

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**THURSDAY, 22 SEPTEMBER 2022**

**10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES**

**MEMBERSHIP -** East Sussex County Council Members  
Councillors Abul Azad, Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth

District and Borough Council Members  
Councillors Councillor Mary Barnes, Rother District Council  
Councillor Christine Brett, Lewes District Council  
Councillor Richard Hallett, Wealden District Council  
Councillor Amanda Morris, Eastbourne Borough Council  
Councillor Mike Turner, Hastings Borough Council

Voluntary Sector Representatives  
Geraldine Des Moulins, VCSE Alliance  
Jennifer Twist, VCSE Alliance

### **AGENDA**

1. **Minutes of the meeting held on 30th June 2022** *(Pages 7 - 18)*
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. **Hospital Handovers** *(Pages 19 - 34)*
6. **South East Coast Ambulance Foundation NHS Trust (SECAmb) Care Quality Commission (CQC) Report** *(Pages 35 - 62)*
7. **Child and Adolescent Mental Health Services (CAMHS)** *(Pages 63 - 82)*
8. **HOSC future work programme** *(Pages 83 - 92)*
9. **Any other items previously notified under agenda item 4**

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14 September 2022

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Next HOSC meeting: 10am, Thursday, 15 December 2022, County Hall, Lewes

*NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: [www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm](http://www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm)*

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



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122 – Barcombe Mills

123 – Newhaven, Peacehaven

166 – Haywards Heath

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

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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 30 June 2022

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### PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council), Geraldine Des Moulins (VCSE Alliance) and Jennifer Twist (VCSE Alliance)

### WITNESSES:

Amy Galea, Chief Primary Care Officer, NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group

Richard Milner, Director of Strategy, Inequalities & Partnerships, East Sussex Healthcare NHS Trust

Michael Farrer, Strategy, Innovation & Planning Team, East Sussex Healthcare NHS Trust

### LEAD OFFICER:

Harvey Winder, Policy and Scrutiny Officer

### 1. MINUTES OF THE MEETING HELD ON 3 MARCH 2022

1.1 The minutes of the meeting held on 3<sup>rd</sup> March 2022 were agreed as a correct record.

### 2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Cllr Christine Brett and Cllr Amanda Morris.

### 3. DISCLOSURES OF INTERESTS

3.1 There were no disclosures of interest.

#### 4. URGENT ITEMS

4.1 There were no urgent items.

#### 5. RECONFIGURATION OF CARDIOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

5.1 The Committee considered a report seeking agreement of the HOSC Review Board's report on NHS proposals to reconfigure cardiology services in East Sussex.

**5.2 The Committee asked for an outline of the next steps that would be taken before NHS representatives return to the HOSC with the final decisions for cardiology and ophthalmology.**

5.3 Jessica Britton, Executive Managing Director of East Sussex Clinical Commissioning Group (CCG), explained that, should the HOSC agree the Review Board's report and submit it to NHS Sussex (which replaces the CCG from 1<sup>st</sup> July), there are a few activities that will take place. NHS Sussex will produce for both cardiology and ophthalmology a Decision Making Business Case (DMBC), which builds on the Pre-Consultation Business Case (PCBC) and will be informed by both the analysis of the public consultation and the HOSC recommendations, stating how the NHS will respond to the HOSC recommendations. In addition, for cardiology, the DMBC will be preceded by a site options appraisal, which is an extensive process to determine which of the two proposed sites would best deliver the outcomes agreed for the interventional element of cardiology. The DMBC will then be agreed through NHS Sussex's governance process culminating in the Integrated Care Board (ICB) meeting on 7<sup>th</sup> September. The HOSC will then consider whether the ICB's decision is in the best interest of health services locally at its meeting on 22<sup>nd</sup> September [Note: the Committee has been subsequently advised that the decision will be reported to HOSC meeting on 15<sup>th</sup> December].

5.4 Michael Farrer said that the Trust and CCG are in the process of drawing up a detailed implementation timeline as part of the DMBC, in consultation with the Trust's Estates and Finance Teams. The intention is to implement the decisions, subject to endorsement by the HOSC, as soon as possible and in the right way for patients.

**5.5 The Committee asked for clarification whether the impact on patient flows from the north of East Sussex (the High Weald area) as a result of the decision by Kent & Medway CCG to centralise interventional cardiology services provided by Maidstone and Tunbridge Wells NHS Trust (MTW) to Maidstone Hospital has been considered by the CCG.**

5.6 Jessica Britton said that the impact of the MTW reconfiguration would feed into the options appraisal. Michael Farrer confirmed that patient flow modelling for patients in the north of the county had already been undertaken and the CCG and Trust were aware of the decision by MTW and the Kent and Medway CCG to move interventional cardiology services to Maidstone Hospital. Michael Farrer said that the CCG and Trust is confident that the changes to

patient flows for patients in the north of the county would be negligible. He clarified that MTW does not provide Primary Percutaneous Coronary Interventions (PPCIs) at either of its sites – either in the current or future configuration – so the emergency patient flows for patients in the north of the county would not change and they will continue going to the sites that they would have done previously. The pathways for non-elective (patients who arrive in the Emergency Department) living in the north of the county would remain unchanged, as the MTW model provides services for these patients on both sites. This means patients can continue to go to Pembury Hospital's ED where onward care would then be arranged. Outpatient and diagnostics appointments at both sites would also remain unaffected. The only changes would be to elective and day-case patients, who may have to now travel further to Maidstone Hospital, but most likely for one or two procedures in a lifetime. He said it is unlikely patients would opt to receive these elective procedures from ESHT once under the care of MTW consultants, however, any patients who did elect to travel to ESHT could be absorbed by the Trust using existing capacity.

**5.7 The Committee asked why retaining two cardiology sites was not an option and whether the New Hospitals Programme rebuild of the Eastbourne District General Hospital (EDGH) would mean that site should be chosen as the interventional cardiology site.**

5.8 Jessica Britton said the proposed model was clinically driven by the cardiology service to deliver the best possible health outcomes for local people and was not resource driven. The proposals account for changes in staffing models, particularly in relation to the effect of specialisation on recruitment. The Executive Director said the site options appraisal would take into account a wide range of factors including population profile, consultation feedback, and deliverability of the changes on either site. The DMBC would make clear how each of these important factors have been balanced against each other.

5.9 Michael Farrer said that retaining all services on both sites was considered during the options development workshops, but it was quickly discounted as a viable option because a key clinical driver of the change is to provide sufficient training to staff. The staffing requirements of two sites and the fact that the population is not sufficient for two sites to both undertake the recommended volume of procedures means there is not enough capacity to provide the training needed to deliver the best quality of outcomes for patients. By consolidating interventional cardiology onto one site, however, the Trust can provide the volume of procedures and levels of supervision necessary to deliver sufficient training.

5.10 Richard Milner explained that the Department for Health and Social Care's (DHSC) definition of a new hospital was not necessarily the same as the NHS definition. The DHSC guidance includes refurbishment and expansion of existing sites as a new hospital, in addition to building brand new hospitals from scratch. He said that the Trust did not have a preferred site for interventional cardiology and that this would be identified through an objective review of the weighted evidence across a number of parameters for both sites. Richard Milner further added that the higher number of preferences for EDGH as the cath lab site reflected the higher number of responses from the Eastbourne area and this would be balanced as part of options appraisal.

**5.11 The Committee asked how consultation results would be weighted against other factors.**

5.12 Jessica Britton explained that public consultations are incredibly useful but that, within the context of an engagement that aims to reach as many people as possible, the CCG only hears back from people who have chosen to respond. The themes and trends of the public consultation responses are taken into account alongside other factors, but there is not a mathematical weighting assigned to the consultation results compared to these other factors. The consultation analysis also recognises that the volume of residents responding in any particular area is not the same as the issues and themes feedback raised in the consultation responses, which require careful consideration.

**5.13 The Committee asked when the Travel and Access Group will submit its findings, whether they will be accepted in full, and when they may be implemented, for example, the appointment of the travel liaison officer.**

5.14 Jessica Britton confirmed the findings of the Travel and Access Group will be in the DMBC. The implementation of the recommendations will vary in length depending on what they are, with those that can be implemented quickly done so as soon as possible. Michael Farrer added that travel and access is a Trust-wide programme and in many cases the Trust will want all patients to benefit from these changes, not just cardiology and ophthalmology patients.

5.15 Michael Farrer said the travel and liaison officer will be recruited to as soon as possible subject to the approval of the DMBC. There are a number of different avenues of support available already for patients, so a key role of the travel and liaison officer will be to connect and signpost those patients to existing services. This post will also be able to escalate more complex personal circumstances to an appropriate level.

**5.16 The Committee asked who is on the Travel and Access Group and whether the existing services available have the capacity to support additional patients with their travel arrangements.**

5.17 Michael Farrer said the Travel and Access Group membership included patient and public representatives, Healthwatch, South East Coast Ambulance NHS Foundation Trust (SECAmb), PTS representatives, and ESHT community representatives.

5.18 Michael Farrer confirmed the Trust is looking at the capacity of existing services. The work will also feed into the recommissioning of the Patient Transport Service (PTS) that is due imminently, including around the capacity of that service to meet demand. He said there is capacity to signpost patients to these services and that the metrics of the service will be monitored during the pilot phase to ensure patients are able to access the transport services they need.

5.19 Two members of the Committee made the following comments against the Review Board's recommendations:

- Cllr Alan Shuttleworth welcomed the proposed front door model and retention of non-invasive cardiac services on both sites but said the proposed model should provide interventional cardiology services on both sites too, ensuring there was a complete service mirrored on both sites. If this was not possible, then Eastbourne District General Hospital (EDGH) should be the site for the cath labs for a number of reasons including better access for patients, including those in the High Weald area; the population profile; the preference for it as the site in the public consultation; and the fact it is due to be significantly rebuilt under the New Hospitals Programme.
- Cllr Mike Turner expressed his opposition to single-siting cardiology cath labs on the grounds that he believed the proposals contained a number of uncertainties.

5.20 The Committee RESOLVED by nine votes to one to:

1) agree the report and recommendations of the HOSC Review Board attached as Appendix 1; and

2) agree to refer the report to NHS Sussex for consideration as part of its decision making process.

## 6. RECONFIGURATION OF OPHTHALMOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

6.1 The Committee considered a report seeking agreement of the HOSC Review Board's report on NHS proposals to reconfigure ophthalmology services in East Sussex.

**6.2 The Committee asked whether the proposed changes would help address the waiting lists for consultations and procedures in ophthalmology.**

6.3 Richard Milner said that a key aim of the Trust this financial year is to reduce the waiting list across all specialities and not just ophthalmology. This will involve reducing the backlog of outstanding appointments caused by COVID-19 whilst also managing additional new appointments based on clinical need. This can be achieved in part by optimising the available medical workforce to see more patients, and one of the key aims of the ophthalmology proposals is to increase capacity of the existing workforce by concentrating them on two sites. In addition, there is a wider ophthalmology transformation programme across NHS Sussex to train community ophthalmologists to enable people to receive ophthalmology care in the high street, where appropriate. By consolidating the acute service, ESHT will be able to free up its consultant ophthalmologists to train some of the community ophthalmologists. This will not only increase capacity and help reduce the backlog but will also improve patient outcomes by allowing them to be treated earlier, quicker and closer to home.

**6.4 The Committee asked for further details on the expansion of available parking at Bexhill Hospital as part of the proposals.**

6.5 Michael Farrer said the Travel and Access Group's remit included looking at the opportunities for increased parking at the Bexhill Hospital site. He said that the CCG and Trust know that the additional number of ophthalmology patients attending the site, based on an increase of eight patients per hour for the clinics, will equate to 10 additional parking spaces. The Trust is confident it can absorb that number of spaces on the site, however, that is a minimum number, and the Trust is exploring with its Estates Team options for further expansion of parking on the site. The parking details will be included in the DMBC.

**6.6 The Committee asked whether data for 'did not attend' patients would be collected to understand what barriers there were for patients attending.**

6.7 Michael Farrer said the CCG and Trust fully agreed with the HOSC Review Board's recommendation around collecting 'did not attend' (DNA) data. At the moment, the Trust systems do not allow the collection of DNA data, as the patients did not attend an appointment to be asked that question. The Trust does, however, follow up DNAs to make sure they rebook their appointment and are not discharged back to their GPs, and there is an opportunity then to have a conversation about why they did not attend and to record that reason. Anecdotally, the reason people did not attend is not because they physically could not get to the Bexhill site, for example, during the pandemic when services were single-sited at Bexhill, there did not appear to be an increase in the number of DNAs for travel and access reasons. Patients in fact appeared happier to attend the site, as it was away from the acute sites where COVID-19 was more prevalent.

6.8 Michael Farrer confirmed there is a Trust-wide programme being developed on how DNA data is collected and how it is monitored. This programme is aimed at identifying and mitigating any adverse reasons for patients not attending. It is likely this will involve the collection of DNA data through periodic audits of DNAs when there appears to be an increase in the number of them, rather than systemically recording the reasons for each DNA as it happens. He said DNA data will be included in the metrics to measure the success of the ophthalmology service in the future.

**6.9 The Committee asked whether the reasons for a DNA could include the patient forgetting the date of their follow up appointment if it is booked too far in advance.**

6.10 Michael Farrer explained that for many eye conditions, a patient will be on the Trust's books for life. Depending on the severity of their condition, there may be a need for a patient to attend an appointment every 3, 6 or 12 months. Consequently, appointments are often booked 12 months or more in advance. ESHT has a system in place to remind patients of these longstanding appointments; patients are reminded via letter closer to the appointment date and may also receive a text message reminder if they stated that as a preferred contact method. Michael Farrer said the data shows this system works quite well, as patients frequently called the ophthalmology service during the pandemic to delay their appointments, showing they were

aware of the dates. There has been some feedback from patients not receiving their notifications and the Trust is working to update contact details that may become out of date due to the longevity of the patient's contact with the service.

**6.11 The Committee asked whether patients may be referred for treatment in community ophthalmologists.**

6.12 Michael Farrer said that independent sector ophthalmologists like SpaMedica are commissioned to complete a lot of high volume, low complexity work, whilst ESHT will perform the more complex cases. Patients at the point of referral should be given a choice of where to go, and those with less complex needs will often be happy to be referred to the independent sector if the wait times are shorter than at NHS facilities.

**6.13 The Committee asked whether there is scope to provide outreach surgeries periodically in more rural settings for treatments such as macular injections.**

6.14 Michael Farrer said that the Trust's philosophy is to provide its services as close to the patient as possible, wherever possible. The pan-Sussex community ophthalmology training programme, therefore, is aiming to help provide greater ophthalmology care closer to patients. Conversely some services require specialist skills or equipment or have fewer patients using the service. The best way to provide a quality service in this instance is from a specialist site where there is sufficient staff to run it properly and maximise training and clinical capacity; and high utilisation rates from patients to ensure equipment is not sitting dormant for long periods of time. Macular injections, for example, are offered on the Bexhill site only because they are a very specialist procedure requiring specialist training and equipment within a mini-theatre setting where air flow is monitored, due to the invasiveness of the procedure. The other estates do not have suitable space for the procedure, nor is there sufficient staff or demand from patients to offer it elsewhere. If an increase in demand did occur, however, the Trust may review its position.

**6.15 The Committee asked whether there will still be the staff and skills onsite at the Conquest Hospital to conduct emergency eye procedures after the reconfiguration.**

6.16 Michael Farrer confirmed the emergency pathways are not changing as part of the reconfiguration, with particularly complex cases remaining at the Conquest Hospital. This includes specialist eye surgery for patients who require an anaesthetic and therefore need to use the Conquest's main theatre and anaesthetist teams; and people who require an overnight stay in a surgical ward using a shared care arrangement with the surgical team and an ophthalmologist, due to their underlying conditions or high-risk characteristics. These two cohorts of patients amount to less than 100 patients per year and around half a theatre list per month.

6.17 Michael Farrer clarified there is no eye trauma unit at the Conquest ED, so eye trauma patients will continue to use the current pathway and go to the nearest centre at the Royal Sussex County Hospital (RSCH) in Brighton, which is a safe, robust and well embedded

pathway. Ophthalmology is currently delivered at the Conquest ED largely via ED consultants themselves using on-call ophthalmologist support to aid their decision making. The community-based minor eye condition clinics that patients are referred to for urgent non-emergency cases will also continue as before.

**6.18 The Committee asked how the Trust will provide information on patient choice and travel and access arrangements to the Bexhill Hospital in accordance with the Review Board's recommendations.**

6.19 Michael Farrer said that the Trust is developing a Trust-wide communications plan. This includes updating the website to make sure it is accessible in multiple languages, with Google Translate having gone live in the last couple of months. The Trust will signpost people to its website for information wherever possible, including in its referral letters and leaflets.

6.20 Michael Farrer explained that the CCG instructs referring organisations (GP practices) to offer patient choice at the point of referral. Whilst the Trust is not responsible for referrals, it will remind people as often as possible about patient choice and will put the information on its website. Jessica Britton added that the CCG works with GP practices in relation to patient choice. Any feedback the CCG receives on its communications is used to improve future communications. Both Jessica and Michael welcomed the HOSC Review Board's recommendation.

6.21 Michael Farrer also said that a Sussex-wide plan is being developed to improve the quality of patient referrals by offering patients earlier access to the opinion of an ophthalmologist to see whether a further appointment is appropriate or not.

6.22 The Chair thanked Jessica Britton, Richard Milner and Michael Farrer for giving their time to support the two review boards.

6.23 The Committee RESOLVED to:

- 1) agree the report and recommendations of the HOSC Review Board attached as Appendix 1; and
- 2) agree to refer the report to NHS Sussex for consideration as part of its decision making process.

**7. ACCESS TO GP PRACTICES IN EAST SUSSEX**

7.1 The Committee considered a report providing an overview of access to GP surgeries and appointments following the Covid-19 pandemic, including the challenges Practices are facing in returning services to pre-Covid levels and changes in working practices.

**7.2 The Committee asked when the number of available appointments will recover to pre-pandemic levels.**

7.3 Amy Galea explained that the data showed the number of available appointments has now returned to pre-pandemic levels. What has changed, however, is that individual practices are now operating virtual appointments alongside face-to-face appointments. This has advantages to some parts of population, but others still prefer face to face appointments. The CCG is working with Practices to understand what the right balance and mix of appointments could be for their practice list, which varies from practice to practice due to the demographic makeup of their lists.

7.4 Amy Galea added that the CCG is trying to understand the reasons why people are making GP appointments. The data shows half the appointments patients make are for the same day they contact the GP practice. This suggests there is unmet demand, if half the patients have to wait longer. It is also necessary to understand whether people who have a same day appointment need to have it on the same day, or whether it is less urgent. The healthcare needs of callers are being assessed as part of a piece of work being undertaken with some practices in Sussex. In addition, the CCG is working with ESHT to understand why some people are using the ED on the same day they have a GP appointment later in the day.

7.5 In addition to this work, Amy Galea said a pilot has begun in Brighton & Hove involving a team of healthcare workers either going to people's homes or locations like a town hall to offer primary care services. This is designed to benefit people who may not want or be able to access a GP practice. If successful, it may be rolled out across Sussex.

**7.6 The Committee asked for clarification how the needs of the 50% of patients who do not receive a same day appointment can be served.**

7.7 Amy Galea clarified that whilst half of patients who call the practices are not getting a same day appointment, it is not necessarily the case that they all wanted to have one that day. Similarly, patients who did receive a same day appointment may not have needed one but were able to get through and book one. Furthermore, not all practices have the facility to book patients ahead and require patients to call up each day until they get an appointment for that day, which is unproductive for both the individual and practice.

7.8 Amy Galea said there is currently no way of measuring the telephony systems to understand in a systemic way why people requested an appointment on the day and whether the reason they did was appropriate or not. The CCGs are working to understand these issues across the 161 practices in Sussex and will produce a multi-year improvement strategy called "Next Steps on Integrating Primary Care" that will be agreed by the successor organisation, NHS Sussex, in September. Amy Galea added that the CCGs are already working with those GP practices that are known to have acute issues with same day appointments and their service offer generally and these will be resolved quicker than less acute practices. The Executive Director of Primary Care clarified that four of these are in East Sussex.

**7.9 The Committee asked how people who are hard of hearing can receive virtual appointments, for example through Teams using subtitles, when practices only offer over the phone or face-to-face appointments.**

7.10 Amy Galea said the technology does exist to provide this service and some practices do offer it. The CCG is focussed on reducing the variation of the virtual offer available to patients that exists across practices. This includes establishing the eHub that offers video call facilities to GP practices that sign up to it. The CCG is also working with Healthwatch on how the service offer could be more sensitive to people with differing needs, such as the neuro-diverse and hard of hearing, and those who struggle with using technology.

**7.11 The Committee asked whether there are alternatives to booking appointments over the phone, for example, online bookings.**

7.12 Amy Galea said the work to improve the virtual offer to patients includes exploring the more widespread use of online booking, which currently does not happen across all practices in Sussex and forms part of the eHub offer.

**7.13 The Committee asked whether continuity of care with the same GP could be improved.**

7.14 Amy Galea explained that continuity of care needs to be considered within the context of the increasing number of patients with complex needs and the development of the GP workforce into multi-disciplinary teams of healthcare professionals. This means patients will no longer solely rely on seeing a GP and will instead increasingly being seen by the right kind of healthcare professional based on their need, for example, seeing mental health practitioners when presenting with anxiety or depression. This is not just because lack of growth of GP numbers, but also in recognition that the type and complexity of cases coming to GP practices could be better served by other parts of the GP team.

**7.15 The Committee asked for more details of the eHubs, including where they were situated, how they were staffed, why take up was not at 100%, how GP practices would be made to sign up to it, and how GP practices would advertise them to patients.**

7.16 Amy Galea explained eHubs work across a cluster of GP practices within a geographic area. The eHub integrates the back office functions of these practices virtually to provide a unified offer for patients, so that they are able to call up or book online using the eHub systems rather than the ad hoc systems used by the individual practices. The eHubs will require an additional new workforce to staff. They have been adopted by 30 practices in East Sussex rather than the whole of the county in order to pilot different ways of running them over the next six months. Once the data from this period has been collected and reviewed, they should be rolled out across Sussex during the next financial year 23/24. From the perspective of patients, eHubs will result in better opportunities to book online and carry out video consultations; whilst for GP practices, it will enable them to manage demand on any single day in a different and more robust way.

