQC surveys both indicated a high level of satisfaction from women in relation to the MLU. The only element they are not as happy with is the post-natal service, but ESHT considers this a priority area for improvement and has commissioned a workforce review to address this.

30.43. The Committee Resolved to:

- 1) note the report;
- 2) request future briefings on progress with preventative pre-natal measures to reduce stillbirths and actions taken to improve post-natal services

31. KENT AND MEDWAY REVIEW OF STROKE SERVICES

31.1 The Committee considered a report providing an update on the Review of Stroke Services in Kent and Medway and establishment of a joint HOSC.

31.2 The Committee RESOLVED to:

- 1) confirm that the proposed reconfiguration of stroke services in Kent and Medway constitutes a 'substantial development or variation' to services for East Sussex residents requiring formal consultation with HOSC;
- 2) note that a Joint HOSC has been established to respond to the NHS consultation; and
- 3) agree that the nominated HOSC Members undertake local evidence gathering as required to inform the East Sussex contribution to the JHOSC process.

32. HOSC FUTURE WORK PROGRAMME

32.1 The Committee considered its work programme.

32.2 The Committee RESOLVED to:

- 1) note its work programme; and
- 2) Request that NHS work undertaken to tackle Delayed Transfers of Care (DTOC) is included as part of the Urgent Care report at the June 2018 meeting.

The meeting ended at 1.25 pm.

Councillor Colin Belsey
Chair

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Agenda Item 5.

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

Date: **28 June 2018**

By: **Assistant Chief Executive**

Title: **East Sussex Healthcare NHS Trust: Care Quality Commission Inspection Report**

Purpose: **To consider the recent Care Quality Commission Inspection Report on East Sussex Healthcare NHS Trust and an update on the Trust's work to improve End of Life Care.**

RECOMMENDATIONS

HOSC is recommended to:

- 1) consider and comment on the Care Quality Commission Quality Report on services provided by East Sussex Healthcare NHS Trust, and the Trust's response (appendices 1 and 2);**
 - 2) consider and comment on the update on the Trust's End of Life Care provision (appendix 3);**
 - 3) request a copy of the Trust's full action plan in response to the Care Quality Commission report, once it has been developed.**
-

1. Background

1.1. The Care Quality Commission (CQC) carried out an inspection of East Sussex Healthcare NHS Trust (ESHT) in September 2014. The Trust was re-inspected in March 2015 and the inspection results were published in a CQC Inspection Report in September 2015, rating the Trust as overall 'Inadequate' and the Trust was placed in special measures for quality.

1.2. As part of the special measures process, ESHT was required to produce a Quality Improvement Plan (QIP) that detailed the sustainable improvements the Trust would make. HOSC undertook detailed scrutiny of ESHT's QIP during 2015-2016 and made a number of recommendations which were submitted to the Trust, NHS Improvement and CQC for consideration.

1.3. A new Trust Board was appointed during 2016 including a new Chief Executive and Chairman. HOSC continued to monitor the Trust's progress via reports to Committee meetings.

1.4. 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. The CQC rating moved from 'Inadequate' to 'Requires Improvement' but the Trust remained in special measures for quality, due to the need to further embed changes and the recent appointments to key leadership roles.

1.5. The Trust was inspected for a fourth time during March this year and a Quality Report of this most recent inspection was published on 6 June.

2. Supporting Information

2.1. The CQC did not carry out a full inspection of ESHT in March. It inspected urgent and emergency care, medical care (including older person's care), surgery and maternity at the

Conquest Hospital, and Outpatients at Eastbourne District General Hospital (EDGH), as well as a 'Well-led' inspection across the Trust.

2.2. The CQC rated all of these areas either good or outstanding in all domains apart from the A&E Department at Eastbourne which was rated as 'requires improvement' but 'good' for well led and caring. For the first time 'outstanding' ratings were given in three categories. The CQC acknowledged that on the basis of the inspection in March, the Trust's rating would have been 'Good' however the Trust's overall rating remains as 'Requires Improvement' because not all services were inspected.

2.3. In addition, the CQC recommended to NHS Improvement that the Trust no longer met the criteria to be in special measures for quality and this recommendation was accepted. The Trust remains in special measures for finance. The summary report by the CQC is included for information as **appendix 1** to this report and ESHT has produced an initial response to the inspection that is attached as **appendix 2**. The full reports are available [on the CQC's website](#).

2.4. One of the areas that was not re-inspected in March was End of Life Care (EOLC). This is an area where the Committee had requested a further update on the grounds that there were a number of 'must do' and 'should do' actions that the CQC highlighted to ESHT in order to improve EOLC. Most of these recommendations have now been actioned or are underway and are set out in the update attached at **appendix 3**.

3. Conclusion and recommendation

3.1 The Committee is recommended to consider and comment on the CQC Quality Report on services provided by ESHT, the Trust's response, and the update on EOLC. HOSC is also recommended to request a copy of the Trust's full action plan in response to the CQC report, once it has been developed.

PHILIP BAKER
Assistant Chief Executive

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East Sussex Healthcare NHS Trust

Inspection report

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Tel: 01424755255
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Date of inspection visit: 6 Mar to 21 Mar 2018
Date of publication: 06/06/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

East Sussex Healthcare NHS Trust is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex

The trust's main Clinical Commissioning Group's (CCG) are Eastbourne, Hailsham and Seaford Commissioning Group, Hastings and Rother Clinical Commissioning Group and High Weald Lewes And Havens Clinical Commissioning Group. Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG, East Sussex County Council and the Trust are partners in the East Sussex Better Together programme.

The health of people in East Sussex is generally better than the England average. Deprivation is lower than average, however about 18.1% (16,000) children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 8.2 years lower for men and 5.4 years lower for women in the most deprived areas of East Sussex than in the least deprived areas. Priorities in East Sussex include circulatory diseases, cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

At the last inspection undertaken in 2016, the trust was found to be in breach of the following regulations under HSCA (RA) Regulations 2014. These were: Regulation 18 – Safe staffing

The trust was placed in Quality Special Measures following the CQC inspection in 2015. The inspection visit in October 2016 found improvements had been made in many areas but the changes were too recent to demonstrate that the improvements were embedded in practice. The trust remains in Quality Special Measure and was also placed in Financial Special Measures in 2016.

Overall summary

Our rating of this trust stayed the same . We rated it as Requires improvement   

What this trust does

The trust provides a total of 833 beds with 661 beds provided in general and acute services at the two district general hospital (Eastbourne District General Hospital and Conquest Hospital, Hastings) and at local community hospitals. In addition there are 45 Maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital). The trust provides the following services at the two acute locations and in the community.

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity
- Gynaecology
- Services for children and young people
- End of life care
- Diagnostics

Summary of findings

- Outpatients
- Community healthcare for adults
- Community healthcare for children
- Sexual health services

At Bexhill Hospital ESHT provide outpatients, ophthalmology, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital, ESHT provide outpatient and inpatient intermediate care services. At Firwood House the trust jointly provide, with adult social care, inpatient intermediate care services. The trust provides some services at Uckfield community hospital. Community staff also provide care in the patient's own home and from a number of clinics and GP surgeries in the area.

In the year to November 2017 there were

- 60615 emergency department attendances, an increase of 6.6% from the preceding year
- 23544 day case a reduction of 1.6% on the preceding year
- 24,279 non elective spells, an increase of 5.8% on the preceding year
- 129786 non elective bed days a reduction of 4.2% on the preceding year
- 10099 referrals under the two week wait rules for suspected cancers
- 64003 initial outpatient appointments
- 157942 follow up outpatient appointments
- 24467 community nursing referrals

As at June 2016, the trust employed over 6,000 staff across the organisation.

The trust was placed in financial special measures in January 2017 because of a large financial deficit. The Finance Director reports a Financial Special Measures Update to each board meeting. The trust was forecasting a deficit of £57 million for 2017/2018 with an underlying position of £54 million. This appeared to show the trust financial position was stabilising and that this demonstrated improved control and financial grip had been achieved. This improved control was expected to deliver a £4.6 million saving during quarter 4 of 2017/2018..

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 20 and 21 March 2018.

Prior to this, we gathered information and data from the trust, NSHI and stakeholders (community organisations with an interest in the healthcare provided by the trust). We held focus groups for different staff groups on both trust acute hospital sites in December 2017.

We then conducted unannounced inspections of five core services across both acute hospital sites on 6 and 7 March 2018.

At the last inspection in October 2016, we rated both acute hospital locations as Requires Improvement and also gave the trust an overall rating of Requires Improvement. We considered all the information we held about the trust when considering which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

We inspected five core services across both acute locations. When aggregating the overall rating, the ratings from the previous inspection in October 2016 were used for core services that were rated following that inspection but which were not re-inspected. We can only re-rate following inspection and the improvements that have taken place in the core services we did not inspect are not reported.

We are aware of improvements in other core services through engagement visits and data supplied by the trust. For example, we have seen the new play service facilities at the Conquest Hospital and know a play specialist has been employed but this is not reflected in the ratings as we did not inspect services for children and young people during this inspection and our methodology only allows for ratings changes following inspection.

What we found

Following our previous inspection visit dated October 2016, we gave the trust a rating of Requires Improvement overall.

During both the core service inspections and the well led inspection visit in March 2018, we identified major improvements across all areas of the trust that we visited. The findings were supported by data provided through national programmes and by the trust and through discussions with executive directors and staff as part of our engagement programme. There had been a cultural shift with staff buying into the vision and supporting the goal to be 'Outstanding by 2020'.

The trust is now rated good for overall for well-led for all five key questions. We noted that there were some aspects of leadership that when compared against our key characteristics suggested specific areas of leadership (such as engagement) were a very high good and that in some core service areas the local leadership reached the outstanding benchmark.

The core services that we inspected in March 2018 all showed significant improvement. Where there were rating changes, these were from requires improvement to good (or in some domains, to Outstanding). In the case of safety within the Conquest Hospital emergency department this was from a rating of inadequate to good.

Overall location ratings were impacted on by the ratings from the previous inspection in October 2016 as our methodology uses the most recent ratings to aggregate the current overall location rating. This means that whilst the aggregated rating for the core services inspected at this inspection visit would have brought the trust to good overall, the impact of the cores services we did not re-inspect leaves it as requires improvement overall. The rating for the emergency department at Eastbourne District General Hospital remained as required improvement. We did note improvements but there was more work to be done to ensure there were equitable services in emergency care on both sites.

Summary of findings

We noted that there were some aspects of the care provided that when compared against our key characteristics suggested specific areas (such as 'caring' in some core services) were a very high good and some domains had reached the benchmark for outstanding.

The inspection team feel there is no grounds for the trust to remain in quality special measures and have written the NHSI to recommend them exiting quality special measures at this time.

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains in children and young people and end of life care as we did not re-inspect these on this inspection.
- The emergency department at Eastbourne District General Hospital needed to improve further. We saw progress and improvements but there were still some gaps in the service that required further attention.

However

- The leadership team had the capacity and capability to deliver high quality, sustainable care. The board and senior leaders were able to demonstrate a sound understanding of the requirements of their roles and their responsibilities. Leaders at all levels had followed the board lead in modelling good leadership practice. Two core services on the Conquest site were rated outstanding for leadership with other leadership teams not far behind.
- There was much improved cross site working and relations. Most staff felt they worked for the trust rather than at individual hospitals. There were pockets of staff where this didn't hold true but this was a very small minority.
- There was a clear and known Vision and strategy for achieving the trust objectives. All staff that we spoke with knew the statement "Outstanding by 2020" and were committed to achieving this. The staff now believed it was possible and showed great pride in the work they were doing.
- The clinical strategy had been created in consultation with staff and local stakeholders. It reflected the needs of the local community and aimed to deliver. "The right care at the right time in the right place". Key priorities were identified and service redesigned was well underway to streamline care between community, acute hospitals and primary care.
- There were acknowledged serious financial challenges and the trust was in Financial Special Measures but the focus for the entire board was on maintaining and improving the quality and safety of the services provided. No financial decisions were made without undertaking a quality impact assessment.
- The updated Risk and Quality Delivery Strategy provided a very clear and comprehensive account of the risk management tools and processes across the trust. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- The Integrated Performance Report provided a holistic understanding of performance, which integrated people's views with information on quality, operations and finances. The IPR was used by the board for assurance and by the divisions to benchmark and drive improvements.
- Engagement was a real strength of the organisation. Innovative and effective work with East Sussex Healthwatch had led to changes in care practice and provision. The trust had built positive relationships with other local agencies and was well represented at external meetings and groups. Internally, the staff reported feeling much more engaged and motivated by a visible executive team who recognised the challenges and valued them.

Summary of findings

- The needs of patients attending with mental illness were given due consideration. The board was well engaged with ensuring the needs of patients with mental illness were met. The East Sussex Better Together initiative members had redesigned the end to end pathway around the interface of Mental Health with Acute Medicine. In the ED at Conquest Hospital, the care of patients with mental illness was given parity with those attending with physical illness.
- Community services were not inspected at this inspection but the overall rating of good remained from the last time these services were inspected and was used to aggregate the overall trust rating.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.
- The emergency department at Eastbourne District General Hospital had made significant improvements but was not yet providing care that could be rated above requires improvement for safety. This related particularly to children and young people and to people presenting with mental health needs.

However:

- Whilst the ED at Eastbourne District General Hospital remained as RI for safety, all other core services inspected were rated good, which was an improvement overall.
- There had been significant improvements in how the trust learned from incidents. The reporting culture had improved with staff of all grades and disciplines having an understanding of the importance of reporting incidents. Investigations into serious incidents were robust and there were clear pathways for disseminating learning.
- The safeguarding arrangements for adults and children had been improved with a better resourced team and more involvement with other local agencies with responsibilities for safeguarding. Staff understood their responsibilities.
- Assessing and responding to patient risk had improved with demonstrably better outcomes. Electronic recording of the Early Warning Systems had been rolled out across the hospitals and improved the escalation and response when patients became unwell.
- Mortality rates had improved and the trust was within the expected range. Much work had been done around sepsis management with improved outcomes and better early recognition.
- Infection prevention and control was now a real strength. Previously this had been identified as a risk across many areas of the hospitals but the team had addressed all the issues raised and continued to improve this aspect of care through effective training and monitoring.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.

However:

- The trust had recruitment policies and procedures together with job descriptions to help ensure staff who were employed were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.

