HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 29 June 2023

PRESENT:

Councillors Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Christine Brett (Lewes District Council), Councillor Simon McGurk (Rother District Council) and Councillor Graham Shaw (Wealden District Council)

WITNESSES in attendance:

NHS Sussex

Claudia Griffith, Chief Delivery Officer

Ashley Scarff, Deputy Executive Managing Director for East Sussex

Colin Simmons

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Chief of Staff

South East Coast Ambulance NHS Foundation Trust (SECAmb)

Ray Savage, Head of Strategic Partnerships and System Engagement

Matt Webb, Associate Director Strategic Partnerships and System Engagement

Julie-Marie Allsopp-West, Operating Unit Manager for Polegate and Hastings

Daniel Garratt, Operating Unit Manager, Brighton

Maidstone and Tunbridge Wells NHS Trust (MTW)

Laura O'Mahony, Deputy General Manager Emergency Medicine

University Hospitals Sussex NHS Foundation Trust (UHSx)

Ali Robinson, General Manager Acute Floor Royal Sussex County Hospital (RSCH)

Sussex Partnership NHS Foundation Trust (SPFT)

John Child, Chief Operational Officer

Alison Nuttall, Operational Director for CAMHS & Specialist Services

Alison Wallis, Clinical Director for CAMHS & Specialist Services

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care and Health (ASCH)

Louise Carter, Assistant Director (Communication, Planning and Performance), Children's Services

LEAD OFFICER: Martin Jenks and Patrick Major

1. MINUTES OF THE MEETING HELD ON 2 MARCH 2023

1.1 The minutes of the meeting held on 2 March 2023 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Abul Azad, Jennifer Twist, Geraldine Des Moulins and Jessica Britton.

3. DISCLOSURES OF INTERESTS

3.1 Councillor Graham Shaw declared a personal, non-prejudicial interest under item 8 Child and Adolescent Mental Health Services (CAMHS) as his wife works for a charity that has a contract to deliver social prescribing services in schools in East Sussex, which is partially funded by NHS Sussex.

4. URGENT ITEMS

4.1 There were no urgent items.

5. NHS SUSSEX WINTER PLAN - UPDATE AND EVALUATION

5.1 The Committee considered an update and evaluation report on the NHS Sussex Winter Plan. The Winter Plan set out how the local health and social care system plans to effectively manage capacity and demand pressures anticipated during the Winter period and ran from October 2022 to April 2023.

5.2 The Committee asked how information sharing could be improved between hospital Trusts and ambulance crews.

5.3 Claudia Griffith, Chief Delivery Officer NHS Sussex responded that there was a programme of work taking place across the whole system to improve digital integration of patient care records so that ambulance crews had access to them when they arrive at a scene, and this work was ongoing.

5.4 The Committee asked what impact the winter period had on elective surgery waiting times, and how many patients were waiting over a year for surgery.

5.5 Claudia Griffith explained that elective waiting times had grown significantly since the beginning of the pandemic, but that East Sussex Healthcare NHS Trust (ESHT) had met the nationally set target of no one waiting longer than 78 weeks by the end of March, and was ahead of schedule in meeting the target for this year of no patients waiting over 65 weeks. University Hospital Sussex NHS Foundation Trust (UHSx) had not been able to meet the 78 week target due to the impact of industrial action, but was expected to have cleared the backlog of patients waiting more than 78 weeks by the end of July. NHS Sussex was exploring all available options to make best use of capacity that could help reduce patient waiting times. Claudia agreed to provide the number of people waiting more than a year in East Sussex outside the meeting.

5.6 The Committee asked for further details on whether there were any differences in recovery and outcomes for patients being cared for via new 'Virtual Wards' service model in the community, as opposed to those in hospital.

5.7 Claudia Griffith answered that there was evaluation work both locally and nationally to understand the clinical and financial impact of virtual wards. Initial assessments suggested the impact had been positive, but NHS Sussex was also bringing in an external consultant to fully understand the impact of new service models in order to evaluate whether they should be expanded. The outcomes of this work could be fed back to the HOSC.

5.8 The Committee asked why patients who had contacted 111 and were given a reserved slot at the Emergency Department (ED) were arriving at hospital to find that they had to wait.

