# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

## THURSDAY, 14 DECEMBER 2023

## 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 Dr Kathy Ballard, Eastbourne Borough Council, Mike Turner, Hastings Borough Council, Christine Brett, Lewes District Council, Simon McGurk, Rother District Council, and Graham Shaw, Wealden District Council

Voluntary Sector Representatives
Jennifer Twist, VCSE Alliance
Vacancy, VSCE Alliance

## AGENDA

1. **Minutes of the meeting held on 21 September 2023** *(Pages 7 - 16)*

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. **Paediatric Service Model Development at Eastbourne District General Hospital** *(Pages 17 - 22)*

6. **NHS Sussex Winter Plan 2023/24** *(Pages 23 - 42)*

7. **Hospital Handovers at the Royal Sussex County Hospital (RSCH)** *(Pages 43 - 62)*

8. **HOSC future work programme** *(Pages 63 - 68)*

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

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

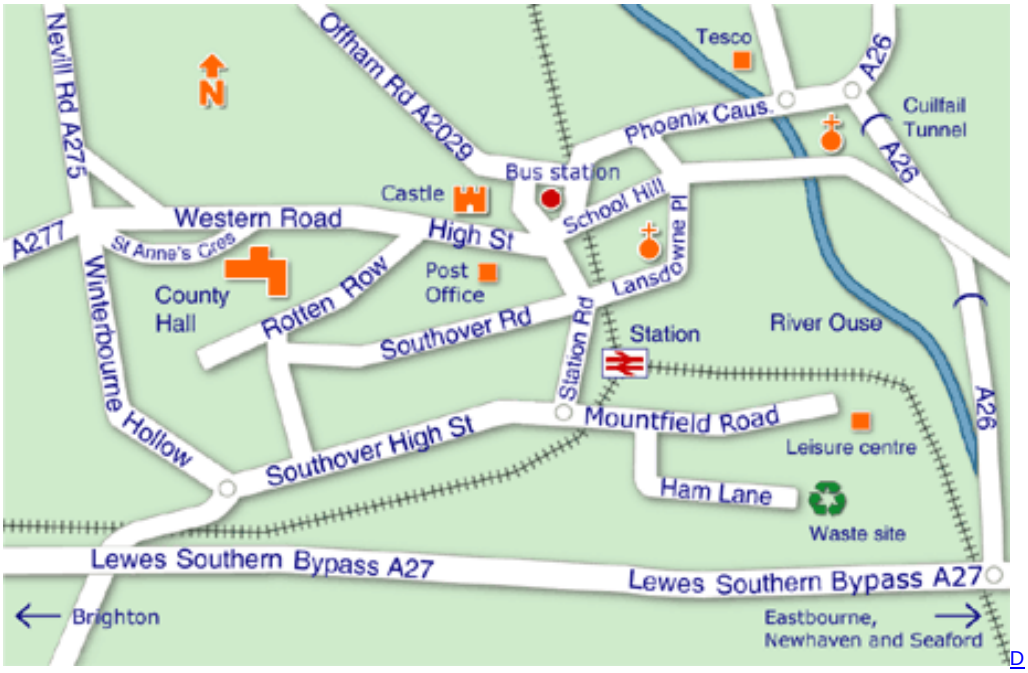
6 December 2023

Contact Martin Jenks, Senior Scrutiny Adviser,
01273 481327
Email: martin.jenks@eastsussex.gov.uk

Next HOSC meeting: 10am, Thursday, 7 March 2024, 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*

**Map, directions and information on parking, trains, buses etc**
Map of County Hall, St Anne's Crescent, Lewes BN7 1UE




County Hall is situated to the west of Lewes town centre. Main roads into Lewes are the A275 Nevill Road, the A2029 Offham Road and the A26 from Uckfield and Tunbridge Wells. The A27 runs through the South of the town to Brighton in the West, and Eastbourne and Hastings in the East. Station Street links Lewes train station to the High Street.

**Visitor parking instruction**

Visitor parking is situated on the forecourt at County Hall – please ensure you only park in this bay

If we have reserved a space for you, upon arrival press the buzzer on the intercom at the barrier and give your name. This will give you access to the forecourt.

Visitors are advised to contact Patrick Major on 01273 335133 a couple of days before the meeting to arrange a space. Email: patrick.major@eastsussex.gov.uk

**By train**

There is a regular train service to Lewes from London Victoria, as well as a coastal service from Portsmouth, Chichester & Brighton in the West and Ashford, Hastings & Eastbourne in the East, and Seaford and Newhaven in the South.

To get to County Hall from Lewes station, turn right as you leave by the main exit and cross the bridge. Walk up Station Street and turn left at the top of the hill into the High Street. Keep going straight on – County Hall is about 15 minutes walk, at the top of the hill. The main pedestrian entrance to the campus is behind the Parish Church of St Anne, via the lane next to the church.

**By bus**

The following buses stop near County Hall:

28/29 – Brighton, Ringmer, Uckfield, Tunbridge Wells

128 – Nevill Estate

121 – South Chailey, Chailey, Newick, Fletching

123 – Newhaven, Peacehaven

125 – Barcombe, Cooksbridge, Glynde, Alfriston

166 – Haywards Heath

824 – Plumpton, Ditchling, Hassocks, Burgess Hill.

Travelling from the east get off at Pelham Arms pub and take the path through St Anne's churchyard to County Hall. From the west get off at the Black Horse pub and cross the road to County Hall. The main pedestrian entrance to the campus is behind the Parish Church of St Anne, via the lane next to the church.

**Disabled access**

There is ramp access to main reception and there are lifts to all floors. Disabled toilets are available on the ground floor.

**Disabled parking**

Disabled drivers are able to park in any available space if they are displaying a blue badge. There are spaces available directly in front of the entrance to County Hall. There are also disabled bays in the east car park.

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 21 September 2023

---

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Graham Shaw (Wealden District Council) and Jennifer Twist (VCSE Alliance)

In Remote Attendance: Councillor Simon McGurk (Rother District Council)

WITNESSES:

**NHS Sussex**

Jessica Britton, Executive Managing Director, East Sussex

Maggie Keating, Urgent and Emergency Care Programme Director

Liz Davis, Director of Primary Care

**East Sussex Healthcare NHS Trust**

Joe Chadwick-Bell, Chief Executive

Tracey Rose, Programme Director Building for our Future – Hospital Redevelopment

Chris Hodgson, Director of Estates and Facilities

Stuart Green, Associate Director of Communications and Engagement

LEAD OFFICER:

Martin Jenks and Patrick Major

11. MINUTES OF THE MEETING HELD ON 29 JUNE 2023

11.1 The minutes of the meeting held on 29 June 2023 were agreed as a correct record.

12. APOLOGIES FOR ABSENCE

12.1 Apologies for absence were received from Councillors Christine Robinson, and Christine Brett.

13. DISCLOSURES OF INTERESTS

13.1 There were no disclosures of interests.

14. URGENT ITEMS

14.1 There were no urgent items.

15. NHS SUSSEX NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

15.1 The Committee considered a report on the delivery of the Non-Emergency Patient Transport Service (NEPTS) and the ongoing re-commissioning of the service. NEPTS is an eligibility driven service that is a statutory obligation for NHS commissioners to provide to transport patients to and from their healthcare appointments.

**15.2 The Committee asked how NHS Sussex could guarantee the new provider would be able to deliver the service, given previous problems with the last procurement.**

15.3 Maggie Keating, NHS Sussex Urgent and Emergency Care Programme Director recognised the previous problems from the previous procurement, and explained that there had been significant market and patient engagement throughout the creation of the new service specification. As a result of this and learning from the previous procurement NHS was in a strong position to avoid a similar problem with the new procurement.

**15.4 The Committee noted that some people felt the eligibility criteria for NEPTS was set too high, which created issues for those on the borderline of being eligible and where services had been moved to single sites through reconfiguration.**

15.5 Maggie Keating explained that the new national eligibility criteria had been subject to public consultations and should make more people eligible for the service. Part of the new service specification required the provider to signpost patients who weren't eligible to a suitable alternative. The availability of voluntary sector support was inconsistent across Sussex, but NHS Sussex had worked with it to increase volunteer capacity, and ensure that as part of the new model patients would be assisted to find their own ways to healthcare settings.

**15.6 The Committee asked how bidders would be evaluated on their capacity to meet the new service specifications, and what due diligence there would be to ensure the financial robustness of bidders.**

15.7 Maggie Keating confirmed that these all formed parts of the information to tender questions that potential providers were asked as part of the bidding process to ensure they were organisations capable of delivering the service. Bidders were first evaluated on their organisational viability to ensure they met financial and legal thresholds that assured they were capable of delivering in an appropriate way. NHS Sussex were not prescriptive of the service operating model, meaning sub-contractors could potentially be used, however bidders were required to have the arrangements in place prior to the contract being agreed.

**15.8 The Committee asked what review processes were in place for once the contract had been awarded.**

15.9 Maggie Keating confirmed there were Key Performance Indicators (KPIs) running through the contract that would be looked at as standard contract management mechanisms.

**15.10 The Committee asked how net zero ambitions would be built into the contract to ensure they were delivered on, and what would be done if the provider failed to meet the targets.**

15.11 Maggie Keating confirmed that there was a very clear requirement for the provider to reach net zero delivery by the end of the contract in 2035, and a trajectory for achieving this target over the course of the contract. If the chosen provider failed to meet the mid-contract targets this would be dealt with through standard contract management mechanisms, placing the provider on a recovery path and use contractual mechanisms to put them back on course to deliver the contract specifications.

**15.12 The Committee asked for some more information on work that had already been done with the voluntary sector in East Sussex, and the contractual mechanisms in place for working with voluntary sector organisations.**

15.13 Maggie Keating explained that providers were required to work with partner organisations, including the voluntary sector, as part of the contract delivery, and working with them was seen as important for success. As part of the national pathfinder programme, NHS Sussex had worked with Haven Cars to develop advertising materials to recruit additional volunteer drivers. Providers were required to take the lead in developing relationships with voluntary sector organisations to ensure they are able to meet the totality of patient need.

**15.14 The Committee asked if there was more than one NEPTS system currently operating.**

15.15 Maggie Keating confirmed that South Central Ambulance Service (SCAS) provided the NHS Sussex NEPTS Service, but because there were gaps in the commissioning for certain services including dynamic discharge and inter-facility transfer, acute trusts had secured private provider provision to deliver the services that SCAS were not commissioned to deliver but which were now required.

**15.16 The Committee asked how updates on their transport would be communicated to those who did not have mobile phones.**

15.17 Maggie Keating recognised that not everyone had mobile phones, and this can be addressed through the single point of access. The needs of all patient groups will be considered in conversations with the provider, as well as part of a wider system response on how to support particular patient cohorts to get the best out of all of their healthcare provision.

15.18 The Committee RESOLVED to:

1) note the report; and

2) receive an update on the procurement of the NEPTS after the contract had been awarded in January 2024. Maggie Keating also confirmed that the HOSC could also receive an update on the mobilisation of the contract as part of that update report.

## 16. PRIMARY CARE NETWORKS (PCNS) - UPDATE REPORT

16.1 The Committee considered a report on Primary Care Networks (PCNs), which are groups of GP practices in East Sussex, following on from a report the Committee considered in March. There are twelve PCNs in East Sussex which include all GP practices, with the largest covering around 100,000 registered patients and the smallest covering around 28,000 patients.

**16.2 The Committee asked what progress had been made in the recruitment of mental health clinicians and support staff, and the development of Emotional Wellbeing Services in Eastbourne.**

16.3 Liz Davis, NHS Sussex Director of Primary Care, answered that some initiatives were locally led and PCNs were not specifically contracted to provide mental health services. PCNs were expected to work with local partners and stakeholders to develop appropriate mental health pathways and services. There was a primary care workforce hub that was working with all PCNs in East Sussex to encourage uptake of additional mental health staff under the Additional Roles Reimbursement Scheme (ARRS). Jessica Britton, NHS Sussex Executive Managing Director, East Sussex, added that the staff to support the Emotional Wellbeing Services were being trained through the ARRS and developed in partnership with Sussex Partnership Foundation Trust (SPFT), with the intention of introducing those services across all GP practices in East Sussex. The intention was for 90% of practices in Sussex to offer Emotional Wellbeing Services by the end of the financial year. Jessica agreed to provide further details on the rollout of these services in Eastbourne outside of the meeting.