Summary of findings

- The trust provided care and treatment to patients based on national guidance and evidence of its effectiveness, monitored through dashboards and audits.
- Staff from different departments and disciplines worked together as effective multidisciplinary teams for the benefit of patients.
- Outcomes for patients were improved with specific improvements in the assessment of risk of Venous thromboembolism (VTE) reducing the number of VTE related incidents. There was an 11.3% year on year reduction in falls.
- A Stroke Association national report compared stroke services across the country in key performance areas. It rated ESHT as the quickest for scanning suspected stroke patients within one hour (81%) and fourth best in the country for scanning within 12 hours (98.2%). The report also rated local services the fifth best in the country for admitting patients to a stroke unit within 4 hours (80.5%).
- As part of East Sussex Better Together, a new frailty service started aimed at supporting frail people to live independent and healthy lives out of hospital.
- The revised integrated care pathways were based on current best practice and referenced National Institute for Health and Care Excellence quality standards.
- Internal audits resulted in changes to patient care. Examples of specific changes included ensuring junior doctors working on the Acute Assessment Unit had access to guidelines on the management of acute kidney injury and establishing an ambulatory care pathway for low risk chest pain
- Staff competence and ongoing training was given a high priority. Eastbourne District General Hospital was one of only eight approved hospitals in the United Kingdom to offer simulation training for new specialist cardiac doctors to improve their skills with heart procedures.
- The UroGynaecology unit was attained national accreditation from the British Society of UroGynaecology following a recent inspection. It was one of only 22 units all over the country to gain this status.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment.
- We saw a number of occasions when staff, “went the extra mile”. All the staff we spoke with across the trust placed compassion and empathy as integral to providing good care.
- Staff considered all aspects of a patient’s wellbeing, including the emotional, psychological and social.
- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes. The trust was in 8th place nationally for their FT response rate.
- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.

Summary of findings

However

- The referral to treatment times and the trusts ability to meet some key performance indicators remained a challenge. There had been a reduction in day case surgery which resulted in them being 12.6% under plan in the YTD November 2017. Elective surgery was also under plan.
- Waiting times for some specific appointments had worsened slightly. This included the number of patients waiting less than 13 weeks from a musculo-skeletal or a dietetic referral.
- The trust struggled to meet the maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers. They had a rolling 12 month average of 77.1% against a target of 85%. Work was being done to improve this and improvement could be seen over the reporting period.
- The trust continued to meet the maximum two-week wait standard for patients to see a specialist for all patients referred with suspected cancer symptoms (96.8% rolling average compared to a 93% target).
- The trust worked with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people. They were a driving force in the East Sussex Better Together initiative and active in the formation of the STP.
- In 2017, the partnership won the prestigious HSJ Improved Partnerships between Health and Local Government award. East Sussex Better Together impressed the judges with its breadth and scope, as well as an extremely ambitious partnership between the local government and the NHS.
- Their work with the local East Sussex Healthwatch had won a national award for the improvements in care brought about by the two organisations working together.
- Access and flow had improved across the trust. There was robust site management and a clear continuous monitoring of the state of occupancy and acuity. Site managers were working with ward staff to ensure all staff saw patient flow as a whole staff responsibility rather than something that was imposed upon them. There remained challenges due to the demands placed on the hospitals but these were being addressed in the longer term through work with stakeholders and new ways of providing care.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. Where they learned lessons or changed practices as a result these were shared with all staff. The organisation had a far stronger grip on how complaints were responded to. The responses were timelier with most being responded to within the timescale laid down in the policy. There were, overall, far fewer complaints received and the responses to complaints were better, which increased local resolution.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The trust had made improvements whilst experiencing significant financial challenge. Despite the financial difficulties, the trust board and staff remained unanimously committed to maintaining and improving the quality and safety of patient care.
- There was a very clear vision and objectives that were known to all staff. The goal of 'Outstanding by 2020' had, for many staff, become genuinely possible rather than simply a strapline displayed on posters. Staff were now identifying their achievements and celebrating successes where before the overall feeling was of a very negative and demotivated workforce.

Summary of findings

- There had been a palpable improvement in the organisational culture. All staff groups and all grades of staff talked to us about having pride in their work. Staff felt engaged, valued and listened to.
- A strengthening of the Governance Framework and Board Assurance Framework meant the board had more robust assurance of the risks, risk reduction and where necessary, mitigation.
- Local leaders were taking on the values of the board and senior leaders. A clear message of zero tolerance of bullying and inappropriate behaviour had been given out by several executive directors at the start of their tenure. They then developed leadership that was responsive to the needs of the staff, that listened and that cared about their workforce through role modelling, formal learning opportunities and engagement with front line staff.
- We noted improvements in all areas of the trust we visited, including in core services we did not inspect on this visit.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings but balanced this with the information from our ongoing monitoring of the trust and improvements we had seen across areas of the trust that were not part of the core service inspection (such as in End of Life Care and Services for Children and Young People) . Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found areas of outstanding practice in all core services. See the Outstanding practice section below.

Areas for improvement

We found areas for improvement in most core services. See the Areas for improvement section below.

Action we have taken

We have issued a requirement notice in respect of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing. The provider is required to submit an action plan with details of how they will address the issue raised in the emergency department report.

We have also asked the provider to supply an action plan in respect of the actions that were identified that did not constitute a breach of the regulations but which the trust should address.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust, feedback from other stakeholders and the public and through our regular inspections.

Outstanding practice

- Innovative measures and the identification of new roles partially mitigated recruitment challenges and promoted opportunities for staff already in post to develop new skills. The introduction of the matron's assistant role meant matrons could dedicate their time to improve safe high quality care, as their assistant undertook the majority of their administrative duties.

Summary of findings

- An innovative local project which created a new NHS role of 'Doctors' Assistant' had earned national recognition being shortlisted for a "BMJ Award for Clinical Leadership" and a HSJ Award.
- We saw and heard about many examples of particularly compassionate care being provided by staff, even when working under pressure in very busy circumstances.
- Across the trust, the leadership teams placed a strong emphasis on supporting staff welfare and there was a variety of different initiatives in place to support staff welfare. Staff also supported local charities, by providing warm clothing to a homeless charity
- The engagement work that the trust was doing internally and externally had been the basis for cultural change across the organisation and with stakeholders. The trust was very well engaged with other local providers and East Sussex Healthwatch, which was allowing service redesign that better met the needs of local people.
- Eastbourne Hospital was the first NHS hospital in Sussex and Kent to offer the innovative UroLift System to treat an enlarged prostate. This new minimally invasive treatment acts like curtain tie-backs to hold open the lobes of an enlarged prostate to create a channel from the bladder. Patients experienced rapid symptom relief, recovered from the procedure quickly, and returned to their normal routines with minimal downtime. It offered men an alternative to drug therapy or more invasive surgery.
- An electronic clinical monitoring system using hand held mobile technology had been introduced on the children's ward at Conquest and Eastbourne Hospitals. The trust was one of the first in the country to use the paediatric module of the system. The monitoring system was already fully operational on all the acute adult wards at both hospitals.
- The National Bowel Cancer Audit showed the trust's Bowel Cancer services to be the best in the South East region. The audit showed the trust to have the lowest mortality rates and second lowest readmission rate in the region, with these indicators significantly better than the national average.
- Data published by the National Emergency Laparotomy Audit (NELA) in 2017 confirmed that the trust was above the national average for all process measures, and excelled in ensuring that a consultant surgeon was present in theatre when the risk of death was greater than 5% (100% achieved). The national average for this process measure was 92.9%.
- A new and state of the art digital mammography machine had been installed at Eastbourne Hospital to improve the diagnosis of patients with suspected breast cancer. It was one of only three of its kind in the UK. It provides high quality mammogram images with a reduced radiation dose which is of enormous potential benefit to patients. The improved quality of images enabled radiologists to diagnose small or subtle cancers particularly in younger patients and those with mammographically dense breasts.
- In the emergency department, Clinical teams had been recognised by the trust and by the Department of Health and Social Care for their achievements and progress. This included a 'team of the year' award for the emergency department an 'unsung hero' award for the healthcare assistant team and recognition as the most improved emergency department in England by the Department of Health and Social Care.
- The clinical team had demonstrated a highly effective rapid response to a major incident that involved a potential biological hazard. They implemented emergency procedures without any advance warning and demonstrated exceptional multidisciplinary working.
- The hospital intervention team had extended their service to 12 hours daily to meet the increasingly complex needs of patients cared for in the clinical decisions unit. As patients spent longer in this unit the hospital intervention team was able to ensure care and rehabilitation plans were initiated in advance of discharge to help improve patient outcomes.

Summary of findings

- At Conquest hospital, there was parity in the care and treatment delivered between patients attending with physical and mental health needs. Patients attending with mental health needs had their physical health needs considered during their assessment.
- Patients with mental health needs could be cared for in different areas of the Conquest Hospital emergency department, dependant on their specific needs.
- At Conquest Hospital, the emergency department had a number of initiatives in place for patients living with dementia, these included; state-of-the-art digital reminiscence therapy system, twiddlemuffs and dementia rummage boxes.
- At Conquest Hospital, the emergency department had implemented the emergency department checklist, which provides a time based framework of tasks that is completed for every patient, other than those with minor complaints. Safety checklists have been shown to improve standardisation and demonstrated improvements in patient safety and care.
- The trust worked in collaboration with the local Healthwatch group. Healthwatch undertook a 24 hour observation of care delivered in the hospital which included the emergency department. In addition, Healthwatch worked in conjunction with the hospital and undertook a night time unannounced observation to engage with and obtain feedback from hard to reach groups.
- Two Nurses in Ophthalmology, along with two Orthoptists, have been trained to provide regular injections to patients with Age Related Macular Degeneration. This has helped increase the trust's capacity to meet the demand for this treatment.
- Audiology services at ESHT have received national accreditation in recognition of the high quality of care they provide. The Improving Quality in Physiological Services (IQIPS) accreditation is given to services that can demonstrate the highest levels of quality of service, care and safety for patients undergoing physiological diagnostics and treatment. Both adult and paediatric services at the Trust have received the accreditation, making ESHT the first Trust in the south east to have full IQIPS accreditation across both its Audiology services.
- Patients at the Conquest Hospital were the first in the South East to be offered a new procedure to lower blood pressure called Renal Denervation Ultrasound. The procedure, performed under a local anaesthetic, directs a small device via the patients' blood vessels to the renal artery where it then uses ultrasound energy to reduce the activity of the renal nerve helping to permanently lower blood pressure.
- The Trust's Heart Failure Team won two awards at the regional Heart Failure Collaborative "Enhancing the Quality of Heart Failure Care". The Heart Failure Collaborative event was run by Kent, Sussex and Surrey Academic Health Science Network in partnership with the British Heart Foundation. The Trust won two awards for acute services Achieving Appropriate Care; Top Performing – Conquest Hospital and Most consistent improver – Eastbourne District General Hospital
- Women who had become pregnant could self-refer to the midwifery service for East Sussex Healthcare NHS Trust. Once registered, a community midwife contacted the woman before her first ultra sound scan to arrange their first appointment with a midwife. They simply completed and submitted the online self-referral form
- A new way of identifying babies requiring extra support following delivery, called the 'The Bobble Hat Care Bundle', had been introduced on the maternity unit at Conquest Hospital. Every baby identified as requiring extra support received a red hat straightaway after birth, to make them clearly identifiable. The use of these bobble hats had reduced the number of unnecessary admissions into the Special Care Baby Unit.
- There was a well-functioning discharge lounge which provided a high standard of care to patients awaiting discharge. In particular the discharge lounge provided a reminiscence area for patients with dementia

Summary of findings

- The compassion and warm interactions between all grades of staff across the trust was a very notable improvement. There were several examples of staff going 'above and beyond' expectations.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

- The trust must urgently review the workload of the urgent care administration and clerical team and implement a strategy to review staffing levels and the impact on team wellbeing

Action the trust **SHOULD** take to improve

We told the trust it should take action to either comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to four core services

- The trust should ensure staff can demonstrate knowledge and competency in the use of trust policies and national standards. This must include adherence to Royal College of Emergency Medicine safety alerts.
- The trust should establish safe working processes to ensure teenagers who present in the emergency department of Eastbourne District General Hospital receive adequate care and support because all staff understand their responsibilities in relation to young people aged 16 – 18 years.
- The trust should implement safe practices for the use of the children's waiting room in the emergency department at Eastbourne District General Hospital.
- The trust should review the resources and tools available for staff when providing care to patients with learning difficulties who present in the emergency department of Eastbourne District General Hospital.
- The trust should identify methods of ensuring patients in the waiting area have access to up to date information about waiting times whilst in the emergency department of Eastbourne District General Hospital
- The trust should ensure staff consistently use the resources provided enhanced care for patients living with dementia who present in the emergency department of Eastbourne District General Hospital.
- The trust should provide more specialised training and/or provide more appropriate tools to support staff in the care and treatment of patients with a risk of self-harm or suicidal intent who present in the emergency department of Eastbourne District General Hospital.
- The trust should ensure that staff in the emergency department at Eastbourne Hospital improve the quality and consistency of patient records. This must include risk assessments, the consistency and frequency of observations, pain scoring and reviews and the standard and legibility of staff entries.
- The trust should consider refurbishment of the bereavement facilities for the maternity unit at Conquest Hospital, which were clinical, in need of updating and unsuitable for the needs of grieving families.
- In the emergency department at Conquest hospital the facilities available for families to spend time with their deceased relative as recommended by the Royal College of Emergency Medicine guidelines were limited. Families could spend time with a deceased relative in the resuscitation department or chapel of rest.

Summary of findings

- Out of date medicines were found within a fridge in the resuscitation unit and three out of date pieces of disposable equipment were found in the resuscitation trolleys at the conquest emergency department. The trust should ensure that there are appropriate systems in place to mitigate against these risks.
- The emergency department's performance in the Royal College of Emergency Medicine was varied; however some of this audit were undertaken two years ago and may not reflect the improvements made.
- The toilets in the emergency department on the Conquest site posed a risk to service users with a mental health illness. They contained a number of fixtures and fittings that could be used as ligature points. This was rectified shortly after our inspection after it was raised with the department staff.
- The trust should review why they are an outlier for maternal readmissions to hospital after discharge.
- The trust should ensure that all areas of the maternity unit at the Conquest hospital are clean and well maintained.
- The trust should ensure nursing staff working in outpatient clinics where children were cared for are trained to children's safeguarding level three. Medical and dental staff should be trained to level 2 in child safeguarding.
- The trust should improve signage to make clinics more dementia friendly and to address visual deficit needs.
- The trust should ensure that all staff to have completed mandatory training, including medical staff
- The trust should ensure that all patients who are discharged are appropriate dressed.
- The trust should continue to work on reducing the number of outlying patients who may not have ready access to the specialist care they need.
- Some areas within the theatre environment created safety hazards and were in need of refurbishment. The service was aware of the hazards and these were monitored monthly at the risk register meeting.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

The trust had made significant improvements to the quality of care being provided when we last inspected in October 2016 but the changes were very new and there was insufficient evidence to provide assurance that the changes were embedded as usual practice. At this inspection visits we noted further improvements in all areas of the trust that we visited and could see from data provided that the changes had become usual practice.