7.17 Amy Galea said the CCG cannot require GP practices to adopt video consultations or online bookings, however, some may not offer these services as they have not recognised the benefits they have delivered elsewhere – both to patients and to the practices themselves – for

example, they may not recognise that the online and telephone lists are not separate lists of patients that require further resources to meet the needs of, but are the same list trying to access services in different ways and offering both can increase the practice's capacity.

**7.18 The Committee asked where GP practices are offering screening services such as Health Checks again, and whether eHubs might benefit health checks.**

7.19 Amy Galea explained that in order to meet the demands of the pandemic, deliver virtual appointments and then deliver the vaccine programme, national guidance required GP practices to deprioritise routine health checks. GP practices are now restoring health checks using national incentives and they should be back to pre-COVID-19 activity levels soon. As part of the future work around Primary Care Networks (PCNs), NHS Sussex will expand on the work some practices – such as the Hastings PCN – have done with Public Health Teams and the voluntary and community sector to offer more comprehensive, early health checks, such as monitoring different vital statistics in people who might be at risk of developing conditions later in life.

7.20 The Executive Director of Primary Care said it is hoped the eHubs will improve all services, as it is a way of better managing the demand a practice receives on any single day and allows the practice to plan for activities in a more managed way.

**7.21 The Committee asked what the effect recruiting additional roles such as paramedics has on other areas of healthcare, particularly the ambulance trusts.**

7.22 Amy Galea agreed there is a risk that creating new roles moves people around the NHS without increasing workforce numbers. In response, once established, NHS Sussex will review the workforce across the whole of Sussex to help ensure that when one area puts in place an initiative such as this it does not move healthcare workers away from another area and put it at risk.

**7.23 The Committee asked what reasonable adjustments would be made for people who struggle with technology to access online or video consultations.**

7.24 Amy Galea agreed a one size fits all approach to accessing GP practices will not work and that GP practices will need to have an offer that responds to different people's needs and preferences, however, this offer needs to be realistic and deliver a service that meets these different needs whilst operating within the resource restrictions that are in place.

**7.25 The Committee asked what could be done to reduce the length of time people spend on the phone.**

7.26 Amy Galea agreed waiting on the phone is a frustrating process and GP practices need to be sensitive to the concerns people have about waiting. It is, however, a common phenomenon in many industries where people often make contact via phone. In GP practices it is also often due in part to the limitations of the software package they purchased to handle calls.

**7.27 The Committee asked whether the start time of 8am could be amended particularly help single parents, and whether any feedback from these groups has been sought.**

7.28 Amy Galea said the CCG regularly uses feedback from communities to help shape its work. The Next Steps on Integrating Primary Care strategy will set out how NHS Sussex plans to help improve the 8am call up process and improve the offer to patients generally, including those such as single parents who work parttime or fulltime and may struggle to call at 8am.

7.29 The Committee RESOLVED to:

- 1) agree to consider a future report on primary care access at the 15<sup>th</sup> December meeting; and
- 2) agree to consider the Next Steps on Integrating Primary Care strategy at the 15<sup>th</sup> December meeting.

## 8. HOSC FUTURE WORK PROGRAMME

8.1 The Committee considered its work programme.

8.2 The Committee RESOLVED to agree the work programme subject to the addition of the following items:

- 1) the addition of a report on SECamb's response to the Care Quality Commission (CQC) report at the 22<sup>nd</sup> September meeting;
- 2) agree that the Chair, Vice-Chair and Cllr Hallett meet with relevant officers to discuss the Crowborough Minor Injuries Unit.

The meeting ended at 12.05 pm.

Councillor Colin Belsey

Chair

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

**Date of meeting:** 22 September 2022

**By:** Assistant Chief Executive

**Title:** Hospital Handovers

**Purpose:** To provide the Committee with an update on the work being undertaken to reduce Hospital Handover times.

---

## RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the update on hospital handovers; and
  - 2) consider whether to request a further report on any of the areas covered in the update.
- 

### 1. Background

1.1. Ambulance crews arriving at hospital Emergency Departments (ED) with patients requiring admittance must wait for ED clinical staff to handover the care of their patient before they may leave and respond to additional calls. This process is called a hospital handover.

1.2. Hospital handovers require co-ordination between two separate NHS trusts – the ambulance trust and the hospital trust. In the case of East Sussex, the ambulance trust is South East Coast Ambulance NHS Foundation Trust (SECAmb) and the hospital trusts are East Sussex Healthcare NHS Trust (ESHT), University Hospitals Sussex NHS Foundation Trust (UHSussex), and Maidstone and Tunbridge Wells NHS Trust (MTW).

1.3. The NHS national standard for hospital handovers is 15 minutes and there is an expectation of there being strictly no delays over 60 minutes and of hospital trusts aiming to avoid any over 30 minutes.

1.4. Delays in hospital handovers result in ambulance crews having to stay with their patients rather than getting back on the road. It also means that patients may have to wait in sub-optimal conditions for assessment and treatment. Hospital handover delays had increased due to COVID-19 and the effects this has had on patient care and ambulance response times have been widely reported.

1.5. At its meeting on 2<sup>nd</sup> December 2021, the HOSC considered a winter planning update from the local NHS system that included an ambitious target to reduce hospital handover times to 30 minutes. The figure of 30 minutes is to allow crews to handover patients to the hospital trust in 15 minutes and then spend 15 minutes doing paperwork and cleaning the ambulance. The HOSC then considered a report on hospital handovers at its next meeting on 3<sup>rd</sup> March 2022 to consider how the system had performed against this target.

1.6. At the 3<sup>rd</sup> March meeting, the HOSC agreed to request a further update report on the hospital handover times to cover updated performance figures against the national targets and the eradication of the over 60 minute handover times. The Committee asked that the report include the actions being taken to improve handover times at the Royal Sussex County Hospital in Brighton and Tunbridge Wells Hospital, which were not included in the March report.

## **2. Supporting information**

2.1. The report attached as **Appendix 1** provides an update from SECAMB on the issue of hospital handover times. It covers:

- The national background;
- The position in Sussex overall; and
- Updates on each of the four main hospital sites that East Sussex residents may attend – Tunbridge Wells Hospital, Royal Sussex County Hospital in Brighton, Eastbourne District General Hospital and Conquest Hospital.

## **3 Conclusion and reasons for recommendations**

3.1 The report provides an update to the Committee on the extent of hospital handover delays and the efforts being made to tackle them. HOSC is recommended to consider the report and decide whether future updates are needed on any of the areas covered in the report.

**PHILIP BAKER**  
**Assistant Chief Executive**

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# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

22 SEPTEMBER 2022

## SOUTH EAST COAST AMBULANCE NHS FT UPDATE

Report from: Emma Williams, Executive Director of Operations  
Author: Ray Savage, Strategic Partnerships Manager (SECAMB)

### Executive Summary

Handover delays have become a national concern and are recognised as having a direct impact on ambulance response times.

Since updating the HOSC in March 2022, the NHS has continued to be challenged across all sectors, including NHS ambulance services. Ambulance services have continued to be reported in the media for delayed responses to patients in the community and the number of hours being lost due to delays in crews being able to hand their patients over to staff within the emergency departments.

The HOSC has asked for a broader update than that given in March 2022 on ambulance handover delays, and to include an update including neighbouring acute hospitals, i.e., Tunbridge Wells Hospital and the Royal Sussex County Hospital.

Nationally, NHS England (NHSE), in its letter dated 12 August 2022 to Integrated Care System chief executives, set out the key actions and core objectives in preparation for what is anticipated to be a difficult and challenging winter. These key actions and core objectives will require a system response and detailed actions and plans will be captured through the NHSE Board Assurance Framework.

Each acute trust has its individual action plans and developments to reduce ambulance handover delays and poor patient experience as well as manage the risk associated with patient handover delays.

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) is committed to working with acute trust partners in reducing delays to ambulance handover where practical. For each hospital, SECAMB continues to ensure its local management team takes an active role in working with the hospital to reduce and improve processes for handover where practical.

It is recognised that delays to ambulance handover are multifaceted and is now perceived as a 'system' problem.

### 1. National background

1.1. Delays for ambulance crews handing over their patients at hospital emergency departments have been a focus of the media and widely reported during prime-time national news broadcasts as well as in the leading tabloids during the past 18 to 24 months, not only for the poor patient experience and the clinical risk of being held in either the back of an ambulance or queueing in a hospital corridor but also the hours

being lost in ambulance availability. The latter is often reported in the context of patients having long waits in the community for an ambulance response.

- 1.2. These delays are acknowledged as a national problem, affecting all ambulance trusts within the United Kingdom, and are not isolated to any one geographical area.
- 1.3. As reported to the HOSC in March 2022, the NHS Long Term Plan sets out as one of its priorities a reduction in ambulance handover delays. The aim is to have 'zero tolerance' towards any handover delays greater than 60-minutes. It also has a focus on a return to the national standard of all patients being handed over within 15 minutes.
- 1.4. In response to these significant delays, the NHS Emergency Care Improvement Support Team (ECIST), a clinically led national team who has been providing support to those hospitals that are reporting the highest number of 'lost hours' due to handover delays, has sought to achieve improvements in systems and processes by sharing their breadth and depth of experience as 'best practice' from other hospitals that have good practices in place for receiving patients from ambulance crews and enabling an efficient handover.
- 1.5. ECIST brings a focus on the achievement of delivering high-quality care and has been proactive across the southeast in supporting several hospitals within the SECAmb operational area. In Sussex, they have been working with the Royal Sussex County Hospital.
- 1.6. However, it must be acknowledged that ambulance handover delays are not simply attributable to poor systems and processes within an emergency department but are multifactorial, including the ability of a hospital to effectively discharge patients who no longer require 'acute' care but can be supported back in the community.
- 1.7. At the recent NHS England/Improvement (NHSE/I) webinar 'Safely Reducing Avoidable Conveyance SDEC Webinar', Mark Gough – Head of Ambulance Improvement NHSE/I, presented that the continued increase in 'hours lost' for ambulance services, per day due to handover delays, had a strong correlation with ambulance response times. He highlighted the national increase from May 2019 when less than 500 hours per day were being lost to the month of May 2022 which saw greater than 3000 hours lost on a daily basis.
- 1.8. On 12 August 2022, NHS England set out its key and core objective priorities for each Integrated Care System (ICS) in preparation for winter 2022-23. The letter to ICS chief executives sets out 8 key actions and core objectives, of which four are 999 and 111 focused:
  - 111 call abandonment
  - Mean 999 call answering times
  - Category 2 ambulance response times
  - Average hours lost to ambulance handover delays per day
- 1.9. Some of the other key actions/core objectives have a focus on areas such as:
  - Timely discharge
  - Better support for people at home
  - Reducing hospital occupancy

- 1.10. The letter emphasises that a system approach is required and is accompanied by the 'Board Assurance Framework' that sets out a significant number of measurables by which each ICS will have to give account.
- 1.11. As indicated in point 1.6, the response to ambulance handover delays is multifaceted including improved 'flow' through the hospital enabling patients occupying a bed in emergency departments who have been identified as requiring admission to be moved to an appropriate ward/assessment area expeditiously.

## **2. Sussex position**

- 2.1. During the first 8 months of 2022 (January – August), the total hours lost (Sussex) due to hospital handover delays was 20,389. This compared to the same period for 2021 resulted in 15,523 total hours lost, indicating a 55% increase over 2021.
- 2.2. The Trust overall lost 54,534 hours for the same period.
- 2.3. Total hours lost (or turnaround delays) are measured from 30 minutes after a crew's arrival at the hospital to being ready to respond to the next emergency call. The 30 minutes includes a 15-minute window for the crew to clinically and physically hand their patient over to the department staff, and then a 15 minute 'wrap up' to clean the ambulance, stretcher, replace linen and make the ambulance ready for the next response.
- 2.4. Appendix A highlights the differing delays by hospital for the period 2022 and highlights that some of the greater challenges are at the Royal Sussex County Hospital, where c10% of all handover delays were greater than 60 minutes.
- 2.5. All hospitals combined totalled c4.2% for this period for greater than 60 minutes. It should be noted that 42.8% of total handovers were also undertaken within 15 minutes (Appendix B).
- 2.6. The Sussex Urgent and Emergency Care Transformation Programme Board has as a standing agenda item 'Ambulance Handovers' and gives each acute trust an opportunity to update on the work/actions that are being taken to support improvements in ambulance turnaround. In addition to these updates, there is regular dialogue between each acute trust's management and clinical team with SECamb's local operational managers.
- 2.7. The Sussex Urgent and Emergency Care Transformation Board also provides focus for the development of non-ED pathways that support patients to receive the right care in the right place and reduce acute conveyances e.g., Urgent Community Response (UCR), Same Day Emergency Care (SDEC) and Virtual Ward (VW) pathways. The Trust is working with the system to establish these as direct referral pathways to support crews, reducing pressure on conveyance and therefore potential impact on handover delays.
- 2.8. For 2022, the past 3 months has seen a reduction in the number of ambulance transports which by comparison has not been reflected in the 'hours lost' due to handover delay figures. The reduction in ambulance transport is reflective of what could be described as the 'seasonal norms' i.e., warmer weather during the summer months reduces the number of patients presenting with respiratory conditions etc., (even though extreme heat can increase activity). The seasonal reduction for the summer months of 2021 was

not evident and can be linked to the continuing pandemic with increasing numbers of patients starting to access health services (Appendix C).

- 2.9. Each hospital emergency department has a 'handover screen' which enables hospital staff to see at a glance an inbound crew. In the ambulance the driver will activate the 'Mobile Data Terminal' in the cab and, as soon as the destination is selected, the hospital is notified of the pending arrival of that crew. In addition to this, the clinician with the patient will be capturing key details on their electronic Patient Clinical Record' (via an iPad) and this is transmitted to the destination hospital so that the receiving clinical team can see specifics regarding the incoming patient and the crew assessment of the presenting complaint. This is in addition to the handover screen.
- 2.10. It must also be recognised that in some hospitals the physical constraints of the estate can be a 'congesting' factor e.g., numerous ambulances arriving simultaneously, resulting in some patients being held in a corridor or, at worst, in the ambulance.
- 2.11. The Trust's local operational management teams have been working closely with their acute hospital counter parts to support crews at times of pressure and ensure patient safety considerations are prioritised; this includes assessing the impact on patients awaiting a 999-response in the community.
- 2.12. The Trust is also committed to working with partners, in particular Sussex Community Healthcare NHS Foundation Trust and East Sussex Healthcare NHS Trust, on the continued access to alternative pathways that provide the right support/intervention for patients, either at the point of the 999-call or following crew assessment.
- 2.13. Not all patients are conveyed and for July 2022, c43% of patients dialling 999 were either telephone triaged (hear and treat) or not conveyed following an ambulance crew assessment (see and treat/refer).
- 2.14. The Trust will continue to work with all partners in the development and access of 'pathways' with the key aim of getting the patient the correct support/intervention through the use of alternatives, whether it be by conveyance to an alternative to an emergency department or by referral to other services for a follow up on the patient.
- 2.15. East Sussex County Council's Adult Social Care and Health Department (ASC&H) work together with NHS and wider system partners to support timely discharge from acute and community hospitals. ASC&H have well established integrated management arrangements and teams such as Health and Social Care Connect (HSCC) and the Joint Community Rehabilitation service (JCR) who have not only flexed their criteria during the pandemic to support the discharge of COVID positive patients from hospital but, continue to provide rehabilitation to adults in the community.
- 2.16. ASC&H also have a dedicated hospital social work team, who work closely with health colleagues, on a daily basis to support patient flow and avoid unnecessary admissions. A key part of this has been undertaking Care Act assessments within the emergency department to prevent admissions but, also working to embed the Discharge to Assess (D2A) and Home First hospital discharge pathways to support people to leave hospital and have their needs assessed in either their own homes or in care home settings.
- 2.17. East Sussex County Council (ESCC) is a member of the Sussex Health and Care Partnership (SHCP) which is a partnership of health and care organisations working

together across Sussex. In 2022/23 the aim is to continue to strengthen this partnership through integrated approaches to planning, commissioning, delivering and transforming services across the shared priorities for health and social care.

### **3. Maidstone and Tunbridge Wells NHS Trust - Tunbridge Wells Hospital (Pembury)**

- 3.1. The Trust has been working with Maidstone and Tunbridge Wells NHS Trust (MTW) colleagues on improving the process of handover at both of the Trust's acute hospitals, Maidstone and Tunbridge Wells.
- 3.2. At the Tunbridge Wells site, ambulance crews arriving will follow one of two 'Rapid Assessment Point(s)' (RAP). This is dependent on whether the patient is displaying signs of virus infection e.g., COVID-19. Once in the appropriate part of the department, the ambulance crew will speak with the doctor in charge and undertake a clinical handover. When the patient has been accepted, they are transferred to a hospital bed and the crew pass on the 'pin' number to the department receptionist and leave. The receptionist will then enter the 'pin' number onto the handover screen, which time stamps the crew handover and stops the handover clock.
- 3.3. In addition to this, hospital and SECamb operational managers monitor the inbound ambulances and any that are delayed in waiting to handover. There is good and open communication/dialogue between both trusts and the on-day operational managers when delays are building up.
- 3.4. When handover delays greater than 60-minutes occur, they are jointly reviewed for shared learning and to explore opportunities to improve the process.
- 3.5. Dependant on staffing levels in the department, a triage nurse has greeted crews on arrival and supported the streaming of the patient to either the 'red' or green' zones or onto one of the specialist departments, e.g., surgical assessment.
- 3.6. Another factor that adds to delays in the emergency department is the current number of self-presenting patients. Currently, MTW is experiencing a 15% increase when compared with 2019 (Appendix D).

### **4. University Hospitals Sussex NHS Foundation Trust - The Royal Sussex County Hospital**

- 4.1 The Royal Sussex County Hospital (RSCH) has been undergoing extensive development of its estate over the past years following significant investment into improving patient access and care.
- 4.2 Its emergency department has regularly been significantly challenged with its current capacity to meet the high numbers of patients either self-presenting or arriving by ambulance.
- 4.3 At the RSCH, hours lost in 2021 (January to August) were 4,922 and in 2022 for the same period the lost hours were 5,876, presenting a 19% increase. The RSCH also has one of the highest greater than 60minute handover times (Appendix E).

- 4.4 Systems need to be careful with directly comparing individual hospitals and the actual hours lost due to the differing factors at each hospital, including the number of ambulance transports.
- 4.5 The average number of ambulance transports (conveyances), as with other acute trusts, has not increased over the past 12 months but, more recently, has reduced at the RSCH (Appendix F).
- 4.6 The Hospital has established a robust Urgent and Emergency Care (UEC) improvement programme, with of the main focuses being on reducing ambulance waiting and handover times. The programme has now been running for four months and in this time, we have seen improvements across the University Hospitals Sussex group, with Worthing Hospital and the Princess Royal Hospital featuring in the top two sites consistently for regional handover performance on 60 minutes.
- 4.7 The work at RSCH to support offloading has been focused on the use of 'fit 2 sit' capacity and using the 'majors' part of the emergency department differently, but as stated above, this continues to be a challenge due to the 'estate' of the department.
- 4.8 Work at St Richards Hospital has commenced on the delivery of reverse queueing and flow into the 'majors' department for direct ambulance handover, which has shown early improvements on the 30- and 60-minutes ambulance handover. However, this performance remains variable.
- 4.9 The root cause of the flow challenges into the emergency department are linked to the inpatient flow and ultimately discharges. The Trust is seeing a record level of Medically Fit for Discharge (MFD) patients across all four of the Trust's acute hospital sites. To tackle this, there is a programme of work underway to address the length of stay (LOS) of simple discharge patients or those on pathway '0', as well as to support the LOS reduction for those patients waiting on community services to be in place or care in another facility.
- 4.10 The Trust and SECAmb have been working proactively together during the past 6 months have seen the relationships between the two organisations improve.

## **5. East Sussex Health Care NHS Trust (ESHT) - Eastbourne District General Hospital / Conquest Hospital**

- 5.1. For the period January to August 2022, the ambulance transports (conveyances) into the Conquest Hospital were 14,933 and 13,130 for EDGH. For the same period in 2021, transports into the Conquest Hospital were 14,920 and 13,682 for EDGH. These figures highlight, that transports into ESHT, overall, have not shown an increase (Appendix G).
- 5.2. Ambulance handover delays greater than 60 minutes have been higher at the EDGH than at the Conquest (Appendix H).
- 5.3. Total hours lost due to handover delays at both sites for the period January to August 2021 were 4,417 and for the period January to August 2022 hours lost were 5,433, presenting a 23% increase.

- 5.4. The Conquest Hospital saw a higher percentage increase in total hours lost with a 32% increase between the comparable period in point 4.3, with the EDGH showing a 12% increase.
- 5.5. Some of the primary drivers for delays in ambulance handover reflect the national position, where acute hospitals are operating at high levels of bed occupancy, therefore limiting the opportunity to effectively transfer patients who require admission to an acute bed from the emergency department to a ward.
- 5.6. ESHT is currently operating at c95% bed occupancy with a continued high number of patients who do not meet the criteria to remain or are medically ready for discharge (MRD). Many individuals, who are either responsible for funding their own care or are eligible for local authority funded support, are waiting for 'assisted packages of care' or community rehabilitation beds.
- 5.7. In line with other hospitals, self-presenting patient numbers are high, and this combined with ambulance transports, emphasises the capacity constraints within emergency departments.
- 5.8. ESHT has on both sites surge and escalation areas that are often full due to the numbers of patients requiring a hospital bed for assessment.
- 5.9. ESHT has a number of key actions that it has/is taking to improve ambulance handover:
- 15 new nurses starting at the Conquest Hospital during September 2022 to support patient flow.
  - Medical staffing gaps will also be resolved during September 2022.
  - Ambulance delays are reviewed 4 times a day.
  - The introduction and testing of a new internal forecasting tool to identify days when urgent care is likely to struggle to meet demand.
  - The re-launch of joint learning events between SECamb and ESHT where cases, trends and themes are presented and discussed, with a focus on developing/accessing alternative pathways.
    - ESHT also independently reviews its own records to identify trends with crews, including days and times as well as conditions most likely to be met with delays to enable root cause analysis.
  - Reviewing the administration support to achieve a dedicated person to have oversight of the handover screen with the aim of improving data quality.
- 5.10. Resolving the staffing issues in the emergency departments will mean that both the EDGH and Conquest Hospital will be able to open their respective Rapid Assessment and triage areas.
- 5.11. ESHT is focused on improving its patient flow through the following actions:
- *Multi Agency Discharge Events (MADE)* have been taking place during the year to expedite discharges.
  - As the provider of both acute and community services, ESHT has been able to exploit 'in reach' from its community teams to support the stroke pathway.
  - Additional medical and nursing workforce teams have been sought.
  - All delays for discharge are escalated as well as those for mental health assessment.