**16.4 The Committee asked how mental health ARRS staff connected to other local support services such as youth services and mental health support teams (MHSTs) in schools.**

16.5 Jessica Britton answered that across Sussex there was the Mental Health Community Transformation Programme which took a strategic approach to expand the mental health support offer within communities, which included linking between MHSTs and access to talking therapies. As part of the Community Transformation Programme there was ongoing work in East Sussex to identify the totality of services that were available in a given locality to further join up support more comprehensively. Both physical and mental health support would be enhanced further around neighbourhoods in coming months and into next year as Integrated Community Teams were developed, and this would include links between schools and young people's services that would improve integration between services.

**16.6 The Committee asked whether any talking therapies would be delivered by non-clinical staff.**

16.7 Jessica Britton confirmed that talking therapies would be delivered by trained mental health practitioners. The Emotional Wellbeing Services was a partnership with SPFT to oversee trained clinical professionals, but also a wider support from non-trained staff and voluntary and community sector to provide a more comprehensive offer. People would always be referred to the right service for them which offered support relative to their need.

**16.8 The Committee asked about access to GPs where PCNs covered a large geographical footprint, noting that residents were being offered GP appointments in places far from where there lived and which had few public transport routes available.**

16.9 Liz Davis confirmed that PCNs were an amalgamation of local groups of GP practices, and they had the autonomy to design their services based on their populations' needs. While PCNs aimed to work together at scale offering Enhanced Access (EA) services across their practices to provide resilience to general practice, the PCN contract does not stipulate where Enhanced Hours services should be held, such that EA services may operate from only one site and not at all practices in the PCN. The Integrated Care Board (ICB) was working closely with all PCNs across Sussex to drive increased access and understand what barriers there are to why patients cannot always be seen at certain locations. A System Level Access Plan was being developed to tackle issues with access across Sussex, which would be published in late January 2024. Liz offered to bring a report on this to a future HOSC meeting.

**16.10 Cllr Mike Turner raised a long-running estates issue of there being a lack of GP surgery in Baird ward in Hastings, and asked how the ICB were addressing the situation.**

16.11 Liz Davis confirmed that she was happy to discuss that particular issue outside of the meeting. She also confirmed that the ICB were running a programme called the Clinical Estates Toolkit Strategy which was available to all PCNs to support them with estates issues. This programme was due to end in the next few months, and a full evaluation of the programme would take place to identify necessary actions to address estates issues across the system.

6.12 Cllr Turner noted that a temporary structure on the land to increase access in the interim would help.

**16.13 The Committee asked whether patient choice still existed for GP referrals as set out in the Patient Charter.**

16.14 Jessica Britton confirmed that GPs did discuss with patients their right to choose and that remained a right for patients.

**16.15 The Committee asked for more detail on which and how many of each ARRS roles available to PCNs had been taken up, and how they were distributed across PCNs.**

16.16 Liz Davis confirmed that each PCN had agreed set of collective terms and conditions which set out how they intended to use their ARRS and where they would be based. From a contractual standpoint, the ICB could not mandate how PCNs utilised and operationalised their ARRS staff. There was work currently taking place to develop a primary care workforce strategy and a report on this could be brought to a future HOSC meeting.

**16.17 The Committee asked what work was going on to increase GP recruitment.**

16.18 Liz Davis answered that the ICB run a number of programmes to increase GP recruitment across the system, including programmes to bring in and help develop newly qualified GPs and nurses. PCN education leads worked with PCNs to provide education on how they can promote patient care and resilience through ARRS roles to make best use of GP resources, and Liz offered to bring a further report on plans to increase GP recruitment if requested.

**16.19 Cllr Abul Azad highlighted difficulty for patients in accessing GP appointments in his division, and asked for more information on the roll out of the out of hours service.**

16.20 Liz Davis answered that PCNs were contracted to provide enhanced access service which offered appointments on weekday evenings between 18:30 – 20:00 and Saturdays from 09:00 – 17:00. The ICB would investigate if PCNs were not offering these services and Liz offered to have a discussion on the issue with Cllr Azad outside of the meeting.

**16.21 The Committee asked for clarification and confirmation on whether all GP practices should be offering enhanced hours services, and when GPs on the New To Practice programme would be fully operational, and how many more GPs were needed in East Sussex.**

16.22 Liz Davis confirmed that every PCN, regardless of how many practices it had, was contractually obliged to provide the enhanced access service. However, this did not mean that it had to be offered at every GP practice within the PCN. As part of their Mandatory Network Agreement, each PCN had to set out where their enhanced access services are operated from. Liz offered to bring a report on how each individual PCN offered the service together with GP and ARRS workforce information if requested. The Chair responded that report for information providing this information would be helpful, and Jessica Britton agreed to coordinate such a report on an appropriate timeframe.

**16.23 The Committee asked whether the use of digital platforms, such as Livi, could be used to provide greater access to GP appointments.**

16.24 Liz Davis answered that there were programmes to increase online access and that a System Level Access Plan would be published in November 2023, part of which would include plans to encourage PCNs to provide digital alternatives. Individual PCNs had the choice of whether to adopt specific digital capabilities, however the ICB did not commission all of these services across the system at present.

**16.25 The Committee asked how soon all GP practices in East Sussex would be accredited as Veteran Friendly.**

16.26 Jessica Britton agreed to provide this information outside of the meeting.

**16.27 The Committee asked for more information on work PCNs were doing on health inequalities and what the expected long-term impact of this work was.**

16.28 Liz Davis answered that PCNs were contractually obliged to support tackling neighbourhood health inequalities, and all PCNs were engaged in projects focused on the CORE20. The majority of PCNs in East Sussex were working on projects to tackle serious mental illnesses in particular age groups and cohorts, and other key areas for some PCNs were learning disabilities, hypertension, vaccination inequalities. The new Integrated Community Teams (ICTs) would be a key mechanism to longer-term work on health inequalities, as they would work with PCNs, health and social care authorities and VCSEs to deliver for the health needs of defined populations. Work with Public Health authorities was underway to develop population level health profiles, and there would be 5 ICTs across East Sussex, which would use all available data to better understand and tackle health inequalities at a more localised level.

**16.29 Cllr Mike Turner asked for reassurance that funding from the former Clinical Commissioning Group for health inequalities in Hastings would be ringfenced for that area.**

16.30 Jessica Britton confirmed she was happy to have a discussion on this with Cllr Turner outside of the meeting.

16.31 The Committee RESOLVED to:

1) note the report; and

2) request a future update report on PCNs to come a future meeting.

17. EAST SUSSEX HEALTHCARE NHS TRUST (ESHT) - BUILDING FOR OUR FUTURE HOSPITAL REDEVELOPMENT PROGRAMME UPDATE

17.1 The Committee considered a report on the ESHT Building for our Future Hospital Redevelopment Programme which covered a range of capital developments and plans for hospital redevelopment at ESHT as part of the Government's New Hospitals Programme.

**17.2 The Committee asked if ESHT were likely to receive a decision on the business cases and future investment as part of the New Hospitals Programme ahead of a General Election.**

17.3 Tracey Rose, ESHT Programme Director Building for our Future – Hospital Redevelopment, answered that ESHT hoped to receive a decision before the next General Election and were working to submit the business cases at the earliest opportunity to help secure any investment.

**17.4 The Committee asked for clarification on whether there would be a newly built hospital at Eastbourne as part of the programme.**

17.5 Tracey Rose confirmed that ESHT were working with New Hospital Programme to explore different options, which included the possibility of a newly built hospital. Joe Chadwick-Bell, ESHT Chief Executive, added that the Trust were engaged in live discussions to produce a

business case and were considering a range of options as would be expected as part of that process. Chris Hodgson, ESHT Director of Estates and Facilities, added that whatever option was eventually progressed there would be additional investment.

**17.6 The Committee asked what plans there were to expand parking at the Bexhill Hospital, including the provision of more disabled parking bays.**

17.7 Chris Hodgson confirmed that in addition to building works commencing in October 2023, there would be additional car parking facilities on the Bexhill site. The provision of parking would come in the next calendar year once the main scheme was close to completion. Chris confirmed he would look further into the provision of disabled bays ahead of works beginning.

**17.8 The Committee asked for an update on the recruitment of a transport liaison officer in Bexhill.**

17.9 Chris Hodgson confirmed that there was nothing to update but would come back with more information.

**17.10 The Committee asked for an update on works at the Conquest Hospital in Hastings and reassurance on the future provision of services at that site.**

17.11 Joe Chadwick-Bell recognised potential concerns for people in Hastings when much of the focus remained on Eastbourne, but emphasised there was significant investment going into the Conquest. There were currently no plans to move any further services away from the Conquest and it remained a central site for a number acute services. Chris Hodgson, confirmed that the first stages of the Building for our Future programme were investment for business cases at Conquest, including two clinical departments and a multi-storey carpark. There had also been substantial recent capital funding allocated to Conquest for internal upgrades and refurbishment work which was often less visible. This has included two new MRI scanners and four new operating theatres. Chris offered to show interested members of the Committee around the site to help understand works that had taken place.

**17.12 The Committee asked if future new developments were likely to consider modular constructions.**

17.13 Chris Hodgson answered that all construction methods had a time and a place, but that the Trust did continue to use traditional building methods, and the most appropriate building method would be use for the particular development.

**17.14 The Committee asked when funding coming for the Conquest business cases was likely to be confirmed and when development would subsequently commence.**

17.15 Tracey Rose answered that ESHT hoped that it would have a decision on business cases by the next financial year. She added that planning permission for the car park at Conquest had already been secured.

**17.16 The Committee asked for assurance that any work at Eastbourne would meet the definition of a 'new hospital'.**

17.17 Tracey Rose confirmed that as part of the New Hospital Programme the work done at Eastbourne would meet the definition of a new hospital.

**17.18 The Committee asked if ESHT had a sense of the investment that would likely be provided through the New Hospitals Programme.**

17.19 Tracey Rose answered that it was not possible to confirm the amount of investment, but was happy to return to HOSC when there was greater certainty on the funding envelope. Joe Chadwick-Bell added that the New Hospitals Programme had a national programme budget, although that would go beyond the next General Election so was subject to change. ESHT will start with what they think is the best option and would not build a hospital that was not fit for purpose or suitable to patient and population need. ESHT will also need to optimise patients staying in community settings. Whatever the overall budget of the Building for our Future programme ended up being, there would still be very significant investment going into healthcare facilities in East Sussex.

17.20 The Committee RESOLVED to note the report.

## 18. HOSC FUTURE WORK PROGRAMME

18.1 The Committee discussed the items on the future work programme.

18.2 The Committee noted that there remained outstanding unanswered questions on the impact of social prescribing in PCNs, and requested that is information be included in the future report on PCNs. The Committee requested that this include how many patients were being referred to ARRS social prescribing services, and what impact this was having on reducing need for acute care.

18.3 The Committee were aware of reports in the national media regarding NHS staff behaviour, and requested that that a report for information be circulated with the Committee to understand the extent of the issue locally and actions being taken to address it.

18.4 The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 15.18, 16.31 and 18.3 (above).

## 19. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 14

19.1 None.

The meeting ended at 12.47 pm.

Councillor Colin Belsey

Chair

| | |
|---|---|
| **Report to:** | **East Sussex Health Overview and Scrutiny Committee (HOSC)** |
| **Date of meeting:** | **14 December 2023** |
| **By:** | **Assistant Chief Executive** |
| **Title:** | **Paediatric Service Model Development at Eastbourne District General Hospital** |
| **Purpose:** | **To provide the Committee with an overview of minor planned changes to how paediatric care is delivered at the Eastbourne DGH** |

***RECOMMENDATIONS***

**The Committee is recommended to:**

1) **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. Paediatric service provision at East Sussex Healthcare NHS Trust is split across the two acute hospitals. All in-patient care, emergency and higher acuity need is met at Conquest Hospital, along with outpatient services, planned investigations and inpatient surgical needs. Eastbourne District General Hospital (DGH) does not have an in-patient ward but does provide urgent care, outpatients, planned investigations and day surgical services. Both sites were rated 'Good' by the CQC in 2020, although staffing challenges were noted.