The trust had made improvements in the core services we inspected since the last inspection, despite experiencing a period of significant financial challenge and problems with cash flow. There was an organisational wide commitment to ensuring that the financial situation would be addressed through efficiency savings and service redesign that had a positive impact on patient care and safety. There had been investment in leadership and the way services were being delivered because the board felt that the improvements in quality and safety that this investment would bring about longer term, sustainable savings. Recent financial figures suggested the financial situation had stabilised and that the more robust controls that were in place were gradually addressing the deficit.

Summary of findings

The trust had a clear statement vision and values that were known to all staff that we spoke with. The notion of “Outstanding by 2020” had brought staff together in a commitment to improvement. Staff at all grades and from all disciplines talked about being proud of the organisation and the work they were doing. Staff were motivated and engaged; they wanted to provide good care and to feel valued.

Much work had been done on the clinical strategy, the organisational development plan and engagement with service users, staff and stakeholders. This was an organisation that knew where it wanted to be and how to get there but which acknowledged there was still a way to go.

The executive directors and chief executive in particular, were held in high esteem by staff at the trust. The staff reported the CEO as being “Ever present”; he impressed staff by knowing everyone’s names and remembering little details about them. They felt he cared about them and the work they were doing. Other board members were also described as being visible and approachable. Staff confirmed that non-executive directors visited and talked to staff; some remembered where a Quality Walk had resulted in specific changes for their ward or department.

We found an open and honest culture throughout the organisation. Staff told us felt able to raise concerns amongst their peers and with leaders and they felt heard when they did so. Leaders and staff understood the importance of staff being able to raise concerns. Most staff described peers, managers and senior leaders as being supportive although there remained small pockets where groups of staff were still unhappy about historical leadership failings.

We had assurance there were effective systems, processes and accountability at all levels to provide good quality care throughout the trust. Over the preceding year a complete overhaul of the governance framework had taken place. This now provided sufficient assurance for the board across all areas of the trust. Control and development of governance remained a corporate function but there were discussions taking place about greater devolution of accountability to clinical units.

We saw there were systems and processes in place to assess, prevent, deter, manage and mitigate risk throughout the organisation. The Board Assurance Framework and Risk Register were effective tools for ensuring ongoing risk management. The senior leadership team (including non-executive directors) understood the need for a strong framework to balance finance, performance and quality.

The trust used information from a variety of data sources to gain assurance and measure improvement in the quality of its services. The Integrated Performance Report collated data into a single package for review and consideration by the full board. It was easy to use and data was readily accessible which enabled proper challenge at board meetings and sub committees.

The trust made sure they included and communicated effectively with patients, staff, and the public and local stakeholders. It supported staff to get involved with projects affecting the future of the trust. The executives and chair were involved in the forward planning of local healthcare provision through both the East Sussex Better Together Initiative and the STP.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Eastbourne District General Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018
The Conquest Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Overall trust	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↑ Jun 2018
Community	Good Oct 2015	Good Oct 2015	Good Sept 2015	Requires improvement Sept 2015	Good Oct 2015	Good Oct 2015
Overall trust	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Eastbourne District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Good Oct 2016	Good Sept 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Critical care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Good ↑ Jun 2018	N/A	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2017
Overall*	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Conquest Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑↑↑ Jun 2018	Good ↑ Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Surgery	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Maternity	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Requires improvement Oct 2016	N/A	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016
Overall*	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Care Quality Commission Report – March 2018 Inspection

1. Introduction

The Care Quality Commission (CQC) published reports in June 2018 following an inspection of East Sussex Healthcare NHS Trust (ESHT) in March 2018. The CQC commended the Trust on its notable improvements and the good, outstanding and innovative practice observed during the inspection. The CQC recommended to NHS Improvement (NHSI) that the Trust no longer met the criteria to be in Special Measures for Quality and NHSI accepted this recommendation. The Trust remains in Special Measures for Finance.

2. Findings

The CQC inspected both acute sites, Eastbourne District General Hospital (DGH) and Conquest Hospital, in March 2018 and reviewed services against the five domains of safe, effective, caring, responsive and well-led. Services inspected included:

- Urgent and emergency care – Eastbourne DGH and Conquest.
- Medical care (including older person's care) – Eastbourne DGH and Conquest.
- Surgery – Conquest.
- Maternity – Conquest.
- Outpatients – Eastbourne DGH
- Well led inspection - Trustwide

The inspection did not review paediatrics, surgery at Eastbourne DGH, the midwifery led unit at Eastbourne DGH, outpatients at Conquest, critical care, community services or End of Life Care (EOLC). The ratings for these services were therefore carried forward from when they were last inspected by the CQC.

In the areas inspected by the CQC, all domains were rated as 'good' or 'outstanding' apart from the Emergency Department at Eastbourne DGH which was rated as 'requires improvement' but 'good' for well led and caring. For the first time 'outstanding' ratings were given in three categories. Further detail of the ratings is attached as Annex 1.

The CQC acknowledged that on the basis of the inspection in March, the Trust's rating would have been 'Good' however the Trust's overall rating remains as 'Requires Improvement' because, as outlined above, not all services were inspected. This is

explained in the CQC report: “Whilst the aggregated rating for the core services inspected at this inspection visit would have brought the Trust to good overall, the impact of the cores services we did not re-inspect leaves it as requires improvement overall.”

2.1 Areas highlighted by the CQC

Urgent and emergency care:

- There was parity in the care given to patients that were acutely ill and those with mental ill health.
- Sustained improvements to A&E waiting times.
- There was improved performance in sepsis management

Medical care:

- There was a strong emphasis on multidisciplinary team work.
- The introduction of matron’s assistants to free up their time.

Surgery:

- Cancellation rates for elective surgery were exceptionally low at the peak of the winter pressures.
- Patients commented that the care was “excellent from the point of referral to post surgery”, “outstanding” and “could not recommend the service enough”.

Maternity:

- Evidence of good multidisciplinary working relations between midwives, midwifery support workers, doctors in the maternity day unit, and other staff.
- There was a clear commitment to drive innovation from all staff.

Outpatients:

- Services were planned and developed to meet the needs of the patients.
- Follow up appointments were booked directly with the patients either by phone or immediately after their appointment.

Trustwide:

- Staff treated patients with compassion, dignity and respect. Staff involved patients and carers in decisions about their care and treatment.
- There was much improved cross site working and relationships

- There had been a significant improvement in organisational culture.

2.2 Areas for Improvement

In addition to the improvements identified above, the report highlighted one 'must do' and twenty one 'should do' actions that require addressing across the organisation. The 'must do' was for the Trust to urgently review the workload of the urgent care administration and clerical team and implement a strategy to review staffing levels and the impact on team wellbeing. This concerned administrative staff working night shifts and is being reviewed.

12 of the should do actions relate to Urgent Care, mainly at the Eastbourne site, 3 to maternity, 2 for outpatients, 1 for surgery, 1 for medicine and 2 Trustwide. These actions include strengthening the application of policies and processes, ensuring consistency of record keeping, improving mandatory training in some areas, improvements to the estate and reducing the number of outlying patients. An action plan is being developed to address the concerns raised and build on our improvements, as well as sharing learning and best practice. We will share this plan with HOSC once finalised.

The CQC has advised they will return to inspect further core services and the well led domain at trust level in the 2019/20 inspection year. The core service inspections will be unannounced and the well led announced.

3. Conclusion

We are very proud of the achievements recognised by the CQC and particularly the recognition that we put our patients at the heart of everything we do. The acknowledgment that the Trust no longer needs to be in special measures for quality represents the hard work and commitment of every member of staff. There is still more to do and are we are committed to tackling our financial challenges, whilst sustaining quality and safety to achieve the Trust's ambition of being "Outstanding" by 2020

CONQUEST HOSPITAL CQC RATINGS – MARCH 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑↑ Jun 2018	Good ↑ Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Surgery	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Maternity	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Requires improvement Oct 2016	N/A	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016
Overall*	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018

EASTBOURNE DGH CQC RATINGS – MARCH 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Good Oct 2016	Good Sept 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Critical care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Good ↑ Jun 2018	N/A	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2017
Overall*	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

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Meeting information:	
Date of Meeting: 28th June 2018	Agenda Item: End of Life Care Update
Meeting: HOSC	Reporting Officer: Vikki Carruth and Hazel Tonge

Purpose of paper: (Please tick)	
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>

Has this paper considered: (Please tick)	
Key stakeholders:	Compliance with:
Patients <input type="checkbox"/>	Equality, diversity and human rights <input type="checkbox"/>
Staff <input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG) <input type="checkbox"/>
	Legal frameworks (NHS Constitution/HSE) <input type="checkbox"/>
Other stakeholders	please state:
.....	
.	

Have any risks been identified <input checked="" type="checkbox"/> <i>(Please highlight these in the narrative below)</i> <i>No bowel and bladder service the acute trust</i>	On the risk register?
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1. Purpose

This paper aims to update HOSC on the progress made regarding End of Life Care (EOLC), providing assurance that the quality of care for patients at the end of life across East Sussex Healthcare NHS Trust (ESHT) is of a high standard and improvements identified by the Care Quality Commission (CQC) have been made.

2. Background

For the past year the focus for improvements has been on implementing the recommendations made by the CQC. During 2017, ESHT concentrated on care in the acute setting. Since November 2017, the out of hospital division and women's and children's division have joined the EOLC steering group to take forward some more specific improvements. EOLC continues to be a key focus in our 2018/19 Quality Account.

In March 2018, the CQC visited ESHT, but did not review EOLC. However, as part of the well led inspection, they met the EOLC team and commended the improved leadership. In addition, ESHT was visited by the national EOLC team in May 2018. The initial feedback was very positive and ESHT has been asked to consider sharing some of their work as part of the EOLC national collaborative.

3. CQC Acute recommendations and update (Table 1)

The CQC in 2016 made some recommendations to ESHT to improve EOLC. Most of these recommendations have been actioned or are underway (table 1).

Acute CQC Must Dos/Should Dos (2016)	Current Status / Plans
The service did not have a programme of regular audits for EOLC.	Achieved.
The trust provided formal training for some staff in EOLC. However, junior staff told us they were not confident at recognising EOLC patient.	Partially achieved EOLC training is mandatory for all ESHT staff
The trust did not meet the requirements of the key performance indicators of the National Care of the Dying Audit (NCDAH) 2016.	Partially Achieved <ul style="list-style-type: none"> ESHT has two Executive Directors with board responsibility for EOLC Developing formal in house training for doctors and the business case is still waiting approval for access to specialist palliative care team (SPCT) 7 days a week
The trust had not implemented the standards set by the Department of Health and National Institute of Health and Care Excellence's (NICE) guidance.	Achieved.
There were inconsistencies in the documentation in the recording of spiritual assessments, Mental Capacity Act 2005 assessments and recording of ceilings of care (best practice to guide staff, who do not know the patient, to know the patients previously expressed wishes and/or limitations to their treatment) for patients with a completed Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form.	Achieved. <ul style="list-style-type: none"> Audit conducted Feb for DNACPR and Documentation of spiritual needs on LDoLPCP. RESPECT to be implemented in Autumn 2018
We found the service did not always have clarity in its leadership. It was disjointed without a clear line of objective that the staff could understand or follow.	Achieved. <ul style="list-style-type: none"> Lead nurse appointed for SPCT.
There was no formal referral criterion for the specialist care team for staff to follow.	Achieved. <ul style="list-style-type: none"> SPCT Standard Operating Procedure
The risk register for the service was insufficient and did not reflect the needs of the service.	Achieved.
The trust did not collate service user's views with a patients or bereaved relatives' survey	Achieved for acute – Commenced Nov 17
Patients did not have access to a specialist palliative support, for care in the last days of life in all cases, as the hospital did not have a service seven days a week.	Partially Achieved. <ul style="list-style-type: none"> Business Case has been submitted and is pending approval.
The SPCT at the hospital did not have a weekly multidisciplinary meeting to discuss all aspects of patient's medical and palliative care needs.	Achieved. <ul style="list-style-type: none"> Cross site Multidisciplinary meeting held weekly
The hospital did not have a rapid discharge	Achieved.

Acute CQC Must Dos/Should Dos (2016)	Current Status / Plans
process for end of life care patients to be discharged to their preferred place of death.	<ul style="list-style-type: none"> • <i>Policy available. Task and finish group has been set up to refine the process</i>
The hospital did not monitor or record end of life care patient's referrals to the chaplaincy team.	Achieved. <ul style="list-style-type: none"> • <i>Chaplaincy database</i>
There was no formal referral criterion for the specialist care team for staff to follow.	Achieved. <ul style="list-style-type: none"> • <i>SPCT Standard Operating Procedure</i>
The service did not have a programme of regular audits for End of Life Care	Achieved <ul style="list-style-type: none"> • <i>Audit plan</i>

Table 1 – Improvements (2016 - to date) in acute services

Over the last 18 months, there has been significant improvement in the services offered to EOLC patients. These improvements are highlighted below:

3.1. Development of the Supportive Palliative Care Team (SPCT)

The specialist team are known as the Supportive and Palliative Care Team (SPCT), consisting of Palliative Care Clinical Nurse Specialists, consultants and a speciality doctor. Improvements include:

- Clear, accessible referral guidelines have been developed and shared widely, with one duty mobile phone number for all calls to the team on each site.
- Printed and laminated guidelines are available on every ward; team stickers were also created and these are placed in the medical notes after each visit by the team.
- A team email account has also been created for non-urgent referrals and communications with the team.
- A standardised cross-site operating procedure has been developed to ensure working practices are the same in both acute hospitals.
- Significant work has been done to increase the profile of the team across the trust
- All patients identified as being in the last days of life are now highlighted by the hospital site teams and are reviewed by the SPCT and chaplaincy team (Monday – Friday).
- The last days of life personalised care plan is embedded in use on all acute wards and the team, (along with junior doctors) audit its use on a monthly basis.
- After death analysis and support meetings are organised as requested by wards.
- Video conferenced weekly Multi-disciplinary Team (MDT) meetings are held cross-site to discuss complex patients.
- Awareness campaigns, including regular EOLC newsletters and a team information sheet have been developed and shared widely.
- The team are involved in multidisciplinary teaching delivery and since April 2018 have been delivering level 2 mandatory EOLC training to staff across the Trust who have regular contact with patients at end of life.
- The SPCT team now have team and governance meetings every other month, working together to further improve the service.
- An online staff feedback survey has been developed and shared across the Trust to determine how effective the changes we have made have been.
- Ongoing development of link nurses for EOLC across the Trust, including an away day held in May 2018.

Table 2 shows the dramatic increase in referrals demonstrating increased visibility and awareness of the SPCT service.