- Review of all outliers and patients in escalation areas to expedite discharge
- Early ward rounds to identify discharges and expedite discharge dependant diagnostics.
- Liaise with external partners to expedite placements.
- Senior management attendance at ward rounds to support challenges and expedite delays in discharging.

## **6. Recommendations**

6.1 The committee is asked to note and comment on the update provided.

### **Lead Officer Contact**

Ray Savage, Strategic Partnerships Manager (SECAmb)

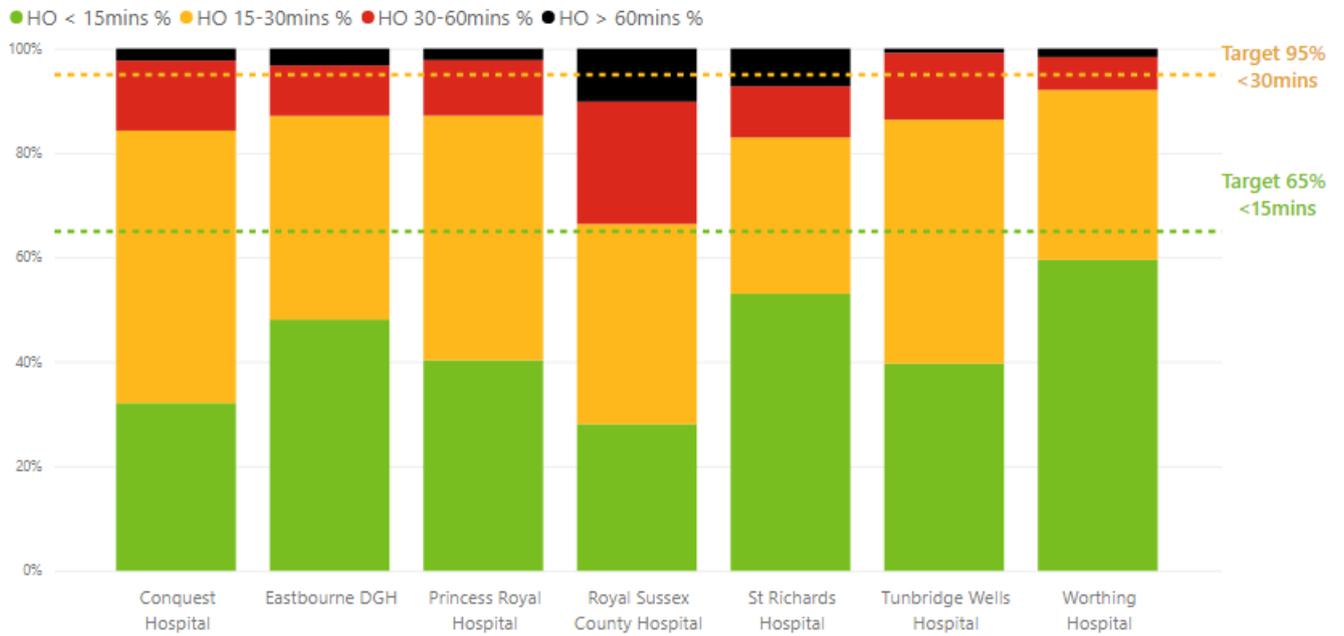
### **Background papers**

None

# Appendices

## Appendix A – Ambulance Handover Time by Hospital

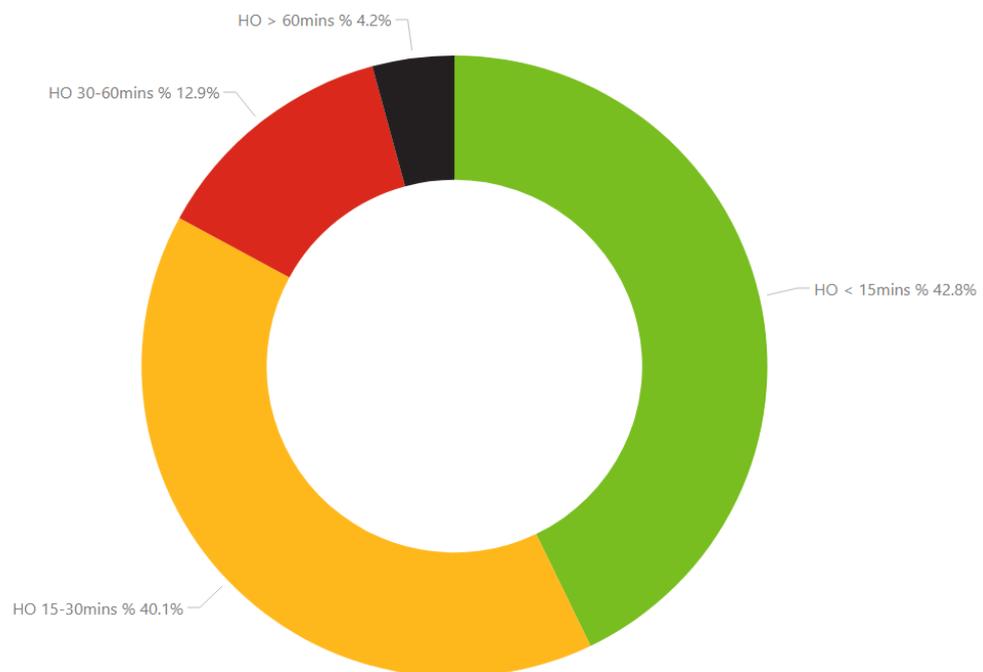
%Handover Time by Hospital



January 2022 – August 2022

## Appendix B – Combined Ambulance Handover

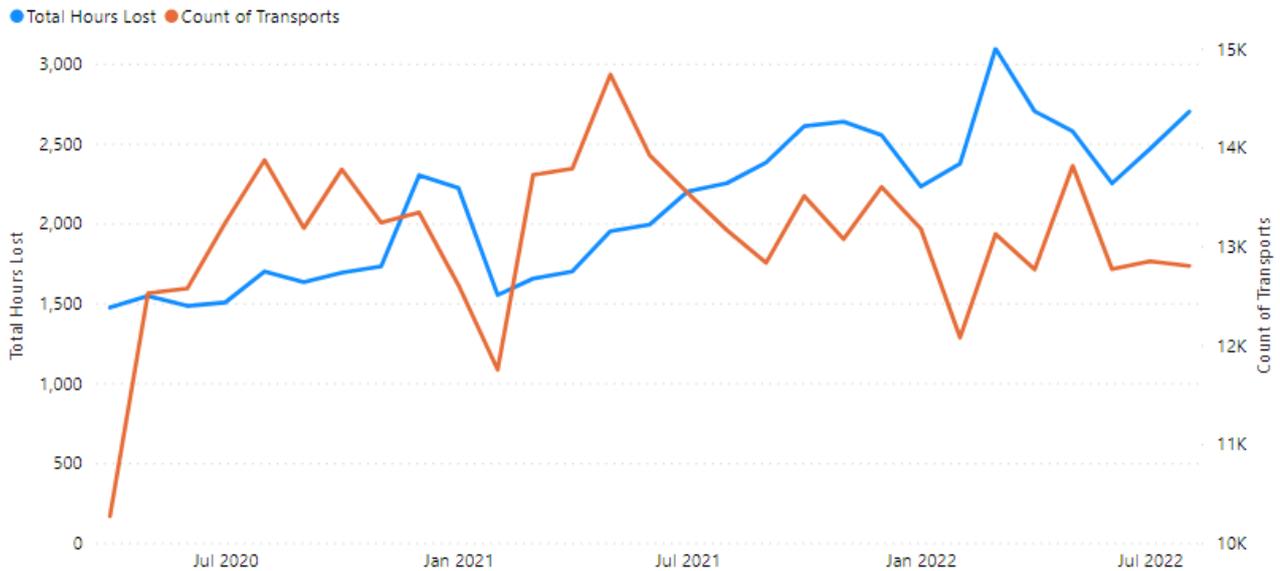
HOSPITAL HANDOVER TIMES



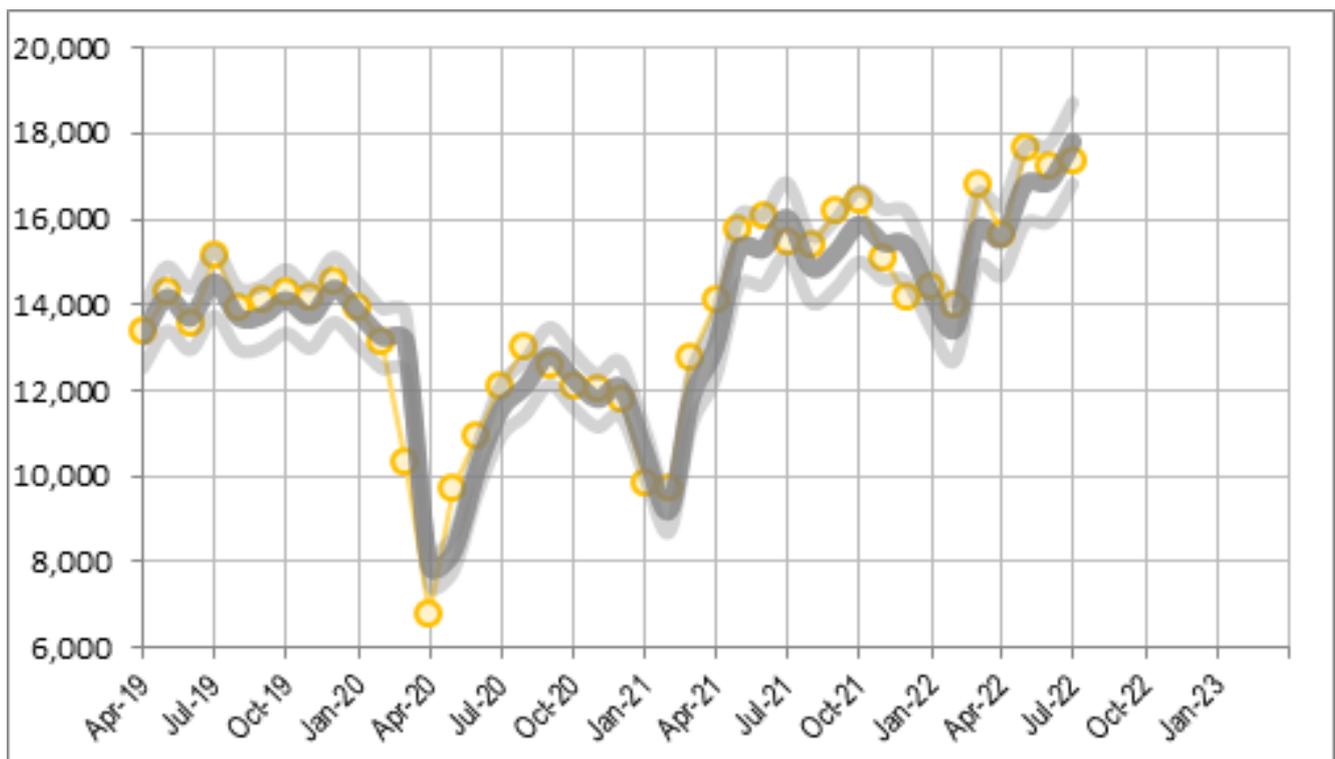
January 2022 – August 2022

## Appendix C – Ambulance Transports Per Day – Sussex (inc. Tunbridge Wells)

Total Hours Lost and Count of Transports



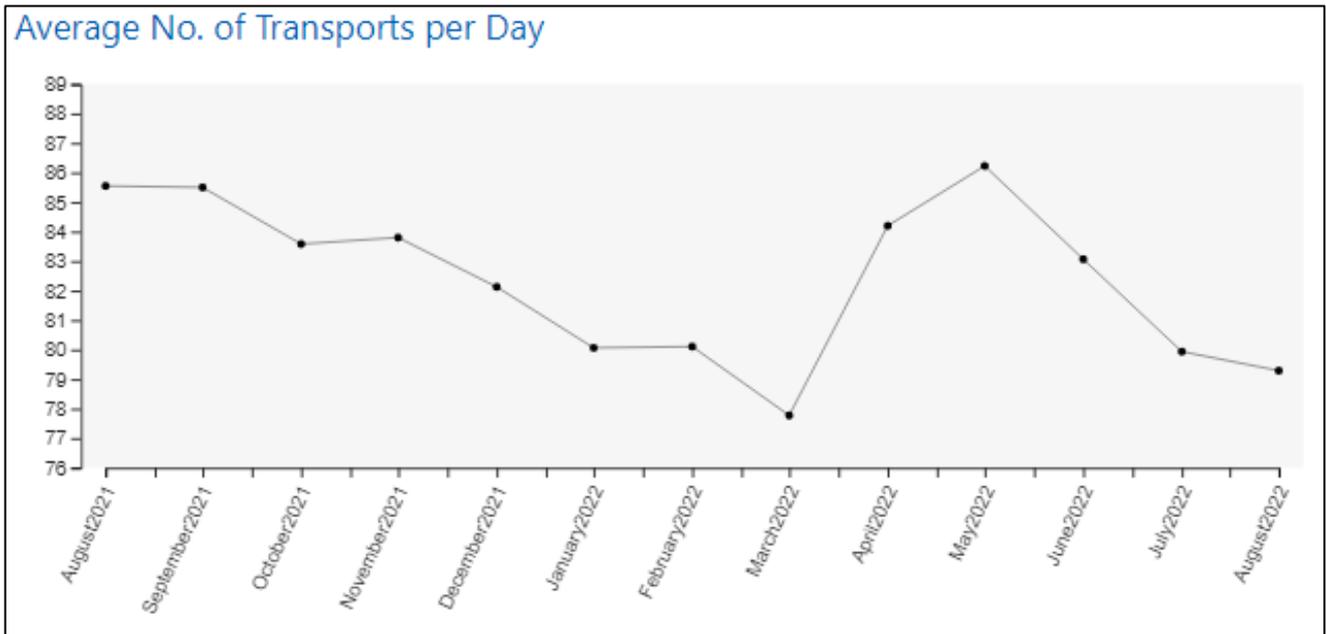
## Appendix D – Tunbridge Wells (Pembury) Self Presenting Patients



## Appendix E – Ambulance Handover Delay Percentages – RSCH

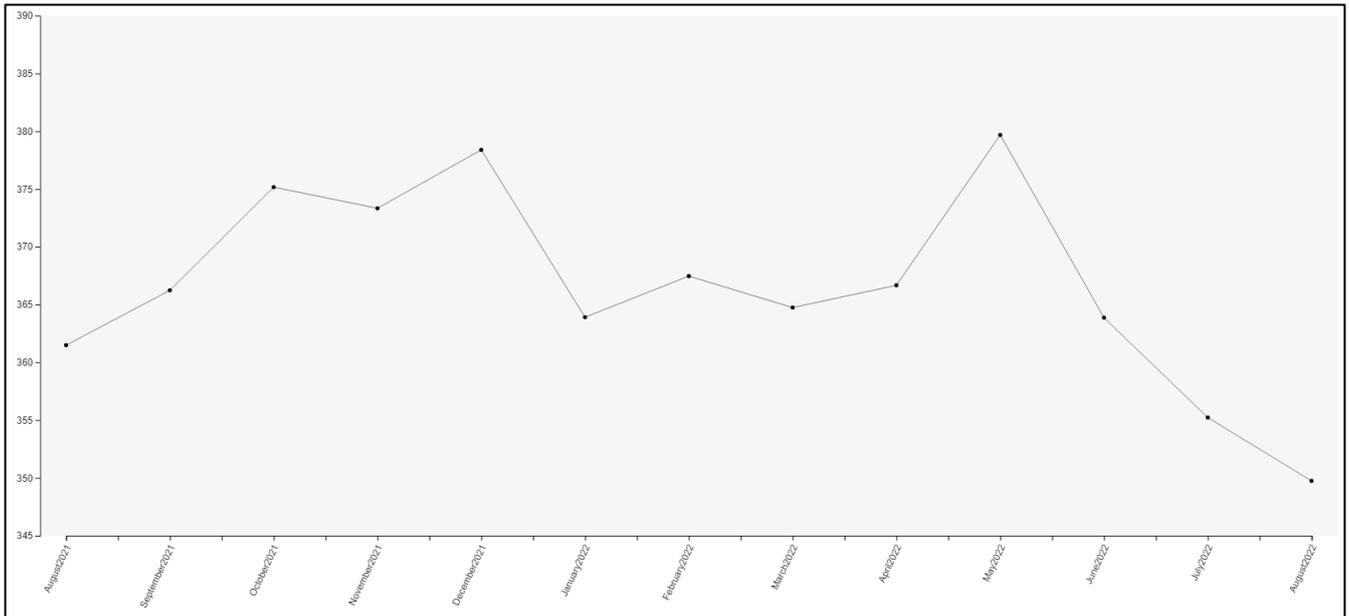


## Appendix F – Average Number of Transports Per Day August 2021 – August 2022 RSCH

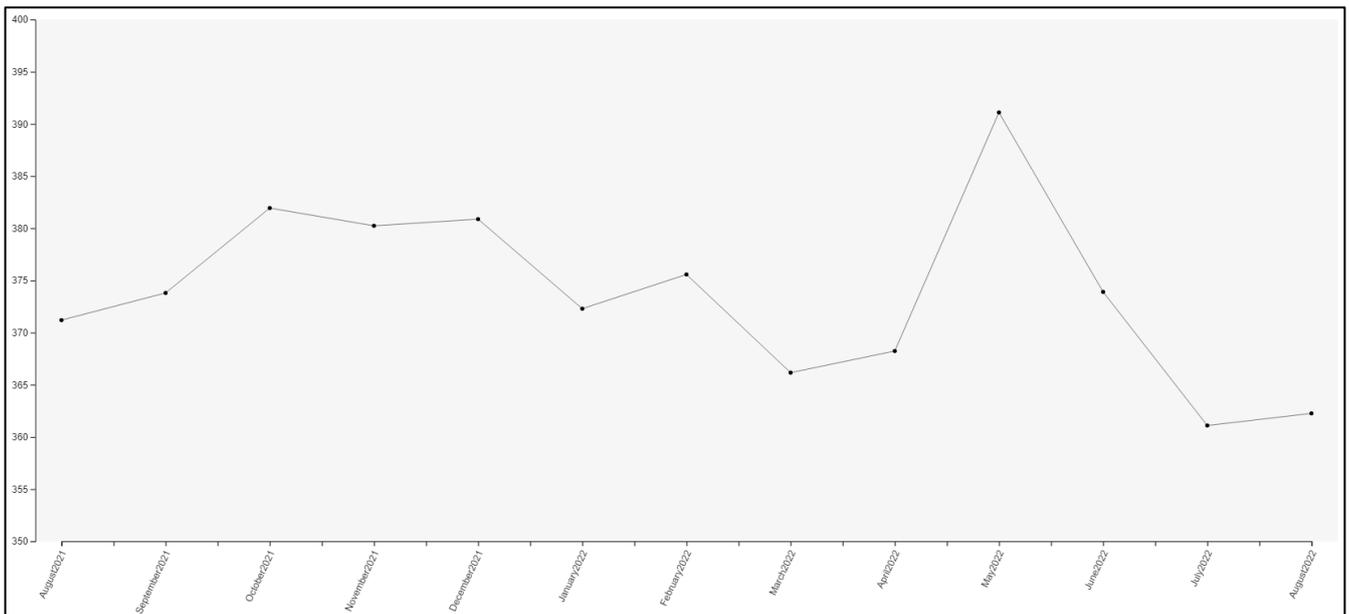


# Appendix G – Average Number of Transports Per Day: August 2021 – August 2022 EDHH/Conquest

## EDGH



## Conquest



August 2021 to August 2022

# Appendix H – Ambulance Handover Time Percentages: EDGH/Conquest

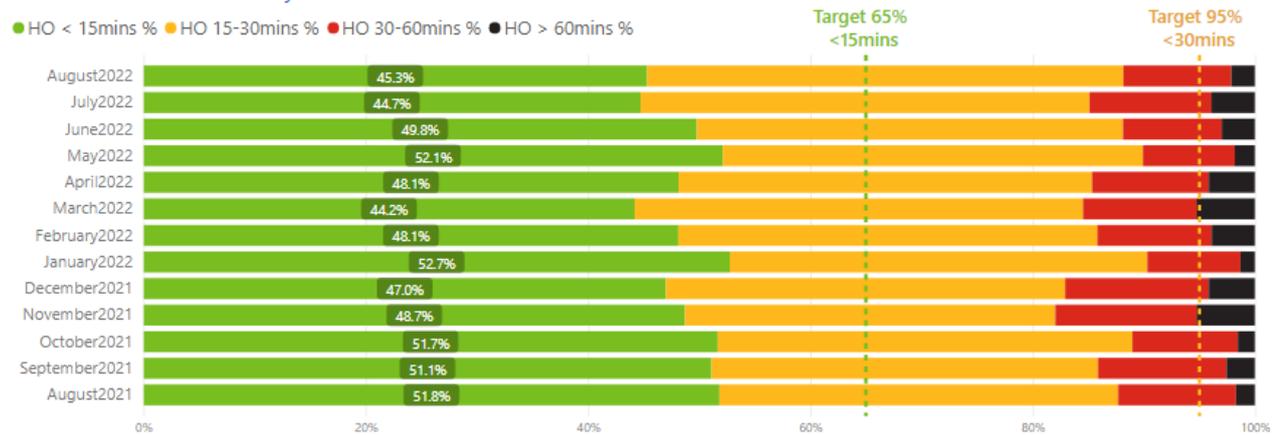
## Conquest

### Recorded Handover Delay



## EDGH

### Recorded Handover Delay



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

**Date of meeting:** 22 September 2022

**By:** Assistant Chief Executive

**Title:** South East Coast Ambulance NHS Foundation Trust (SECAMB) Care Quality Commission (CQC) Report

**Purpose:** To provide the Committee with an overview of SECAMB's CQC report findings and the Trust's Improvement Plan

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## RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the update; and
  - 2) consider whether to request a further report on any of the other areas covered in the update.
- 

### 1. Background

1.1. South East Coast Ambulance NHS Foundation Trust (SECAMB) provides emergency and urgent care services in response to calls from the public and other healthcare professionals across Brighton and Hove, East Sussex, West Sussex, Kent and Medway, Surrey, and parts of North East Hampshire. The Trust operates two emergency operations centres (EOC) that receive and triage 999 these calls. The EOC provides ambulance dispatch as appropriate and provides assessment and treatment advice to callers who do not need an ambulance response, a service known as "hear and treat". SECAMB is also the provider of the NHS 111 service for residents in Kent and Sussex who require urgent care and advice over the phone.