1.2. On both sites a Short Stay Paediatric Assessment Unit (SSPAU) was set up some years ago, to support urgent activity. It is usual for hospitals without in-patient wards, like Eastbourne DGH, to co-locate paediatric assessment units with Emergency Departments (EDs), to improve access, speed of service and closer interaction between teams. However, this has not historically been possible at Eastbourne DGH, with the SSPAU some distance away from the ED. The unit at Eastbourne has also had staffing challenges and as a result has been closed on weekends since July 2022.

1.3. A review of the current service arrangements at Eastbourne DGH was undertaken following the consideration of best practice as part of the new hospital clinical pathways programme of work, where the aim is to develop an emergency floor co-located with service to reduce unnecessary patient moves, bringing the clinicians to the patient, improve patient experience and reduce time spent in hospital settings where this is not required.

## 2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides an overview of the service development plans at Eastbourne DGH, and how these relate to urgent care, day surgery and planned care.

## 3. Conclusion and reasons for recommendations

3.1. The HOSC is recommended to note the report and identify if there are any areas it wishes to scrutinise further.

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

Contact Officer: Patrick Major, Scrutiny and Policy Support Officer
Email: patrick.major@eastsussex.gov.uk

East Sussex Healthcare
NHS Trust

# Paediatrics Pathways at EDGH – Improving Urgent Care – 1 December 2023

## Health Overview and Scrutiny Committee Update, requested for 14 December 2023

**Background**

Paediatric service provision at East Sussex Healthcare NHS Trust is split across our two acute hospitals. All in-patient care, emergency and higher acuity need is met at Conquest Hospital, along with outpatient services, planned investigations and inpatient surgical needs. Eastbourne District General Hospital (DGH) does not have an in-patient ward but does provide urgent care, outpatients, planned investigations and day surgical services. Both sites were rated 'Good' by the CQC in 2020, although staffing challenges were noted.

At both sites the majority of urgent care for children is actually provided by each Emergency Department (ED). The Eastbourne site had 13,471 attendances in 2022/23, of which 91% did not require specialist paediatric input.

On both sites a Short Stay Paediatric Assessment Unit (SSPAU) was set up some years ago, to support urgent activity. Hospitals similar to Eastbourne DGH *without* in-patient wards usually co-locate assessment units / areas for urgent paediatrics within their EDs to improve access, speed of service and allow closer interaction and support between the paediatric and ED teams.

We have not historically been able to do that at Eastbourne DGH and currently the assessment unit is a significant distance away from the ED at the other end of the hospital. It is also challenging to staff the unit at Eastbourne and as a result it has been closed on weekends since July 2022 and closes earlier in the day than is ideal to support ED. The assessment unit at Eastbourne sees roughly 3 to 4 children on average per day for urgent assessment, and on average about 1 child per day requires transfer from Eastbourne DGH to Conquest to meet their care needs. All ambulances conveying children go to Conquest.

The review of the current service arrangements was undertaken following the consideration of best practice as part of the new hospital clinical pathways programme of work, where the aim is to develop an emergency floor with service co-located to reduce unnecessary patient moves, bringing the clinicians to the patient, improve patient experience and reduce time spent in hospital settings where this is not required.

**Service Development**

Urgent Care

A review of the future arrangements of the SSPAU at Eastbourne DGH found that there was an opportunity to move the urgent elements of the SSPAU service, including the ability to observe and assess children, to a dedicated paediatric area adjacent to our Emergency Department. The aim is to:

- Improve the speed and access for children needing urgent care at Eastbourne DGH
- Improve the hours that the service can be offered to support ED across 7 days
- Enable a more effective and sustainable staffing model which includes the development of Advanced Paediatric Nurse Practitioners (this is the long term plan for ED adjacent services on both sites)

This means that urgent paediatric cases will be managed in a child-friendly area in ED, including any that need longer observation, and will be supported by Advanced Paediatric Nurse Practitioners (or paediatric registrars/middle grade doctors) who work adjacent to ED. They will not have to be transferred to a separate location. Initially the plan will match the 5 day provision currently offered by the Eastbourne SSPAU, but will increase to 7 days and longer hours. A Paediatric Consultant will be available to provide advice, support or attend as required.

Management of self-presenters that become critically unwell would *continue* to follow the existing "management of critically ill children presenting unexpectedly at Eastbourne DGH pathway"; as per this pathway ambulances convey critically ill children to Conquest Hospital.

This approach to ED adjacent urgent care is also part of the long term plan for Conquest Hospital and being designed into plans for both sites under the New Hospital Programme.

Clinical and operational teams have been involved in reviewing pathways and the most appropriate place at Eastbourne DGH for patients to be seen.

Day Surgery

Children requiring day case surgery, are currently recovered within the theatres area and discharged home. That will continue until the new elective hub is completed where they will be treated and discharged from the unit, which is best practice for day surgery and has been designed accordingly.

Planned Care

The majority of children are seen within the out-patients area and that will continue. The plan is to retain all the *planned* work we currently use the SSPAU to deliver at Eastbourne DGH, but in an outpatient type setting (or even at home) rather than alongside the urgent cases.

In summary whilst patients will be seen in different locations more appropriate to their needs, there are no planned changes to the pathways which impact on patients moving to another site and this is summarised below. The team are also considering where possible that some appointments may be able to be done remotely so that travel to hospital settings is reduced. The skill-mix required to support each clinical setting has been reviewed and as such will affect some staff, for which there has been a formal HR consultation process undertaken.

The planned improvements are due to start in January.

| Pathway at EDGH | Current Model | New Model | Extra transfers to CQ? |
|---|---|---|---|
| Critically unwell children presenting to ED | Immediate resuscitation/stabilisation by EDGH ED/Anaesthetics. Paediatric consultant on site in one hour. Transfers to Conquest as per current protocols. | No change | 0 |
| Acute Paediatric presentations to ED | Initially seen in EDGH ED. If paediatric specialist input is required children are streamed & moved to EDGH SSPAU (if it is open). Transfers to Conquest as per current protocols. | Will be seen in EDGH ED by paediatric specialist, and can be observed in EDGH ED if required. Transfers to Conquest as per current protocols. | 0 |
| Urgent GP referrals | Children likely to need admission are directed to Conquest. Children unlikely to need admission are seen on EDGH SSPAU. | Children likely to need admission are directed to Conquest. Children unlikely to need admission seen by paediatric specialist in EDGH ED. | 0 |
| Ambulatory care | Seen on EDGH SSPAU | Managed by the community nursing team with support from paediatric consultant. In the future through virtual ward | 0 |
| Elective surgical pathways for children | In-reaching to DAU/Jubilee for Paediatric Nursing support. | No change.<br>Paediatrician support from consultant in clinic. Will ensure Paediatrician cover on days where surgery is running at EDGH. | 0 |
| Elective medical investigations | Carried out on EDGH SSPAU. | Nurse-led model to be carried out on Scott Unit/OPD with Paediatrician available in OPD. | 0 |

Joe Chadwick-Bell

Chief Executive

Dr Matthew Clark

Chief Women's and Children's Services

Consultant Paediatrician

29 November 2023

This page is intentionally left blank

| | |
|---|---|
| **Report to:** | **East Sussex Health Overview and Scrutiny Committee (HOSC)** |
| **Date of meeting:** | **14 December 2023** |
| **By:** | **Assistant Chief Executive** |
| **Title:** | **NHS Sussex Winter Plan 2023/24** |
| **Purpose:** | **To provide an overview of the NHS Sussex Winter Plan 2023/24.** |

***RECOMMENDATIONS***

**The Committee is recommended to consider and comment on the report.**

## 1. Background & supporting information

1.1. Winter planning is an annual national requirement of the NHS to ensure that the local health and social care system has sufficient plans in place to effectively manage the capacity and demand pressures anticipated during the Winter period. The Sussex System Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. The Plan period runs this year from November 2023 to April 2024 and was approved by the Integrated Care Board's Executive Committee on 6th November 2023.

1.2. Winter Plans are developed with input from partners across the system including local authorities, providers, commissioners and the voluntary sector. This report highlights the Sussex wide and East Sussex specific elements of the plan. It should be noted that the system has continued to see sustained high demand on urgent and emergency care services over the past year. The causes include increased demand across primary, secondary, community and mental health services, challenges in recovery of productivity post pandemic, staff vacancies and issues impacting on staff morale (including the industrial action). These challenges will continue over the winter months and will be compounded by additional factors such as seasonally driven increases in illness (acute respiratory, flu, Covid, norovirus etc), cold weather and the ongoing impact from cost-of-living pressures which constrains the ability of the most vulnerable in our population to keep themselves well.

1.3. A summary of the NHS Sussex Winter Plan 2023/24 is attached as **Appendix 1** for consideration by the HOSC and covers the following topics:

- *National requirements and Sussex requirements*
- *Developing the Sussex System Winter Plan*
- *Data and information focus*
    - *Demand and Capacity Modelling*
- *Priority Ares of focus*
    - *Demand management*
        - *Optimising use of 111 (phone and online)*
        - *Optimising use of primary care resource (including community pharmacy)*

        - *High intensity users*
    - *Admission Avoidance*
        - *Single Point of Access (AASPA)*
        - *Virtual Wards (VW)*
        - *Urgent Community Response (UCR)*
        - *Palliative End of life Care*
    - *Hospital Flow*
        - *Emergency Department (ED) Improvement Plans*
        - *Mental Health Crisis Improvement plan*
        - *Community Flow Improvement plan*
        - *Discharge Improvement Plans (acute, community and mental health)*
- *Cross cutting clinical pathways*
    - *Frailty*
    - *Respiratory*
    - *Clinical Leadership*
    - *Paediatric RSV*
    - *Critical Care Capacity*
- *Other cross-cutting pathways*
    - *Workforce*
        - *Wellbeing and cost of living support*
        - *Staff Availability*
    - *Infection Prevention and Control (IPC)*
    - *Voluntary, Community and Social Enterprise (VCSE) providers*
    - *Local authorities*
    - *Planned Care, Cancer and Diagnostics*
    - *Communications*
- *Plan delivery*
    - *Roles and responsibilities*
    - *Management of day-to-day operational pressures*

## 2. Conclusion and reasons for recommendations

2.1 HOSC is recommended to consider and comment on the NHS Sussex Winter Plan.

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

Contact Officer: Patrick Major, Scrutiny and Policy Support Officer
Email: patrick.major@eastsussex.gov.uk

# East Sussex Health Overview and Scrutiny Committee (HOSC)

## Sussex System Winter Plan 2023-24
## November 2023

### 1. Introduction – Winter 2023/24

This report provides a summary of the Sussex System Winter Plan that spans the period from November 2023 to April 2024. The report highlights the Sussex wide and East Sussex specific elements of the Plan and aims to provide assurance to the HOSC that the health and social care needs of the local population will be met over the winter period.

The Sussex System Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population.

Over the past year, the Sussex system, similar to other systems across the country, has continued to see sustained high demand on urgent and emergency care services. While performance over the summer months has demonstrated an improvement relative to 12 months ago, the system is not yet achieving consistent delivery of the A&E 4-hour standard in emergency departments at the target level set by NHS England (NHSE) for this year (76%).

The causes include increased demand across primary, secondary, community and mental health services, challenges in recovery of productivity post pandemic, staff vacancies and issues impacting on staff morale (including the industrial action).

These challenges will continue over the winter months and will be compounded by additional factors such as seasonally driven increases in illness (acute respiratory, flu, Covid, norovirus etc), cold weather and the ongoing impact from the cost-of-living crisis which constrains the ability of the most vulnerable in our population to keep themselves well.

Consequently, as in previous years, the purpose of the Winter Plan is to develop a comprehensive and aligned system approach to ensure that the Sussex system:

- Continues to maintain and improve the quality and safety of services.
- Ensures timely access to services for the entire population, supported by a clinical risk-based focus at times of surge in demand.
- Focuses on the most vulnerable and at risk; and
- Takes forward learning from previous winter planning 22/23 including;
    - To have dedicated System winter clinical leadership;

- To use a coordinated approach to winter planning, in particular discharge;
- To achieve clarity on recurring funding and budgets as early in the year as possible; and
- To develop models early in the year for the next Winter.

The Sussex System Winter Plan was approved by the Integrated Care Board's Executive Committee on 6th November 2023.