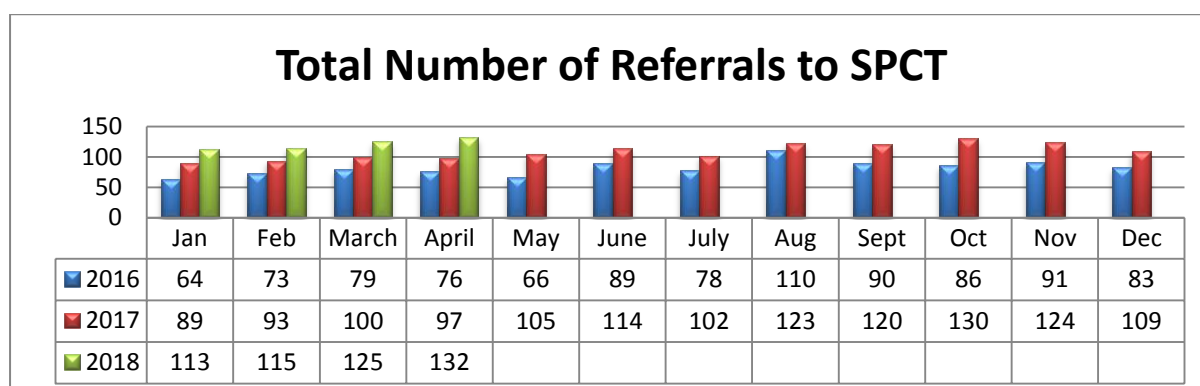


Table 2 – Total number of referrals to SPCT

3.2. Audits

A local audit programme is undertaken monthly and the learning is shared and embedded into the training. The 2018 National Care of the Dying audit commenced on 4th June and closes in September.

3.3. Training

EOLC training was mandatory from April 2018 and plans are in place to develop training for both nursing and medical staff.

- Level 1 training: all staff received a 'Skills for Health' leaflet in April 2018.
- Level 2 training: will be staggered across 18 months and rolled out to clinical staff working with EOLC patients. There are 93 training sessions planned from April 18 to April 19; this is a combination of the level 2 mandatory training and symptom control at end of life. Training for senior doctors is being developed with a focus on attitudes, beliefs and decision making at EOLC.
- Level 3 training: is for ESHT experts in EOLC (the SPCT and Palliative Care Consultants) and will include advanced symptom control.

3.4. DNACPR/ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

ReSPECT is a national approach and will replace DNACPR. ReSPECT is due to be rolled out at ESHT from August 2018.

3.5. Voices Survey

A new process to capture feedback about patients who died in the acute hospital (Voices Survey) was started late 2017. The results of the surveys are reported to the EOLC Steering Group (Table 3), and actions taken to improve feedback are monitored.

Table 3 – VOICES feedback (acute)

(* working group)

Topic	Jan	Feb	March	April	May
Survey's given out	26	34	35	0 - National Audit	26
Number returned	9	8	8	6	2
Positive Comments	Overall exceptional care at each stage	All aspects of care	Respect and care to patient and family	Excellent care and communication	Respect and dignity
Improvement needed	Inclusion in decisions made	Transfer to Hospice	Privacy in last hours *	Privacy in last hours *	Communication problems

3.6. Seven Day Service

The delivery of individualised last days of life care, over seven days a week, is outlined in the SPCT business case which is pending approval. ESHT is actively recruiting to the vacant palliative care consultant post.

4. Out of Hospital (OOH) recommendations and update

Table 4 OOH improvements (2015 - to date)

OOH CQC Must Dos/Should Dos (2016)	Status / Plans
Ensure that proper and complete information about patients is available to all those involved in their end of life care by taking account of the different paper and electronic systems	Achieved <ul style="list-style-type: none"> <i>Shared documentation is available in the patients home</i> <i>Summary Care Record (SCR) is now available via SystmOne to community nursing team</i>
Regularly assess and monitor the quality of services provided in the community for end of life care as well as resources required to sustain the service	Achieved <ul style="list-style-type: none"> <i>Monthly audits undertaken reviewing documentation on SystmOne</i>
Regular seek the views and experienced of patients, their families and carers	Partially achieved (see below) <ul style="list-style-type: none"> <i>Friends and Family Test (FFT) results and complaints analysed</i> <i>Bereavement visit process and template to be reviewed</i>
Improve direct access to community nurses and palliative care support out of hours. Improve the community teams ability to deliver rapid response service to patients at end of life	Achieved <ul style="list-style-type: none"> <i>Crisis response team and integrated support workers introduced. Hospice nurse line currently directs calls to the duty phone system held by the community nursing team</i>
Ensure that the new patient electronic record system recently launched is accessible for community staff so they feel confident and understand the benefits of the new system	Achieved <ul style="list-style-type: none"> <i>All staff familiar with SystmOne and access to SCR</i>
Ensure a continuous cycle of improvement embedded in audit and monitoring systems with leaders identifying areas for improvement and ensuring staff involvement in actions being taken	Achieved <ul style="list-style-type: none"> <i>Regular audit cycle</i> <i>All community nursing teams have identified link nurses.</i>

Monitor community team meetings to ensure that corporate information and learning was disseminated to staff	Achieved <ul style="list-style-type: none"> <i>Regular meetings and minutes</i>
Ensure all patients records are stored securely and can be located quickly when required	Achieved <ul style="list-style-type: none"> <i>Historic patient records stored off site.</i> <i>Electronic records community nurses.</i>

Further detail – Out of Hospital

Community nursing have access to the Summary Care Record - Additional Information (SCR-AI), record all data on SystmOne, and have “skinny records” in the patient’s own home. This gives an overall view of patient documentation for community nurses. “Hospice at Home” also has access to “skinny” notes and to SCR-AI. SystmOne is fully embedded within community. The Additional Information contained in the SCR-AI includes the Frail and Vulnerable Patients Scheme completed in primary care as part of East Sussex Better Together (ESBT). There are currently about 20,000 care plans completed and available to view. This includes information on patients’ wishes regarding preferred priorities for care.

There is currently no single method of sharing complete information about patients as all parties currently involved have different IT systems which do not interface (hospices, South East Coast Ambulance NHS Foundation Trust (SECAmb), ESHT, IC24, Primary Care etc). This is a national challenge and ESBT is reviewing connectivity as part of the digital strategy.

Audit (Community)

The audit for quality of care is recorded electronically. This audit started in December 2017 and is on-going; the lead nurses (six localities) audit three sets of documentation per month for their EOLC patients.

Friends and Family Test (FFT) and VOICES

The FFT is ongoing and monitored monthly, FFT feedback is excellent and collection rates are high. In addition to FFT the OOH team are working in partnership with the hospice, to create a bereavement questionnaire and feedback is being sought. It was recognised that there was the potential for the bereaved to receive multiple questionnaires where they have received shared care therefore a bereavement call or visit with a standard template was felt more appropriate.

Out of Hours Support

The hospice ‘out of hours service’ is available to give support and professional advice to patients and carers out of hours. There is also the ‘out of hours’ community nursing service and emergency visits are also possible from community nurses or crisis response.

Rapid Response

Crisis response started early 2017 and can provide urgent care within two hours of referral. This can also include integrated support workers, who monitor and care for patients at end of life in their preferred place of care, preventing hospital admission and supporting Fast Track discharge.

Team meetings – Learning and Sharing

Dissemination of information is cascaded to lead nurses in each locality. Each locality has regular team meetings which are documented. Safety huddles happen in each locality daily, where all EOLC patients are discussed. Debrief sessions occur following the death of a patient within their care, led by the district nurse in charge. District Nurses attend Gold Service Framework (GSF) meetings where after death analysis occurs.

East Sussex Better Together (ESBT)

ESBT has established an East Sussex Clinical Reference Group to provide strategic direction for EOLC and ESHT are actively contributing to this. Key objectives have been identified including learning and development, Summary care record, RESPECT and Advance Care Planning. ESHT has led the development of the ESBT EOLC strategy. This is currently being consulted on. The EOLC strategy has extended to include Children Young People and Neonates (CYPN) ambitions. For the coming year priorities include:

- Introduce advance care plan conversations where a child has a life-limiting or life threatening condition
- Ensure documentation for children includes the voice of the child.
- Introduce ReSPECT for all children with a life-limiting or life threatening condition
- Streamline the pathway for referral and/or consultation to children's hospice palliative care services earlier.
- Implement stakeholder engagement events and to act on feedback
- Focus on care after death and ensure the systems and processes are easy to understand for staff and relatives.

Conclusion

This report provides an overview of the considerable progress against the CQC recommendations and the next steps. ESHT has formed strong links with its partners and we all are working together to implement outstanding system wide care by 2020.

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

Date of meeting: 28 June 2018

By: Assistant Chief Executive

Title: Urgent Care Redesign in East Sussex

Purpose: To update HOSC on the redesign of the urgent care system as part of both the Connecting 4 You and East Sussex Better Together programmes

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the progress of urgent care redesign in the Connecting 4 You and East Sussex Better Together areas.
 - 2) suspend the work of the HOSC sub-group considering Urgent Treatment Centre proposals in the East Sussex Better Together area, pending re-submission of the proposals in the autumn.
 - 3) request a further report on the progress of urgent care redesign in September 2018.
-

1 Background

1.1 Urgent care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This is different from emergency care provided in accident and emergency departments (A&E), other hospital departments, 999 and ambulances which are set up to respond to serious or life threatening emergencies.

1.2 Following a national review in 2014, NHS England set out clear commissioning standards to ensure future urgent and emergency care services are integrated and offer a consistent service. In March 2017, NHS England and NHS Improvement published the *Next Steps on the NHS Five Year Forward View* which highlighted the importance of delivering integrated urgent care services to help address the fragmented nature of out-of-hospital services. There are 10 nationally set key deliverables in relation to urgent and emergency care including:

- the roll out of standardised new 'Urgent Treatment Centres' (UTCs) which will be open 12 hours a day (minimum), seven days a week, integrated with local urgent care services by December 2019;
- the commissioning of the nationally mandated increase in Extended Primary Care Access (access to GP appointments outside core hours and at weekends) by October 2018.
- the re-procurement of NHS 111 to include the ability to book patients into UTCs and to have a Clinical Assessment Service (CAS) that can hear and treat patients over the phone.

1.3 UTCs and extended access to GP practices are being developed separately in the Connecting 4 You and East Sussex Better Together (ESBT) place-based plan areas of East Sussex. NHS 111 is being re-procured across the whole of Sussex, led by Coastal West Sussex Clinical Commissioning Group (CCG) on behalf of all the Sussex CCGs.

2. Supporting information

Connecting 4 You

2.1. The Committee considered a general update on the progress of the Connecting 4 You programme in November 2017 which included a section on urgent care. This section included

updates on a number of urgent care developments including the primary care streaming service at the Royal Sussex County Hospital in Brighton and Princess Royal Hospital in Hayward's Heath.

2.2. High Weald Lewes Havens (HWLH) CCG has provided a further update (attached as **appendix 1**) on the progress of urgent care redesign in the Connecting 4 You area of East Sussex.

2.3. The update report attached as appendix 1 outlines the latest information on specific urgent care developments as well as brief updates on other areas of the Connecting 4 You Programme that the Committee has previously considered and form part of the wider context.

East Sussex Better Together

2.4. HOSC considered reports on urgent care redesign in the ESBT area in December 2016, September 2017 and March 2018. At the March meeting HOSC focused on proposals by the Eastbourne, Hailsham and Seaford (EHS) CCG and Hastings and Rother (HR) CCG to develop two UTCs in the ESBT area. These proposals form part of the wider redesign of Urgent Care in the ESBT area of East Sussex in accordance with the specifications set by NHS England's Five Year Forward View.

2.5. The proposed approach to establishing these two UTCs was for them to be co-located with the A&E departments at Eastbourne District General Hospital and the Conquest Hospital in Hastings. This would involve the relocation of the walk-in primary care services currently located at Eastbourne and Hastings stations since UTCs will provide a walk-in service as well as bookable appointment slots. The intention was for the UTCs to be operational by April 2019. The existing Walk-In Centres also have a registered patient list and consideration was being given to future general practice provision for these patients.

2.6. The Committee agreed in March that the proposed relocation of walk-in services constituted a 'substantial development or variation to services' requiring consultation by the CCGs with the Committee in accordance with health scrutiny legislation.

2.7. Alongside the proposal to establish co-located UTCs with the local A&E departments, the ESBT CCGs are required to commission the nationally mandated increase in Extended Primary Care Access (access to primary care appointments outside core hours and at weekends) by October 2018. The preferred model of provision for Extended Primary Care Access will be through the establishment of a number of primary care access hubs, including town centre provision in both Hastings and Eastbourne.

2.8. A further update on ESBT urgent care redesign provided by EHS and HR CCGs is attached at **appendix 2**. The report focuses on the impact of changes to the procurement process for the NHS 111/CAS services (outlined below) and indicates that a review of the UTC proposals will be undertaken by the end of July. Following this review, the CCGs plan to re-submit UTC proposals to HOSC in the autumn.

2.9. HOSC formed a sub-group to take responsibility for considering the UTC proposals in detail and preparing a response for consideration by the Committee. The sub-group has met twice so far and further details can be found in **appendix 3**. Given the review being undertaken by the CCGs HOSC is recommended to suspend the sub-group's work pending re-submission of proposals to the Committee in the autumn.

NHS 111

2.10. The Chair of HOSC was contacted by the 111 Programme Director (Sussex) on 14 June with notification that a decision had been taken to stop the current NHS 111/CAS procurement for Sussex. The organisations who submitted bids to run the new service have been notified of this outcome.

2.11. The Chair was informed that the decision was taken by the CCGs' Accountable Officers and Clinical Chairs as it was agreed that they may look to revisit the specification on the basis of changes to the National Integrated Urgent Care model. The CCGs have been in contact with NHS England, which supports the decision to stop the procurement.

2.12. The Sussex NHS 111 Transformation Team is pulling together an options and next steps paper that will be taken to all seven CCG Governing Bodies in the coming months.

2.13. The Transformation Team is also working with local CCG colleagues to review the impact this decision will have on the development of UTCs. The CCGs will provide an update at the meeting on the potential impact, and the NHS 111 Programme Director will keep the Chair up-to-date on the next steps over the coming weeks.

3. Conclusion and reasons for recommendations

3.1 This report provides HOSC with an update on developments in relation to urgent care as part of the Connecting 4 You and ESBT programmes, including specific proposals in relation to UTCs. HOSC is recommended to consider and comment on the updates.

PHILIP BAKER
Assistant Chief Executive

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Connecting 4 You Urgent Care Update for HOSC

Meeting date: 28th June 2018

1. Introduction

This report has been produced in response to a request from members of HOSC to provide an update in regards the Connecting 4 You (C4Y) strategic development of Urgent Care and associated initiatives including the creation of Urgent Treatment Centres.

The main body of this report focuses on Urgent Care. Urgent Care needs to be seen in the context of the whole health and social care system, and so this report also provides a high level overview of the progression of some other key work streams within the Programme and key environmental influences that all affect urgent care directly or indirectly in the High Weald Lewes Havens (HWLH) area:

- Wider System Context
- Engagement update
- Connecting 4 You Financial Context
- Development of Communities of Practice with a focus on Frailty
- Lewes North Street Quarter update
- Golden Ticket Roll out.