1.2. The Care Quality Commission (CQC) rated SECAMB as inadequate following an inspection in May 2016. The Trust subsequently made a number of improvements over the following years and was eventually rated as good overall and in all domains in August 2019.

1.3. The CQC conducted a focused inspection of the Emergency and Urgent Care services provided by SECAMB in March 2022 to assess how patient risks were being managed across health and social care services during increased and extreme capacity pressures. The CQC also inspected the EOC and 111 service and, due to concerns about leadership quality and culture in the organisation, inspected the well-led domain for the trust.

1.4. The CQC published its inspection report on 22<sup>nd</sup> June 2022 and rated the Trust as inadequate in its well-led domain. The overall rating has been suspended whilst the CQC carries out further checks on all the provider's locations.

1.5. Due to the inadequate rating in the well-led domain, the CQC recommended to NHS England that the Trust be placed into the Recovery Support Programme (RSP).

1.6. NHS provider trusts placed into an RSP by NHS England must produce an Improvement Plan that includes a target timeline for exit from the RSP. NHS England must be satisfied that the agreed exit criteria have been met in a sustainable way and any required transitional support is in place before agreeing that a trust may leave the RSP.

1.7. In June 2022, the Trust also announced the appointment of an Interim Chief Executive, Siobhan Melia, following the resignation of Philip Astle. Siobhan joins the Trust from the Sussex

Community NHS Foundation Trust where she was the Chief Executive and formally took up her position with the Trust in July.

## 2. Supporting information

2.1. The CQC produces an inspection report following inspections of all health and social care providers. The [full CQC inspection report is available online](#) and an excerpt is attached as **appendix 1**. In summary:

- For 111 the overall rating stayed the same at **good**.
- For Emergency Operations Centre the overall rating went down to **requires improvement**.
- The Emergency Urgent Care service was **unrated** due to being part of a system review to ensure consistency with other ambulance trusts.
- The ratings for the well-led inspection went down from good to **inadequate**.

2.2. SECAMB has produced a report for the HOSC attached as **appendix 2**. The report covers:

- The CQC inspection in February/March 2022; and
- The Trust's Priorities and Improvement Journey

## 3 Conclusion and reasons for recommendations

3.1 The reports provides an overview of the issues and areas for improvement identified by the CQC, along with the Trust's Improvement Plan. HOSC is recommended to consider the report and decide whether future updates are needed on any of the areas covered in the report.

**PHILIP BAKER**  
**Assistant Chief Executive**

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# South East Coast Ambulance Service NHS Foundation Trust

## Inspection report

Nexus House  
4 Gatwick Road  
Crawley  
RH10 9BG  
Tel: 03001230999  
www.secamb.nhs.uk

Date of inspection visit: 22 February  
Date of publication: 22/06/2022

## Ratings

Are services well-led?

Inadequate 

# Our findings

## Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

## Overall summary

### What we found

#### Overall trust

##### Our reports

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 base it on a combination of what we found when we inspected and other information available to us. It includes information given to us from staff at the trust, people who use the service, the public and other organisations.

##### Overall Summary

Our overall rating of well-led went down. We rated it as inadequate and the chief inspector of hospitals has recommended to NHS England and NHS Improvement (NHSEI) that it be placed in the Recovery Support Programme.

A trust may be placed in the Recovery Support Programme for quality reasons when:

- It is rated 'inadequate' in the well-led key question (because there are concerns that the organisation's leadership is unable to make sufficient improvements in a reasonable timeframe without extra support)
- A trust placed in the Recovery Support Programme receives intensive support to help it improve. It must produce an improvement plan setting out what it will do to bring services up to the required standard.

# Our findings

During this inspection we identified further checks we needed to carry out. In the meantime, we have suspended the trust's overall rating. This will be reviewed once the checks are completed.

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) was established on 1 July 2006. On 1 March 2011 SECAMB became a Foundation Trust.

The trust covers 3,600 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country. It serves a population of over 5 million people.

The trust employs over 4,500 staff working across 110 sites in Kent, Surrey and Sussex. Almost 90 per cent of the workforce is made up of operational staff – those caring for patients either face to face, or over the phone at the trust emergency dispatch centre where the trust receive 999 calls.

Patients range from the critically ill and injured who need specialist treatment, to those with minor healthcare needs who can be treated at home or in the community.

As well as a 999 service, the trust also provides the NHS 111 service across Kent and Sussex. The trust also has a Hazardous Area Response Team (HART) which was not inspected at this time.

During March 2022, we undertook a focused inspection of the Emergency and Urgent Care services as part of a pilot approach of the urgent and emergency care pathway across Kent and Medway. This was to assess how patient risks were being managed across health and social care services during increased and extreme capacity pressures. A short notice period was given prior to the inspection. We also undertook an inspection of the Emergency Operations Centre and 111 service using our comprehensive inspection framework and due to concerns about leadership quality and culture in the organisation we inspected the well-led key question for the trust. We did not inspect the resilience core service (HART) on this occasion.

Following this inspection we have suspended the overall ratings for the trust while we carry out further checks on all the provider's locations.

- In 111 the overall rating stayed the same. We rated safe, effective, caring, and well-led as good. We rated responsive as requires improvement.
- In Emergency Operations Centre the overall rating went down. We rated the caring domain as good however, we rated safe, effective, responsive and well-led as requires improvement.
- The Emergency Urgent Care service was unrated due to being part of a system review to ensure consistency with other ambulance trusts.
- The ratings for the well-led inspection went down.
- In rating the trust, we took into account the current ratings of the other core services not inspected this time.

## What we found.

### 111 Service

**Our ratings for the service stayed the same. We rated it as Good.**

# Our findings

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from an integrated service with specialisms to meet their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

However:

- The trust was not meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
- The trust did not always support the workforce in order to reduce the pressure and improve staff morale.

**Emergency Urgent Care. Due to the focused nature of the inspection, we did not rate the core service. The previous rating of outstanding remains.**

- The significant rise in numbers of callers to 999, in excess of what the trust was commissioned for combined with crews being delayed at emergency departments meant the trust was unable to reach all patients in a timely way. As a result, the service was not meeting any NHS constitutional ambulance response times, which was a similar picture across the ambulance services nationally.
- The exceptional demand was increasing, and this was becoming unsustainable for staff across the service.
- There were additional risks for patients from handover delays for ambulance crews at emergency departments which were unable to take patients due to their lack of capacity.
- Due to delays in response times as a result of increased demand, there were risks of harm to patients who were in the community.
- The service planned care to meet the needs of local people, however it didn't always take into account patients' individual needs and did not provide people with information on how to give feedback.
- The trust did not always support staff to develop their skills. Managers and staff told us that any additional training courses had to be self-funded and completed in their own time.
- A high proportion of staff had not received an appraisal.
- Not all staff felt connected to other teams and sites within their service and to the organisation as a whole.
- Learning from low level harm and near miss incidents was not embedded and staff often did not get feedback from incidents they had reported.
- Leaders were not always aware of the risks in their service or themes and trends in patients' complaints.
- There was a lack of a clear strategy and consistent approach in the management of ambulance response categories 3 and 4.
- Staff felt there was an overall lack of a strategy and vision for the organisation.

However:

# Our findings

- Staff worked well together for the benefit of patients and focused on the needs of patients receiving care.
- Local leaders ran services well using reliable information systems.
- The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- There had been some excellent multidisciplinary working and mutual aid to and from the service. For example, an ambulance staffed by a paramedic and police officer to support patients experiencing severe mental ill health.
- Despite the immense pressure faced every day, staff were kind, compassionate and supportive.

## Emergency Operation Centre

### **Our rating for the service went down. We rated the Emergency Operations Centre core service as Requires Improvement.**

- The service did not always have enough staff to care for patients and keep them safe.
- There was an expectation on staff to work overtime even though they were exhausted.
- Staff were not up to date with mandatory training and training in key skills. Staff did not receive adequate training on patients who had mental health needs and felt this was a risk to the safety of their service.
- The service did not manage safety incidents well. Incidents were often not investigated in a timely fashion and learning from incidents was not consistently shared with all staff.
- The service did not ensure all staff had an appraisal and appraisal rates for the service were poor.
- Staff understood how to protect patients from abuse, however safeguarding training compliance was worse than the trust target.
- People could not always access the service when they needed it. Since the rise in demand and strain on response times, the service was no longer able to always meet the needs of patients.
- People who did not speak English could sometimes not access the service in a timely way.
- Leadership at a local level was good. However, staff did not feel visible or appreciated by senior leadership.
- Not all staff felt respected, supported and valued. Not all staff felt they could raise concerns without fear, even though there was a freedom to speak up guardian in post that staff were aware of.
- Leaders did not support staff to develop their skills. Opportunities for development were limited and staff were expected to do any continuous professional development in their own time.

However:

- Staff assessed risks to patients, acted on them and kept good care records.
- Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, even when they were under a vast amount of pressure themselves. They were focused on the needs of patients receiving care.

# Our findings

- There were processes in place to ensure the service could continue in the event of a business continuity incident or other events that could stop the service running effectively.
- Staff knew about the values of the service.

## Trust wide

- Leaders had the experience, capacity and capability to lead effectively. However, the current leadership style and relationships in the executive team were not operating as effectively or cohesively as it should.
- Communication at all levels was poor. Staff provided us with many examples of this during the inspection.
- Leaders were out of touch with what was happening on the front line, and they were not always aware of the challenges in the service.
- Leaders were not visible and did not act in line with the trust's own values when staff raised concerns.
- Not all staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care.
- Not all staff felt they could raise concerns without fear of reprisal.
- Staff reported low levels of satisfaction and high levels of stress and work overload.
- We found high levels of bullying and harassment, inappropriate sexualised behaviour and a high number of open grievances.
- There was insufficient resource allocated to FTSUG, safeguarding and medicine management team.
- The governance systems at the trust were not operating in a way that protected patients or staff from the risk of harm.
- Key reports to board were not prepared in a standardised way.
- Risk, issues and poor performance were not always dealt with appropriately or quickly enough.
- We found a back-log of 1500 incidents on the incident reporting system.

However:

- We found good collaborative working between the FTSUG and union representatives.
- The trust had an award-winning wellbeing hub that provided invaluable cost-effective support to staff.
- The trust was making progress with the equality, diversity and inclusion agenda.
- The trust was well on its way to becoming a digitally mature organisation. There was record investment in IT infrastructure to future proof the organisation
- The trust had used the pandemic to improve its visibility, influence and focus in the local system. We saw improved levels of engagement with other key stakeholders. The trust had become a more outward facing organisation.
- The strategy director work programme was having a positive impact on the trust's ability to translate data into service planning, delivery and organisational strategy.

## How we carried out the inspection

# Our findings

- We looked at information such as staffing number and rotas, staff training, clinical stock management.
- We looked at medicines management, checked equipment, medical devices and consumables.
- We reviewed information provided by the service following the inspection.

You can find further information about how we carry out our inspections on our website: [www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection](http://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection).

## What people who use the service say

Most patients praised the care, treatment and support they received from the service. However, we also saw concerns about the excessive ambulance waiting times and staff attitude.

## Outstanding practice

### 111 Service

- In March 2022, the engagement work undertaken to involve patients and volunteers in the development and procurement of the NHS111 service had received a 'Healthwatch Recognition Award'.
- Having worked with the commissioners and other external organisation to establish a Direct Access Booking (DAB) service, approximately 30% of all triaged patients received a DAB into an external provider. This service improvement had resulted in a Health Service Journal improvement Award was for 'Best Acute Sector Partnership with the NHS'.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, 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 ensure all staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. (Regulation 18 (2) (a)).
- The trust must improve the culture and ensure all staff are actively encouraged to raise concerns and improve the quality of care. (Regulation 12 (1) (2i)).
- The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. Regulation 17 (2)(b).
- The trust must ensure that all incidents investigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly. Regulation 17 (2) (b) (e) ).
- The trust must ensure it works collaboratively with system partners to improve category 2, 3, 4 response times. (Regulation 12, (1) (2) (a) (i)).
- The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. (Regulation 17, (1) (2) (a) (b)).

# Our findings

- The trust must ensure it seeks and acts on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving services. (Regulation 17, (2) (e)).
- The trust must collect and analyse the End of Life (EoL) calls and share the analysis with ICS stakeholders, with the objective of reducing the needs for unanticipated EoL care by emergency and urgent care services (Regulation 17, (1) (2) (a) (b) (c) ).

## The trust should consider:

- The trust should ensure it provides appraisals and continuous professional development to all staff.
- The trust should ensure blood glucose (sugar) machines are calibrated.
- The trust should consider how to recruit to staff vacancies.
- The trust should consider how to improve communication and relationships between staff and senior leaders.
- The trust should consider a consistent approach in the management of ambulance response to categories 2, 3 and 4 calls.
- The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
- The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale.
- The trust should consider how to improve engagement with staff.
- The trust should consider how to improve engagement with patients.
- The trust should better understand the role of the FTSUG to improve the speak up culture.
- The trust should consider how to drive the improvements needed to achieve key performance indicators on clinical call back times, call abandonment rates and call response times in 111.
- The trust should continue working towards supporting the workforce in order to reduce the pressure and improve staff morale.

## Is this organisation well-led?

Our rating of well-led went down. We rated it as inadequate.

### Leadership

**Leaders had the skills and abilities to run the trust. However, they did not always understand or manage the priorities and issues the trust faced. They were not visible and approachable and did not act in line with the trust's own values when staff raised concerns. Staff were not supported to develop.**

Leaders had the experience and abilities to lead effectively. However, the current leadership style and relationships in the executive team were not operating effectively or cohesively. We recognise the significant impact the Covid 19 pandemic had on healthcare organisations. As a result, the trust was operating a control and command style of leadership. However, we were told there was an imminent plan to move away from this leadership style as a result of the known and inherent risks of a command and control culture. The organisation were still trying to address the concerns outlined in the 2017 Lewis report in relation to this leadership model.

# Our findings

Staff knew who their leaders were. However, staff did not feel they were empowered to make decisions or lead in a progressive or constructive way. Staff told us decisions were made in isolation by a small number of individuals rather than using the expertise, experience and clinical knowledge in the organisation. Decisions were frequently made outside of the trust's own policies, governance and risk systems.

Communication at all levels was poor. Staff provided us with many examples including email trails showing key decisions and changes were not always communicated effectively in the executive team, or amongst the senior leaders or their teams working at core service level.

Leaders were out of touch with what was happening on the front line, and they were not always aware of the challenges in the service. We found many examples of staff raising concerns relating to the challenges they faced that went unaddressed. Not all executives were able to demonstrate a knowledge of what was happening at core service level.

Leaders were not always clear about their roles and their accountability for quality. There was insufficient challenge at executive and senior levels. We saw a wide range of committee and subcommittee meeting minutes which failed to provide assurance of enough challenge or healthy debate in these forums. There was a perception of a 'power imbalance' at executive level that posed a potential organisational risk. We were aware relationships in the executive team were sometimes fraught. This had an impact on the executive's ability to work as a cohesive team but also had an impact on leaders within their individual core services. Whilst the trust had recently recruited a small number of new executives there was still a risk of legacy behaviours affecting the cohesiveness in the wider executive team.

Staff were not supported to develop. The recent pandemic had a significant impact on the trust's ability to support staff to train and develop. Many staff were promoted into leadership roles but were not provided with the necessary training to support them in that role. Mandatory training rates throughout the trust were low. Annual appraisal rates were also low. There was a recognition that training, development and annual appraisals were important at all levels. As a result the trust were in the process of addressing how to manage this given the current demands on the service. However, a formal recovery plan had yet to be signed off by the board.

CQC carried out an Emergency and Urgent Care and Emergency Operations Unit staff survey before inspecting the trust. Staff were provided with a free text box to make comments about issues important to them. Many staff told us they were worried about the cultural decline in the organisation and referred to the senior leadership as 'dysfunctional'. Most staff we talked with during our inspections gave us a similar message.

Leaders were not visible and did not act in line with the trust's own values when staff raised concerns. Staff told us their senior leadership team were not visible and some went as far to say leaders were not approachable. Many staff described a 'disconnect' between the executive team and the staff delivering care. Staff felt raising concerns was futile and would negatively impact their future careers if they continued to bring concerns to the attention of the senior leadership team.

We reviewed the personnel files for four members of the executive team. Appropriate checks had been carried out in accordance with 'Fit and Proper Person' requirements. The executive team had an appropriate range of skills, knowledge and experience.

During the pandemic some members of the executive team went out to meet staff and support welfare initiatives. This included but was not limited to providing food and drinks to staff who struggled to get meal breaks and the medical director worked alongside crews.

# Our findings

## Vision and Strategy

**The trust had a clear set of values and were developing a new operational change model. The new operational model was not developed with input from staff, patients or other key stakeholders. The operational change model was focused on the sustainability of services and to some degree was aligned to local plans within the wider health economy, however it was not incorporated in the trust strategy.**

The trust values were, taking pride, demonstrating compassion and respect, acting with integrity, assuming responsibility and striving for continuous improvement. There were firmly embedded in the trust.

The new operational change model, was known as Better by Design (BDB). The change programme was felt necessary to support improvement to make the trust 'Best placed to care, the best place to work': and to be a better partner in the wider NHS system. BDB had three main aims, the delivery of timely patient care though delivering response targets, becoming an outstanding organisation as measured by CQC and patients and improved long-term resilience. The programme also had three guiding principles to guide change: these were 'getting it right first time, standardisation of tasks and processes and strategic alignment'. The BDB framework also focused on seven additional key areas to drive service improvement. BDB had the potential to bring about positive changes, however, it also carried a significant risk to the organisation due to the potential gaps and weakness that undermined its credibility. For example, people who use the service, staff expected to deliver key changes and trust governors were not engaged in its creation or development. All staff we talked with had heard of BDB. However, we spoke to many staff, at all grades and no one could tell us what Better by Design was, how it would impact them and what it meant for patients. Many staff told us they spent the last 12 months feeling worried about their job security because they simply did not know what BDB would mean in practice. At the time of inspection, the trust had not updated their strategy to incorporate the BDB framework and staff had not received any information about the change programme. The operational change model was only one strand of the better by design programme.

The organisational strategy was due to expire in 2022. The current strategy outlined how the trust ensured the provision of safe, quality care. The pandemic meant service delivery changed and the trust's scope broadened to ensure it could meet the overwhelming demand. The challenges led to an improved focus to system health care delivery. The trust became a vital partner and key support to other stakeholders as a result. It also brought about new and interesting ways of delivering a service. It led to improved healthcare pathways, cohesive system working and career development. However, there was also a potential risk to the trust given the task to meet the vast needs and expectations in the system particularly given the risk related to category three and four response delays. Staff were very proud of what they achieved during the last two years. However, many staff we talked to told us they were unsure of what their roles had become and felt the lack of an updated strategy was problematic.

The trust recently developed an Executive Director of Planning and Business Development role. Whilst in its infancy, this role was having a positive impact on the trust's ability to translate data into real time service planning, delivery and organisational strategy. We found proactive system development to capture live data that could be used for system planning based on population health.

The trust recently launched a Green strategy. The trust had invested in electric vehicles which were already in use. There was a range of other green initiatives all aimed at reducing the trust carbon footprint.

# Our findings

## Culture

**Not all staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. Not all staff felt they could raise concerns without fear of reprisal, and when concerns were raised, staff felt they were not listened to. There were low staff appraisal rates. The service had made some progress in promoting equality and diversity in the organisation.**

The executive team told us they ensured a fair and just culture. Executives felt they role modelled a compassionate leadership style. The executive team described the culture of the organisation as 'good'. However, staff did not feel this was the case. It was clear from the trust and CQC surveys and the number of whistle-blowers we talked with there was a potentially closed culture developing. Staff told us they feared reprisal for raising concerns. When we asked staff to describe the culture of the trust the word 'toxic' was frequently used. This was a marked deterioration since our last inspection.

We found low levels of staff satisfaction and high levels of stress and work overload. Much of this related to the burn out from the pandemic. However, this also related to the challenges staff felt when trying to raise concerns. Staff told us about their frustration and disappointment when potentially serious concerns went unheard. Many staff turned to their Freedom to Speak Up Guardian (FTSU) guardian and Union representatives for support. However, it appeared these avenues of escalation were also futile.

We found high levels of bullying and harassment, inappropriate sexualised behaviour and a high number of open grievances. The trust reported reducing the number of grievances from 200 to 70. Staff raised concerns about grievance processes and the introduction of policies that may unfairly discriminate against different groups of staff.

The organisation employed in excess of 4,500 staff but only had one Freedom to Speak up Guardian (FTSUG). This role was greatly under resourced given the number of staff and the volume of contacts. The role of the FTSUG was poorly understood by the executive team. There was a widespread perception the FTSU function only related to patient safety issues. During interviews we were told more than once the FTSU role was a 'victim of its own success' and many of the issues raised 'did not concern' a FTSUG. Staff at all grades told us they contacted the FTSUG to raise concerns when they did not feel listened to or where their concerns were not taken seriously. These concerns related to patient safety, bullying and harassment, lack of meal breaks, inappropriate sexualised behaviour, wellbeing and work-related HR concerns.