## 2. Sussex system approach to developing the Winter Plan

The Sussex system approach to developing the Winter Plan was driven by two key influences:

### 2.1 National requirements

This year a guidance letter from NHSE '*PRN00645 Delivering operational resilience across the NHS this winter*' was issued on 27 July 2023 with a number of key requirements and expectations:

- To conduct a demand and capacity analysis, as the basis for the Winter Plan, underpinned by robust planning assumptions.
- To clarify and agree within the system the key roles and responsibilities for managing the winter effort.
- Implementation of a System Co-ordination Centre (SCC); and
- To adopt the revised Operational Pressures Escalation (OPEL) Framework

Further details of the Sussex approach to these four requirements are set out in Section 9 – Plan Delivery of this report.

In addition to the guidance letter, NHSE issued a number of specific requirements for all trusts and provider organisations relating to:

- Improving and protecting the wellbeing of the workforce;
- Protecting the public and healthcare workforce from flu and other infectious diseases; and
- Ensuring there is an established pathway for identifying patients at risk of Covid and flu in those that are immunosuppressed.

To provide assurance over delivery of the national requirements and expectations, the system completed a narrative and numerical return which was submitted in September 2023. While there is some degree of overlap with the content of the NHSE return, this does not negate the need for a separate system plan which articulates the specific areas of focus in Sussex and how partners will work together to deliver it.

### 2.2 Sussex requirements:

In addition to the national requirements, the Sussex system considers what specific priorities or areas of focus are required to best meet the needs of the local population

(based on locally observed demand and capacity) and the governance arrangements required to ensure all parts of the system work together to best mitigate the risks for the entire population. This requires bringing together actions and intelligence at neighbourhood, place and system level, prioritising the areas of focus and ensuring response and delivery mechanisms are in place that reduce duplication and maximise impact without adding unnecessary burden on operational and clinical teams.

Each year, the Sussex system undertakes a learning exercise post winter to ensure that the system follows a cycle of continuous improvement. Key areas of focus for improvement this year include:

- looking at how to reduce duplication of asks, particularly those that fall to clinical or operational teams for delivery;
- ensuring a small number of data driven areas of focus for consistency of approach; and
- building on the clinical risk-based approach initiated last year.

## 3. Developing the Sussex System Winter Plan

The plan incorporates the requirements set out within the NHSE guidance letter and describes the focus on three key priority workstreams:

- Demand management
- Admissions avoidance; and
- Hospital Flow

These workstreams are underpinned by a series of cross cutting workstreams relating to:

- Critical clinical pathways (frailty and respiratory)
- Workforce
- Infection Prevention and Control (IPC)
- Clinical Leadership
- Voluntary, Community and Social Enterprise sector (VCSE)
- Partnership working with local authorities; and
- Communications.

Contributors to the Plan include:

- NHS Sussex ICB
- East Sussex Healthcare NHS Trust (ESHT)
- Queen Victoria Hospital (QVH)
- Sussex and Surrey and Sussex Healthcare Trust (SASH)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- University Hospitals Sussex NHS Foundation Trust (UHSx)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Local Authorities
- Primary care; and

- The VCSE Sector.

## 4. Data and information focus

The Sussex system has taken a data driven approach to developing the Winter Plan to ensure that system resource is targeted to the areas of greatest need or where the greatest impact will be achieved. As part of the work undertaken by the NHS Sussex Urgent and Emergency Care (UEC) Programme Board, a comprehensive review of urgent care data has been undertaken.

Key headlines from the analysis include:

- People over 65 account for a proportionally higher number of Emergency Department (ED) attendances and non-elective admissions.
- Deprivation has a significant influence on ED attendances and non-elective admissions and to bring rates of attendance and admission in line with those of the least deprived quintile would result in c.22k fewer ED attendances in Sussex, and c.10,000 fewer admissions per year.
- The rate of ED attendances for Mental Health Disorders, Psychosocial issues and behaviour change is significantly higher in Sussex than for peers. NHS Sussex is 39th out of the 42 Integrated Care Boards (ICB) in England on this measure.
- In Sussex there are fewer staff working in emergency care settings (Urgent Treatment Centres, Minor Injury Units, Walk in Centres and EDs) than peer ICBs and the England average, however, Sussex has a higher number of staff than the peer average in NHS organisations overall.
- In Sussex, a higher number of primary care appointments are undertaken than in peer ICBs (when adjusted for population size), but fewer face to face and same day appointments than the national average.
- Sussex has lower activity for 111 calls and online compared to the equivalent national rates, however, 999 call volumes are higher.
- Sussex has higher levels of ambulance conveyances to ED and lower levels of Hear and Treat (treatment of conditions by 999 and 111 staff over the phone) than the England average.
- Sussex has fewer available overnight beds than both ICB peers and the England average but has seen a significant increase in long length of stay and has one of the highest number of patients who no longer meet the criteria to reside (NCTR) (in both acute and community settings).
- The percentage of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services is 14.2% below the national average and the ICB ranks 39/42.

This analysis provided some clear areas to focus on in the Winter Plan including: the older population, population in areas of deprivation, individuals requiring Mental Health support, the need to right-size emergency care, workforce, optimising use of primary care capacity, optimising use of 111 and 999 services, reducing rates of conveyance, and addressing challenges relating to discharge and length of stay.

### 4.1 Demand and Capacity Modelling

Development of the Winter Plan was underpinned by demand and capacity modelling. In line with the NHS England Winter Priorities, a demand and capacity analysis has been undertaken as the basis for developing the Winter Plan to inform planning assumptions.

NHS Sussex demand and capacity modelling has continuously been updated via provider BI intelligence to ensure the modelling tool is as accurate as possible. The model includes assumptions in relation to Covid, Flu and Respiratory Syncytial Virus (RSV). Industrial action introduced an added level of complexity in modelling capacity. The model sets out baseline bed capacity, surge capacity and super surge capacity (only opened in extremis). This has been offset by expected demand which typically results in a bed deficit at the start of each winter planning round. The impact of the planned areas of focus within the Winter Plan have been quantified and this has been overlayed in order to mitigate the remaining bed deficit.

Work was undertaken to quantify the impact of schemes in the priority areas of focus including the benefit of any investment through the Better Care Fund (BCF) or application of national funds and this has been reflected in the demand and capacity model in order to ensure that the forecast position is understood and agreed by all system partners. This will continue to be developed and refined over Winter and is reflected in the Winter Plan.

The demand and capacity model is used to ensure that all system partners are clear on the levels of performance across a key range of metrics such as length of stay, bed occupancy, Not meeting Criteria to Reside (NCtR), admissions and daily discharges by pathway. This in turn will ensure the system is managed in a proactive way, with early intervention when these metrics deviate from plan.

## 5. Priority Areas of Focus

As set out in the previous section, analysis of key data sets has provided a good indication of where the Sussex system needs to focus efforts this winter:

### 5.1 Demand Management

Effective demand management will ensure that patients are directed first time to the service most appropriate for their needs and helps ensure that capacity for direct patient/clinician interactions is protected for those most at risk.

#### 5.1.1 Optimising use of 111 (phone and online)

The Sussex System Winter Plan includes communications around encouraging the use of 111 to ensure patients are directed first time to the service which best meets their needs. In parallel, work is being undertaken with SECAmb to ensure that call response times and call backs are being sufficiently timely to build public confidence in the service.

A revised operating model has been proposed by SECAmb that sets out the impact of the removal of non-recurrent funding received in 2022/23 and 2023/24. Call handling capacity

has further been challenged following the move of SECAmb's emergency operations/111 centre to Medway with current establishment at 80% of funded level. However, recruitment plans are in place to recover this position by January 2024, with the shortfall partially being filled by overtime in the interim.

Commissioners continue to work with SECAmb and finance leads across Kent, Medway & Sussex to fully articulate the cost pressure, potential system impact and make recommendations to allow NHS 111 to continue to protect wider systems and minimize clinical risk.

**5.1.2 Optimising use of primary care resource (including community pharmacy)**
Primary care, in line with all other health services, is under significant operational pressure. Close working will be required with system partners to ensure limited capacity is optimised to best support the population over winter.

Primary Care Networks (PCNs) already provide support to care home patients through the Enhanced Health in Care Homes (EHCH), which is one of the required services PCNs provide under the Directed Enhanced Service (DES). All practices in the ICB are also signed up to the Frailty and End of Life Care Locally Commissioned Services (LCS) ensuring they can identify and optimise the care of people with complex needs and long-term conditions outside residential care settings.

In addition, workstreams have been developed and task and finish groups started to support the delivery of key actions from the primary care recovery plan including:

- Use of the Apex Demand and Capacity Platform mobilised in all practices by October 2023, which will enable practices and NHS Sussex to monitor any changes in demand and provide suggestions of possible activity to enable change via the SHREWD platform.
- Maximising use of underutilised Primary Care Enhanced Access (EA) Capacity (additional evening and weekend GP access arranged by PCNs), particularly to ensure coverage over the Christmas and New Year period.
- Advance Primary Care (APC) Roles to enable practices to focus on quality.
- Agree model with PCNs and GP Federations for Local Hubs that will be stood up as surge capacity (subject to funding). The model will include sites, patient communications, and referral pathways into and support from secondary care.
- Preparation of fast-track approval process for additional primary care capacity, should funds become available. This will enable rapid mobilisation based upon last year's successful model.
- The common conditions/Pharmacy First scheme that will enable pharmacists to supply prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. This scheme is permitted under the national Patient Group Directions (PGDs) legal framework.
- Further support in the expansion of the contraceptive service and the hypertension

case-finding service. Negotiations are still under way nationally with input from Community Pharmacy England.

- Vaccination of those over the age of 65 and in areas of deprivation. In response to a new Covid-19 variant, flu and Covid vaccination started in September. This will ensure adequate protection over the winter months for vulnerable patients in Sussex. Frontline health and social care workers are also included in the eligible cohorts for both vaccinations.

Current flu and covid vaccine uptake in East Sussex is 49.0% with Sussex at 51.6% and National at 46.9%. We continue to have a number of sites operating in East Sussex including community pharmacies and local GP sites**,** who will be continuing to offer vaccinations to their eligible populations.

### 5.1.3 High Intensity Users

It is well known that a small number of individuals make particularly frequent use of health care resources. This can be for a number of reasons including complex health needs and/or psychosocial needs. A High Intensity Users programme is a priority area of focus for this winter. This involves targeted patient level work with individuals to better understand their support needs, linking where appropriate to personalised health budgets, social prescribing, VCSE support and linking with wider local authority services. Patients who access the service have reported a greater sense of control over their daily lives, satisfaction with their current housing, financial stability, and improved physical and emotional health among other reported outcomes. Many of the patients supported are from areas of deprivation, are disabled and are vulnerable due to their housing situation.

This builds on the very successful impact VCSE high intensity user service that uses a psychosocial and longer-term approach to target Brighton and Hove frequent users of emergency services at University Hospitals Sussex (RSCH and PRH). The service has been expanded to include East Sussex, operating Monday to Friday; 9am till 5pm. The service provides support for up to nine months, although many patients are involved with the service for a shorter period.

As the service has not been operating very long in East Sussex the data is limited. The service saw 13 new referrals within the first three months of operation, 31% of who reside in Core20[1] areas of Multiple Deprivation. In 2022/23 the same model in Brighton and Hove, reported a 68% reduction in ambulance conveyances, 61% reduction in ED attendances and 74% reduction in non-elective admissions (NELs). Additionally, the individual impact on service users, family and friends is significant. A pilot is being established in West Sussex.

[1] The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

### 5.2 Admission Avoidance

A focus on admissions avoidance will ensure patients are treated in the most suitable environment for their needs. In many cases this will be in their normal place of residence, supported by carers, family, and friends. Minimising the number of admissions to those patients who can only be treated in an inpatient setting reduces bed occupancy and the risk of delayed discharge and better supports the individuals.

#### 5.2.1 Single Point of Access (AASPA)

The Sussex system mobilised an admissions avoidance single point of access (AASPA) as part of the 22/23 Winter Plan. This was considered best practice by NHSE and was subsequently included as a requirement for all ICBs in the 23/24 National Winter planning requirements. This continues to be a priority for the system with the strategic ambition to expand the function to become the single point of access for all healthcare professionals, and to develop the service as a strategic component of the NHS Sussex integrated community model.