In November 2017, representatives from C4Y reported to HOSC to provide assurance with regard to the progression of the programme. In particular there was a focus on;

- Readiness for Winter Pressures
- The Dementia Golden Ticket
- The development of the Lewes Health Hub and Primary Care Home

The detail presented and the resultant discussion gave assurance that initiatives within these areas were progressing as planned and starting to demonstrate tangible positive outcomes for individual patient groups within HWLH; and benefits for the health and social care system.

2. Background

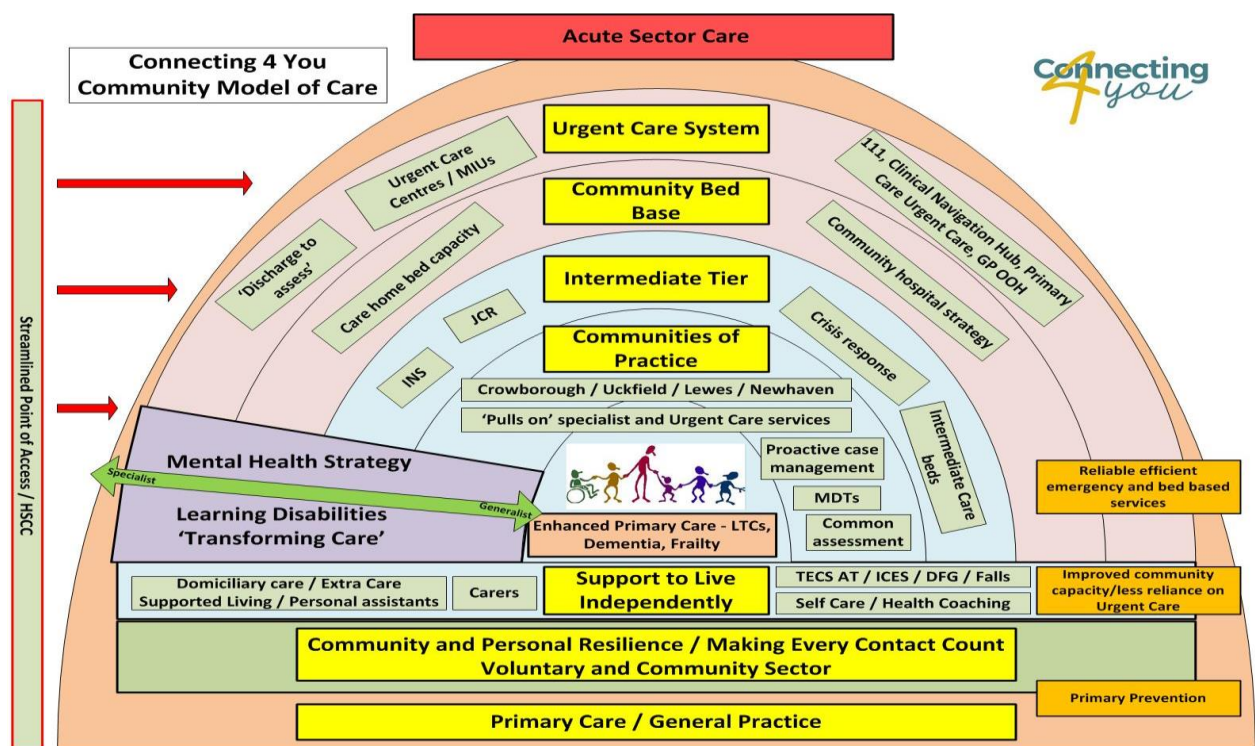
The makeup of the health economy in HWLH is complex. It covers an area in the midst of three acute hospital systems and adjoins four city and County boundaries. C4Y has been developed in order to address the specific population needs, geographical challenges and arrangement of services in a way that recognizes the patient flows of the HWLH area.

The C4Y Programme was developed in 2016 between East Sussex County Council (ESCC) and NHS HWLH Clinical Commissioning Group (CCG) for the HWLH patch of East Sussex. The C4Y programme is comprised of all of the main NHS providers; ESCC Adult Social Care and Children's Services; Lewes and Wealden District Councils; the Community and Voluntary Sector (VCS); and Healthwatch.

The aims of the C4Y Programme are;

- Whole system working; integration
- Strong focus on Prevention and Self Care
- Services to be delivered 'closer to home' and away from acute hospitals
- Pro-active care
- Co-production

The 'whole system' of activity in HWLH is referred to as the 'Community Model of Care'. It is presented below;



The C4Y Programme is made up of the range of transformation projects instigated to help achieve the objectives outlined above. These projects are detailed within the C4Y Programme plan, and are grouped into categories that align to the C4Y Community Model of Care, designed to help people avoid the need for urgent or unplanned care or crisis care.

The C4Y Programme Board, through its constituent members, reports to:

- ESCC's Cabinet
- East Sussex Health and Wellbeing Board
- HWLH Governing Body
- C4Y Partner Provider Boards.

3. Wider System Context

Within the Sussex and East Surrey Sustainable Transformation Partnership (STP) work is progressing as planned in regards to the new Central Sussex and East Surrey Commissioning Alliance (CSESCA).

HWLH CCG is part of CSESCA, which is in turn part of the Sussex and East Surrey STP.

The Alliance is made up of five CCGs – Brighton and Hove, Crawley, East Surrey, HWLH, and Horsham and Mid Sussex – and represents a new way of collaborative working between the organisations. It is not a formal merger of the organisations. Individual CCG governing bodies remain accountable for healthcare commissioning for their local populations.

The Commissioning Alliance officially went live in January 2018. The CCGs have already seen benefits of working closer together by avoiding duplication of work, sharing expertise and best practice and providing greater consistency of quality in commissioning across a larger area. The CCGs are currently considering the financial challenge they are all facing can be collectively addressed, and have committed to making savings that will help ensure they finish this financial year in a breakeven position.

4. Engagement with the public and wider stakeholders

Ongoing engagement with the public and other stakeholders is key to the progression of the C4Y Programme, and is well supported by all partners. Recent examples are outlined below:

The *Big Conversation* held during April in Newhaven was well attended with representatives from a variety of organisations and members of the public, with very valuable conversations and good feedback received. Conversations were around Urgent Care, Frailty, Primary Care and Prevention and Emotional Health and Wellbeing and then more generally around both ESCC and CCG Finances and the STP. The next *Big Conversation* event will be held in Lewes on 31 October.

The Havens listening tour is currently taking place. This an initiative led by Healthwatch who have invited C4Y representatives to participate. This is an opportunity to capture local views and experiences on health and care services used in the area. The tour runs from 11-25th June with a varied programme of activity engaging with different ages and protected characteristics covering local groups, GP surgeries and shopping centres.

It is a high priority to ensure there is engagement with people with different protected characteristics. C4Y representatives recently attended a meeting with DeafCOG to ensure the deaf community are better engaged with over new services and consultations.

There was C4Y representation at the recent the Care for the Carers Forum and this was used to gain carers views on service provision and hearing their experiences as carers.

5. C4Y Financial Context

The Connecting 4 You Partnership continues to develop within an increasingly challenging financial environment, both for the NHS and key partners such as Adult Social Care. Presented below is a summary of the financial position of HWLH CCG.

HWLH CCG

The NHS nationally is facing significant challenges as it tries to meet an increasing demand on services with restricted finances and resources. People are living longer, with ever more complex health needs, and this is making it more difficult to afford all the health and care services for which the NHS currently pays.

This directly impacts upon the work of local CCGs, who are responsible for buying and planning health services for their local populations.

HWLH CCG has historically recorded a stable financial position, but last year experienced a significant decline in its finances, finishing the financial year with a deficit of £8m. As a result, in this financial year the CCG will aim to save 3.9% of its allocation of £236m, roughly **£9m**.

6. Urgent Care Developments

Background

Patients access urgent care services when they feel they cannot wait for a GP appointment and need to be seen without delay. Perhaps the most common perception of an urgent care service is the Hospital Emergency Department (ED). However, it is accepted that patient needs can often be met more appropriately, and quickly, in other parts of the urgent care system. This is by no means the fault of the patient. It is clear that they find the current array of options at times confusing and inconsistent across health and social care systems, and as such default to the ED. The C4Y urgent care programme aims to deliver an integrated urgent care system with a single point of entry via NHS 111. This model will offer a range of options to the public, including standardised Urgent Treatment Centres, urgent primary care in and out of hours, and other community services, as well as high quality Emergency Departments.

Introduction

As part of the Connecting 4 You update, a presentation on urgent care redesign was given at the East Sussex meeting in November 2017. This included details of the introduction of Primary Care streaming in Emergency Departments; Winter Resilience Planning; and reductions in Non-Elective Admissions and Delayed Transfers of care.

Members requested a future update in June 2018 with a focus on the progress of urgent care redesign. This paper has been produced in response to that request and focusses on four main areas, as follows

- Development of an integrated response through formation of C4Y partnerships
- Reflections on winter performance¹ and measures put in place to mitigate pressures
- Future Development of Minor Injuries Units

Development of an integrated urgent care system

The *NHS Five Year Forward View* sets out the need for patients to find it easier to access urgent care clinical advice, on the phone and online. A main access point for such advice and subsequent treatment will be the NHS 111 service, which by 2019, aims to book people into urgent face to face appointments where this is needed.

To facilitate this transformation the current service was put out to tender with a new service specification earlier this year. Subsequently, the chair of HOSC has been contacted by the 111 procurement team to inform them of the decision to stop the current NHS 111/Clinical Assessment Service procurement for Sussex. The organisations who submitted bids to run the new service have been notified of this outcome by the approved procurement channels. Though the procurement process is subject to commercial confidentiality, it should be noted that this was due to the content of the bids received, and not flaws in the procurement process. The lessons learned from the Patient Transport Service procurement experience meant the CCGs wanted as wide a field of bidders as possible.

¹ A paper was given in March to 2017 by East Sussex Better Together relating primarily to the ESHT urgent care system. HWLH CCG has been involved in these discussions and sits on the East Sussex Local Accident and Emergency Delivery Board. To avoid repetition, when considering Emergency Departments this paper will primarily focus on the Brighton and Sussex University Hospitals NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust systems, where the majority of HWLH patients attend.

The decision by CCG Accountable Officers and Clinical Chairs was not taken lightly. The committee should be assured that it is the re-procurement process of the new NHS 111/Clinical Assessment Service that is stopping – not the current service received by patients. The commissioners across Sussex are in the process of agreeing next steps with the current NHS 111 (South East Coast Ambulance Service NHS Foundation Trust) and GP Out of Hours (Integrated Care 24) providers to ensure continuity of service for patients after 1 April 2019.

An options paper will be presented to the seven Sussex CCGs' Governing Bodies in the next few months with a recommended approach to re-procure and deliver a new NHS 111/Clinical Assessment Service for Sussex by 2019/20, which will in turn be communicated to HOSC.

Extended Access to Primary care

Under the national NHS General Practice Forward View, CCGs are required to commission extended access to primary care. The requirement is for each hub/provider to have extended access from 6.30-8pm each weekday, plus 30 minutes extra per 1000 patients, and weekend provision as per patient demand. NHS 111 and Urgent Treatment Centres are also to be utilised to enable access to patients for both walk-in and pre-bookable appointments with primary care clinicians outside of core GP practice hours. The CCG is procuring and commissioning this service, which can be provided in hubs across the CCG for 100% coverage of the CCG population from 1 October 2018. As this is currently a live procurement, no specific information can be shared at this time. However, in advance of the final decision, two pilot projects have been commissioned separately from the procurement exercise and without prejudice in order to test assumptions regarding patient appetite for when and where such additional services should be delivered. The first pilot went live for patients of Newick and Buxted surgeries on 1 June, and will be followed by Lewes practices on 1 July.

Reflections on winter performance

Challenges last winter included staffing, due to sickness; an increase in acuity (including Influenza) presenting in primary care and at Emergency Departments; and later than expected confirmation of additional funding.

The system remained pressured over winter, particularly during March when temperatures dropped considerably, followed by a loss of water pressure in some parts of the CCG area as pipes burst. However, a number of steps were taken to increase resilience that anecdotally resulted in the system recovering more quickly than in previous years. These included the following.

- Additional Care Home places commissioned jointly with ESCC Adult Social Care.
- Extra primary care appointments commissioned over the Christmas period
- Effective collaborative working across the system and exceptional support from partners when required.
- Improved escalation and response actions through daily operational executive level calls supported by management information (SHREWD).
- Additional acute, community, Adult Social Care and Fast Track hospice capacity commissioned to support the system-wide winter capacity plan.
- Enhanced support to Nursing Homes.
- An Alliance-wide winter communication strategy entitled *#HelpmyA&E*, which directed patients to alternative services such as Walk in Centres and pharmacies.
- Improved uptake of Flu vaccination by staff across the health and social care system.

Future Development of Minor Injuries Units

The publication of the *NHS Five Year Forward View* offered the opportunity to consider the nature and extent of urgent care provision across the STP area. All Sussex CCGs are in the process of considering the best way to deliver these changes to maximise the positive impact for the patient population. To ensure consistency and clarity of services this review covers the whole of the STP footprint, covering the eight Sussex and East Surrey CCGs, taking into account existing developments such as those reported separately by East Sussex Better Together colleagues.

HWLH CCG and Brighton & Hove CCG are in this planning stage and so there is no definite detail that we can share widely at this time regarding the outcomes of this review. However, the committee will recall during the re-procurement of the Community Services contract in HWLH the intention was always to develop the existing Minor Injuries Units to enable them to also receive patients with Minor illnesses. Work has been taking place at Lewes Victoria Hospital, including staff training and building work, to prepare for it becoming an Urgent Treatment Centre in time for Winter 2018/2019. In addition to the wide scale public engagement prior to letting the Community Services contract, a recent *Big Conversation* event held in Newhaven further discussed plans for these developments and invited comment.

A full business case will be presented to the HWLH CCG Governing Body in the coming months, at which stage the final plans will be made public.

7. Supporting C4Y Developments

The following updates relate to initiatives previously shared with HOSC that are intrinsic to Urgent Care, given the interdependency with the wider health and social care system.

Development of Communities of Practice and Frailty

The *NHS Five Year Forward View* was published in 2014 to guide the shape and pace of transformation, in response to increasing concerns regarding the sustainability of the health and social care system across the Country.

The formation of the C4Y Partnership and Programme reflects this guidance, in particular the strong focus on the development of truly integrated localised services based on populations of between 30,000 and 50,000. These are referred to as the HWLH Communities of Practice and there are four across the region; Crowborough, Uckfield, Lewes and the Havens.