5.9 Claudia Griffith answered that while there was an option to book appointments at EDs, there was still a need for clinical prioritisation. Therefore, if booked slots coincided with surges in demand then clinicians would focus attention on those at greatest risk, and it would not always be possible to maintain the slot.

5.10 The Committee asked how many patients in East Sussex had NHS access to Livi on line consultations.

5.11 Claudia Griffith confirmed that Livi was put in place to provide additional capacity during the pandemic and not as a core service. EDs and 111 both had access to Livi as a way of managing demand and getting patients the most suitable treatment. Claudia agreed to provide follow up information on which GP surgeries still had access to Livi.

5.12 The Committee asked what the impact on clinical outcomes was for the 22.5% of patients who do not receive a cancer diagnosis within 28 days.

5.13 Claudia Griffith answered that while it was positive that East Sussex hospitals were above the national standard for people receiving a cancer diagnosis, there was always room for improvement. As well as the 28 day target there was also monitoring of the number of people who received treatment within 62 days to understand where there may be particular constraints in the system, and continuous clinical review of patients waiting longer. Community diagnostic centres, including one in Bexhill, are being used to try and reduce diagnosis times.

5.14 The Committee asked what impact the use of the former Spire hospital site had had on waiting times.

5.15 Richard Milner, Chief of Staff ESHT confirmed that he would find out and share those numbers.

5.16 The Committee asked what the coverage of virtual wards across East Sussex was, and whether funding for virtual wards is ongoing.

5.17 Claudia Griffith confirmed that in East Sussex there were around 40-50 virtual ward beds, which had high utilisation of on average 80-90%, although their capacity was variable depending on the complexity of patient needs. NHS Sussex was looking to expand the model for the next winter. The funding is ongoing, but the system is undertaking a review to fully understand their impact and make best use of resources.

5.18 The Committee asked if there was any coproduction with service users built into the mental health crisis review.

5.19 Claudia Griffith confirmed that the crisis pathway review was a relatively quick piece of work which aimed to get recommendations out ahead of next winter and had involved a range of stakeholders. There would be work beginning in July to look at how better to support mental health patients in EDs which would be a piece of coproduction and include patients, staff, primary care and others.

5.20 The Committee RESOLVED to:

1) Note the report; and

2) Request an update on the Winter Plan 2023/24 at the December HOSC meeting.

6. HOSPITAL HANDOVERS

6.1 The Committee considered a report providing an update on the work being undertaken to reduce Hospital Handover times between South East Coast Ambulance NHS Foundation Trust's (SECAmb) ambulances and the EDs of the three hospital trusts that provide services to East Sussex residents.

6.2 The Committee asked how communication could be improved between EDs and the 111 service to prevent reserved time slots being given out at times of higher demand in the ED.

6.3 Ray Savage, SECAmb Head of Strategic Partnerships and System Engagement answered that it was possible to indicate times of pressure for specific service pathways to 111 call handlers, as well as remove the option to book appointment slots at peak times, on the Directory of Services. Ray agreed to check whether this was the same process for booking appointment slots at EDs.

6.4 The Committee asked why the report showed average response times increasing as of May 2023 and how those increases were being mitigated.

6.5 Ray Savage noted that hotter weather led to an increase in demand for health services generally, so the sustained period of hotter weather during May and June had caused the increase. Matt Webb, SECAmb Associate Director Strategic Partnerships and System Engagement also noted there had been an increase in the daily average number of calls since January, but that despite the increase, average ambulance response times remained within defined tolerances of targets.

6.6 The Committee asked why the Pembury hospital had a fewer number of delays and what learning could be applied from this to other hospital sites.

6.7 Ray Savage commented that handover delays where often a consequence of other challenges at a hospital site, and that Maidstone and Tunbridge Wells NHS Trust (MTW) had done a significant amount of work to improve patient flow through the hospital. Laura O'Mahony, MTW Deputy General Manager Emergency Medicine added that having a dedicated member of staff on duty to assist ambulance crews with administration had helped in reducing delays. Hospital avoidance work was also important, such as by using virtual wards and 111 integration to direct patients to Urgent Treatment Centres rather than EDs.