To support winter 2023/24, priority focus is being applied to:

- Increasing access to senior clinical decision makers to ensure those contacting the AASPA (paramedics etc) are supported to make decisions which support patients to receive the right care in the place most appropriate for their needs.
- Development of technical enablers to increase capacity and resilience of the function and improving access to patient records to support clinical decision-making; and
- Building capacity and clinical pathways which link with same day emergency care (SDEC), Urgent community response (UCR), Enhanced Care for Care Homes and virtual wards (VW).

#### 5.2.2 Virtual Wards (VW)

The virtual ward programme has transitioned from being an ICB led programme into a provider led programme, led by SCFT. This ensures that those closest to delivery of the service are supported to take ownership of service design, and use direct knowledge of resource requirements, service transformation opportunities, and provider to provider relationships to optimise the opportunities for service improvement.

A stocktake of current services in Sussex has been undertaken, recognising that Sussex benchmarks low nationally on the overall number of virtual ward beds, to support the system to expand capacity in an optimal way, utilising resources, and meeting population needs. It is the focus will include maximising opportunities in Admissions Avoidance and link to cross-cutting areas of clinical focus including Frailty and Respiratory.

#### 5.2.3 Urgent Community Response (UCR)

Urgent Community Response (UCR) services across Sussex are a core part of admissions avoidance, operating to support both the AASPA and virtual wards. In addition, daily touchpoint calls are in place with SECAmb to identify category 3 and 4 patients from SECAmb's ambulance dispatch queue, and where clinically appropriate, referring direct to

UCR to reduce demand on the ambulance service and improve the speed of response. The ICB has funded SECAmb pathway champions to embed and promote this service within the ambulance provider.

### 5.2.4 Palliative End of life Care (PEoLC)

Work done in relation to the "ECHO" PEoLC co-ordination service in the southern area of West Sussex has highlighted the significant impact that effective management of end-of-life care for patients can have both on the patients themselves and inpatient capacity. As a consequence of this work, case for change principles have been agreed for a potential future development of a centralised PEoLC coordination function across Sussex.
In the meantime, quick wins are being considered in advance of winter 23/24 to support patients in the community including:

- The potential in Brighton & Hove and East Sussex to replicate the Hospice led admission avoidance scheme that has been in place in West Sussex since 2020, is being explored. An overview of the scheme has been shared with hospices in East Sussex as part of assessing the feasibility of implementing something similar locally and this will inform future plans
- Improving interface between hospices and care homes to establish clear descriptors of the support they offer to care homes to support admissions avoidance pathways.

### 5.3 Hospital Flow

Improvements in hospital flow (acute, community and mental health) will have a number of benefits, including freeing up capacity to meet demand, supporting patients to receive timely access to care (admitted or non-admitted), and reducing the likelihood of cancelling elective activity. Helping people to get home from hospital quickly is important, not just for our patients, but also for our system as a whole to ensure our hospitals have enough available beds to admit people who require an emergency admission. Our acute, community and social care teams already work closely together to facilitate discharge. However, there are opportunities to optimise this further by improving our systems and processes. Improvements in flow will be delivered through the following:

### 5.3.1 Emergency Department (ED) Improvement Plans

Site-based flow improvement plans are in place for both acute Trusts (ESHT and UHSx) to support consistent delivery improved performance against the 4-hour standard. The plans if delivered will see the trusts deliver 4 hr performance of 71% and 69% respectively over the winter period. This is a significant improvement on the previous year, where performance of 66% and 61% was seen in Q3 and Q4 respectively. The impact of this would be more timely care for those patients who present at EDs across Sussex.

### 5.3.2 Mental Health Crisis Improvement plan

The Mental Health Crisis Improvement Plan, agreed by the system in early July, aims to:

- reduce mental health ED attendances by 20% by March 2025 (equivalent to 327 attendances being diverted away from ED each month)
- eliminate over 72 hour waits in ED for a **m**ental **h**ealth concern by October 2023,

and eliminate over 24 hour waits by July 2024

- Reduce the average time waiting for a **m**ental **h**ealth bed by 20% by March 2024
- reduce the average length of stay in a mental health by 21.5% by September 2024 and**;**
- reduce the number of patients detained under section.136 who are conveyed to ED by 20% by September 2024 (49 fewer each month).

**5.3.3 Community Flow Improvement Plan**

Both SCFT and ESHT have bed optimisation plans in place that are designed to reduce length of stay in community beds through a combination of focussed efforts around patients experiencing long length of stay; strengthened clinical leadership to support timely decision making; use of bed managers and discharge support assistants; and improved Multidisciplinary Team (MDT) working. Work is also underway to review intermediate care capacity and support is being aligned from the national BCF team to enable optimisation within the system.

**5.3.4 Discharge Improvement Plans (acute, community and mental health)**

Delivering the comprehensive discharge improvement plans which have been agreed between system partners will reduce the number of people in hospital who “do not meet the criteria to reside” (NCTR patients) from 477 to 320 (a reduction of 157) and will release the equivalent number of beds. These are people who no longer medically need to be in an acute hospital bed. This will improve capacity and reduce the risk to patients of de-conditioning. This will enable patients to move to the most appropriate place of residence for their needs at the earliest opportunity.

The roll out of Transfer of Care Hubs (TOCH) is a core part of the Winter Plan and part of the 23/24 National Winter planning requirements. The key aims of the hubs are to reduce discharge delays and free up hospital capacity ahead of winter by improving patient flow and to provide more help and support for patients and those that care for them, so their wellbeing and conditions can be managed at home and in the community. Implementation of the core requirements of the NHSE national model involves delivering 9 priorities, including improved links with hospital staff and onward care staff, early discharge planning, and 7-day delivery.

Care Hubs have been in development since quarter 1, with the Sussex system ahead of the national requirement for their establishment.

East Sussex is currently implementing a Care Transfer Hub and has appointed a Hub lead. Implementation involves delivering against the core requirements set out in a national model that identifies 9 priorities (NHSE guidance). This includes improved links with hospital staff and onward care staff, early discharge planning and 7-day delivery. Other priorities relate to governance and leadership of the hub and discharge operations.

There are two sites in East Sussex (Conquest Hospital and Eastbourne District General Hospital) co-locating with multi-agency partners. Hub functions serve the whole of East

Sussex (i.e., for all East Sussex residents regardless of which hospital they attend within or outside of the county). Hubs once in full effect will improve patient flow and management of flow with effective and timely escalation, and multi-agency leadership to ensure patients have the care and support they need in the most appropriate setting at the right time. The key aims of the hubs are to reduce discharge delays and free up hospital capacity ahead of winter by improving patient flow and to provide more help and support for patients and those that care for them so their wellbeing and conditions can be managed at home and in the community.

## 6. Cross cutting clinical pathways

There are a number of cross cutting clinical workstreams which form a core part of the Winter Plan. Data has shown that over 65's and individuals who suffer deprivation are disproportionately driving urgent care demand in the Sussex system. Two specialties which feature high numbers of patients from these groups are Frailty and Respiratory illness.

### 6.1 Frailty

Two tests of change are planned for winter 23/24 to develop more proactive and effective management of patients with frailty both in and out of hospital settings:

(1) Across Brighton & Hove and West Sussex geographies, UHSx & SCFT are working collaboratively to develop out of hospital urgent frailty response pathways supporting admissions avoidance and early supported discharge, with access to senior clinical (medical) decision makers to refer patients to the most appropriate pathways including frailty SDEC and virtual wards. The focus is on immediate interventions that will have an impact this winter and identify opportunities for rapid pan-Sussex expansion of clinical best practice models to support frail patients. The Brighton & Hove model will go live from November. The West Sussex model has been approved to proceed and recruitment is underway to appoint Consultant Geriatricians to support senior clinical decision making.
(2) In East Sussex, focus is on in-hospital frailty pathways, building on the ESHT established frailty programme and taking learning to identify opportunities for rapid pan-Sussex expansion of clinical best practice models to support frail patients.

Collectively, these test areas will provide the system with evidence to support targeted early rollout of positive in and out of hospital intervention across Sussex and inform the longer-term Frailty Strategy. Additionally, work is underway to understand the population health indicators that will allow identification of frailty cohorts, including consideration for falls prediction datasets to provide opportunities for further targeting of at-risk patients.

### 6.2 Respiratory

The UEC Clinical Reference Group has been tasked with bringing together groups of clinicians around acute hospital sites who will work together over the winter months to share information about service demand and consider how service delivery across primary, secondary and community services can be optimised to best meet demand and manage clinical risk locally. This will start with consideration of how the Sussex system

will optimise delivery of respiratory services over Winter 23/24 by re-framing current services and capacity, to both proactively manage respiratory patients at risk of deterioration and admission, and to respond to any respiratory surge.

### 6.3 Clinical Leadership

Effective clinical leadership is key to Sussex designing and delivering a winter plan which improves the quality and safety of services and focuses on patient needs. The majority of priority areas and cross cutting workstreams are designed and delivered through relevant Shared Delivery Plan (SDP) workstreams, all of which are supported by clinical reference groups. This has ensured there is clinical engagement and leadership included in the design and delivery of the Winter plan.

Senior clinical roles are being established to provide robust clinical leadership in response to “real time” operational issues which if not effectively addressed could increase risk of clinical harm.

In addition, three clinically led “Pod” teams are being established, one of which will serve ESHT. They will consist of a small group of named senior clinical and care professionals from across all partners who will provide strategic leadership. By having a consistent team in place across winter, will enable the Pod team to oversee improve patient outcomes and experience.

### 6.4 Paediatric RSV

RSV is the major cause of lung infections in children, commonly causing bronchiolitis and cases with complications can develop into pneumonia. Infants in the first year of life are more likely to experience severe infections requiring hospitalisation because their airways are smaller. In the UK RSV epidemics generally start in October and last for four to five months, peaking in December. Actions being undertaken to manage the increased RSV prevalence during Winter include:

- Revised modelling data for an RSV and childhood illness surge based on trend analysis from the regional team and the ICS BI team
- Overview of Paediatrics capacity across the region and plan in place to manage Paediatric Critical Care capacity in the event of a surge
- Plans developed by acute trusts to proactively mitigate risks ahead of winter
- Paediatric Operational Pressures Escalation Levels (POPEL) and Escalation Status for the Sussex system in place
- Escalation process for mutual aid and key contacts; and
- Key risks and mitigations identified in the Sussex system.

### 6.5 Critical Care Capacity

ICBs and Operational Delivery Networks (ODNs) will work in partnership to co-ordinate, implement and oversee robust winter and surge planning, including mitigations to manage the impact of surges in paediatric respiratory infections on Children and Young People (CYP) services. This will include mutual aid arrangements at regional and national level, particularly for Level 3 paediatric intensive care unit (PICU) bed provision and for children

on long term ventilation. Critical surge planning is in place for both adults and children across the acute Trust sites should there be a requirement to expand critical care capacity.

## 7. Other cross-cutting pathways

There are several other cross-cutting pathways which will form a core part of the system winter plan.

### 7.1 Workforce

Maintaining workforce capacity and resilience across Sussex will be key to the delivery of safe and high-quality services over the course of winter. Multiple periods of industrial action this year and continued high demand has impacted on staff morale, and it is recognised that many staff are fatigued going into the winter period. This needs to be considered by all partners as part of our winter planning so that staff can be supported to deliver the care that will be required during this period. Key areas of focus within the Winter plan to support the workforce are as follows:

#### 7.1.1 Well-being and cost of Living Support

A Workforce and Wellbeing task and finish group is reviewing the Sussex system wellbeing offer aiming to provide consistency within this offer across health and care providers. Presently all NHS providers have in place cost of living provisions, Occupational Health services and Employee Assistance programmes.
It is recognised that proactive and quick access to mental health support is paramount, given 21% of sickness absence during December 2022 was categorised as anxiety, stress, or depression. The ICB is working through the appropriate support to have consistency in place with the funding provided including the continuous roll out of Mental Health First Aid training.

#### 7.1.2 Staff Availability

Additional staffing requirements are being modelled, specifically with acute providers with regards to any planned capacity increases above those within the operating plan for 2023/24. Recruitment of staff within organisations remains a key focus with vacancy rates reducing across the system.

Challenges remain in recruiting to nursing vacancies particularly within mental health services. There is a significant risk with regards to industrial action taking place in the system during the winter period, both during any action and also before and after, in managing patient pathways. There currently are no planned strikes, but a series of strikes have taken place throughout 2023. Temporary staffing is a key focus within the system in building supply with staff banks and reducing reliance on agency workers. The system is now part of the South East Temporary Staffing Collaborative, working in partnership and sharing good temporary staffing management practice.