As a result of a lack of understanding of the role and remit, many concerns raised by the FTSUG were not addressed.

We found good collaborative working between the FTSUG and union representatives. There were obvious trends and themes in the concerns raised by the unions and FTSUG. These did not appear to be recognised or responded to in line with the trust own policies, values or behaviour framework.

The CQC and trust staff surveys indicated worrying levels of concerns relating to the culture of the organisation. We were concerned the trust was reverting to 'normalising' many of the concerns raised. Staff told us the culture was 'not as bad as it was', which may indicate a potential acceptance of the cultural decline.

The trust recognised the risk of inappropriate sexualised behaviour. In 2021, an audit was undertaken into all allegations following a rise in reported cases. As a response to the report the trust had recently launched a sexual safety at work programme and have sought volunteers to support the development of a campaign. However, at the time of the

# Our findings

inspection many staff were unaware of the programme. Not all staff felt that when concerns relating to inappropriate sexualised behaviours were raised, they were always heard, understood or tackled equally across all levels of the organisation, with the approach being that issues were either 'clumsy, creepy or criminal'. As a result, there was a risk that behaviours judged by those not affected could be deemed 'clumsy' and not appropriately addressed.

The trust had an award-winning wellbeing hub. The hub was established to provide a wide range of support to staff, who all recognised the invaluable support the hub provided. However, many expressed fears about its current capacity and future in the organisation when BBD was launched. Themes from concerns and support provided was not formally monitored. As a result, there was missed opportunities to use the information to from themes and trends to support cultural improvement. For example, high numbers of staff who used the service reported excessive stress and bullying and harassment. This was not formally being captured or used to address the underlying issues. A recent review had been carried out to assess the value of service provision which reported the service provided value for money to the trust through the staff support it delivered.

The trust was making progress with the equality, diversity and inclusion agenda. However, there was a perception not all executives were fully committed to this work. The trust monitored their workforce data in relation to the protected characteristics as defined by the Equalities Act 2010. The trust was in the process of developing a live database capable of monitoring all aspects of diversity for example, training, talent management and turnover. However, we identified an imbalance that meant the work focused more on staff inequalities rather than patient inequalities. The trust acknowledged more work was needed to meet its requirements for staff and patients.

## Governance

**The trust did not operate effective governance processes. Staff at all levels were unclear about their roles and accountabilities. The weak governance processes meant the trust missed opportunities to learn and improve performance.**

The governance systems at the trust were not operating in a way that protected patients or staff. The systems failed to assess, monitor and drive improvement in quality and safety. The processes were complex and poorly understood. There was a range of sub committees that fed into the governance system. However, these systems and processes lacked clarity and did not work effectively. Sub committees were inconsistent and lacked a focus on quality and service improvement. Executives felt there was discussion at board about quality, however a review of board and sub committee papers did not demonstrate this clearly.

We found a lack of clarity about who had the authority to make decisions. The trust was using a 'bridged governance' approach during the pandemic. As a result, key decisions appeared to be made by a few key individuals. This was a potential risk as important decisions were made in isolation of constructive challenge or healthy debate despite the wealth of experience in the trust. Staff were unable to explain how this approach worked. Staff and their managers were not clear about their roles or accountability during this time. Staff were unsure of who's direction to follow when key decisions were made that did not follow the expected scheme of delegation or current trust policies.

The Director of Finance (FD) was supported by an experienced finance team led by the Associate Director of Finance. Whilst the FD reported that the Trust was reviewing its offer to improve retention of finance business partners, the team was generally well staffed and had low turnover. The inspection team noted evidence of good financial governance discipline in respect of financial accounting. The Trust had undertaken significant work over the last five years to improve the financial control environment and had updated its standing orders and standing financial instructions. The business case process had been updated and the Trust was in the process of reviewing it to ensure that it added value without being unnecessarily bureaucratic.

# Our findings

The trust had an external company to assist with an independent financial assessment. They issued an unqualified audit opinion and a value for money conclusion in 2021 and did not identify any significant weaknesses in the Trust's financial systems. The trust also had a team to provide internal audit function. There was evidence that the Trust has good and constructive working relationships with both internal and external audit firms.

The Trust developed a draft plan for 22/23 with a stated deficit of £39.9m which is 14.6% of turnover. There was a consistent recognition of the financial challenges. There was evidence of good financial understanding at board level, but the board papers did not fully reflect the financial sustainability challenge and the Trust's response. As a result, it was not possible to be assured of a well-developed plan to return to a financially sustainable position. The Better by Design strategy was frequently cited as a key part of the Trust's response. However, this was in the early stages of development and the external financial environment was frequently referred to as the source of the Trust's financial challenge.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance, although there were times when this was not effective. While known risks were identified and high-level risks were escalated with identified actions to reduce their impact, there was variability in the way risks were identified, recorded and mitigated, with some known risks being unmanaged.**

The trust operated a risk register. However, the information we reviewed did not provide sufficient assurance the entries reflected the true risk or had appropriate mitigations. The trust had a risk management policy and procedure which covered the process for recording the closure of risks.

However, staff could not confidently tell us the frequency or process used to review risks. Risks were described as having 'disappeared' from the register with no formal record kept of the decision to delete/remove entries. There was no communication with the staff groups the risks affected. The trust operated a Board Assurance Framework (BAF). The BAF should bring together the information on the organisational risks to the trust's strategic objectives. The trust executives felt the BAF risks were linked to the trust strategy. However, the inspection team did not see how BAF was not linked to the trust strategy or objectives, and the BAF did not reflect the true risks in the organisation at the time of the inspection.

Risk, issues and poor performance were not always dealt with appropriately or quickly enough.

We saw many examples of key concerns being raised that were not dealt with or not given necessary priority. For example, in June 2021 the Association of Ambulance Chief Executives (AACE) requested all ambulance trusts in the country to make changes to the management of 999/111 stacks. These changes related to patients presenting with overdoses and the potential threat of suicides being upgraded to a category two call to minimise the risk of a long wait. The AACE request to automatically transfer unvalidated 111 calls to the 999 queues for category three and four call after 30 minutes in the 111 stacks. We asked for assurance this request had been carried out. We were told the trust went live on the 26 October 2021 and the final upgrade to iron out issues was implemented on the 16 March 2022. Computer aided dispatch (CAD) functionality was developed to provide automation of auto-dispatch. The trust told us 95% of all cases were validated within a 30-minute timeframe. However, we were not provided with the audit data or the timeframe the audits were carried out. We requested additional information to show the workaround was reviewed through the trust governance and risks processes. We also asked for a better understanding of the time taken to address the request. However, we were not provided with the necessary assurance that the risks to those waiting were being sufficiently managed. User acceptance testing and full impact analysis within 999 has not been completed at this stage, which is required in accordance with the Trust full Risk Analysis **Page 49** implementation of new CAD functionality.

# Our findings

The trust carried out serious incident and harm reviews. However, the quality and learning from these was inconsistent. There were missed opportunities to identify trends and themes. The learning identified was sometimes weak. When learning was identified it was not always shared with staff. There was an absence of audit processes to check if identified changes were embedded or were keeping people safe. We saw some obvious trends and themes relating to medicines management and failed dispatch which had not been identified or addressed. We were also not assured the level of harm was always correctly identified.

There were low levels of confidence in how incidents were managed. The trust was not proactively learning to prevent incidents recurring. There was a back-log of 1500 incidents on the incident reporting system. There were incidents that had been reported but not addressed as not all staff identified as incident handlers had been trained to review them. Some staff did not always report incidents because they felt there was 'no point'. Where staff did report incidents, they did not always receive feedback to evidence that learning had occurred as a result.

The pandemic placed an increased pressure on the trust to manage capacity. We had serious concerns about patients categorised as a three or four call (categorised as those requiring non urgent assistance). The clinical risks of those waiting was not always appropriately managed as there were insufficient numbers of practitioners employed to monitor the clinical risk in the stack. Staff in this role showed high levels of stress due to their inability to manage the risks given the number of patients. Many staff told us how upset and worried they were about patients experiencing long waits. Staff gave us examples of attending calls where patients' conditions had deteriorated whilst waiting. However, this was not always formally recorded as an incident. Staff also told us of calls attended where an ambulance was not necessary. This placed an unnecessary pressure on an already stretched service.

There were insufficient staff in the safeguarding team to manage the safeguarding function. This was identified as a potential risk to the organisation. Safeguarding policies were not in date. There was no risk assessment to mitigate the risk of out of dates policies. However, we saw evidence of functioning safeguarding processes that protected patients from the risk of abuse. Examples included identifying a sudden rise in calls from a care home for patients with breathing difficulties. The trust proactively reviewed all the calls and raised a safeguarding with the local authority.

There were several risks relating to medicines management. The pharmacy team did not have enough resource to manage a service of its size. The Medicines team received approximately 100 incident reports a month relating to medicines management. There were insufficient resources to manage these. Where serious incidents occurred that related to medicines, the team were not always informed in a timely way. A significant number of Oxygen and Entonox cylinders could not be accounted for. The trust was not fulfilling its duty to safely manage medical gases.

Paramedics did not have their competencies assessed to supply or administer specific medicines. Patient Group Directions (PGDs) provide a legal framework allowing some registered health professionals to supply and/or administer specified medicine. There were risks associated with the lack of training and competencies-based assessments. The trust was mitigating the risk by using a competency-based questionnaire and had recently introduced an eLearning PGD module. Paramedics could self-assess their own competencies.

During the pandemic the trust recognised a need to adapt service delivery to meet the needs of patients who may require End of Life Care (EoLC). This cohort of patients did not always have advanced care planning in place, and other providers did not have capacity to be responsive to their individual needs in a timely way. The trust ensured these patients received timely care at home. However, the trust was not comprehensively collecting or analysing the End of Life (EoL) calls/attendance and sharing the analysis with ICS stakeholders, with the objective of reducing the need for emergency and urgent care services to deliver predictable EoL care.

# Our findings

There was also a risk relating to medicines pouches. The trust held data that showed a potential 10% harm to patients. However, the trust had yet to set out its objectives to address this risk.

The pandemic had affected the trust's audit cycles and schedules, with many being put on hold or stopped. Full auditing processes had only just been recommenced. There was continuous monitoring of national performance statistics, but service quality did not have the same level of scrutiny.

The trust had put in place a strategic and tactical in response to the COVID-19 pandemic. This was focused on three key areas: to manage demand, increase capacity, and system working. The service had been at REAP level 4 (extreme pressure) since July 2021 and this was only reduced to level 3 ('severe pressure) in January 2022. A recovery plan was being developed to show how the trust would support both colleagues and our patients moving forward.

## Information Management

**The trust collected data and analysed it. Data was used to understand performance and make decisions. However, data was selective and was not always used in a way to improve services, quality or safety.**

The trust was well on its way to becoming a digitally mature organisation. There was record investment in IT infrastructure to future proof the organisation. There was an embedded electronic records system. All crews had access to handheld devices which were password protected and designed to capture data in real time. The devices meant staff could report incidents and safeguarding concerns in real time without having to report to their base. Information was kept confidential and stored securely.

The service used a computer-based system to plan to use long-term data and analysis of demand and in response to the changing needs of a system or community.

## Engagement

**Leaders did not actively and openly engage with patients; However, the trust had changed how it collaborated with partner organisations to help improve services for patients in the wider healthcare system. Staff engagement had notably worsened since our last inspection**

The trust had a Patient and Family/Carer Experience Strategy 2020 – 2025 which was developed in collaboration with stakeholders. The strategy helped identify what the trust did well in addition to areas requiring improvement. There was minimal engagement with people who use services in the development of that strategy. However, patient stories were presented at board meetings. This was in line with national guidance and provided a patient's perspective of using services.

Staff engagement had notably worsened since our last inspection. Whilst the challenges during the pandemic will have impacted this, this is not the sole reason for the decline. Staff at all levels reported feeling disconnected from the senior leadership team.

There were twice weekly conference calls open to all staff, on a Monday and Friday. These were used to discuss current and projected operational concerns, trust updates across and any other new and important information. These meetings gave staff the opportunity to ask questions or give feedback. However, staff told us they were not able to attend these as they were too busy. Operational bulletins were also used to communicate with staff.

# Our findings

The workforce at the trust was highly unionised. Relationships between the union representatives, Human Resources and the executives appeared strained. There was much work needed to ensure all parties worked collaboratively to ensure fair, transparent and productive ways of working that incorporated staff voice.

The trust had become a more outward facing organisation and had used the pandemic to improve its visibility, influence and focus in the local system. We saw improved levels of engagement with other key stakeholders and greater partnership working, especially in times of extreme system and national pressure.

## **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. The command and control approach in use stifled innovation in the organisation. Staff did not feel empowered to innovate or improve working practice.**

Most staff felt unable to engage in improvement or innovation, citing reasons such as the control and command culture coupled with the continued challenges of delivering the service.

The Executive Director of Planning and Business Development work programme was having a positive impact on the trust's ability to translate data into service planning, delivery and organisational strategy. We found proactive system development to capture live data that could be used for system planning based on population health. The trust was using real time data to predict surges in activity. Dual trained staff were then redeployed to the surge areas. The trust was using data to proactively manage high demand.

Some staff had been dual trained in responding to 999 calls and 111 calls. This allowed a more flexible approach to managing the staffing needs of both elements.

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
Not rated	Not rated	Not rated	Not rated	Inadequate Jun 2022	Not rated

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
South East Coast Ambulance Service NHS Trust Headquarters	Good Aug 2019	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Overall trust	Not rated	Not rated	Not rated	Not rated	Inadequate Jun 2022	Not rated

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.

### Rating for South East Coast Ambulance Service NHS Trust Headquarters

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good Aug 2019	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019

### Rating for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Emergency operations centre (EOC)	Requires Improvement ↓ Jun 2022	Requires Improvement ↓ Jun 2022	Good ↔↔ Jun 2022	Requires Improvement ↓ Jun 2022	Requires Improvement ↓↓ Jun 2022	Requires Improvement ↓ Jun 2022

Overall ratings for ambulance services 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.

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

22 SEPTEMBER 2022

## SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Emma Williams, Executive Director of Operations  
Author: Ray Savage, Strategic Partnerships Manager (SECamb)

### Executive Summary

The Trust during the past few years has been inspected by the Care Quality Commission on three occasions. In 2017 the published report, following inspection, recommended that the Trust be placed into special measures. Subsequent inspections in 2018 and 2019 acknowledged the progress that the Trust had made in addressing the concerns raised in 2017 and due to this progress, the Care Quality Commission recommended that the Trust came out of special measures and have an overall rating of 'good' recorded.

The inspection carried out during February 2022 and the final report published in June 2022, saw the formal rating of the 'well led' domain reduced from 'good' to 'inadequate', with the Chief Inspector of Hospitals making the recommendation to NHS England and NHS Improvement that the Trust be placed in the Recovery Support Programme and as a result, the Trust has had its ratings suspended.

Through the Recovery Support Programme, the Trust will receive intensive support from NHS England to help it improve and the Trust must set out clear actions and objectives on how it will bring its services up to the required standard.

It is important to note that throughout the inspections 2017 – 2019 and the most recent one in February of this year, the Care Quality Commission has always reported the care which staff have demonstrated when treating patients has been 'good' or 'outstanding'.

However, following the findings in the recent publication of the Care Quality Commission's inspection and the results of the NHS Staff Survey, the Trust's Leadership Team has set out the key priorities for the year, including building a culture that reflects the Trust's values, supports its vision and ensures the satisfaction and wellbeing of its people as well as embedding quality improvement.

In June 2022, the Trust also announced the appointment of an Interim Chief Executive, Siobhan Melia, following the resignation of Philip Astle. Siobhan joins the Trust from the Sussex Community NHS Foundation Trust where she was the Chief Executive and formally took up her position with the Trust in July.

### 1. Care Quality Commission (CQC) Inspection February/March 2022

1.1. The CQC undertook a focused inspection of the Trust, concentrating on the domain 'well led'. This is one of five domains that are normally inspected. The remaining four were not formally inspected for the Trust as a whole, however, the inspectors did review the Emergency Operations Centre and NHS 111 service as a part of a wider inspection into the urgent and emergency care services across Kent and Medway.

- 1.2. Overall, the findings from the inspection of the Trust's 111 service found that it had good systems in place to manage risk and learning took place when incidents happened to improve process. It was evidenced that the effectiveness and appropriateness of care was regularly reviewed, and staff treated people with dignity, respect, kindness, and compassion. There was also a focus on continuous learning and due to the nature of this integrated service, patients were able to access care and treatment to meet their needs.
- 1.3. It was acknowledged that some of the key performance indicators were not being met e.g., clinical call back times, call response times and call abandonment rates. However, for 111, the overall rating stayed the same as the previous inspection and was rated as 'good'.
- 1.4. The inspection of the Emergency Operations Centre (999) highlighted numerous concerns. Some of these concerns were: staffing levels along with staff training and development; lack of senior management visibility/support; non-completion of statutory and mandatory training as well as a low number of appraisals. Incident management was also a concern with incidents not being investigated within an appropriate timeframe and little or no feedback was being given, following an investigation to the wider workforce.
- 1.5. Leadership at a local level was found to be supportive of staff and staff treated patients with kindness and compassion as well as staff working together to meet the needs of patients despite the pressures of activity. Staff also assessed risks to patients and acted on them ensuring that patient records were kept.
- 1.6. The CQC did acknowledge the steady growth in call volume that has not been met with equivalent workforce growth, combined with increased levels of staff absenteeism due to sickness and delays in ambulance crews handing over their patients at emergency departments have all reduced the service's ability to respond to patients in the community and therefore not meet its response time targets. It recognised the pressure that this was creating for staff when there were calls outstanding with no immediate resource to send.
- 1.7. The rating for this part of the service was 'requires improvement'.
- 1.8. Some of the areas of concern that the Trust-wide inspection highlighted were:
  - Leadership experience, capacity and capability was evident however the executive team did not work as effectively as needed
  - A disconnect between executive and senior management and staff, leading to a lack of awareness of the challenges that front line staff were facing
  - Leaders did not demonstrate the Trust's values
  - Levels of bullying and harassment and inappropriate sexualised behaviour
  - Governance systems not working as they should in order to protect staff and patients
- 1.9. Some of the areas that the CQC reported positively against were:
  - The wellbeing hub providing invaluable support to staff
  - The progress being made within the equality, diversity, and inclusion agenda
  - The maturity of the digital programme and the investment into the IT programme

- As a result of the pandemic the Trust had improved its visibility within its operational geography
- 1.10. Despite the concerns raised, the Trust was pleased that the excellent care provided by staff towards patients was recognised and satisfied with the acknowledgement that staff are compassionate and have a supportive approach to those accessing both 999 and 111.
  - 1.11. Following the results of the staff survey and the subsequent high-level feedback from the CQC prior to the formal report being published, the Trust promptly embarked on an action plan and improvement programme.
  - 1.12. The CQC undertook an unannounced urgent and emergency care and resilience inspection on the 26<sup>th</sup> July. Verbal feedback was given following the inspection and for the two key points raised, actions to address these were already being covered in the Improvement Journey to address the point.

## **2. Trust Priorities and Improvement Journey**

- 2.1. In its acknowledgement of the findings highlighted in the CQC report and the results of the NHS Staff Survey the Trust is committed to making improvements.
- 2.2. The Trust's plan is to deliver short-term targeted actions that will address the CQC warning notices, must-do and should-do actions, as well as providing a vehicle for the delivery of improvement beyond the initial period of recovery.
- 2.3. It has identified six key themes that urgently require addressing:
  - SECAmb is not the great place to work that the Trust wants it to be
  - A lack of consistent vision and direction of travel
  - Trust in the Leadership Team is lacking
  - Lack of a 'Quality' thread across the organisation
  - Disconnect between Leadership and the rest of the Trust
  - Significant concerns raised over culture
- 2.4. In response to these concerns the Trust has developed four pillars for its Improvement Journey (Appendix A):
  - Quality Improvement
  - Responsive Care
  - People and Culture
  - Sustainability and Partnerships
- 2.5. Each of the four pillars will be led by a Trust executive:
  - Quality – Robert Nichols, Executive Director of Quality and Nursing
  - Responsive Care - Emma Williams, Executive Director of Operations
  - People and Culture – Ali Mohammed, Executive Director of Human Resources and Organisational Development

- Sustainability and Partnerships – David Ruiz-Celada, Executive Director of Planning and Business Development

2.6. The Trust Board recognises that the Improvement Plan will develop over time and that actions will need to be transformational and sustainable. It recognises that some of the actions will be required to be delivered at pace and, as a result, the Trust has already begun a process to create capacity through portfolio working and recruit additional resources to support the delivery of the plan.

2.7. The Board also recognises that there must be a ‘zero’ tolerance to inappropriate behaviours, this must be called out and the Trust’s Board members need to demonstrate the Trust’s values though out all they do.