The C4Y Programme Board agreed to focus on frailty as a priority, not least because of these patients' urgent care needs and likelihood of unplanned hospital admissions. Work has progressed well in regards to developing better responses to those living with frailty through developing new integrated initiatives with a strong focus on preventing people from needing non-elective and emergency interventions.

There is now full coverage of Community Geriatricians across HWLH. The service is provided by two of the acute hospital trusts that serve HWLH and provide GP Practice Clinics, home visits, support to the Community Hospitals and support and specialist advice to GPs and community teams in regards to those living with frailty and complex needs. To enhance and expand this service four experienced Frailty Nurse Specialists have been recruited by Sussex Community NHS Foundation Trust (SCFT), the community nursing provider for HWLH. This introduces another

member of the Geriatric Workforce, with a unique and complimentary skillset thus ensuring appropriate skill mix, into the emerging Communities of Practice offering further opportunities for continued integration between community and acute health provision. This new proactive integrated approach to better support those living with frailty is also greatly benefitting from the community navigator programme which enables them to also benefit from far greater social connectivity to address isolation and help keep people physically active.

Improved support is now offered to nursing homes through the Enhanced Health in Care Homes (EHCH) an initiative funded through the Improved Better Care Fund (IBCF) to offer proactive clinical support from dedicated GPs, to maximise the health and wellbeing of the residents.

Following a successful pilot in the Havens, the East Sussex Fire and Rescue Service is replicating its proactive programme of Home Safety Checks to those living with frailty in Crowborough.

Voluntary and Community Sector (VCS) and District Councils with statutory services have been further integrated within the four Communities of Practice, in recognition of the invaluable resource they offer, particularly with regard to prevention. In the Havens Community of Practice a series of 'co-design' workshops has further developed an integrated frailty pathway to improve and widen the response these patients. Future commissioning options are being explored to help support their progression towards an East Sussex VCS Alliance.

Early indications show a tangible reduction of non-elective acute admissions in regards to this cohort of the HWLH population, which can be attributed to these integrated new approaches. Further initiatives being actively scoped include Community Rapid Response, and Falls Services.

Lewes Health Hub and Lewes Primary Care Home

At HOSC in November 2017 detail was presented in regards to the formation of the Lewes Primary Care Home which will see a merger of the three current Lewes based General Practices. This included the development of the Lewes Health Hub; a brand new purpose built facility that will host the Lewes Primary Care Home along with a range of other statutory and VCS interventions.

The Outline Business Case (OBC) has been submitted to NHS England and the Full Business Case (FBC) is nearing completion. The floor-plans for the configuration in the new premises allow for the GP workforce and other healthcare professionals in community and social care to work together promoting the integrated working that the Primary Care Home model embraces.

The three practices continue to work closely together in preparation for the merger and to develop their care model which is in line with the Primary Care Home model and is supported by the National Association of Primary Care (NAPC). In addition to aligning computer systems, reporting procedures and other 'back-office' functions one of the key projects to date has enhanced and expanded the training of the Patient Navigators, who will be key to supporting patients requiring long-term continuity of care.

In addition, the GPs and SCFT continue to develop the integration of the 'acute' Primary Care teams with the minor injuries teams to provide one integrated service for both minor ailments and minor injuries.

As with the development of the Havens Community of Practice, work is underway to ensure effective integration with the wider delivery of statutory, VCS and District Council delivered services.

The Dementia Golden Ticket – An award-winning New Model of Care

The Golden Ticket is a HWLH CCG initiative that offers a wholly new approach to dementia care and support. It involved an extensive re-design of dementia care across the system, with a focus on integrated and holistic care (of both the person with dementia and their family carer) and a shift from Secondary Care interventions to pro-active Primary Care management and post-diagnostic support. It also includes a range of psycho-social interventions to help people live as well as possible, for as long as possible with the condition.

Having successfully piloted the model of care at Buxted Medical Centre, the CCG was able to demonstrate with some assurance, compelling evidence that The Dementia Golden Ticket approach improves outcomes for patients and carers delivers economic benefits to the health and social care system and is preferred by the workforce, to the historical dementia pathway.

The phased roll out is on track according to plan;

- 5 Practices went live from October 2017 (25% of population covered)
- 3 Practices went live from January 2018 (40% of population covered)
- 5 Practices will go live from July 2018 (65% of population covered)

The remainder of the Practices start training from September 2018 to go live quarterly thereafter. It is expected that 100% population of HWLH will be covered by April 2019.

Early findings on impact include:

- In first Quarter of delivery (October to December 2017) there was a reduction of 23% of non-elective admissions, compared to same quarter in the previous year.
- This is higher than for non-Golden Ticket practices which only had a 9% decrease in non-elective admissions This trend continued in January 2018; Golden Ticket Practices saw a reduction of 33% compared to a reduction of 12% in the non-Golden Ticket group.
- At 64.9% Dementia Diagnosis Rates in HWLH have risen and are now above the National average although just under 2% short of the National target.

8. Summary

This update report describes the progress of the C4Y Programme, a reminder of the context the programme operates within and particular plans and developments in relation to Urgent Care for the population of HWLH.

Author; Sam Tearle, Senior Strategic Planning and Investment Manager

Date of report: 14th June 2018

Report: East Sussex Better Together (ESBT) – Urgent Care Redesign Programme Update: NHS 111 and Urgent Treatment Centres

To: East Sussex Health Overview and Scrutiny Committee

From: Mark Angus, ESBT Urgent Care System Improvement Director

Meeting

Date: 28 June 2018

Recommendations:

The Health and Overview Scrutiny Committee (HOSC) Members are asked to note progress with the development and implementation of our integrated urgent care service model specifically relating to:

- **Our plans to procure a new NHS 111/Clinical Assessment Service (CAS); and**
- **Our plans to establish Urgent Treatment Centres (UTCs).**

In addition, HOSC members are asked to agree that our proposals in their original form, and their related potential plans for public consultation, are drawn to a close and be reviewed in the autumn as we submit revised proposals that ensure the improvements we are seeking and take account of these wider developments.

1. Introduction

This paper provides an update on progress made relating to the ESBT Urgent Care Transformation Programme since the detailed update submitted to HOSC in March 2018 in respect of NHS 111/CAS and UTCs.

2. NHS 111/Clinical Assessment Service/Out of hours GP Home Visiting

A decision was taken by the Sussex CCGs on 14 June 2018 to stop the NHS 111/CAS procurement process for Sussex. The organisations who submitted bids to run the new service have been notified.

The decision was not taken lightly by the CCGs, but it was agreed that there is a need to review the service model and specification in light of the increased maturity of the National Integrated Urgent Care (IUC) model to ensure that we procure the right service model for the population of Sussex. This decision was reached in consultation with NHS England (NHSE), who support the decision of the Sussex CCGs.

The committee should be assured that it is the re-procurement process of the new NHS 111/CAS that is stopping and not the current service received by patients. The commissioners across Sussex are in the process of agreeing next steps with the current NHS 111 (South East Coast Ambulance Service NHS Foundation Trust) and

GP Out of Hours (Integrated Care 24) providers to ensure continuity of service for patients after **01 April 2019**.

An options paper will be presented to the seven Sussex CCGs' Governing Bodies by **31 August 2018**, with a recommended approach to re-procure and deliver a new NHS 111/CAS for Sussex by 2019/20, which will in turn be communicated to HOSC.

3. Urgent Care Treatment Centres

The ESBT plans to develop UTCs were designed to align with an integrated approach to urgent care that would bring together a number of services such as GP out of hours, primary care streaming and walk in urgent care access and would be supported in part by the implementation of the national IUC specification and the operational delivery of the new NHS 111/CAS by **01 April 2019**.

Therefore ESBT CCGs are currently undertaking a rapid assessment of the impact of the decision to stop the NHS 111/CAS procurement on our UTC plans and related timescales.

As part of this assessment we will also take the opportunity to consider the pre-consultation engagement feedback we have received since we submitted our detailed UTC proposals to HOSC in March 2018. We will ensure this informs any revised proposals regarding urgent care and we will re-submit updated proposals specifically regarding the development of UTCs to the HOSC. It is therefore recommended that HOSC's request that we consult with them on our proposals in their original form, and their related potential plans for public consultation, is drawn to a close and be reviewed in the autumn as we submit revised proposals that ensure the improvements we are seeking and take account of these wider developments.

The national deadline for the establishment of designated UTCs is **01 December 2019** and the ESBT CCGs remain on track to deliver UTCs by no later than this date.

4. Timescales and next steps

The next steps for our NHS 111/CAS and UTC plans are as follows:

- NHS 111 Options Paper to Sussex CCGs' Governing Bodies by **31 August 2018**; and
- Assessment of impact on our UTC proposals to be completed by **31 July 2018**.

Contact Officer: Mark Angus – ESBT Urgent Care System Improvement Director, Tel. No 01273 403547
Email: mark.angus@nhs.net

HOSC review of proposal for Urgent Treatment Centres in Eastbourne and Hastings – Update

Background

HOSC considered at its 29 March 2018 meeting proposals by the Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG) to re-locate the Walk-in Centres from by Hastings and Eastbourne stations to sit alongside the A&E departments at the Conquest Hospital and Eastbourne District General Hospital (EDGH) as part of new Urgent Treatment Centres (UTCs). This proposal forms part of a wider redesign of Urgent Care in the East Sussex Better Together (ESBT) area of East Sussex in accordance with the direction set by NHS England's Five Year Forward View.

The Committee agreed that the proposed relocation constitutes a 'substantial development or variation to services' requiring formal consultation by appropriate NHS bodies with the Committee – in accordance with health scrutiny legislation.

HOSC formed a sub-group to take responsibility for considering the proposals and the evidence in detail.

The key question that the Review Board has been considering is whether the proposals are in the best interests of the residents of East Sussex. This involved considering:

1. Whether the proposal is the only viable option for providing Urgent Treatment Centres,
2. Whether the proposals will provide better care and a better service than what is currently available
3. How the proposals will impact on patients, in particular vulnerable groups, who rely on the Walk-in Centres.

The Review Board comprised:

- Cllr Colin Belsey (Chair)
- Cllr Mary Barnes
- Cllr Janet Coles
- Cllr Mike Turner
- Jennifer Twist

The Review Board met twice:

At the first meeting on 9 May, the Board agreed its terms of reference and considered the CCGs' proposals in more detail.

At the second meeting on 29 May, the Board spoke to the following witnesses:

- **Representatives of the CCGs** (Mark Angus, Urgent Care System Improvement Director, Nicky Cambridge, Stakeholder Engagement Lead,) to consider an update

on the progress of the consultation process and to discuss additional information requested at the last meeting.

- **A representative of East Sussex Healthcare NHS Trust (ESHT)** (Joe Chadwick-Bell, Chief Operating Officer) to speak about the current care and access available for walk-in patients at the hospital sites and the advantages/disadvantages of a hospital-based UTC model over the existing model.
- **A clinical representative of the CCGs** (Dr Martin Writer, Chair, EHS CCG) to speak about the extent of support for the proposals from clinicians, and the clinical advantages of the proposed UTC model.
- **Representatives of the Walk-in Centres** (Dr John Rowan, Medical Director, and Mariann Cleverley, Associate Locality Director of Integrated Services, IC24) to speak about the cohorts of patients using the service and the reasons why people use the Walk-in Centres.
- **A representative of vulnerable groups** (Annie Whelan, Chief Officer, Seaview) to speak about how many use the current service, how they might be affected, and whether there are other methods of vulnerable groups receiving healthcare that may be more suitable.
- **A representative of Healthwatch** (Elizabeth Mackie, Volunteer and Community Liaison Manager) to speak about the views of the proposals from residents of East Sussex, the views of vulnerable groups, and how Healthwatch will be involved in the consultation process.

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

Date of meeting: 28 June 2018

By: Assistant Chief Executive

Title: HOSC Work Programme

Purpose: To consider the committee's work programme and minutes of the various joint HOSC working groups

RECOMMENDATIONS

The Committee is recommended to:

- 1) Agree the work programme.
 - 2) Note the minutes of the joint HOSC sub-group meetings attached as Appendix 2 and 3; and
 - 3) Agree a new member for the sub-group with Sussex Partnership NHS Foundation Trust; and
 - 4) Agree any specific questions or lines of enquiry that the sub-group members should raise on behalf of HOSC at future meetings.
-

1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for each committee meeting.

1.2 The work programme also lists a number of ongoing joint HOSC sub-groups set up to meet with and scrutinise NHS organisations that provide services across multiple local authority areas. The minutes of the most recent meetings of these working groups are included as appendices to this report.

2 Supporting information

2.1 The work programme is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HOSC meetings, as well as other HOSC work going on outside of the formal meetings, including the joint HOSC sub-groups. The work programme will be updated and published online following this meeting. A link to the work programme is available on the [HOSC webpages](#).

2.2 Both active Joint HOSC sub-groups have three representatives from East Sussex HOSC. There is currently a vacancy on the Sussex Partnership NHS Foundation Trust sub-group. The two joint HOSC sub-groups have been set up to scrutinise the following Trusts:

Brighton & Sussex University Hospitals NHS Trust (BSUH)

- A joint sub-group with West Sussex and Brighton and Hove HOSCs set up to scrutinise BSUH's response to the findings of recent CQC inspections and the Trust's wider recovery plan. Meets approximately 4 times per year. Membership: Cllrs Belsey, Howell and Murray. The minutes of the most recent meeting on 4 April are attached as **appendix 2**.

Sussex Partnership NHS Foundation Trust (SPFT)

- A Joint Sussex HOSCs sub-group to scrutinise SPFT's response to the findings of recent CQC inspections and the Trust's wider quality improvement plan. It also considers other mental health issues, including the ongoing reconfiguration of dementia inpatient beds in

East Sussex. Meets approximately 3 times per year. Membership: Cllrs Belsey and Osborne with one vacancy. The minutes of the most recent meeting held on 1 May are attached as **appendix 3**.

2.3 A joint South East Coast area HOSCs sub-group was set up to scrutinise South East Coast Ambulance Service NHS Foundation Trust's (SECAMB) response to the findings of its CQC inspection report and the Trust's wider recovery plan. It has been agreed by the HOSC Chairs to discontinue this sub-group now that the full SECAMB Executive Team is in place and that scrutiny of the Ambulance Trust will revert back to the individual HOSCs.

3 Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The minutes of the joint HOSC meetings will help to inform all HOSC Members and the public about the issues being scrutinised.

3.2 HOSC members are asked to agree the work programme (subject to the addition of other items identified during the meeting), note the minutes of the HOSC sub-groups, agree an additional Member for the SPFT sub-group and ask HOSC sub-group representatives to raise any specific identified issues with the relevant NHS organisations at future sub-group meetings.