### 7.2 Infection Prevention and Control (IPC)

Seasonal illnesses play a significant role in driving the surges in demand which health care services experience over winter periods. NHS Sussex has developed a governance

and reporting structure. The following areas will be delivered during Winter 2023 and reviewed by NHS Sussex's Antimicrobial Resistance (AMR) / Health-associated infections (HCAI) programme board:

- Development of a Winter Infection Prevention plan to support learning from 2022/23 to include development of respiratory hubs, point of care testing, laboratory capacity, measles prevention
- Development of IPC winter surge plan for winter viral illnesses which includes national guidance implementation, risk assessment and provider actions to support patient flow across providers
- Review of healthcare providers' policies including outbreak as part of Sussex ICB attendance at Provider IPC Committees
- Delivery of training provision across all health and social providers including a Link Practitioner development day and Winter preparedness training which includes UK Health Security Agency (UKHSA) 'Think Flu' campaign
- Sussex ICB Infection Prevention Specialist Team to provide expert advice to health and social care settings
- Attendance at bi-weekly regional NHSE IPC meetings to support with horizon scanning and regional escalation as required
- Daily review of Infection Prevention bed closures and outbreak situation to support patient flow.

**7.3 Voluntary Community and Social Enterprise (VCSE) providers**

The VCSE sector plays a key role in supporting the delivery of safe, high-quality services over winter. Schemes, typically commissioned at Place, are delivered by local organisations such as Care for the Carers, British Red Cross and Imago and organisations that support informal carers, and these organisations play a key role in supporting areas such as discharge and admissions avoidance, delivering 'take home and settle' type schemes or other initiatives to support vulnerable members of our community to stay well at home over the winter period.

As part of the development of the Sussex System Winter Plan, the system worked together to enhance the service capacity over winter, share intelligence regarding what works well and engaged with the VCSE to understand what more could be done to optimise their support and use their community knowledge to best meet the needs of those most at risk over the winter period.

Helpforce, a charity with a mission to accelerate the growth and impact of volunteering in health and care, are also playing a key role in the workforce workstream of our Discharge Improvement Plan, with an initial focus on East Sussex.

In East Sussex the British Red Cross Assisted Discharge Service, Home from Hospital and Carers Crisis Response service supports people to enable a timely return home from hospital to settle and stay well at home preventing early re-admission.

**7.4 Local Authorities**

Work with local authorities at Place is key to successful development and delivery of the

Winter Plan and critical to the focus on the impact of deprivation in managing demand over the winter period.

Consequently, the current cost of living crisis poses a particular risk to those already living in or at risk of deprivation and the system is working closely with local authority partners to understand the risks and mitigations which could be delivered through the winter plan and through the use of the BCF. General information on the Cost-of-Living services and information is included in the place-based directory of service which is made available to all NHS providers.

Local authorities also play a role in many of the initiatives which feature in the winter plan priorities of Admissions Avoidance, Hospital flow and Demand management and consequently collaborative development of the winter plan is key. This has been achieved through place-based conversations and governance, and also through local authority membership of the workstreams as reflected in earlier sections.

In East Sussex, additional assessment capacity and care capacity (Discharge to Assess beds and home care) remain in place to continue to improve how local people are discharged from hospital in a timely way and to the most appropriate setting. East Sussex County Council continue to recruit to reduce the number of social work vacancies, to maximise support for local people over the winter.

**7.5 Planned Care, Cancer and Diagnostics**

As a system, the priority is to ensure that the recovery of planned and cancer care services is maintained, by securing capacity across Sussex which will not be impacted by emergency admissions. This will include work to agree standardised clinical pathways across Sussex to enable patients to be treated at any appropriate clinical site across the system, using mutual aid between NHS providers and use of the independent sector where necessary**,** and development of a single Patient Treatment List (PTL) for Sussex managed proactively, using digital technology (SHREWD) to provide contemporaneous demand and capacity data.

This will help the Sussex system to continue with the elective recovery plan to diagnose and treat both the most clinically urgent and those that have waited the longest. There is a Planned and Cancer Escalation Framework which sets out the underpinning principles, key triggers, and actions at each stage of escalation to protect the continuity of planned care and cancer services.

**7.6 Communications**

A coordinated system wide communications and engagement plan has been developed with system partners to ensure clear communications are in place to support operational delivery over the winter period. This includes global approaches to key messages for the public, partners, and staff, as well as targeted and focused approaches based on data and insight. The plan will bring together activity over the Winter period, covering Flu and Covid-19 vaccinations, preventative advice and support to key audience groups such as

respiratory advice for children and young people, urgent and emergency care pathway, and reputation management and stakeholder management during the key months of winter.

Planning will focus on addressing health inequalities, and the known challenges and barriers present within our population. Insight will shape communications activity and ensure that work considers the whole population.

## 8. Plan delivery

### 8.1 Roles and responsibilities

NHSE's Winter Planning letter sets out clear roles and responsibilities for all system partners. In signing off the final Sussex System Winter plan in November, all system partners will be asked to agree to undertake the roles and responsibilities as articulated in the letter. All delivery boards with programmes of work related to the Winter Plan will be asked to reflect on these roles and responsibilities ensuring alignment with the national guidance is maintained.

### 8.2 Management of day-to-day operational pressures

NHS Sussex established a Systems Operation Centre (SOC) in October 2022 in order to coordinate and lead the management of operational pressures across the system. The system was considered ahead of the curve in its early adoption of this approach, and this led to a national requirement for all systems to adopt a similar approach and set up System Coordination Centres (SCCs).

In Sussex a Task and Finish Group was set up with system partners to consider how best to achieve the requirements articulated by NHSE. The Group considered how the required functionality could be delivered by working smarter together to review real time data and respond to early warning triggers by taking appropriate actions in a coordinated way, draw on Business Informatics, SHREWD and provider organisation sitrep data and undertake effective application of the OPEL framework. The ICB received additional funding from NHSE to support the developments in SHREWD which will lead to improved access to real time information which will allow decisions to be made to support appropriate and timely actions to relieve system pressures.

In addition to the management of the day-to-day pressures, the group considered periods where extraordinary action may be required (industrial action, bad weather, respiratory surge, management of the Christmas period) and how the system would work in lockstep to mitigate pressures over these periods.

## 9. Implications

### 9.1 Financial implications

The resourcing of the Sussex Co-ordination Centre (SCC) to allow the delivery of the new SCC standards will need to be considered by the NHS Sussex following completion of the full impact assessment.

**9.2 Legal implications**
No specific legal implications have been identified in relation to this paper.

**9.3 Other compliance**
The paper describes how NHS Sussex is complying with national requirements in respect of planning for winter and core roles and responsibilities, as well as drawing on existing system surge plans and learning from previous years.

**9.4 Risks**
The winter plan has a risk register which describes the risks to safety and quality over winter. All risks have been assessed and mitigations are being defined.

**9.5 Quality and Safety implications**
The risk register describes the quality and safety implications. A specific focus, as part of the Winter Plan, will be on ensuring that quality and patient outcomes are maintained and improved.

**9.6 Equality, diversity, and health inequalities**
An Equalities and Health Impact Assessment (EHIA) checklist has been completed. As outlined in the body of this report, there is a high degree of correlation between deprivation and ED attendances and admissions. Continual challenge needs to be applied to ensure that this is being taken into consideration, along with any other health inequalities when planning resource allocation to support delivery of the Winter Plan.

**9.7 Patient and public engagement**
Public representatives are involved in the ratification of surge plans. Engagement work is underway via Healthwatch, the voluntary sector and GPs.

**9.8 Health and wellbeing implications**
The Sussex System Winter Plan describes the application of the BCF, including the National Discharge Funding, which has been developed by partners and approved by the three Health and Wellbeing Boards in Sussex.

## 10. Conclusion

The Winter Plan sets out the mechanisms through which the Sussex system will remain sighted on the key issues, respond in an agile way to pressures and ensure that system leadership remains aligned on the key actions that are undertaken. The Winter Plan was formally approved and signed off in early November 2023. Work programmes are being mobilised around key areas of focus, determined by analysis of the drivers of urgent care demand in the Sussex System. The plan is an iterative process and will continue to be added to during the Winter period.

The HOSC is recommended to note the approach taken to the development of the Sussex system winter plan to successfully mitigate identified risks this winter.

This page is intentionally left blank

| | |
|---|---|
| **Report to:** | **East Sussex Health Overview and Scrutiny Committee (HOSC)** |
| **Date of meeting:** | **14 December 2023** |
| **By:** | **Assistant Chief Executive** |
| **Title:** | **Hospital Handovers at the Royal Sussex County Hospital (RSCH)** |
| **Purpose:** | **To provide the Committee with a progress update on the work being undertaken to reduce Hospital Handover times at the RSCH.** |

**RECOMMENDATIONS**

**The Committee is recommended to:**

1) **consider and comment on the update on hospital handovers at the RSCH; 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 further calls. This process is called a hospital handover. Hospital handovers require co-ordination between two separate NHS trusts – the ambulance trust and the hospital trust. In the case of the Royal Sussex County Hospital (RSCH), the ambulance trust is South East Coast Ambulance NHS Foundation Trust (SECAmb), and the hospital trust is University Hospitals Sussex NHS Foundation Trust (UHSussex).

1.2. 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. 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.

1.3. At several of its previous meetings the HOSC has considered reports on hospital handovers at the main hospitals for East Sussex patients, namely Eastbourne District General Hospital (EDGH), Conquest Hospital, Tunbridge Wells Hospital (Pembury), and the RSCH. These reports showed that of these hospitals, the RSCH in Brighton tended to have a higher level of handover delays compared to others.

1.4. At their meeting on 29 June 2023, the Committee heard that there was ongoing work to reduce handover delays at the RSCH. The Committee therefore requested that a report be brought to this meeting to update on that work.

## 2. Supporting information

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

- The RSCH historical context;
- Short, medium and long term improvement initiatives taking place at the RSCH;

- Improvements that have been made at the RSCH.

## 3 Conclusion and reasons for recommendations

3.1 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**

Contact Officer: Patrick Major, Scrutiny and Policy Support Officer
Tel. No. 01273 335133

Email: patrick.major@eastsussex.gov.uk

University Hospitals Sussex
NHS Foundation Trust

# RSCH Ambulance Handover Performance

14th December 2023

Ali Robinson - General Manager, Acute Floor RSCH & PRH

Peter Lane – Hospital Director RSCH

# Summary

University Hospitals Sussex NHS Foundation Trust

- Royal Sussex County Hospital (RSCH) ambulance handover times continue to be significantly challenged compared to other hospital sites within the region.
- This position has been the status quo for several years and is driven by a range of factors.
- We continue to deliver a range of initiatives to mitigate the contributing factors - this has delivered improvements.
- We have a clear plan to tackle some of the historical difficulties through this winter, into the medium term and for the future.
- Despite delays in handover times, RSCH continues to rarely hold patients on the back of ambulances, when compared to other similar trusts in the South East.