6.8 The Committee asked what was causing the high level of sickness among staff and what was being done to address it.

6.9 Laura O'Mahony explained that a lot of the problems with sickness was due to staff burnout and low moral across the workforce after a difficult few years in the health service. At MTW sickness levels were decreasing and the Trust continued to monitor the situation and was putting a lot of work into supporting staff wellbeing.

6.10 The Committee asked if there was detailed information of any differences in average ambulance response times in different areas of the county.

6.11 Ray Savage confirmed that SECAmb had to report its data across its whole operational footprint, so this was not broken down by specific areas. SECAmb did monitor its own local performance to understand how responses differed between urban and rural areas. Julie-Marie

Allsopp-West, SECAmb Operating Unit Manager for Polegate and Hastings added that ambulances were placed strategically in anticipation of where calls were most likely to come in. Matt Webb added that there was very little variation between the Trust average response time and the average East Sussex response time.

6.12 The Committee asked whether the arrival of clinicians who weren't paramedics were included in the average ambulance response times.

6.13 Matt Webb confirmed that while not everyone who arrived at a scene in an ambulance was a paramedic, they all had the right skills and training to provide appropriate interventions, and SECAmb had systems in place to ensure the right personnel responded to a call out.

6.14 The Committee asked what the impact there was on average response times of service reconfigurations that had consolidated specialisms to single hospital sites.

6.15 Matt Webb answered that regional services had specific capabilities that were designed to ensure the best patient outcomes, but there was a balance between this and ambulance travel times within the confines of NHS resources. Ensuring patients went via the most appropriate pathway first was not only better for outcomes but made better use of resources.

6.16 The Committee asked how patients were assessed to ensure they received the most appropriate care.

6.17 Matt Webb confirmed that all SECAmb clinicians had the necessary training to direct patients to the most appropriate care pathway. This would not always be the nearest, but if patients needed intervention sooner, then ambulances would be diverted to the closest appropriate centre if their condition needed to be stabilised, although this would not necessarily guarantee a better patient experience or outcome.

6.18 The Committee asked how SECAmb was working to improve data sharing across the system and whether it made use of data on the NHS app.

6.19 Matt Webb affirmed the importance of the data sharing work outlined in the previous item for ensuring better patient experience and outcomes. The work on integrating and sharing patient care records was ongoing and it was a priority for the system as well as nationally. The NHS app did not necessarily offer the solution as it was seen as more important for providers and trusts to be using the same systems for storing records to achieve better integration.

6.20 The Committee asked for more detail on the challenges SECAmb had in responding to Category 3 and 4 calls, and when they expected to see and improvement.

6.21 Ray Savage answered that a higher proportion of calls fell into Category 1 and 2 which were prioritised because they were time-critical life-threatening calls, but SECAmb was still within the national average Category 3 and 4 response times. For a lot of Category 3 and 4 calls ambulance crews would identify best care pathways for patients which often did not involve taking them to hospital. Category 3 and 4 patients who did not receive an immediate physical response were monitored and called back when necessary to ensure their condition had not deteriorated. Work with partners was being done to ensure patients always received the most appropriate care first and is ongoing, but it was not possible to say when improvements would be seen.

6.22 The Committee asked what feedback had been received from ambulance crews via the QR code available to them at the Royal Sussex County Hospital (RSCH).

6.23 Ali Robinson, General Manage Acute Floor RSCH, explained that most of the feedback had been positive, including that the Rapid Assessment and Treatment (RAT) model worked well. Other feedback had resulted in moving IT terminals and improved communication between hospital staff and ambulance crews.

6.24 The Committee asked whether the Blue Light Triage model had been a success and if it would be applied elsewhere.

6.25 Ray Savage explained that SECAmb were working very closely with Sussex Partnership NHS Foundation Trust (SPFT) mental health practitioners to reduce the need for an ambulance to be sent to those in mental health crisis when not appropriate, and avoid conveyance where possible. Early evidence had demonstrated that it was an effective model and there was work to bring mental health practitioners to the scene more often where someone was presenting in crisis, as well as improve telephone triage. Ray agreed to share more details after the meeting.

6.26 The Committee RESOLVED to:

1) Note the report; and

2) Request a progress report on Hospital Handovers at the RSCH for the December HOSC meeting and combine this with the update on the CQC inspection report of University Hospitals Sussex.