PHILIP BAKER

Assistant Chief Executive

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Work Programme for Health Overview and Scrutiny Committee



Future work at a glance

Updated: **7 June 2018**

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
2 October 2018		
Urgent Care Redesign	<p>To consider a report on the progress of urgent care redesign in East Sussex, to focus on the following areas:</p> <ul style="list-style-type: none"> • Progress of the NHS 111 re-procurement and redesign across Sussex. • East Sussex Better Together (ESBT) - establishment of Urgent Treatment Centres • Extended access to GP services 	<p>Mark Angus, Urgent Care System Improvement Director, EHS/HR CCG; Ashley Scarff, Director of Commissioning and Deputy Chief Officer, HWLH CCG; Colin Simmons, 111 Programme Director (Sussex)</p>
Mental Health Services in East Sussex	<p>To consider an update on the NHS Sussex and East Surrey Sustainability and Transformation Plan (STP) and its implications for healthcare in East Sussex. To include an update on the Clinically Effective Commissioning programme which is aiming to review and standardise clinical thresholds and policies across 8 CCGs in the STP area.</p> <p><i>Note: Timing is provisional depending on the progress of the STP/Clinically Effective Commissioning.</i></p>	<p>Sussex Partnership NHS Foundation Trust</p>

Sussex and East Surrey Sustainability and Transformation Partnership (STP)	To consider an update on the NHS Sussex and East Surrey Sustainability and Transformation Plan (STP) and its implications for healthcare in East Sussex. To include an update on the Clinically Effective Commissioning programme which is aiming to review and standardise clinical thresholds and policies across 8 CCGs in the STP area. <i>Note: Timing is provisional depending on the progress of the STP/Clinically Effective Commissioning.</i>	East Sussex CCGs, STP representatives
29 November 2018		
South East Coast Ambulance Service Performance and Improvement	To consider an update on the Ambulance Trust's performance and improvement. <i>Timing provisional dependent on an anticipated Care Quality Commission inspection.</i>	South East Coast Ambulance Foundation NHS Trust (SECAMB)
Winter Planning	To consider the robustness of local plans for managing winter pressures. To include the local health system approach to minimising delayed transfers of care due to NHS reasons.	East Sussex CCGs, East Sussex Healthcare NHS Trust (ESHT)
28 March 2019		
Kent and Medway Stroke Review	To consider the outcome of the Kent and Medway Stroke Review in terms of the CCGs' proposed service configuration. <i>Note: Timing is provisional depending on the NHS decision making process.</i>	Kent and Medway Sustainability and Transformation Partnership High Weald Lewes Havens CCG

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 updates on performance requested following the contract transfer to South Central Ambulance Service from April 2017. Performance updates circulated for Quarter 1, Quarter 2 and Quarter 3. Quarter 4 performance figures requested and will be circulated alongside Healthwatch report.	Most recent email circulated to HOSC members in February 2018. Quarter 4 update to be circulated June 2018
Quality of Maternity Services	Following the report considered by the committee in March 2018, further briefings on postnatal care and the development of ante-natal care (in terms of preventing stillbirths) were requested.	Circulated June 2018.
Cancer Care Performance	HOSC requested a future report on cancer care performance figures either as a committee report or by email, dependent on performance.	Timing TBC – currently monitoring performance via Board reports
Ambulance services	Joint South East Coast area HOSC Sub-Group has been meeting regularly to scrutinise SECamb's response to the findings of recent CQC inspections and the Trust's wider performance and improvement plan. CQC re-inspection expected Summer 2018. Sub-group currently disbanded and scrutiny reverted back to individual HOSCs.	HOSC Chair and Vice Chair Last meeting: 19 March 2018 Next meeting: None planned – sub-group disbanded. November 2018 agenda item provisionally scheduled.
Brighton & Sussex University Hospital NHS Trust	Joint Sussex HOSCs Sub-Group to scrutinise Brighton & Sussex University Hospitals NHS Trust (BSUH) response to the findings of recent CQC inspections and the Trust's wider improvement plan. CQC re-inspection report anticipated.	Cllrs Belsey, and Howell (Sub: Cllr Murray) Last meeting: 4 April 2018 Next meeting: TBC July 2018
BSUH Stroke Services	An update on BSUH Stroke Services since the reconfiguration of the services in 2017.	Update requested from HWLH CCG/BSUH Feb 2018. Due to be received April 2018 to incorporate latest SSNAP data - currently awaited due to delay in release of SSNAP.
Kent and Medway Stroke Review	East Sussex HOSC is represented on the JHOSC which is considering the proposals for reconfiguring stroke services across Kent and Medway.	Cllrs Belsey, Howell (Sub: Cllr Davies) JHOSC formation: March 2018 First meeting: 5 July 2018

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.	Cllrs Belsey, and Osborne Last meeting: 1 May 2018 Next meeting: 11 Sept 2018
Regional NHS liaison	Regular (approx. 4 monthly) liaison 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: 10 May 2018 Next meeting: TBC
Preventative aspects of East Sussex Better Together and Connecting 4 You	Possible item for future scrutiny	Identified at HOSC awayday – February 2018

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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Joint Sussex HOSC Working Group: BSUH – Briefing Note

Wednesday 04 April 2018

Attending:

Cllr Ken Norman, Chair (BH HOSC); Cllr Colin Belsey (ES HOSC), Cllr Susan Murray (ES HOSC); Mrs Anne Jones (WS HASC), Mr Bryan Turner (WS HASC), Cllr Edward Belsey (WS HASC)

Nicola Ranger, Chief Nurse (BSUH); Pete Landstrom, Chief Delivery & Strategy Officer (BSUH)

Apologies:

Cllr Deane (BH HOSC), Cllr Allen (BH HOSC), Dr Walsh (WS HASC), Cllr O’Keeffe (ES HOSC), Cllr Howells (ES HOSC)

1 Notes of the last meeting 04.10.17

1.1 The notes of the previous meeting were agreed as an accurate record.

2 Update on quality

Members considered the Quality Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. E29) refer to specific quality measures in the BSUH Quality Scorecard.

<https://www.bsuhs.nhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf>

2.1 E29: % of stroke patients admitted to stroke unit within 4 hours of admission

2.1.1 PL explained that problems with capacity and flow at RSCH are responsible for the poor performance in this area. However, the 90% target is a very ambitious one, and clinical outcomes remain really good. The trust does need to look at the capacity of the stroke unit given demographic changes; 3Ts and other developments should help with this.

2.1.2 The E29 target is about patients entering the stroke unit, not entering the hospital. It does not mean that patients are being delayed in ambulances; in fact, the ambulance side of stroke services is working well with timely thrombolysis being consistently delivered to those patients who need it. Patients are being brought to hospital as they should be, but may then be being treated in a clinically appropriate environment such as A&E because there is no space in the stroke unit.

2.1.3 PL responded to a question from BT on the impact of the planned reconfiguration of West Sussex stroke services. Commissioners are keen to rationalise services, because there are substantial clinical benefits to doing so. However, this would have an impact in terms of additional patient flow to either or both RSCH/Queen Alexandra Hospital, Portsmouth. It would not be feasible to significantly increase flow to either hospital at the current time, so there are no immediate plans to go ahead with reconfiguration.

2.1.4 NR noted that stroke services require expert staff. Recruitment to specialist nursing posts has been strong, but there are national problems with the recruitment of rehab staff, due in part to insufficient numbers having been trained in recent years.

2.2 Falls (S21, S22, S40, S23, S24)

2.2.1 NR assured members that BSUH falls performance remains excellent. The trust was the second highest rated nationally last year, although this year's figures are not yet available. PL agreed to share the annualised data on falls with the working group when it is available. **ACTION**

2.2.2 There was discussion of the problem of patients being discharged back to poor living conditions. PL noted that there is ultimately little that can be done if patients choose to discharge themselves to an unsafe home environment. The trust does work very closely with Sussex Community NHS Foundation Trust (SCFT) and with Local Authorities to manage discharge effectively. However, there is an increasing gap between the acuity of patients and the level of community-based support available - e.g. in terms of intermediate care beds and of nursing home provision. The issue here is not so much a lack of beds as the specialist support required to deal with patients with high needs. NR added that the local health system is seeking to access training to up-skill community nurses to better cope with increasing acuity. An STP-wide skills passport for nursing homes is also being developed.

2.2.3 Members also discussed whether live-in carers were part of the solution to the problem of effectively supporting people in the community following discharge. NR agreed that they could be, but noted that employment regulations, such as the need to provide regular breaks, present challenges.

2.3 Staffing (S36, S37, S 38, S39, S41)

2.3.1 NR informed members that BSUH is in the top quartile for planned nursing staff levels. RSCH has a nurse to patient ratio of 1:7 which is much better than the national average. The trust measures its staffing against this planned ratio, and has managed to maintain the ratio with relatively little recourse to agency staff. The trust seeks to ensure that there is always sufficient staffing on wards, although sometimes this may mean using Healthcare Assistants when Registered Nurses (RN) are unavailable.

2.3.2 NR also noted that RN turnover has significantly reduced in the past year, from 15.9% to 12.8%. The trust is aiming to reduce this to 10% eventually.

2.3.3 PL added that the trust uses the Model Hospital tool to measure performance. This shows that care hours per patient are high at RSCH, although this is partly a reflection of the tertiary nature of much of the hospital's work (more specialist services tend to require higher staffing levels).

2.4 Target S18: Full compliance with WHO Surgical Safety Checklist

2.4.1 NR told members that the trust Board has asked for a review of why BSUH is scoring red against this standard. The results of this review will be fed back to the working group. **ACTION**

2.5 Target S11: VTE Assessment Compliance

2.5.1 NR explained that all in-patients should be reviewed for risk of Deep-Vein Thrombosis, but that this is a challenging undertaking, particularly since the trust does not currently have electronic prescribing (electronic prescribing systems automatically prompt clinicians to undertake VTE assessments).

2.5.2 There was a discussion of the benefits of electronic records systems and of being able to share information digitally across organisations, particularly in terms of information sharing between acute and primary care. This is not a problem that is simple to resolve, not least because there are four separate commercial systems used by GP practices.

3 Update on performance

Members considered the Performance Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. 033) refer to specific quality measures in the BSUH Operational Performance Scorecard.

<https://www.bsuhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf>

3.1 3Ts

3.1.1 PL told members that the 3Ts build continues to pose challenges, although we are probably past the most difficult stage in the project. There is now a real focus on developing transition plans for each service.

3.2 A&E Redevelopment

3.2.1 The revamp of A&E is ongoing, although works were temporarily paused in order to agree ambulance drop-off points.

3.3 Target 033: Delayed Transfers of Care (DTocS)

- 3.3.1 There has been significant improvement in DToCs rates, with much better partnership working (daily conference calls etc.) in recent months.

4 Winter pressures

- 4.1 PL told members that the trust has weathered winter well. There have been the usual seasonal issues with D&V and with flu, and there have been admission spikes following periods of cold weather (typically around a week after the cold spell). BSUH has done everything possible to avoid cancelling elective procedures, although this has sometimes been unavoidable. The trust targeted only operations where the staff involved could be usefully re-deployed in the emergency department so as to minimise cancellations, and in particular same-day cancellations.

5 Staff survey

- 5.1 PL informed members that the response rate to the staff survey has increased markedly since last year: from 39% to over 50%. This is good news, as it means that the survey data is really robust and is also indicative of a high level of staff engagement.
- 5.2 Overall, survey results are similar to last year. BSUH has focused on making improvements in a few key areas, such as care (i.e. would respondents recommend the trust as somewhere to receive care), and there are positive signs here.
- 5.3 Bullying & harassment is a high scorer on the survey, and this reflects a national problem which has no easy solution. The trust has invested in training staff to deal with difficult or distressed customers, but more needs to be done here. This is definitely not just a local problem: other local trusts report similar levels of bullying & harassment by patients and their families. Trusts may need to do more to manage client anxiety – for example by considering allowing vaping in designated areas.
- 5.4 Staff on staff bullying also appears as an issue in the staff survey. The trust is investigating this, with a focus both on discrimination and on perceptions of discrimination.
- 5.5 It is disappointing that the survey shows that communication between managers and staff remains poor. The trust has worked hard in this area, but more needs to be done to get messages fully disseminated. BSUH is running a series of staff conferences this summer and has also instituted staff awards.

6 Other Issues

- 6.1 In response to a query on radiotherapy services, PL explained that forecasts of the need for radiotherapy services were higher than the actual demand. This is mainly due to changes in the way that treatment is delivered, with fewer interventions required than would have been the practice when forecasts were made. This means that there is probably enough radiotherapy capacity across the region. However, it is not necessarily being delivered in the ideal places, and there is a case for an additional location. BSUH has raised this issue with the Cancer Alliance.
- 6.2 In response to questioning, PL informed members that BSUH would not be a cancer diagnostic centre pilot. Although RSCH has all the necessary facilities, they are already in constant use, and the pilots really require free capacity at a standalone site.

7 Date and focus of next meeting

- 7.1 TBC by email

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Meeting between Sussex Health Scrutiny Committees and Sussex Partnership NHS Foundation Trust

1 May 2018, 11am, Swandean HQ

Note of the meeting

In attendance

- **Sussex Partnership NHS Foundation Trust (SPFT):** Dr Nick Lake, Senior Clinical Director; Simone Button, Chief Operating Officer; Dan Charlton, Director of Communications; Dr Rick Fraser, Chief Medical Officer; Diane Hull, Chief Nurse; and Sally Flint, Deputy Chief Executive.
- **Brighton & Hove Health and Wellbeing Overview & Scrutiny Committee:** Giles Rossington and Nuala Friedman (Scrutiny Officers)
- **East Sussex Health Overview & Scrutiny Committee:** Cllr Colin Belsey (Chair), Cllr Sarah Osborne, and Harvey Winder (Scrutiny Officer)
- **West Sussex Health & Adult Social Care Select Committee:** Dr James Walsh (Vice Chairman), Ms Hilary Flynn and Katherine De La Mora (Democratic Services Officer)

1. Apologies for absence

1.1. Apologies for absence were received from Cllr O'Keeffe, Cllr Ken Norman, and Dr James Walsh. Sam Allen also sent her apologies.

2. Minutes of the previous meeting

2.2. The Minutes of the previous meeting were agreed.

3. Serious Incidents

3.1 Diane Hall (DH) provided a verbal update on serious incidents (SIs) in response to recent news reports of Sussex Partnership NHS Foundation Trust (SPFT) appearing near the top of a table of mental health trusts with the most reported SIs.

3.2 DH highlighted that there is not currently a nationally agreed definition for what constitutes an SI, resulting in mental health trusts adopting different local reporting arrangements. The 'league table' was compiled as a result of a Freedom of Information Act request, drawing on data from 2016/17. 2016 DH explained that the data cited does not represent how the Trust now classifies and reports incidents. A lot of work has been done with the Clinical Commissioning Groups (CCGs), Care Quality Commission (CQC) and other external organisations to establish an SI policy that sets appropriate criteria for what should constitute an SI. This has resulted in a 50% reduction in reported SIs from 24 in January 2016 to 11 in January 2017 (and 11 again in January 2018). At the same time, deaths whilst in the trust's care have fallen from 10 during March 2016 to 3 in March 2018, compared to a national average of 8. The CQC has also reported that the quality of care has improved.