2.8. To highlight some of the work already in progress:

- Quality Improvement: “We listen, we learn and improve”
  - A review of Terms of Reference and quality governance structure had already begun when the report was published
  - All policies that are due for review will have a sustainability section embedded
  - The Trust has also aligned its Integrated Quality Report (IQR) to ensure that the focus is on patient service, people, and sustainability.
  - The development of a quality dashboard to be completed by October 2022 which will aim to focus on the triangulation of quality information with workforce financial information, colleague well-being information and patient quality outcomes
  - The internal Quality Summit is a first for the Trust with a focus on reviewing the whole patient journey, identifying any risks, particularly when there is significant demand being placed on the Trust and working with system partners to find solutions. This will involve local NHS partners, NHS England and IC24
  - Sub committees feeding into the four pillars will be carrying out ‘deep dives’ to ensure that there is appropriate Board scrutiny of the impact and challenges being faced and that the improvements required can be delivered
  - Work has started to reduce the backlog of incidents and to ensure that any learning from outcomes is used to improve services. Since July, the back log has been halved and the aim is that by October all outstanding incidents will have been reviewed with key themes identified. The investigations into incidents create rich learning and it is recognised that the individuals directly involved in a Serious Incident will benefit from this learning, but the wider workforce does not. Therefore, work is in progress to communicate this learning with the wider workforce with the aim of preventing similar mistakes happening to others. This will be done through anonymised case studies.
  - The risk register has raised concerns around medicines management and a peer review is currently underway.
  - Each directorate has a Business Support Manager who will take on the responsibility for reviewing the risks logged on the risk register
  - Clinical input and a clinical voice are key to improvements in quality and while clinicians are already involved in serious incidents it is recognised that further clinical input is required and, therefore, the aim is to establish a clinical senate/advisory body to understand what medicines we have, how we use them, and how they work
  - The Trust’s Risk and Assurance Group has restarted

- The Trust is appointing a Quality Improvement Lead to support the delivery of the plan
- Responsive Care: “Delivering modern healthcare for our patients”
  - All band 5 to 7 managers (first line managers) have been or are enrolled on to the Fundamental’s course. The Fundamentals one day course is run by NHS Elect
  - Made @ SECAmb is another NHS Elect run course but targeted towards senior managers and will fully roll out in 2023
  - Comprehensive review of the Trust’s fleet: Is what we have right for the delivery of the service and the future demands it will face? (Consideration for type of resource required e.g., ambulances versus cars). The Fiat ambulances, based on a national specification have been a frustration to staff who have complained about a number of the features of this type of ambulance. The Trust has paused on the conversion of the latest batch of FIAT ambulances while it undertakes a review of the design specification
  - Review of the way in which ambulances are dispatched within the EOCs to improve decision making and how this impacts front line staff who are often experiencing shift overruns
  - Effective working with the Private Ambulance Providers (PAPs) to whom the Trust sub-contracts
  - Trust wide rota reviews with staff involvement. The rotas parameter procedure has been rewritten to improve both work life balance for staff and enable delivery of timely ambulance responses
  - Rota vacancies (workforce) is a significant concern
  - The current workforce plan needs to expand to encompass recruitment and retention, absence management and staff wellbeing. Front line staff attrition is seen as a significant risk
- People and Culture: “Everyone is listened to, respected, and well supported”
  - The leadership team has been working on improving their effectiveness in how they communicate and work with the wider organisation. Since June 2022, the Trust’s Board have undertaken over 100 site visits listening events to hear what staff are saying
  - During June, the Trust launched its ‘Until it Stops’ campaign to address the inappropriate behaviours highlighted in the CQC report
  - The CQC positively recognised the Trust’s provision of Health and Wellbeing Services and the work done on equality and inclusion. This gives the Trust an opportunity to build upon and test all that the Trust does against wellbeing and inclusion as principles
  - A focus on cultural change, core values, policies (previous point)
  - The fundamentals one day course is run by NHS Elect and the Trust’s Organisational Development team and is aimed at first line managers to equip them with the skills, tools, and knowledge to effectively lead and manage their teams.
  - Middle managers have been engaging with a programme to support their development in compassionate leadership and leadership capability
  - Communication with staff now has a focus on shortened e-bulletins with a focus on taking action when concerns are raised and using short videos to deliver key messages

- Collecting ideas and suggestions to empower local teams to drive improvement with local ownership
- The new specific email address gives staff the opportunity to submit feedback on the improvement journey
- Sustainability and Partnerships: “Developing partnerships to collectively design and develop innovative and sustainable models of care”
  - A part of mapping the patient journey during the Quality Summit, will be to evaluate the job cycle time and understanding how to be most efficient with our time spent with a patient
  - Using every resource available to the Trust in the most effective way
  - Improving Hear and Treat through effective telephone triage
  - Evaluating how the Trust works collaboratively with the Integrated Care Boards (ICB)
  - Accessing alternative pathways for patients that require an intervention in the community setting or direct conveyance to a hospital speciality (avoiding the Emergency Department)
  - Working with the acute trusts to improve ambulance handover delays
  - Working with ‘Arcadis’ (sustainability consultancy) as the Trusts moves toward a ‘net-zero’ carbon footprint
  - Developing a longer-term plan that accepts there will be ‘peaks and troughs’ and takes this into account with flexibility but maintains the direction of travel

### **3. Recommendations**

3.1 The committee is asked to note and comment on the update provided.

#### **Lead Officer Contact**

Ray Savage, Strategic Partnerships Manager (SECAmb)

#### **Background papers**

None



# What our Improvement Journey looks like



**South East Coast Ambulance Service**  
NHS Foundation Trust



### QUALITY IMPROVEMENT



- Better learning from incidents to improve what we do
- Future proofing our medicines management approach
- Creating a better system to identify and share risks and take action in response
- Listening more to our patients & acting on their feedback

### RESPONSIVE CARE



- Keeping people safe across the whole patient journey
- Using on-scene time effectively
- Safely enhancing virtual responses to appropriate patients
- Developing smarter dispatch processes
- Making sure we have the right resources in the right place to meet patient need
- Ensuring fleet and estates are right sized and fit for purpose

### PEOPLE & CULTURE



- Recruiting the colleagues we need to provide the right service to our patients and ensuring they feel supported to remain with us
- Demonstrating our values every day, with zero tolerance to poor behaviours
- Ensuring our colleagues have the right channels to raise concerns, including FTSU and that action is taken when they do
- Changing how we listen to and engage with our colleagues to improve how we work together

### SUSTAINABILITY & PARTNERSHIPS



- Focussing as much resource as possible on front-line care
- Progressing our plans to significantly reduce our carbon footprint
- Growing our voice within the wider NHS system to support improved patient pathways, reduce handover delays and develop new partnerships
- Developing a five-year plan to deliver sustainable, quality care which gives us a clear way forwards

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

**Date of meeting:** 22<sup>nd</sup> September 2022

**By:** Assistant Chief Executive

**Title:** Child and Adolescent Mental Health Services (CAMHS) update

**Purpose:** To provide the Committee with an update on the CAMHS service in East Sussex and the services for Children and Young People's Emotional Wellbeing and Mental Health.

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## **RECOMMENDATIONS**

- 1) The Committee is recommended to consider and comment on the report; and**
  - 2) identify if there are any areas it wishes to scrutinise further and add to the future work programme.**
- 

### **1. Background**

- 1.1. The Committee has a long-standing interest in mental health services for Children and Young People (CYP) and the Child and Adolescent Mental Health Service (CAMHS).
- 1.2. The Committee has expressed a particular interest in the specialist CAMHS services, and Members have received representations from residents about the waiting times for referrals to this service and in particular the time it takes for assessment and diagnosis to be undertaken for Autistic Spectrum Conditions (ASC).
- 1.3. The HOSC considered a report providing an overview of Children and Young People's Emotional Wellbeing and Mental Health services, which includes CAMHS specialist services, at its meeting in March 2022.
- 1.4. At the March meeting, the Committee requested a further update at its September meeting on CAMHS with particular emphasis on the progress being made to reduce referral and assessment waiting times for the various services provided by CAMHS and in particular those children and young people waiting for referrals and assessment from Autistic Spectrum Conditions (ASC), Attention Deficit Hyperactivity Disorder (ADHD) and eating disorders. Members also requested the report cover the use and impact of additional investment in CAMHS on service provision and performance.

### **2. Supporting information**

- 2.1. The report, which is attached as **Appendix 1** provides the requested update on CAMHS. It has been prepared by the Sussex Partnership NHS Foundation Trust (SPFT) and NHS Sussex, in consultation with the Children's Services Department of East Sussex County Council (ESCC).
- 2.2. This report is to update the East Sussex HOSC on the following areas:
  - The progress being made to reduce referral and assessment waiting times for the various services provided by CAMHS, in particular those children and young people waiting for referrals and assessment from ASC, ADHD and eating disorders.
  - The performance of the independent provider sourced to support with those waiting the longest for assessment.
  - The use and impact of additional investment in CAMHS on service provision and performance.

- Any details of further work done on transitions for Looked After Children (LAC), young people with special needs and those young people that are more vulnerable into adult services.
- Progress on the Mental Health Support Teams (MHSTs) in schools programme.

### **3. Conclusion and reasons for recommendations**

3.1 The report provides an update on the areas requested by HOSC at its March meeting. The HOSC will wish to consider whether there are any areas it wishes to scrutinise further and add to the future work programme.

**PHILIP BAKER**  
**Assistant Chief Executive**

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Report to East Sussex Health Overview Scrutiny Committee				
<b>Agenda item</b>	Update on Mental Health Service for children and young people in East Sussex	<b>Attachment</b>		<b>Data Quality Indicator</b> <i>Green/Red/NA</i>
<b>Date of meeting</b>	22 September 2022	<b>Format of Paper</b>		
<b>Title of paper</b>	Child and Adolescent Mental Health Services in East Sussex	Written	<input checked="" type="checkbox"/>	
<b>Author</b>	Rachel Walker, Operational Director	Oral	<input type="checkbox"/>	
<b>Executive Sponsor</b>	John Child, Chief Delivery Officer	Presentation	<input type="checkbox"/>	
<b>Committees where this item has been considered</b>				

EXECUTIVE SUMMARY				
<i>Please tick one</i>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Decision</b>	<input type="checkbox"/>
<p>In March 2022, a Child and Adolescent Mental Health report was presented to HOSC. An update report was requested with particular emphasis on the progress being made to reduce referral and assessment waiting times for the various services provided by Child Adolescent Mental Health Service (CAMHS) and in particular those children and young people waiting for referrals and assessment from Autistic Spectrum Conditions (ASC), Attention Deficit Hyperactivity Disorder (ADHD) and eating disorders.</p> <p>This report is to update the East Sussex HOSC on the following areas:</p> <ul style="list-style-type: none"> <li>• The progress being made to reduce referral and assessment waiting times for the various services provided by CAMHS, in particular those children and young people waiting for referrals and assessment from ASC, ADHD and eating disorders.</li> <li>• The performance of the independent provider sourced to support with those waiting the longest for assessment.</li> <li>• The use and impact of additional investment in CAMHS on service provision and performance.</li> <li>• Any details of further work done on transitions for Looked After Children (LAC), young people with special needs and those young people that are more vulnerable into adult services.</li> </ul>				

- Progress on the Mental Health Support Teams (MHSTs) in schools programme.

**Recommendation**

For the committee to note the report.

## 1. INTRODUCTION

We have previously reported to HOSC that, as a system, we are committed to providing a strong start in life for our children and young people. Our strategy is one for our whole population which should support the journey from birth to old age. This includes key objectives across prevention, integration and supporting transition:

- **Prevention:** Supporting a good start in life, including delivering a whole systems approach to healthy weight, and promoting emotional wellbeing and good physical mental health in children and families.
- **Integrated care:** enabling primary, community and acute services: Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis so that they can access services when, where and how they choose, embracing digital and social media.
- **Supporting transition to adult services:** A more joined-up multidisciplinary approach as our children and young people transition to adult services is essential for increasing independence.

Children and young people's services is a key priority for us as, and the wider system as we continue to work to support improved access to, and experience of services across Sussex, including East Sussex.

Our ambition is that by 2025, all people with mental health problems in Sussex will have access to high quality, evidenced-based care and treatment delivered by integrated statutory, local authority and third sector services that are accessible and well connected with the wider community, intervene as early as possible in someone's life journey to prevent mental ill health.

Our mission is that we will work together as an Integrated Care System, bringing together patient, statutory, third sector and local authority expertise, to design, develop, commission and oversee high quality, innovative and integrated care and treatment pathways for people with mental health problems.

Our published Foundations for our Future Programme and key transformation work programmes described in the Local Transformation Plan will support us to meet this ambition and deliver the requirements of the NHS Long Term Plan.

Within this context, this report relates to specialist Children and Adolescent Mental Health Services (CAMHS), provided by Sussex Partnership NHS Trust (SPFT). This is within the wider context of investment, improvement and system working within our integrated health and care system to address the increased need and complexity, exacerbated by Covid that we have seen locally, and reflected nationally.

SPFT provide specialist mental health assessment and interventions in a range of evidence-based modalities. The service also provides specialist assessment for Autistic Spectrum Condition (ASC), Attention Deficit Hyperactivity Disorder (ADHD) and Neurodevelopmental Disorders (ND). Interventions include both talking therapies and medication, noting ND Assessments and medication titration and review requires specialist training.

This constitutes provision for those children and young people with moderate and severe mental health presentations who would benefit from treatment from an evidenced based intervention. Mild to moderate emotional well-being and mental health services are provided by other partners within East Sussex and have been the subject of previous reports to the HOSC.

## 2. REPORT

The previous report to HOSC detailed the significant additional investment prioritised by Sussex into services for children and young people 2021/22, this represented an additional £2.4m for East Sussex. The majority of this targeted our CAMHS and Mental Health Support in Schools workstreams that are included in this report. For 2022/23, further additional investment forms parts of our plans across Sussex and we will continue to monitor and report on this.

The investment is targeted at delivering the NHS Long Term Plan and local priorities; addressing any underlying capacity gaps and increase access to services; responding to the challenges associated with the adverse impact of Covid-19 on our children and young people and service. We are particularly focusing on those children and young people waiting the longest, ensuring good access to eating disorder services, and better supporting young people in crisis.

The following gives information about the need we are seeing and the increase in referrals and complexity, together with the action we are taking to support this. We recognise there is more to do and continue to prioritise this work within SPFT and across the system as a whole, balancing the importance of access to services, managing risk and targeting our ability to invest further.

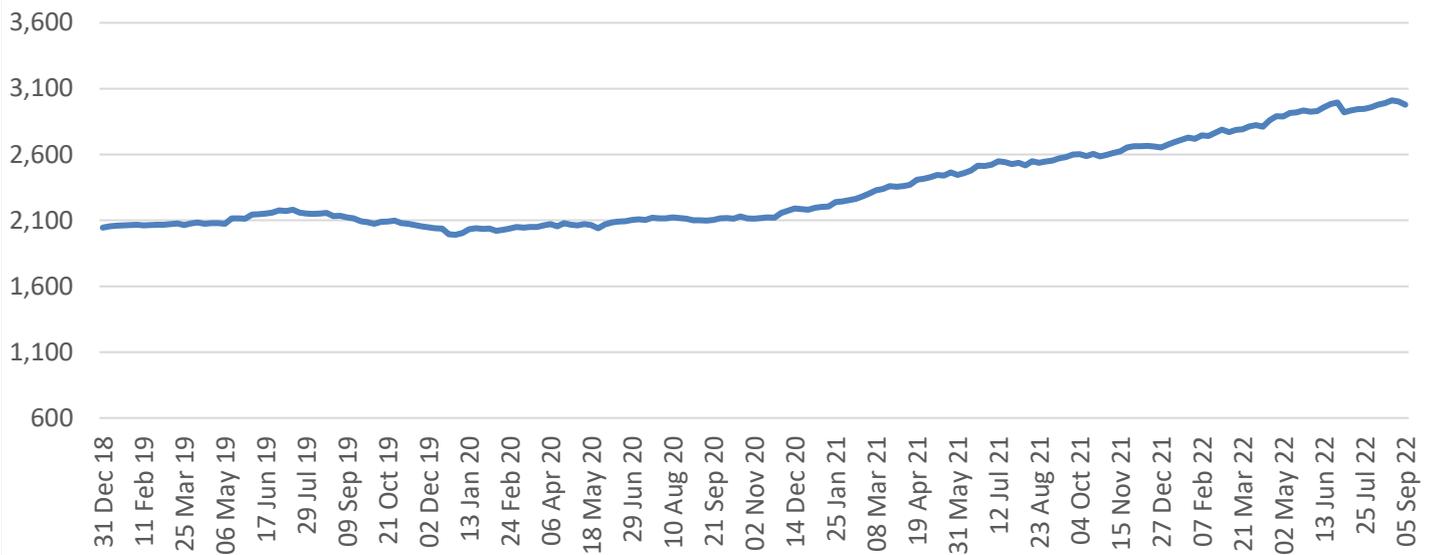
Specialist CAMHS provides a range of mental health direct interventions with psychiatry and medication where required as well as an urgent response where there is a mental health crisis services which include:

- Community targeted services for diagnosable mental health issues such as low mood, anxiety, depression, relationship with food, self-harming behaviour, PTSD, etc.
- Specialist services for vulnerable groups such as children in care, children with learning disabilities.
- Contribute to the diagnosis of neurodiverse conditions such as ADHD, ASC
- Urgent help Service for those in crisis, at risk of admission or stepping down from admission
- Intensive home treatment services
- Early Intervention psychosis (ages 14 to 65)
- Family eating disorder services
- Day services for those stepping down from inpatient admission
- Child forensic and adolescent mental health services (FCAMHS)
- Specialist inpatient services at Chalkhill.

Within this context, and the important context of the continued increasing need we are seeing within our children and young people's community, this report specifically details the current picture within CAMHS Services within East Sussex and the improvements we have been able to make since the last HOSC meeting in March 2022, with specific reference to key services, the need presenting, caseloads and our response.

**Open referrals have attended a treatment contact for their episode**

## Treatment Caseload Since 2019



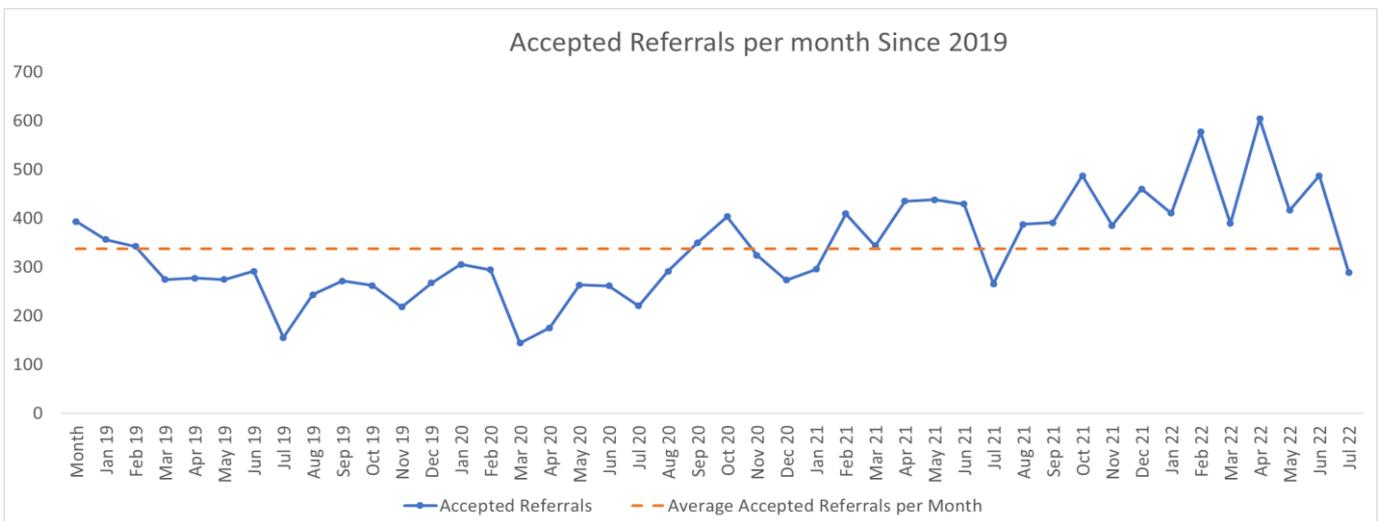
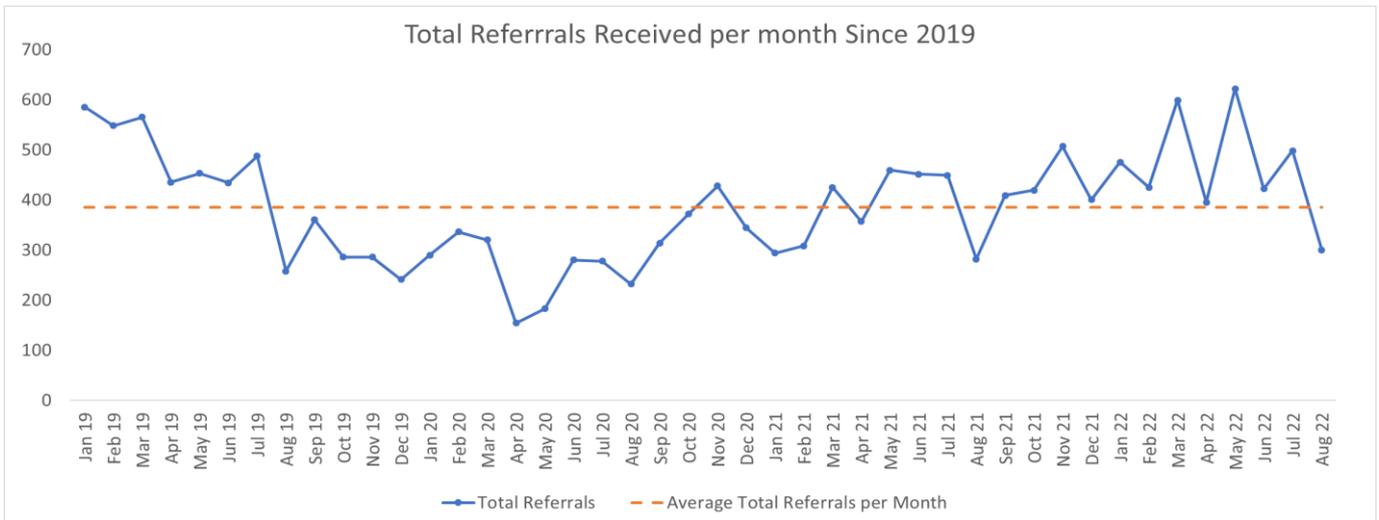
Month	Caseload	YOY Change
Aug-19	2,132	
Aug-20	2,102	-1%
Aug-21	2,547	+21%
Aug-22	3,003	+18%

This graph details the caseload for all young people who have been opened to our services and had at least one treatment appointment.

The total number of young people who are open to the service, waiting for treatment post assessment and waiting for an initial assessment is 6590 in August 2022.

This demonstrates the increase in caseload for the East Sussex CAMHS teams year on year, which represents a 29% increase since the pre-pandemic period. As a result of the increase a greater percentage of clinical time is occupied by providing treatment which impacts on the number of numbers of assessments which can be completed and removed from the waiting list. Post pandemic CAMHS has experienced an increased level of complexity - coupled with the increased numbers of referrals - meaning that we are having to treat more young people and for longer. There is evidence of COVID-19 suppressed demand within this caseload as some assessment/treatment interventions were not possible during the pandemic, such as ADOS assessments, the assessment method used for autism diagnosis.