7. SOUTH EAST COAST AMBULANCE FOUNDATION NHS TRUST (SECAMB) CARE QUALITY COMMISSION (CQC) REPORT

7.1 The Committee considered a report providing an overview of SECAmb's progress in its Improvement Journey following the findings of its 2022 CQC report, which led to a rating of inadequate in the well-led domain.

7.2 The Committee asked what the current rates of staff turnover and sickness were.

7.3 Matt Webb responded that SECAmb's annual rolling turnover rate was 18.2% against a target of 10%. Although retention issues were sector-wide, SECAmb was investing heavily in improving leadership visibility and exit interviews to understand what could be done to improve staff retention. Since the pandemic there had been a significant increase in staff citing burnout and exhaustion as reasons for leaving. As part of its improvement journey SECAmb had appointed a Programme Director for People and Culture whose role was to implement the People and Culture Strategy that included aiming to improve staff wellbeing and Freedom to Speak Up processes. Other work had been done to improve rotas and reduce the burden on staff.

7.4 The Committee asked how staff were being engaged in SECAmb's Improvement Journey, what feedback had they received from staff since it began and how the bullying culture identified in the CQC report was being addressed.

7.5 Matt Webb explained that SECAmb is actively communicating with staff on how concerns that they had raised were being addressed. A challenge for SECAmb as part of its

improvement journey was that the nature of the CQC report required the organisation to make a number of regulatory improvements. However, having improved in those regulatory areas SECAmb was now better placed to address cultural issues. Staff and unions were engaged to help feed staff views into a five-year strategy which will make any improvements sustainable in the long term. SECAmb has also been working with Healthwatch to make sure patient views are also taken into account.

7.6 The Committee asked if there would be value in SECAmb running its own staff survey in order to track improvements.

7.7 Matt Webb explained that the work on leadership visibility was a more effective way of gaining staff feedback, as the visits were targeted and scheduled and allowed for a dialogue between frontline staff and the organisation leadership. Staff feedback from these visits had been positive as staff felt they were being heard and ensured there was more direct feedback than would otherwise be received through an online survey. SECAmb was also trialling engagement software that focused on smaller teams to provide more granular detail on staff views.

7.8 The Committee asked how many SECAmb managers were yet to complete a sexual safety workshop.

7.9 Matt Webb answered that the training was mandatory for all managers and leaders in SECAmb, and the uptake had been very high with more than half (70% of managers) already having attended one. Ray Savage added that the fact the course was externally led had been beneficial for ensuring there was no unconscious bias involved.

7.10 The Committee asked whether SECAmb had schemes that allowed staff to learn about the organisation more widely (e.g. quality circles).

7.11 Matt Webb answered that the paper outlined SECAmb's quality assurance framework, which ensured clinical quality leads and senior leadership were undertaking quality assurance visits across all operational sites. These visits were to ensure regulatory compliance but also to hear feedback and concerns from staff, and share knowledge and learning across the organisation.

7.12 The Committee asked when SECAmb expected to come out of the Recovery Support Programme (RSP).

7.13 Matt Webb answered that SECAmb was confident it would be out of the RSP by the end of the financial year, but added that there were some benefits from being in it such as having an NHSE Improvement Director. In order to leave the RSP it was vital for SECAmb to have its five-year strategy in place and the final draft of this was expected to be agreed in December 2023.

7.14 The Committee RESOLVED to:

1) Note the report; and

2) Request a further update on improvements made since the SECAmb CQC report for the December HOSC.

8. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

8.1 The Committee considered a report providing an update on the Child and Adolescent Mental Health Services (CAMHS) in East Sussex, including the progress being made to reduce assessment waiting times and the impact of additional investment in CAMHS on service provision and performance.

8.2 The Committee asked whether all children and young people with mental health problems were being supported by CAMHS.

8.3 Alison Nuttall, Sussex Partnership Foundation Trust (SPFT) Operational Director for CAMHS & Specialist Services, answered that there is a shared Single Point of Access (SPoA) for children and young people with emotional wellbeing and mental health needs. All referrals were triaged through the SPoA to identify where a child's needs would be best met, which would not always be the specialist services provided by SPFT. Lou Carter, East Sussex County Council Assistant Director (Communication, Planning and Performance), added that there were a number of other support options for a child or young person as part of the Early Help service which could mean they do not need to be referred to CAMHS.