# Historical context of RSCH handover performance

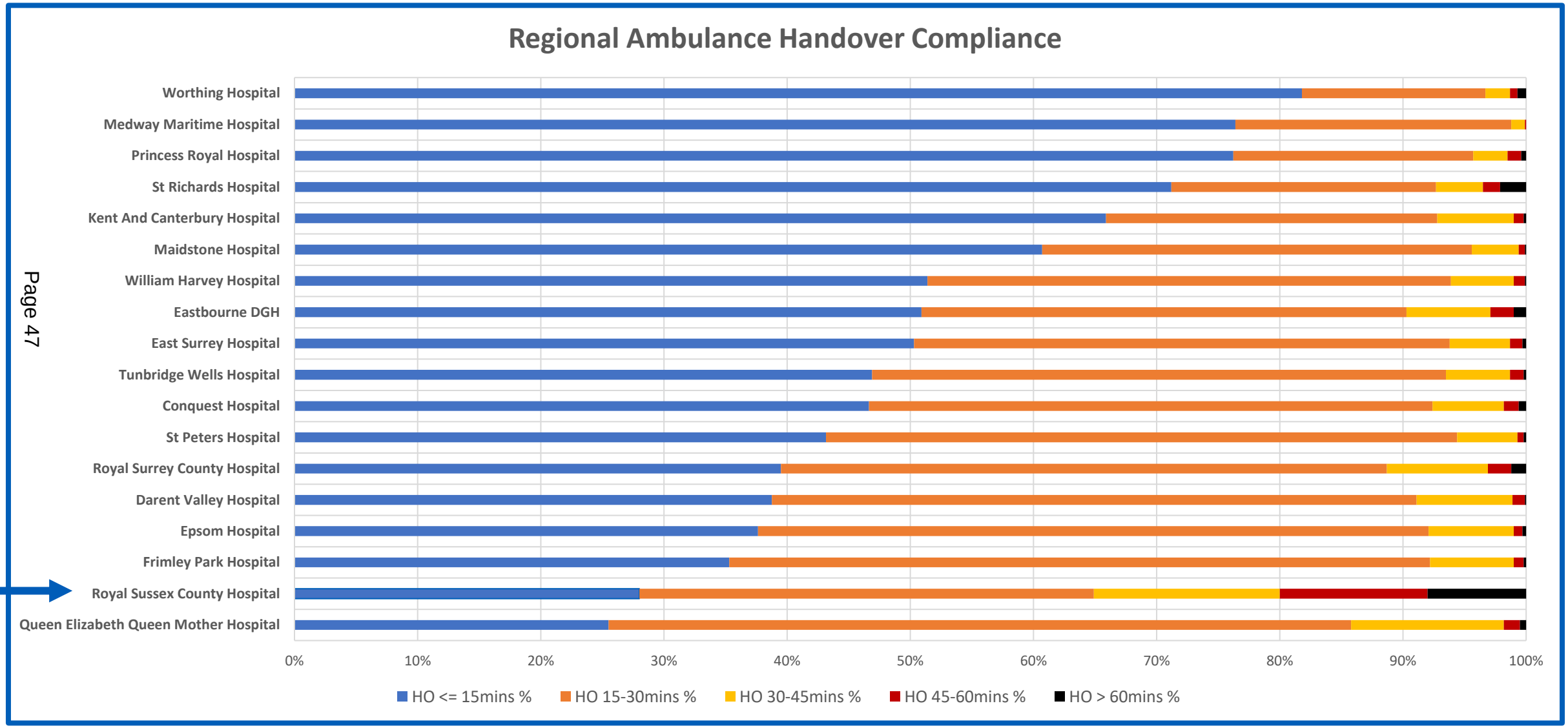
University Hospitals Sussex NHS Foundation Trust

- RSCH has previously struggled to adhere to national handover standards and performed worse than regional peers.
- The causes of this are multifaceted and have included:
  - A challenged estate: the hospital is constrained by its surroundings and geography. Some parts of the estate are significantly aged which impacts the efficiency of site processes and flow.
  - We are the region's major trauma and tertiary centre (MTC) - the general acuity of patients is higher than regional peers who do not have MTC status.
  - We had, and continue to have, large numbers of patients who are medically ready for discharge but unable to move on to more appropriate care settings due to system pressures.

# RSCH context

# RSCH Regional Comparison

Date range: 01/05/23 – 26/11/23.



# RSCH context

## RSCH ECIST review, May 2023

- UHSussex asked the Emergency Care Intensive Support Team (ECIST) to review the composition of urgent and emergency care demand at RSCH.
- This was to help us better understand RSCH data and apply learning from national peers.

### Average Age

The average age of a patient is 60 and those 75 or above account for 34% of ED attendances. This is above the national average.

### Occupancy

Bed occupancy at 99% leads to ED overcrowding. Long length of stay (21+ days) is significantly higher than regional peers at 26%.

### Acuity

The average patient is more unwell at RSCH than the national average. This can often lead to more investigations required during their stay.

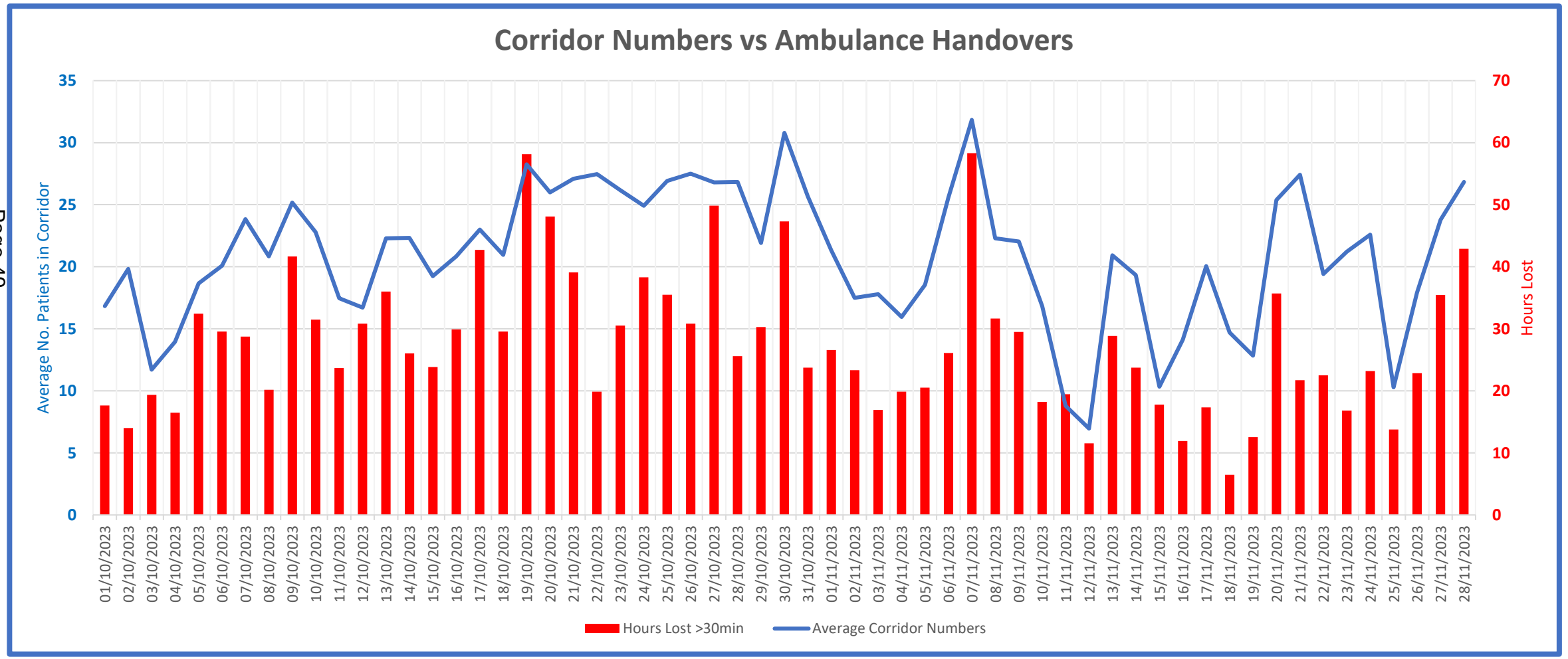
### Mental Health

12% of presentations are related to mental health. Patients awaiting mental health admissions are held within the ED, reducing capacity for other patients.

# ED extra capacity correlation

With 99% bed occupancy, the ED frequently becomes overcrowded which results in handover delays.

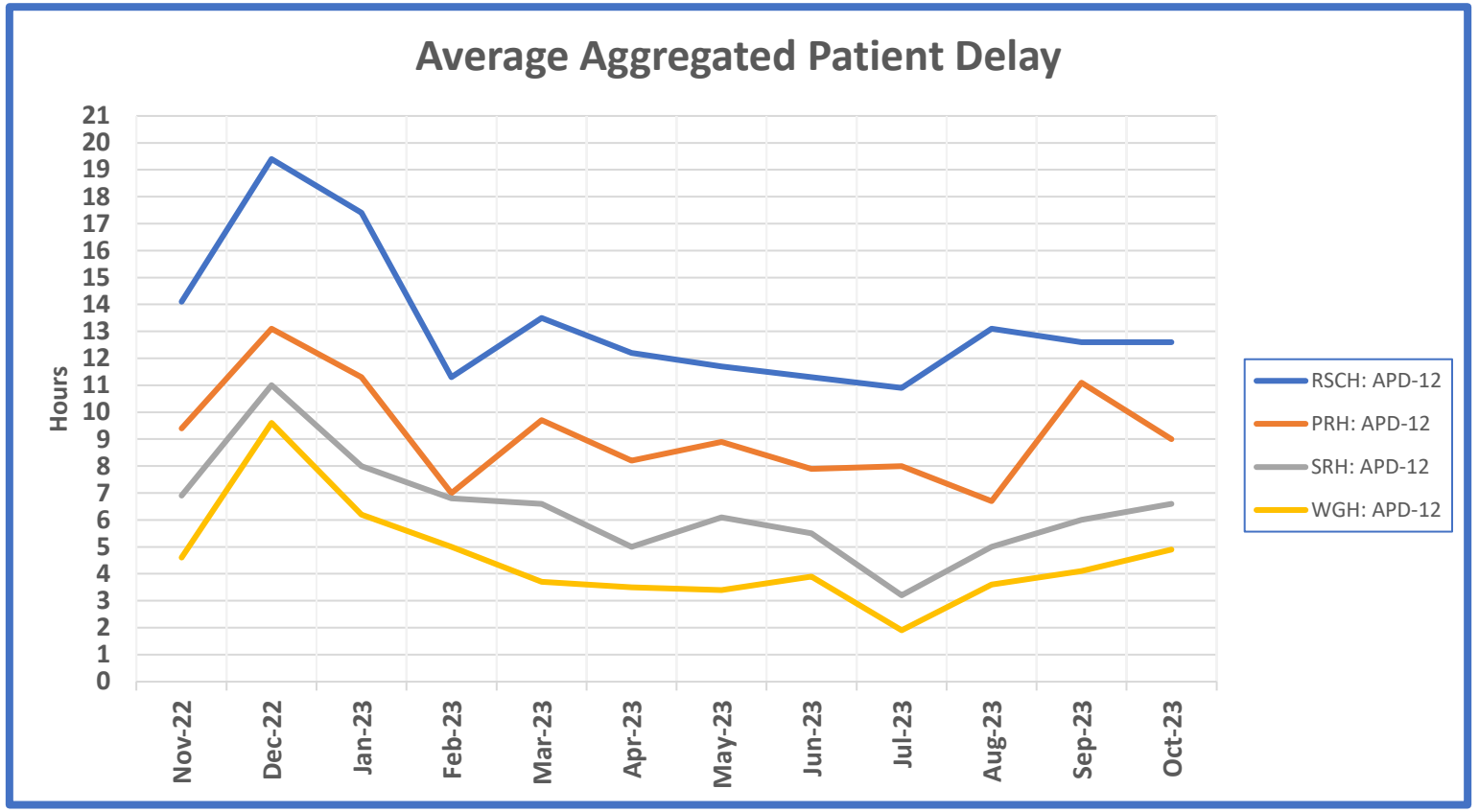
Unsurprisingly, the more patients within ED, the more hours lost in handovers.



# RSCH context

## Aggregated Patient Delay (APD)

- APD is used to demonstrate patient care delays beyond certain length of stays in ED.
- Studies have shown the longer the length of stay in ED, the longer the stay in hospital overall and the greater likelihood of increased harm to patients.
- High numbers of patients in ED extra capacity spaces, creates an increasingly inefficient environment for each patient that is added.
- The average aggregated length of stay in RSCH ED is higher than hospitals within the group.
- The volume of patients experiencing long length of stays is also higher than sister sites.



# RSCH improvements

Short – medium term

# RSCH initiatives 1/4

**Despite the challenges to hospital flow, a large amount of improvement work has been delivered, and will continue to be, in order to improve handover performance.**

## Louisa Martindale Building (LMB)

RSCH has historically faced significant capacity gaps within a challenged estate that has contributed to a poor performing emergency department.

- LMB has been fully open to inpatients since mid-July 2023.
- Most patients are in single side rooms with ensuite bathrooms.
- Expectation ahead of this winter is that fewer beds will be closed due to outbreaks of infectious diseases which should support hospital flow and a relative reduction in ED overcrowding.
- A larger discharge lounge has supported improvements in the median hour of discharge which has in turn supported flow from ED to inpatient beds.

## Surgical Assessment Unit

Approximately 10% of all ED presentations are for abdominal pain. The implementation of an SAU will decompress patients from ED.