## Total & accepted referrals



	Referrals Received per month	Referrals Accepted per month
2019	471	295
2022	467	454
% Change	-1%	+54%

Referrals accepted into CAMHS services from East Sussex has increased by 54% in 2022 compared to 2019 (Jan-Aug period only). Total referrals received is affected by the introduction of the SPOA in 2019.

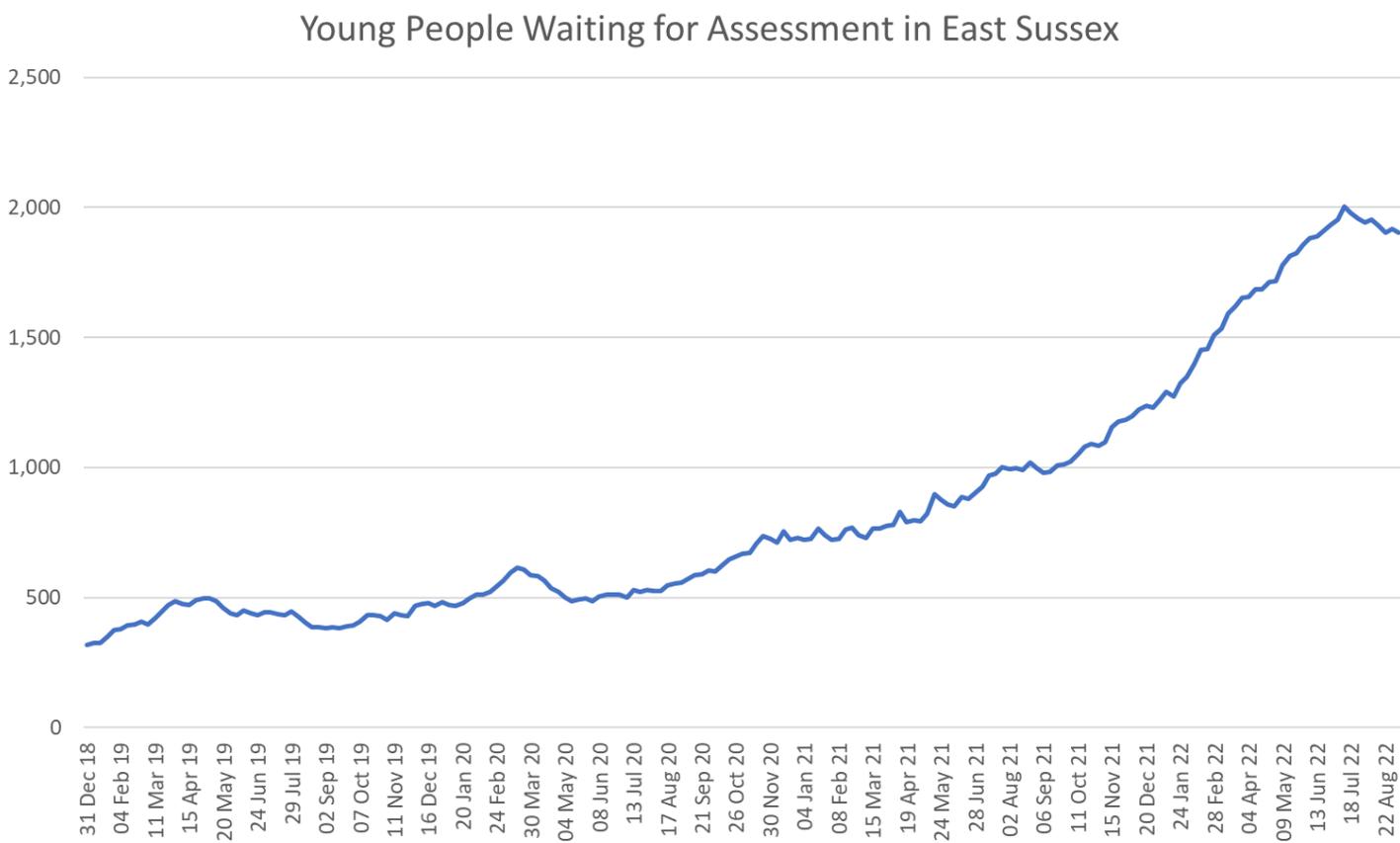
The number of referrals accepted has significantly increased. This is because it reflects the number that the Single Point of Advice (SPOA) have received and deemed appropriate for specialist

CAMHS. This improves the effectiveness of the pathway as CAMHS only receive referrals from the SPoA appropriate for their service with other referral supported through different services.

### Number of young people waiting for assessment

There are currently 1873 young people who are awaiting assessment. Young people are prioritised to ensure those needing to be seen most urgently receive the assessment and treatment they need. We aim to assess young people within 4 weeks and whilst this target is not consistently achieved, our work to prioritise need and develop our services continues within the context and resources available. As previously reported, those children and young people waiting the longest, including exclusively those over 52 weeks are awaiting a neurodevelopmental assessment.

### Young people waiting for assessment



Our service clinically prioritises those young people in greatest need and we review levels of concern and urgency of those young people we are unable to see immediately. Prior to accepting a child or young person, information gathered through the triage process supports prioritisation of cases to be seen. Working with partners in East Sussex, we have responded to any increase in specific needs of our young people. Where there has been an increase in concern, we have focussed resources to see young people earlier and highlighted any concerns to the relevant agencies. We also look at wider help we can offer and have delivered multi-agency, targeted help to vulnerable young people, including providing additional resources and focussed communications.

Once a young person has been accepted for assessment and treatment the service will contact the family to ensure they are aware of what to do if they are concerned about changes in their child's

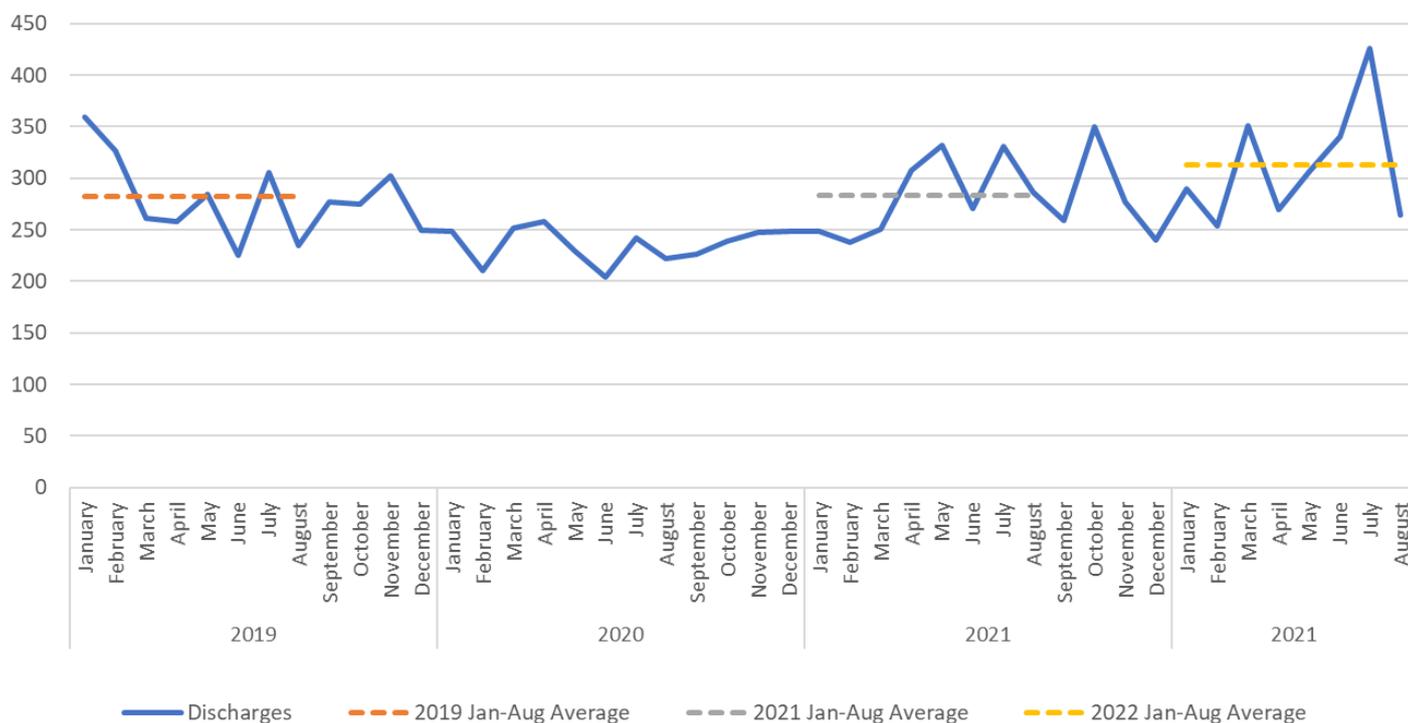
mental health. This will include speaking directly to a clinician. In addition, families are proactively contacted through a 'keeping in touch letter'.

To meet the Sussex wide aspiration to reduce the number of patients waiting more than 52 weeks for assessment and to transform the management, oversight and reporting of referral to assessment and referral to treatment waiting times Sussex Partnership established a waiting times transformation programme chaired by the Executive Team. The programme plan has taken forward improvements to reporting of waiting times, data quality improvement, clinical validation of over 5000 patient records, development of recovery improvement plans and associated trajectories and works closely with colleagues across the ICS to ensure the total elective recovery is accurate and understood. One key development has been the development of locality led weekly waiting times meetings which review the plans in place for patients waiting in excess of commissioned waiting time targets- this has resulted in resolution of over 300 patient pathways.

To address the significant increase in referrals to CAMHS in East Sussex, we have commenced a stepped care pilot in Hastings and Rother, with the intention to roll this out across the county over the next 12 months. This model will offer a family/carer information session to all new referrals, to provide information about our pathways and supporting their young person. Following an initial assessment, the majority of young people will be offered a trans-diagnostic evidenced based group intervention or Single Session Family work.

A review will take place post intervention and multi-disciplinary consideration will be given as to whether a more intensive specialist CAMHS provision is required. This model is being augmented with e-health supported brief interventions. The aim of the pilot is to provide more timely intervention to the majority of those referred to CAMHS whilst facilitating targeted intensive support to those with the most severe and/or complex presentations.

## Young people discharged following completion of treatment



The recent discharge rate is 11% higher than the same period in 2019

The number of discharges has increased. The service hold case review days to ensure that there is an ongoing need for treatment and to consider what support might need to be in place before a child/young people is discharged from the service. A transition lead has been appointed to manage transition to other services/agencies at appropriate times and to ensure good patient flow through the service.

### CAMHS Investment

Investment has been focused to support the increasing needs of children and young people in line with the aims of the NHS Long Term Plan for Mental Health. For the CAMHS service in East Sussex, the capacity of the CAMHS service has increased by 27%, (a total of 12.5 whole time equivalent staff). The vast majority of these staff are now in the new team. Further investment and transformation forms part of planning across Sussex within the context of continuing to improve access and experience for our children and young people. The neurodevelopmental pathway does require continued improvement as there are people waiting for assessment much longer that we would like. The following sections describe this in more detail.

### Neurodevelopmental Pathways

Significant work is underway across Sussex to address long waits within the Neurodevelopmental Pathway for all ages. This includes the development of a new all age pathway to improve the access and experience for local people, addressing concerns service users have raised.

Three Neurodevelopmental Hubs have been formed in each area the Trust operates; East Sussex, West Sussex, Brighton and Hove. These are led by Clinical Service Managers and are an amalgamation of ADHD and ASC service within the areas. The implementation, direction and

clinical delivery of the hubs has oversight by SPFT CAMHS (Sussex) neurodevelopmental pathway lead. Investment into NDP has provided some additional resources in the hubs to increase service provision to meet need. However, the demand and capacity remains mismatched and service provision is not fully integrated. It is anticipated that this new workstream will address these deficits.

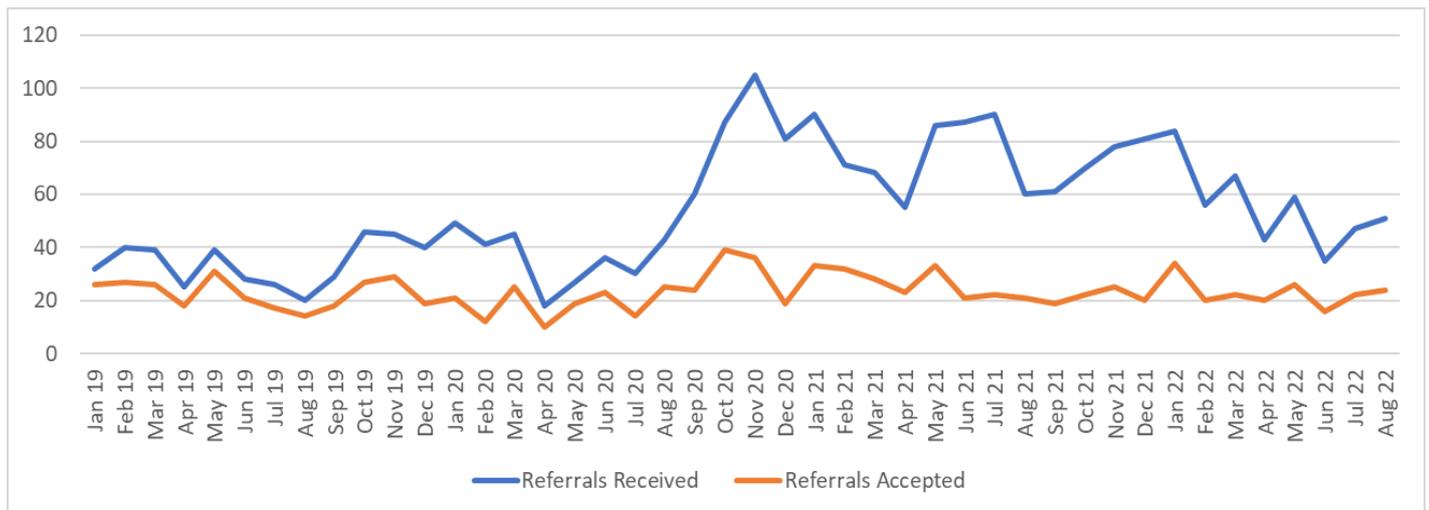
**The use independent sector provision to support assessment**

Work to support those waiting longest has included working with an external provider to provide assessments for children and young people on our waiting lists for assessment of Autistic Spectrum Condition. This programme is being delivered as planned as is supporting 600 children and young people to be assessed by December 2022. Of these 203 are from East Sussex. The attendance rate has been 97.4% and qualitative feedback reflects satisfaction for parents not just about receiving an assessment but also the process of transfer which was an important and key component.

**Eating Disorder Services**

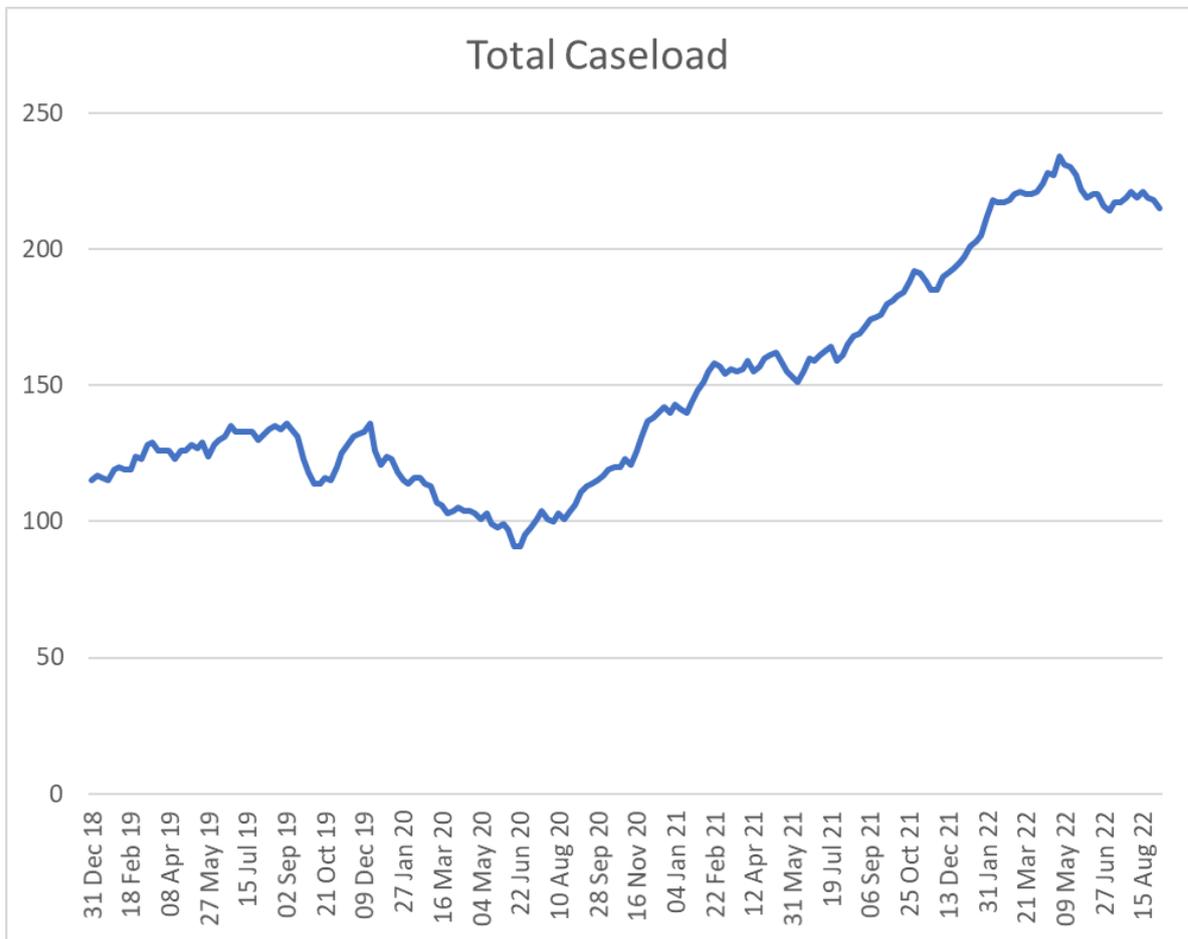
As previously reported, there has been an increase in the number of number of young people referred into specialist CAMHS services, including the Sussex wide eating disorder service, since the second wave of the pandemic. This has had an adverse impact on access to services and led to increases in waiting times and waiting list sizes together with an increase in service caseloads. The information below shows the increases we have seen and the action we are taking to address this. This has been, and continues to be a key priority for Sussex.

**Eating Disorder referrals in all of Sussex**



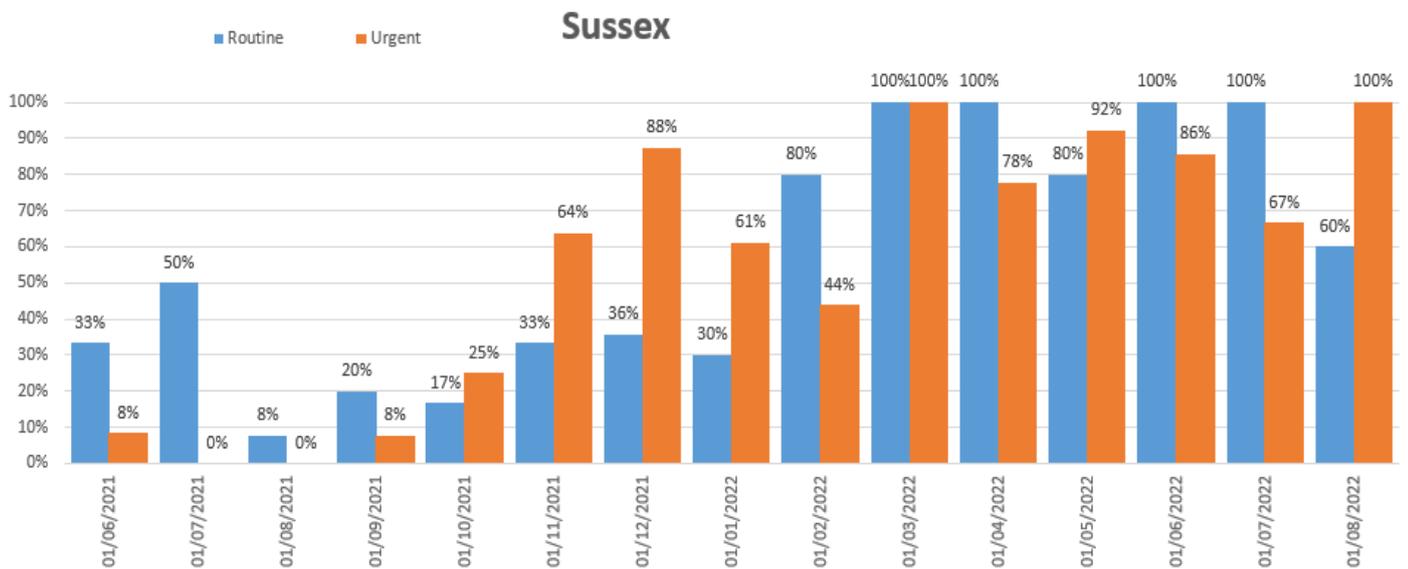
The numbers of referrals received for children and young people with an eating disorder peaked in October 2020. They have remained relatively high throughout the pandemic and have continued at a higher level than pre-pandemic.

**Sussex Family Eating Disorder Service Caseload**



<b>Month</b>	<b>Caseload</b>	<b>YOY Change</b>
<i>Aug-19</i>	134	
<i>Aug-20</i>	106	-21%
<i>Aug-21</i>	171	+61%
<i>Aug-22</i>	219	+28%

**Sussex Family Eating Disorder Service - Performance against waiting times standards**



There is a nationally prescribed access and waiting time target for children and young people's eating disorder services for urgent referrals to be seen within 1 week (7 days) and routine referrals to be assessed within 4 weeks (28 days). This has been a key focus of investment and improvement and the graph demonstrates the considerable improvements the team has made in meeting the access and waiting time standard for both urgent and routine referrals. We expect to be able to maintain the improved access and ensure the target continues to be met through the actions we are taking. It should be noted that parental and patient choice regarding appointments can sometimes impact the time to be seen.