8.4 The Committee asked when all children in schools will be covered by Mental Health Support Teams (MHSTs) and how mental health support was being offered in schools.

8.5 Lou Carter confirmed that it was not possible to say when there might be full coverage of MHSTs, but there was ongoing system-working to improve the Early Help and prevention offer and to ensure schools were aware of the full support offer for different levels of need. A poster had been developed and is to be circulated to schools which would make it clearer what services are available for different levels of need, and a broader piece of work is ongoing to make it clear where support for children and young people could be accessed across Sussex. Lou agreed to share the poster with the Committee when it was finalised.

8.6 The Committee asked for more detail on how waiting times for CAMHS were handled.

8.7 Alison Wallis, SPFT Clinical Director for CAMHS & Specialist Services, answered that CAMHS was a needs-led service so that the children and young people seen first were those who were most unwell and for whom alternative services and support would not necessarily meet their need. CAMHS had well-known resource challenges that meant many children and young people were not being seen as soon as anyone would like. Those most in need waited between 0-13 weeks and represented the largest numbers on the waiting list. There were lower numbers of less unwell children who may wait longer. SPFT closely monitored those who are on waiting lists, and make proactive contact with families to reassure them that they remain on waiting lists and to remind them to contact CAMHS if their child has a change in presentation. John Child, SPFT Chief Operational Officer added that the complexity and acuity of need had increased since the pandemic which added to waiting list times as those with complex needs take longer to assess. The trend across Sussex is also showing an increase in the number of children and young people being referred for issues around neurodiversity.

8.8 The Committee asked how CAMHS resources were allocated across Sussex and whether more could be invested in the assessment of those young people with complex needs.

8.9 Ashley Scarff, NHS Sussex Deputy Executive Managing Director for East Sussex, explained that the rollout of services may be at different paces in different areas, but resources would be distributed proportionally across Sussex over time. NHS Sussex reviews its resource allocation constantly to prioritise early interventions where possible. There is a challenge around investing more due to the need to balance priorities across many services. Lou Carter added that there would be a stocktake in quarter 2 to assess variation in CAMHS services across Sussex, which may lead to re-prioritisation of services. The NHS Sussex Children's and Young People Board is looking to establish a business case for investment in CAMHS and mental health services for children and young people across Sussex. John Child acknowledged that neurodiversity assessments were taking too long. He added that while there had been additional investment in CAMHS, there were also significant workforce challenges that added to the difficulty of meeting demand and different models of care may be needed.

8.10 The Committee asked how many staff worked for CAMHS in East Sussex.

8.11 Alison Nuttall answered that there were around 150 clinical and administrative staff working for CAMHS covering East Sussex.

8.12 The Committee asked what had caused the increased number of children and young people presenting with neurodiversity issues.

8.13 Alison Nuttall explained that the majority of those presenting with neurodiversity issues were those seeking Attention Deficit Hyperactivity Disorder (ADHD) or Autistic Spectrum Condition (ASC) assessments, which was in line with the national trend. Alison Wallis added that there had also been a significant increase in the number of girls coming to CAMHS for ASC assessments.

8.14 The Committee asked what the process of assessing for ADHD and ASC was.

8.15 Alison Wallis explained that it was important to ensure children and young people were being assessed for the right condition, and so CAMHS triangulated all available information so that children and families received the right diagnosis and therefore the right level of support. Information used included the child's developmental history (e.g. around social communication and impulsivity), information from schools and from clinical assessment tools.

8.16 The Committee asked how long on average it took for a full ADHD or ASC assessment to be completed.

8.17 Alison Wallis answered that it would take 6-8 contact hours with a clinician. A figure for average waiting times for when an assessment started and when it was completed could be provided after the meeting.

8.18 The Committee asked at what point NHS colleagues would consider the length of waiting times to be a crisis, and what a crisis response would look like.

8.19 John Child answered that he did not believe CMAHS was in a crisis at present but was in a position of significantly increasing demand and pressure that was impacting on children, young people and their families. A crisis response would focus on clinical prioritisation and seeing the most unwell children first, which was something CAMHS services already did. A crisis response would also result in fewer young people receiving early intervention and wider support. Ashley Scarff added that children's mental health was a priority for the entire local health and care system.