- From early January 2024, a surgical assessment unit will be open to receive patients directly from ambulances.
- The implementation will be phased initially to support immediate winter pressure demands.
- The second phase will see an increase of capacity and expansion to the specialties the unit can support.

# RSCH initiatives cont. 2/4

University Hospitals Sussex NHS Foundation Trust

## Joint improvement group

- UHSussex and SECAmb operational teams have a well-established relationship to manage day-to-day pressures and we work collaboratively on a range of handover initiatives.
- We have fortnightly meetings between operational teams to ensure system resources are allocated optimally.
- Incidents and the resulting learning is discussed to ensure adverse events are mitigated.
- Data and feedback from staff informs improvement initiatives.
- Supported by the Urgent and Emergency Care team within the ICB, Brighton and Hove place.
- The group has delivered a range of improvements which have positively contributed towards the improving position.

## Handover process redesign

In November 2023, a work group was been established to assure ourselves that the handover process at RSCH is fit for purpose within the context of UEC delivery in 2023.

- Various threads for the discovery phase have been established including learning from regional peers.
- The operational team has spoken with counterparts at Medway FT with a view to visit next year.
- Through these conversations, it has become clear the improvement initiatives suggested are already in place and working well at other sites.

# RSCH initiatives cont. 3/4

University Hospitals Sussex NHS Foundation Trust

## Continuous flow model

Early conversations are underway to review the feasibility of the continuous flow model.

- The continuous flow model provides a mechanism to move patients from the emergency department at routine intervals, or set quantities, to inpatient wards based on historical discharge numbers.
- Patients are placed into extra capacity spaces on the wards instead of within the emergency department, which frees up capacity to receive ambulances in a timelier manner.

## Transfer of care hubs

The multi-disciplinary team responsible for supporting hospital flow and community discharge (composed of social workers, nurses, social care and administrators) will be brought under a single banner and leadership structure.

- This will improve communication and accountability for delays to packages of care.
- In turn promoting greater hospital flow, reduced overcrowding in ED and greater handover performance.

# RSCH initiatives cont. 4/4

University Hospitals Sussex NHS Foundation Trust

## Admission and prevention team

- For Winter 23/24, the ICB has funded additional social worker and community nursing support at the front door of RSCH.
- The team assesses each patient as they arrive for suitable alternative pathways with a view to prevent admission.
- The team work collaboratively with UHSussex clinicians and SECAmb staff to ensure resources are efficiently allocated.

## Enhanced Observation Unit (EOU)

To provide more appropriate care for mental health patients requiring admission to SPFT beds, UHSussex has needed to create an EOU to care for patients outside of traditional 'majors' cubicles.

- Previously, patients requiring inpatient admission to mental health services were held in 'majors' cubicles whilst under the care of ED clinicians.
- At points in the summer, MH patients awaiting admission occupied 80% of ED cubicle capacity. Length of stay for some was regularly more than 30 days. These patients were cared for by ED nurses and doctors.
- The new unit is staffed and governed by UHSussex.
- The EOU provides increased oversight of mental health patients in one place. This has freed ED capacity to receive ambulance handovers more quickly. However, ED capacity remains challenged overall.

# RSCH improvements

Long-term

# Acute Floor Reconfiguration

University Hospitals Sussex NHS Foundation Trust

**£48m has been assigned to reconfigure the ED at RSCH.**

- The first phase of the programme began in Summer 2023 by reconfiguring some vacated space used by services that moved into LMB. This phase is expected to be finished in Summer 2024.
- The design will deliver more clinical spaces within ED, a larger RESUS and more ambulance receiving bays.
- The estate will be brought up to modern standards and include spaces appropriately designed for mental health patients and those requiring a sensory space.
- Phasing for the full programme of work is still being worked on but the programme is scheduled for completion in 2027.
- UHSussex has consulted with key stakeholders including SECAmb on the operational delivery during the construction work and final design.

# RSCH improvements

Outcomes

# Handover improvements

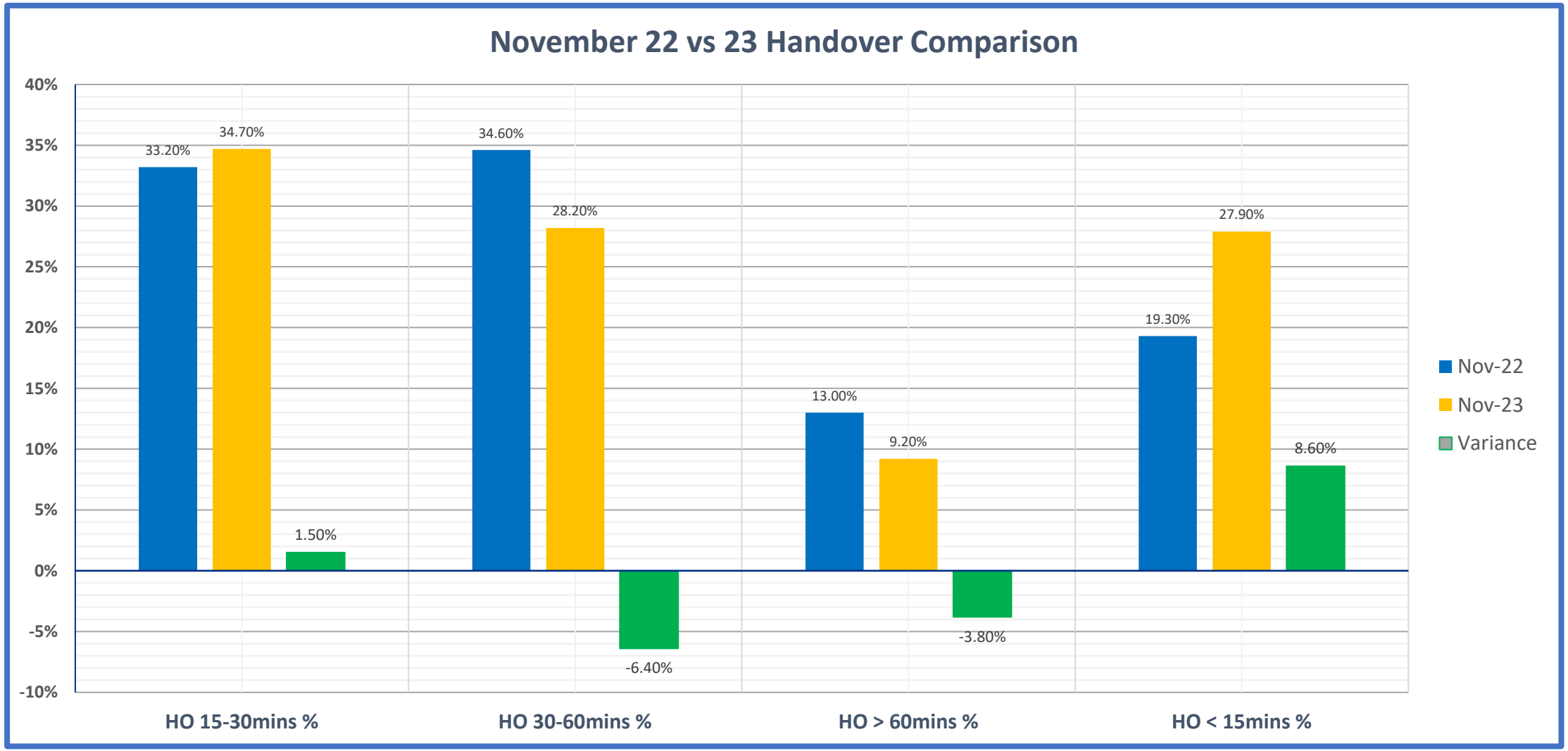
**The actions taken have improved handover times.**

- The monthly comparison of November 2022 vs November 2023 shows a clear improvement against all core handover metrics.
- Handovers within 15 minutes have improved by 8.6%.
- 1.5% more handovers now happen between 15-30 minutes, this is supported by a 6.4% reduction in handovers between 30-60 minutes.
- >60-minute handover breaches have reduced by 3.8%.
- Overall, 89 fewer hours were lost at RSCH in November 2023 compared to November 2022.
- The causes and triggers for delayed ambulance handovers are identified and well understood.
- The current improvements need to be built upon but the trend in year is positive.

# Handover Improvements

University Hospitals Sussex NHS Foundation Trust

## November yearly comparison.



# Health Overview and Scrutiny Committee (HOSC) – Work Programme

| Current Scrutiny Reviews | | |
|---|---|---|
| **Title of Review** | **Detail** | **Proposed Completion Date** |
| To be agreed. | | |

| Initial Scoping Reviews | | |
|---|---|---|
| **Subject area for initial scoping** | **Detail** | **Proposed Dates** |
| To be agreed. | To be scheduled. | |

| List of Suggested Potential Future Scrutiny Review Topics | |
|---|---|
| **Suggested Topic** | **Detail** |
| To be agreed. | |

| Scrutiny Reference Groups | | |
|---|---|---|
| **Reference Group Title** | **Subject Area** | **Meetings Dates** |
| Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group | 6-monthly meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues.<br><br>Membership: Cllrs Belsey, Robinson, and Osborne | Last meeting: 31 October 2022<br><br>Next meeting: TBC in 6 and 12 months time |
| **Reports for Information** | | |
| **Subject Area** | **Detail** | **Proposed Date** |
| 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. | 2023 |
| Inappropriate behaviour of NHS staff | Following media reports that there were national problems with inappropriate staff behaviour in the NHS, to provide a briefing on the extent of the issue in East Sussex and what is being done to address problems if they were known to exist. | 2023 |
| **Training and Development** | | |
| **Title of Training/Briefing** | **Detail** | **Proposed Date** |
| 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. | Summer 2023 |
| 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 |
|---|---|---|
| **7 March 2024** | | |
| Non-Emergency Patient Transport Service | To consider the recommissioning of the non-emergency Patient Transport Service (PTS) in Sussex following award of the contract. | Representatives of NHS Sussex |
| UHSx CQC report | A report on University Hospitals Sussex NHS Foundation Trust's response to the recent CQC reports (with a particular focus on the actions being taken at RSCH). | Representatives from UHSx |
| Primary Care Networks (PCNs) | To receive an update report on Primary Care Network (PCN) performance and services provided, including enhanced hours services. | Representatives of NHS Sussex |
| Specialised Children's Cancer Services – Principal Treatment Centres (PTCs) | To receive an update report from NHS England, London and South East on proposed changes to the Specialised Children's Cancer Services – Principal Treatment Centres located in south London which serve East Sussex, following the outcome of the public consultation on the matter. | Representatives of NHS England London, NHS England, South East |
| 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. | Senior Scrutiny Adviser |
| **6 June 2024** | | |
| SECAmb CQC report | A report on the progress of South East Coast Ambulance NHS Foundation Trust (SECAmb) improvement journey and exiting the Recovery Support Programme (RSP). | Representatives from SECAmb |
| 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. | Senior Scrutiny Adviser |
| **19 September 2024** | | |

| | | |
|---|---|---|
| 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. | Senior Scrutiny Adviser |
| **12 December 2024** | | |
| 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. | Senior Scrutiny Adviser |
| **Items to be scheduled – dates TBC** | | |
| Cardiology and Ophthalmology transformation Programmes | An update report on the implementation of the transport and access recommendations and measures made as part of the review of these transformation programmes.<br><br>*Note: Timing is dependent on ESHT implementation timescales.* | Representatives of ESHT and NHS Sussex. |
| Access to NHS Dentistry Services | An update report on the progress being made to improve access to NHS Dentistry services in East Sussex following the delegation of commissioning responsibilities from NHS England to NHS Sussex. | Representatives of NHS Sussex / NHS England SE. Healthwatch East Sussex. |
| Access to Primary Care Services - GPs | An update report on the working being undertaken to improve access to GP services and appointments in East Sussex. | Representatives of NHS Sussex. |
| 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 |
| 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.<br><br>*Note: Timing is dependent on NHS implementation process* | Representatives of 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 Grinsted.<br><br>*Note: provisional dependent on NHS England's plans* | NHS England and QVH |

| | | |
|---|---|---|
| Sexual Assault Referral Centre (SARC) | A report on proposals for re-procurement of Sussex SARCs<br><br>*Note: provisional dependent on NHS England's plans* | NHS England |

This page is intentionally left blank