3.3 Dr Rick Fraser (RF) said that a high number of SIs did not mean a poor performing trust and can actually indicate a trust trying to learn from its mistakes. He explained that the important thing is for a trust to calibrate its SI policy in such a way as to be able to have the

capacity to learn from appropriately labelled SIs but not overwhelm staff by declaring each incident an SI – resulting in delays and a lack of time to learn from the incident.

3.4 DH added that SPFT has introduced improvements to the services it provides through learning from SIs. This includes the introduction of family liaison officers who are allocated to anyone whose relative has died whilst receiving care from SPFT.

3.5 Mr Bryan Turner (BT) asked whether deaths from substance misuse count as SIs. DH confirmed a mortality review is conducted into every unexpected death of a patient known to SPFT but not always an SI. This is because many people with substance misuse problems come into the county to harm themselves, for example, committing suicide at Beachy Head, so would not be known to or in the care of SPFT beforehand.

3.6 BT asked for an example of what is no longer considered an SI under the new policy. DH said that previously if the same patient was repeatedly self-harming each episode would have been reviewed separately, whereas now a single SI review would take place for the patient. DF added that serious self-harm is still an SI but mid-level self-harm would not be considered one anymore.

3.7 DF explained that SIs often involve speaking with the families of deceased patients and this can add delays to the process as people are often grieving and, for good reason, may not want to engage with the trust – around 20% of SIs reports are delayed and often it is for this reason.

3.8 DH said that for those lower level incidents a new policy has been introduced of reporting within 48 hours to help the team learn immediately, rather than go through the SI process and wait for the SI report.

3.9 Sally Flint (SF) said that SPFT is no longer commissioned to provide substance misuse treatment. This can lead to challenges arising from a fragmented care landscape, so SPFT is meeting with CGL (the providers of substance misuse services) to see how they can work more collaboratively together to ensure that there is a more seamless care pathway for patients, and to ensure that there is shared learning from SI reviews.

3.10 Members RESOLVED to:

- 1) note the update; and
- 2) request to be provided with a brief overview of the key SI figures

4. Sustainability and Transformation Partnership Mental Health Programme

4.1 SF provided an update on the progress of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) Mental Health Programme. She said that if fully implemented it would reduce costs in A&E departments, dementia services and Improving Access to Psychological Therapies (IAPT) services and save £30m in total a year.

4.2 SF said that the programme was published in September 2017 but was still in the early stages of implementation due in part to the CCGs in the Central Sussex area having been preoccupied in reconfiguring their leadership. However, Sussex Community Foundation NHS Trust (SCFT) leadership has indicated that it is keen to work with SPFT to deliver the programme and the programme is high on the STP Executive Board's agenda, especially following the appointment of Bob Alexander as Chair of the STP. SPFT leadership are also working on aligning their own internal Clinical Strategy with the Programme to ensure consistency.

4.3 BT asked whether the mental health programme requires upfront investment to be delivered and whether there is commitment from the STP or individual CCGs to that end. SF confirmed that there is an uplift in mental health funding of £6.7m in total for all mental health providers in Sussex for 2018/19. SPFT will assign its share as much as possible to areas that will benefit the STP mental health programme priorities, for example, increasing investment in Crisis Care and IAPT services. Dr Nick Lake (NL) warned that there was a large gap between the required investment and the £6.7m.

4.4 BT asked whether the £19m allocated to the STP for 18/19 could be utilised for the programme. SF said that it has not been to date but SPFT always seeks opportunities to bid for local and national funding and has been successful in the past in doing so. SPFT's cause may be helped by the commitment of Bob Alexander and Adam Doyle to provide transparency around the available funding for mental health (£234m per annum) and physical health in the STP and where it is spent. This will make it clearer where new investment is most needed. The deadline for implementing certain NHS Five Year Forward View mental health programmes by 2020, such as 24/7 crisis support and IAPT access, is likely to increase the urgency of investment in the programme.

4.5 BT asked about the progress of the crisis support, recovery college and suicide prevention 'opportunity areas' that the STP Mental Health delivery roadmap indicated would be in the process of being implemented by Q1 2018/19.

Crisis Support Teams

4.6 Simone Button (SB) explained that a project manager is in the process of mapping what crisis team resources are already in place, along with the rural geography of the counties (given that the teams will deal with people outside of hospital) in order to determine the required resources to provide a 24/7 service. Once this has been mapped a business case can be developed.

4.7 SF said that whilst the business case is being developed the CCGs have put aside some money for the implementation based on preliminary discussions with the trust. Negotiations are ongoing with the commissioners but until a business case has been completed it will not be clear whether the CCGs are able to provide sufficient funding.

4.8 SB said that the aim is for the crisis team to be able to reduce mental health inpatient bed occupancy to 85% so that anyone who needs a bed can get one, whilst others are helped in the community by the team. In order for this to work the team will need to be available 24/7. It is also beneficial for people with personality disorders to be treated at home and the team will treat people who would otherwise have gone to A&E.

Recovery College

4.9 NL said that the Recovery Colleges are hugely beneficial for patients and carers and save money for the healthcare economy. A business case is being developed for their expansion but 'pump-prime' funding would be needed from the 9 CCGs in the STP in order for the savings to be released.

Single Point of Access (SPOA)

4.10 Cllr Sarah Osborne (SO) asked whether SPFT makes private psychotherapists or counsellors aware of mental health care pathways, as they will often refer patients in their care to A&E in lieu of apparent alternatives. NL said that it is difficult for anyone to navigate to the right services across the NHS which is why A&E is often the default choice. SPFT is creating a Single Point of Access (SPOA) for this reason – a single 'front door' telephone service for patients and clinicians to access SPFT and be referred to the correct place. NL

said that SPFT had not specifically targeted private practices but would consider any suggestions about how to best target them.

4.11 BT asked how the SPOA development will relate to the NHS 111 re-procurement. SF said that the SPOA is separate to NHS 111 but SPFT has been involved with the NHS 111 re-procurement through offering advice and support to potential bidders for the service. This will ensure that the winning bid involves a commitment from the provider to help ensure it is integrated with the mental health SPOA.

Suicide prevention

4.12 RF said that SPFT will shortly be holding a 'Towards Zero Suicides' launch event in Brighton. Towards Zero Suicide adopts the approach that no suicide is inevitable and all are potentially preventable. SPFT is working to align the public health suicide prevention plans across the STP and recently met with the public health teams for this purpose. Meetings with other suicide prevention organisations such as Grass Roots have also taken place.

4.13 Towards Zero Suicides will involve changing some of SPFT's own policies such as ensuring there is a seven day follow-up post discharge; ensuring all staff watch a 20 minute training video for recognising signs of depression; and treating signs of depression as a priority in anyone who presents at an inpatient unit.

4.14 However, 75% of people who commit suicide are not known to mental health services, so the new approach to suicide will involve attempting to reach out to key groups who would not normally seek help or be in contact with SPFT, for example, middle aged men. This will involve reaching out to men's groups, football teams, taxi companies, and barbers. Schools will also be reached out to giving teachers basic training in identifying signs of mental health issues.

4.15 NL said that IAPT services are being integrated with physical healthcare pathways, for example, GPs have a good working relationship with IAPT teams and refer patients to them. There is a requirement to expand the IAPT service to see around 25% of people with anxiety and depression by 2020/21, which is a major goal that will need additional funding.

4.16 Members RESOLVED to:

- 1) request continuing updates on the implementation of the STP Mental Health programme
- 2) request figures on suicide rates (to be included in the operational pressures report)
- 3) request that SPFT provide the suicide prevention video to each Council for adding to its website and/or provide to its members for circulation.

5. Clinical Strategy

5.1 NL provided an update on the progress of implementing the trust's Clinical Strategy. He said that the Strategy, having been agreed in November 2017, was now in delivery mode. Two 'transformation directors' have been appointed to deliver the support and the operational services sides of the Clinical Strategy. He advised that the Clinical Strategy is to an extent dependent on the STP Mental health programme: the STP programme needs to deliver certain opportunity areas first of all in order to ensure the Clinical Strategy is deliverable.

5.2 NL said that detailed programme plans with particularly pertinent workstreams could be provided to the working group at its next meeting.

5.3 Members RESOLVED to note the report.

6. Operational Pressures

6.1 This report provided an update on operational pressures facing SPFT.

6.2 SB said that there have been significant pressures on inpatient and community services. Placement of patients either out of area (OAP) or in non-SPFT providers in-county had been reduced in recent months. The ambition is to stay at zero OAPs but one OAP had occurred over the past weekend due to the ongoing demand on inpatient beds.

6.3 SB confirmed that SPFT patients had been brought back some time ago from the Priory Group run Dene hospital in West Sussex which was exposed by Dispatches as using excessive restraint methods.

6.4 SB said a long term reduction of OAPs is reliant on the reduction of Delayed Transfer of Care (DTC), which in turn depends on the establishment of 24/7 crisis support teams as part of the STP Mental Health programme. This is because 25% of patients are admitted for less than 10 days and there is potential for them to be supported in the community instead by an enlarged crisis support team, particularly if they have a personality disorder.

6.5 SB said that SPFT is adopting the 'Red to Green Days' principle that every day in hospital should be spent productively so that it results in improvement in the patient's condition, i.e., a 'green' day, and that any day where this doesn't is a 'red day'.

6.6 NL said that DTCs are also influenced by the availability of suitable housing. SPFT has a good relationship with the various housing authorities but the importance of suitable housing is not as high on the STP agenda as other issues due in part to the lack of involvement of district councils on the STP. He said that SPFT has a working relationship with Brighton & Hove City Council but the issue of substance misuse in Brighton makes it difficult to find suitable private housing in the city, leading to DTC of patients with substance misuse problems who cannot be housed. SO recommended SPFT explore the Homes First pilot in Wales where when someone becomes homeless the first action by authorities is to house them before putting in place the rest of their support.

6.7 BT asked what is being done to reduce the 16% annual turnover of staff. DH said that there has been a big focus on retaining nursing staff, including how to support and develop nurses, and offer them flexibility and support to help them stay in the role. This has involved a lot of honest discussions with staff. The goal is to increase recruitment by 25% and increase retention by 25%. In the last year 150 people joined as nurses and 120 people left, although 70% come back to work part time due to favourable offers to work 3 days a week, in order that institutional wisdom is not lost. But this is not captured in retention data.

6.8 SF said that agency staff costs have fallen from £1m to £750k per month in the past year, with the use of agencies for unqualified staff almost eradicated. However, medical agency costs are still £400k a month. RF explained that this was because there were 42 medical vacancies half of which were filled with agency locums – and the other post being covered by existing staff.

6.9 Dan Charlton (DC) said that a film was produced using existing staff to entice new clinical and nursing recruits, and a future film will be produced involving patients and carers. More traditional methods such as recruitment fairs have also been used, including one in Dublin that recruited 4 people. SF said that Brighton & Sussex University Hospital NHS Trust (BSUH) had a cohort of 33 trainee psychiatric ward staff who have all been recruited by SPFT, as well as 50% of a smaller cohort from Surrey Hospital; the trust will also be working

with Portsmouth next year to recruit more staff. Work is also ongoing to attract people from areas such as Derby where housing is much cheaper by offering to provide staff with housing here.

6.10 DC said that a lot of work has been undertaken over the past 3 years to transform the culture of SPFT. Research indicates that it takes 5 years to see results of these efforts but there are signs in feedback from staff and the CQC that the positive changes are happening.

6.11 Members RESOLVED to note the report.

7. East and West Sussex inpatient services

7.1 SF provided an update on the progress of inpatient service redesign in East Sussex. She explained that the process of redesigning inpatient services in East Sussex was six months behind the plans in West Sussex.

7.2 SF said that the current estate in East Sussex within which inpatient services are provided are not fit for the future. People with dementia requiring inpatient care are treated at the temporary Beechwood Unit in Uckfield, and other inpatient services at the Midlands ward in Hastings and Department of Psychiatry at the Eastbourne District General Hospital (EDGH) are organised as dormitories, which regulations will outlaw in 2019 in favour of single rooms with on suite facilities.

7.3 SF said that there was no existing accommodation that could fulfil the required specification of a centre for excellence with single suites, so a new build would be required where all older people and working age inpatient services would be based. SF said that the trust was working with commissioners and that a possible site had been identified but could not yet be revealed due to commercial sensitivities. SF said that the cost of the new build would be more than the trust can afford so a special case application to the Department of Health will be made. She confirmed that HOSC would be proactively told about the plans once they were sufficiently advanced and an initial report to East Sussex HOSC would likely be available by September.

7.4 Cllr Colin Belsey (CB) asked why the plans had been abandoned for a single site dementia inpatient unit at St. Gabriel's ward in Hastings. SF explained that the geography at Conquest Hospital would have been unsuitable for the unit as there could not have been an adjacent garden built that would have had a clear line of site from the building for staff to monitor it, which is a requirement of older people inpatient units.

7.5 SB provided an update on the progress of inpatient service redesign in West Sussex. She explained that the need for change is being driven by a need to comply with eliminating mixed sex accommodation, maximise recruitment and retention, and allow for a shift in focus from inpatient to community based care by developing two centres of excellence. This would potentially involve changing the location from which some inpatient services are provided. However, there are some potential issues with travel times due to the two sites being based in the north and south of the county, respectively, making it difficult for those in the north to reach the facilities in the south and vice versa. SB said that the trust is in the pre-consultation phase and will be returning to the West Sussex HASC in November 2018. SB noted that early discussion with West Sussex Health and Adult Social Care Select Committee (HASC) had been extremely helpful in shaping the Trust's thinking on this issue, particularly in relation to the need to demonstrate the value to patients and families in changing the way inpatient services are currently provided. Further engagement work is now

taking place with staff, patients, families and partner organisations to scope possible options for change in more detail.

7.6 Members RESOLVED to:

1) note the report;

2) recommend that SPFT provide an update on the proposals for inpatient reconfiguration to the East Sussex HOSC at its 2 October meeting.

8. Mental Health Act

8.1 SB confirmed that nobody had been detained in police custody under s.136 since December 2017 (when the new regulations came into force forbidding it). Members welcomed this fact.

8.2 The Trust is working hard to keep at least one of its 5 designated places of safety open at all times, however, they are often damaged and need to close for repairs; work is ongoing to make them more robust.

8.3 SB said that the street triage, whereby a mental health nurse went out on patrol with police, had been a success at avoiding detentions. A pilot was underway in Crawley for a mental health nurse to travel with paramedics that has so far had a very positive impact in avoiding unnecessary A&E admissions; it may also be trialled in Eastbourne.

8.4 The Members RESOLVED to note the report.

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