8.20 The Committee asked what impact there was for children in East Sussex with eating disorders given that the two specialist treatment centres were based in Haywards Heath and Hove.

8.21 Alison Nuttall confirmed that the eating disorder service was distributed across the county meaning there were more localised teams spread across East Sussex. The centre in Haywards Heath was an inpatient facility, while the one in Hove was a specialist day service of which there were very few across the country. Alison Nuttall agreed to share information on how teams were spread across East Sussex outside the meeting.

8.22 The Committee asked how those on waiting lists for an initial assessment were supported, including any support provided by the voluntary sector.

8.23 Lou Carter answered that Amaze were commissioned to provide peer support for families on neurodiversity waiting lists. Alison Wallis added that SPFT were trying to avoid unwanted variation in the offer across Sussex, but that the system was working to add capacity to offer support to children and young people both pre- and post-diagnosis, including in collaboration with the voluntary sector.

8.24 The Committee asked whether there were geographical discrepancies in the demand for or availability of services across East Sussex.

8.25 Alison Nuttall answered that resource allocation was needs-led and based on demand, but that CAMHS specialist services had teams distributed across all areas of East Sussex. Alison Wallis added that SPFT were mindful of digital access and so would offer virtual appointments for families where appropriate when physical access was a challenge for them. SPFT agreed to provide some additional data which provides a geographical breakdown of demand for CAMHS services across the county.

8.26 The HOSC commented that it had received a report on the CAMHS services and recognised the work that is taking place on projects and services to support mental health and emotional wellbeing in children and young people. However, the Committee has heard about the considerable demand for services and the increase in referrals and the current length of waiting times for assessment and help. Further, the Committee would wish to make representation through the NHS Sussex Children's Integrated Care Board to make the case for additional resources to be made available to improve access to the services and reduce the waiting times.

8.27 The Committee discussed making a resolve to request that the NHS Sussex Children's Board consider allocating additional resources for CAMHS services. The Committee agreed that taking action to reduce waiting times was needed and agreed to make a request to the NHS Sussex Children's Integrated Care Board to consider the case for allocating additional resources for CAMHS services.

8.28 The Committee RESOLVED to:

1) Note the report;

2) Note the Committee's concern around the increasing number of referrals being made to CAMHS and the current high length of waiting times for assessment; and

3) Request the NHS Sussex Children's Integrated Care Board consider the case for making additional resources available for CAMHS to improve access to services and reduce waiting times for assessments.

9. HOSC FUTURE WORK PROGRAMME

9.1 The Committee discussed the items on the future work programme. The Committee requested that the report on Hospital Handovers at the RSCH scheduled for the December 2023 be combined with a report on the University Hospitals Sussex NHS Foundation Trust's response to the recent CQC report and in particular the actions being taken at the RSCH.

9.2 The Committee requested that an evaluation report of the NHS Sussex Virtual Ward programme be circulated for information for the HOSC to then subsequently decide whether to schedule an item to discuss it at a future meeting. The Committee also requested a report for information on the outcomes of the Admissions Avoidance programme. Both programmes are part of the NHS Sussex Winter Plan

9.3 The Committee requested that an update report on the ESHT Building for Our Future programme (including and other significant capital building projects e.g. the new Elective HUB) be added to the agenda for the 21 September 2023 HOSC meeting.

9.4 The Committee also discussed the need to schedule the update reports on access to NHS dentistry service and access to GPs and GP appointments.

9.5 The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 9.2 and 9.3 (above);

2) Add a report on the NHS Sussex 2023/24 Winter Plan to the agenda for the 14 December 2023 HOSC meeting (paragraph 5.20);

3) Add an update report on Hospital Handovers at the Royal Sussex County Hospital (RSCH) combined with the report on the CQC inspection of RSCH to the work programme for the 14 December 2023 HOSC meeting (paragraph 6.26 and 9.1 above); and

4) Add an update report on the SECAmb CQC report to the agenda for the 14 December 2023 HOSC meeting (paragraph 7.14).

10. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

10.1 There were none.

The meeting ended at 1.25 pm.

Councillor Colin Belsey

Chair