### Eating Disorder Day Service

Specialist eating disorder services and associated services in Sussex have been experiencing an unprecedented increase in demand during the pandemic, together with some historic challenges. Young people with eating disorders are presenting at a later time, and often with more acute needs. This high level of need has led to an increase in medical hospital admissions to paediatrics and Specialist Eating Disorder Units.

A key improvement being implemented is the Spring Tide CAMHS Eating Disorder Day Service will be based at Aldrington House in Hove. This service is for young people aged 11-18 who are already known to specialist Child and Adolescent Mental Health Services (CAMHS) with a diagnosis of anorexia nervosa. The service is set to launch in October 2022.

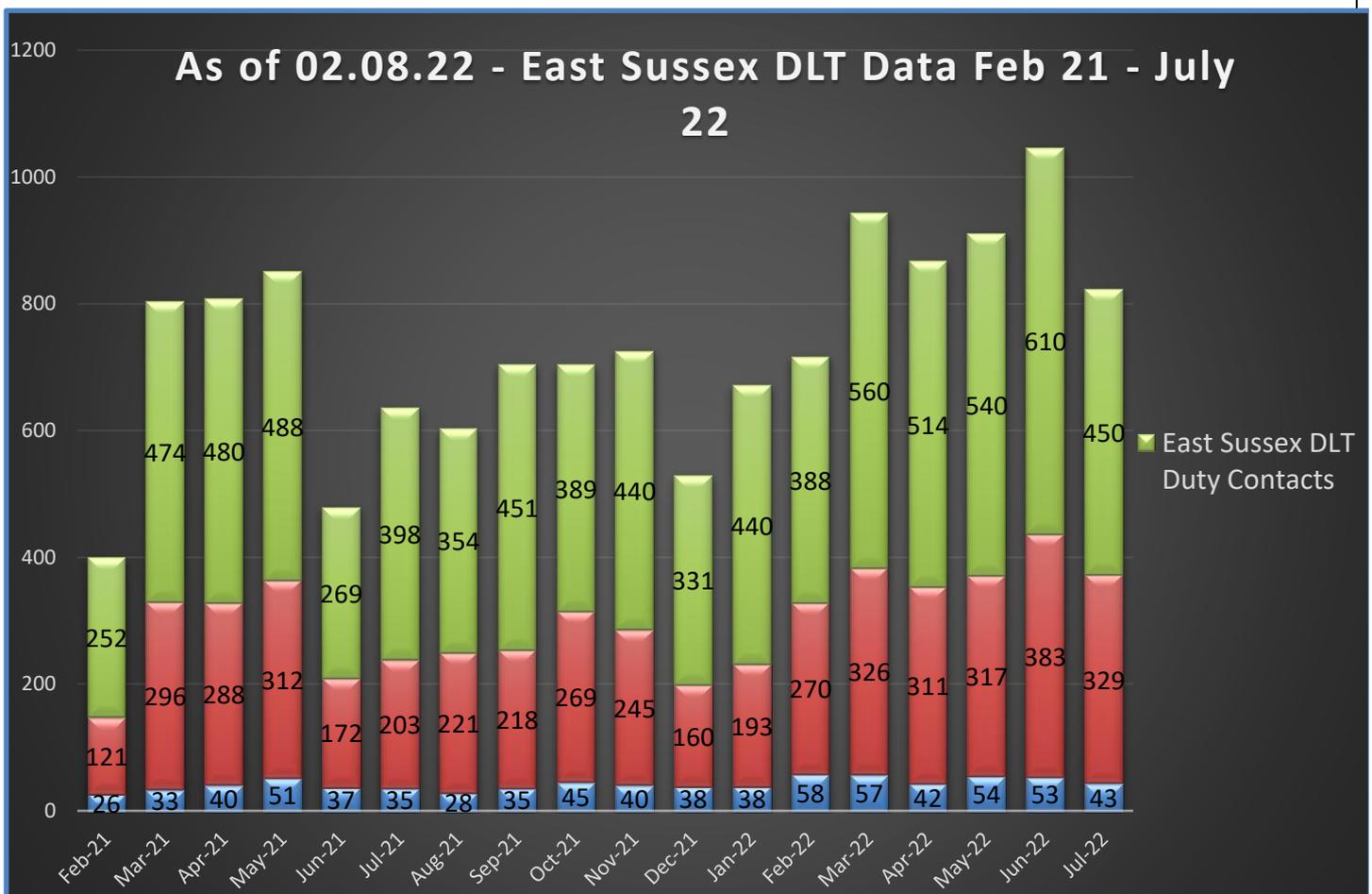
The introduction of this new service will bring an integrated care pathway, with the aim of reducing and avoiding hospital admissions when safe to do so whilst treating young people and families closer to home.

The new service will offer education, groups, individual therapy and meal support, for up to 10 young people at a time, as well as support for families. Led by a multi-disciplinary team, the service will operate Monday-Friday, with young people attending between 10am and 4pm. There will be flexibility for families to join for a meal in the evening as part of their care plan. It will be a 14-week programme around term times including two half terms, with a four-week programme offered over the summer holidays.

## Crisis intervention - Duty and Liaison Team

The Duty and Liaison team comprises clinical and support staff. They assess young people who have presented to A&E with self-harm and suicidal ideation, as well as fulfilling a duty function for community CAMHS teams which includes responding to contacts made directly from parents, the young person themselves, or other professionals such as school staff. Increasingly this urgent clinical work is focused on managing acute levels of clinical risk.

This graph shows all elements of the service's work. The red section details the clinical contacts made by the liaison team, for all those young people who have presented in hospital and where further work undertaken to support safe and sustained discharge, including any multi-agency working required. The blue section details the number of hospital-based assessments within acute trust which have taken place and are remaining at a higher level than previously.



East Sussex Duty and Liaison team are currently piloting a Dialectical Behaviour Therapy (DBT) skills workshop. This is offered to all young people who have presented to A&E with self-harm and/suicidal ideation and are awaiting assessment and/or treatment. This is a skills group/workshop for teens that will focus on helping them to manage stressful, or distressing situations. Parents are also invited to attend. The skills covered in the group are mindfulness, brief skills to cope with distress, taking a step back to think about a situation and understanding how emotions influence us and how we can feel more in control of our lives. The skills group/workshop is held weekly and consists of 4 one-hour sessions and is run online via Zoom. In addition, a

specific task and finish group was set up with East Sussex Healthcare Trust to improve the patient pathway for young people with mental health needs.

### Other areas of interest for the HOSC to note

There are a range of services that SPFT provide or support that focus on the emotional health and well-being of our children and young people, and our strategy and partnership work continues to develop improved availability and access to services for our local populations to support emotional health and well-being. The following sections describes some of this work that SPFT leads on or supports.

#### i-Rock

i-Rock is a Youth Mental Health drop-in service for young people aged 14-25 located in Hastings, Eastbourne and Newhaven. This is the service data from November 2021- June 2022 the last reporting period.

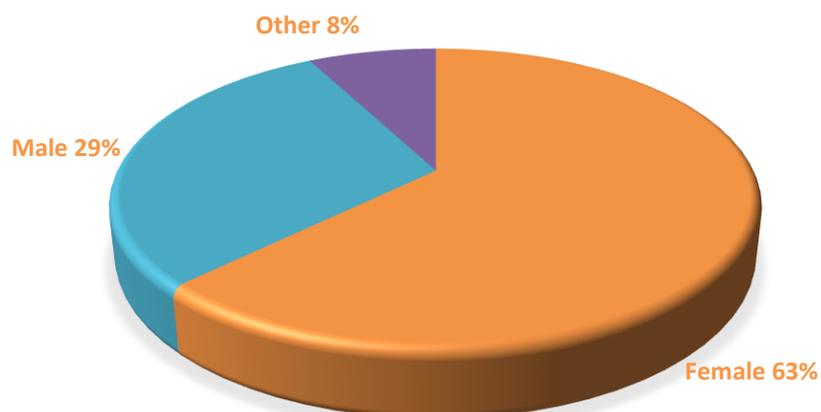
#### Young people accessing the i-Rock Service

<b>Total number of new young people accessing the service</b>	<b>569</b>
<b>Hastings presentations</b>	<b>482</b>
<b>Hastings individual new young people</b>	<b>281</b>
<b>Newhaven presentations</b>	<b>194</b>
<b>Newhaven individual new young people</b>	<b>90</b>
<b>Eastbourne presentations</b>	<b>362</b>
<b>Eastbourne individual new young people</b>	<b>198</b>



The most common age of young people accessing i-Rock continues to be 14-17 years. **24% aged 14.**

## GENDER



- 95% would recommend i-Rock to a friend
- 97% said staff were kind and friendly
- 97% felt listened to
- 95% felt they were given the information they needed

Young people from all BAME groups access the service - **82%** of groups access the service - **82%** of young people white British.

### **Outcomes**

After accessing an initial triage in i-Rock young people are supported to access the most appropriate service.

After one session 13% of young people were able to self-manage and did not require an onward referral. Examples of this often-including information about apps, anxiety management and coping with low moods, as well as advice on exercise, healthy living and general well-being.

A further 42% of young people are offered follow-up sessions with i-Rock to prevent the need for onward referral to another service. 9% of young people are directly referred into an SPFT service due to their level of need and 12% to 3<sup>rd</sup> sector provisions.



# i-Rock Youth Mental Health Service

Sussex Partnership NHS Foundation Trust



## Social Media footprint in October

### Instagram



2,950 impressions/engagements (people reached through our posts)

38 unique profile visits – Amount of users directly visiting our page/without promotion.



1,114 followers, our growth has increased by a massive 537% since lockdown began.

43% of our followers are in i-Rock's age demographic.



### Facebook



#### Eastbourne

Post reach – 1,476 (An increase of 77%)  
Engagement – 235  
Page views – 235

#### Newhaven

Post reach – 301% (A decrease of 36%)  
Engagement – 53  
Page views – 163

#### Hastings

Post reach – 2,093 (A decrease of 8%)  
Engagement – 313  
Page views – 349

We also ran a (£5) boost reminding people of our offer. This reached 4,165 people and 149 people engaged with this post.

### Twitter



#### Eastbourne

Impressions – 4,269  
Unique visits – 43  
Followers – +5 (160 overall)

#### Newhaven

Impressions – 1,350  
Unique visits – 9  
Followers – +3 (75 overall)



#### Hastings

Impressions – 2,580  
Unique visits – 25  
Followers – +7 (315 overall)

## The Careleavers Personal Health Budget Pilot

The Health and Well-being Project was set up with ESCC Through Care Service in October 2021 with funding from NHS England/SPFT as a pilot project looking to use Personalised Health Budgets to support Care experienced young people aged 16 years to 25 years identified as needing support with their mental health and well-being. Since the project started it has since been extended for a further year until March 2023, funded by the Sussex ICS, 16-25 workstream due to the reported benefits and difference the project was making. A video was produced with young people called **Animate** which tells their own stories of how the project has helped them.

The project has so far supported over 170 young people, the majority of who are aged between 16 to 21 years. Roughly 60% of referrals are male which represents a high number of Male Unaccompanied Asylum Seekers with whom the Through Care Service works.

The project has made connections with a large number of community groups, leisure centres as well as artists and musicians within East Sussex who have been able to provide individual activities and support to young people expressing a wish to take part in activity to help with their own Mental Well-being. The range of activities offered have included: horse therapy; gym memberships; boxing; bagpipe lessons; voice coaching and singing lessons; swimming and driving lessons; childcare; dental treatment and physiotherapy.

In addition to the video feedback from young people, the benefits and outcomes of the project is well summarised by a team social worker who stated that:

*"The project has been brilliant, allowing the young people I support to experience activities which have such a positive impact on their lives. Highlights have included kitting out one of our UASC with a football kit, boots and a bike to travel to training with – he has since been scouted for Hastings United and has played in their FA cup under 18s matches. Three of my young people have been given the opportunity to play and learn the guitar through the project, and it's been a joy to hear them play their guitars and see their smiling faces when they show me what they've learnt. Our UASC often arrive not knowing anyone, being able to support them into a positive activity in their new community makes such a difference, helping them feel more settled in their new area after what is often a traumatic journey to the UK".*

A full evaluation of the impact of the project on outcomes for young people will be undertaken at the end of the year.

### **Mental Health Schools Team (MHST)**

Our MHSTs are delivered in partnership with East Sussex County Council and Sussex Partnership NHS Foundation Trust. The key functions of our MHSTs are consistent with the national model as follows:

- Delivery of evidence-based interventions to support children and young people with mild to moderate mental health issues in schools.
- Supporting schools to develop a Whole School Approach to mental health and emotional well-being.
- Giving timely advice to school and college staff and liaising with external specialist services to help children and young people to get the right support and stay in education.

MHSTs employ a new workforce, that include (Trainee) Education Mental Health Practitioners (EMHP) who attend year long training at University of Sussex. EMHPs work alongside senior practitioners and clinical supervisors.

Chosen by young people, the East Sussex Service is called "Me and My Mind". Since September 2019, four teams have been established, working in 55 schools. A new team starts this month (September 2022) which will cover a further 15 schools.

Referrals to the service to date are:

<b>Academic Year</b>	<b>Referrals received</b>
1/9/20 – 31/8/21	536
1/9/21 – 31/8/22	864

Academic Year	Contacts seen
1/9/20 – 31/8/21	2347
1/9/21 – 31/8/22	4648

Reason for referral – Anxiety	Reason for referral – Depression
1/9/20 – 31/8/21 - 70.5%	1/9/20- 31/8/21 - 25.4%
1/9/21- 31/8/22 - 64.9%	1/9/21 – 31/8/22 - 33.4%

Sociodemographic, feedback, and clinical data has helped to inform areas to focus on. For example, the anxiety toolkit that has been developed in partnership with other East Sussex services has been shared with all East Sussex schools to enable them to support children and young people.

The MHSTs support schools to develop and implement plans for creating mentally healthy school environments that promote the prevention of mental health problems. This includes the identification of need and access to available services. The MHSTs foster a holistic approach that aims to increase knowledge of mental health and emotional well-being across the whole school community through delivery of workshops for parents and carers, children and young people. It provides training for school staff and develops and shares resources. The teams provide information, advice and guidance on strategies for supporting children and young people with their mental health and well-being. In light of parents and schools feedback, the MHSTs have specialist Special Educational Needs and Disabilities and parent / carer practitioners who work alongside the EMHPs to deliver support and interventions.

### Conclusion

This report provides an insight into the specialist services delivered through CAMHS, alongside some key services we are also supporting as part of our system wide approach to the emotional and mental health and well-being of our children and young people.

We remain committed to our focus on improving the access and experience our children and young people have in our services and recognise the challenge and importance of continuing to work with all partners across the whole pathway of services delivered to the population of East Sussex in which we play a key role.

### 3. RECOMMENDATION(S)

For the committee to note the report.

# Agenda Item 8.

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

**Date of meeting:** 22 September 2022

**By:** Assistant Chief Executive

**Title:** Work Programme

**Purpose:** To agree the Committee's work programme

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## RECOMMENDATIONS

**The Committee is recommended to agree the updated work programme at appendix 1**

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### 1 Background

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

1.2 This report also provides an update on any other work going on outside the Committee's main meetings.

### 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.

2.2. The Committee is asked to consider any future reports or other work items that it wishes to add to the work programme.

2.3. The Committee is also asked to consider whether to schedule any of the items listed under "Items to be Scheduled" section of the work programme for future meetings to be held later in the municipal year.

#### Cardiology and ophthalmology update

2.4. Following detailed reviews of the proposals to reconfigure cardiology and ophthalmology, the HOSC submitted its reports and recommendations to NHS Sussex at its meeting on 30<sup>th</sup> June.

2.5. NHS Sussex began the process of finalising its Decision Making Business Cases (DMBC) over the summer period with the intention of returning to the HOSC on 22<sup>nd</sup> September with its final decisions.

2.6. During the DMBC process, however, it was determined there was a need to make some changes to the required capital costs as they were set out in the original Pre-Consultation Business Cases (PCBC). This required further review.

2.7. NHS Sussex has now completed the due diligence checks and governance steps required and is working to a timeframe that should enable the commissioning organisation to submit the outcome of its decision to HOSC at its 15th December meeting.

### 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 committee is asked to consider and agree the updated work programme.

**PHILIP BAKER**  
**Assistant Chief Executive**

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Tel. No. 01273 481796  
Email: [Harvey.winder@eastsussex.gov.uk](mailto:Harvey.winder@eastsussex.gov.uk)

<b>Current Scrutiny Reviews</b>		
<b>Title of Review</b>	<b>Detail</b>	<b>Proposed Completion Date</b>

**Initial Scoping Reviews**

<b>Subject area for initial scoping</b>	<b>Detail</b>	<b>Proposed Dates</b>
To be agreed.	To be scheduled once the reviews of Cardiology and Ophthalmology have been completed.	

**List of Suggested Potential Future Scrutiny Review Topics**

<b>Suggested Topic</b>	<b>Detail</b>

## Scrutiny Reference Groups

Reference Group Title	Subject Area	Meetings Dates
University Hospitals Sussex NHS Foundation Trust (UHSussex) HOSC working group	<p>A joint Sussex HOSCs working group to consider the performance of UHSussex and any upcoming issues that may be of interest to the wider East Sussex HOSC.</p> <p>Membership: Cllrs Belsey, Robinson and one vacancy</p> <p>*meetings postponed due to COVID-19.</p>	<p>Last meeting: 9 September 2020*</p> <p>Next meeting: TBC 2022</p>
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	<p>6-monthly meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues.</p> <p>Membership: Cllrs Belsey, Robinson, and Osborne</p>	<p>Last meeting: 21 December 2021</p> <p>Next meeting: October 2022</p>
The Sussex Health and Care Partnership (SHCP) HOSC working group	<p>Meetings of Sussex HOSC Chairs with SHCP leaders to update on progress and discuss current issues. Wider regional HOSC meetings may also take place on the same day from time to time.</p> <p>Future arrangements for the meeting being discussed due to changing governance of SHCP.</p> <p>Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Robinson) and officer</p>	<p>Last meeting: 20 November 2020</p> <p>Next meeting: TBC</p>
Crowborough Minor Injuries Unit (MIU)	<p>One off meeting to discuss the progress of plans requested by HOSC to expand the footprint of the MIU.</p> <p>Membership: Cllr Belsey, Cllr Robinson, Cllr Hallett and officer</p>	<p>Next meeting: TBC</p>

## Reports for Information

Subject Area	Detail	Proposed Date

Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	2022
Development of the new Inpatient Mental Health facility	A future update via email on the progress of the development of the new facility in North East Bexhill.	2022
Integrated Care Board (ICB) and implementation of the Health and Care Act 2022	A report or away day session on the new Sussex Integrated Care Board (ICB) structure and priorities, and any other impacts of the Health and Care Act 2022	Autumn 2022
<b>Training and Development</b>		
<b>Title of Training/Briefing</b>	<b>Detail</b>	<b>Proposed Date</b>
Joint training sessions	Joint training sessions with neighbouring HOSCs on health related issues.	TBC
Building for Our Future	A briefing on the Building for Our Future plans for the redevelopment of Eastbourne District General Hospital (EDGH), Conquest Hospital and Bexhill Hospital developed by East Sussex Healthcare NHS Trust (ESHT)	TBC
Visit to Ambulance Make Ready station and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	Autumn 2022
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC but likely 2024

Future Committee Agenda Items		Witnesses
15 <sup>th</sup> December 2022		
Cardiology	<p>Committee to consider whether the NHS Sussex's decision in relation to the proposals to reconfigure inpatient acute cardiology services run by East Sussex Healthcare NHS Trust (ESHT) are in the best interests of the health service locally.</p> <p><i>Please note: dates are dependent on the NHS own decision making process.</i></p>	Representatives of NHS Sussex and ESHT
Ophthalmology	<p>Committee to consider whether the NHS Sussex's decision in relation to the proposals to reconfigure day case and outpatient ophthalmology services run by East Sussex Healthcare NHS Trust (ESHT) are in the best interests of the health service locally.</p> <p><i>Please note: dates are dependent on the NHS own decision making process.</i></p>	Representatives of NHS Sussex and ESHT
Primary Care Access and Next steps on integrating primary care	<p>A report providing an update on GP access including the eHubs pilot and the Next steps on integrating primary care strategy. To also include NHS Dentistry following East Sussex Health and Wellbeing Board (HWB) request.</p> <p>Healthwatch also due to attend to provide overview of patient experience.</p>	Representatives of NHS Sussex/Healthwatch
Primary Care Networks (PCNs), Emotional Wellbeing Services and mental health funding	<p>A report on the performance of PCNs and the future plans for primary care in East Sussex. Report to also include:</p> <ul style="list-style-type: none"> <li>• an update on the roll out of Emotional Wellbeing Services, which will be co-ordinated across PCN footprints; and</li> <li>• the future of mental health investment.</li> </ul>	Representatives of NHS Sussex/SPFT/PCNs
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer

<b>2<sup>nd</sup> March 2023</b>		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
<b>29<sup>th</sup> June 2023</b>		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
<b>Items to be scheduled – dates TBC</b>		
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey.  <i>Note: provisional dependent on NHS Sussex's plans</i>	Representatives of lead NHS Sussex and Healthwatch
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area.  <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of East Sussex NHS Sussex/Kent and Medway ICS
Adult Burns Service	A report outlining proposals for the future of Adult Burns Service provided by Queen Victoria Hospital (QVH) in East Grinstead.  <i>Note: provisional dependent on NHS England's plans</i>	NHS England and QVH
Sexual Assault Referral Centre (SARC)	A report on proposals for re-procurement of Sussex SARCs  <i>Note: provisional dependent on NHS England's plans</i>	NHS England

<p>Implications of the Health and Care Act 2022</p>	<p>A report or away day to consider the implications for the Committee of the Health and Care Act including the replacement of CCGs with Integrated Care Boards (ICB) and the effect of the regulations that allow the Secretary of State to intervene in local service reconfigurations on HOSC's powers to refer decisions to the Secretary of State that are not in the best interests of local health services.</p> <p><i>Note: date subject to release of the regulations setting out the powers of the Secretary of State to intervene on local health service reconfigurations.</i></p>	<p>Representatives of NHS Sussex and Policy and Scrutiny Officer.</p>
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