HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 7 MARCH 2024

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), Beverley Coupar (Rother District Council), Graham Shaw (Wealden District Council)

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

AGENDA

1. **Minutes of the meeting held on 14 December 2023** *(Pages 7 - 18)*

2. **Apologies for absence**

3. **Disclosures of interests**

   Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. **Urgent items**

   Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5. **Future location of Specialised Cancer Services for Children - Public Consultation Update** *(Pages 19 - 54)*

6. **Changes to Paediatric Services at the Eastbourne District General Hospital (EDGH)** *(to follow)*

7. **NHS Sussex Non Emergency Patient Transport Service (NEPTS)** *(Pages 55 - 64)*

8. **University Hospitals Sussex NHS Foundation Trust Care Quality Commission (CQC) report** *(Pages 65 - 94)*

9. **HOSC Terms of Reference** *(Pages 95 - 100)*

10. **HOSC future work programme** *(Pages 101 - 107)*

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

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28 February 2024

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Next HOSC meeting: 10am, Thursday, 6 June 2024, County Hall, Lewes

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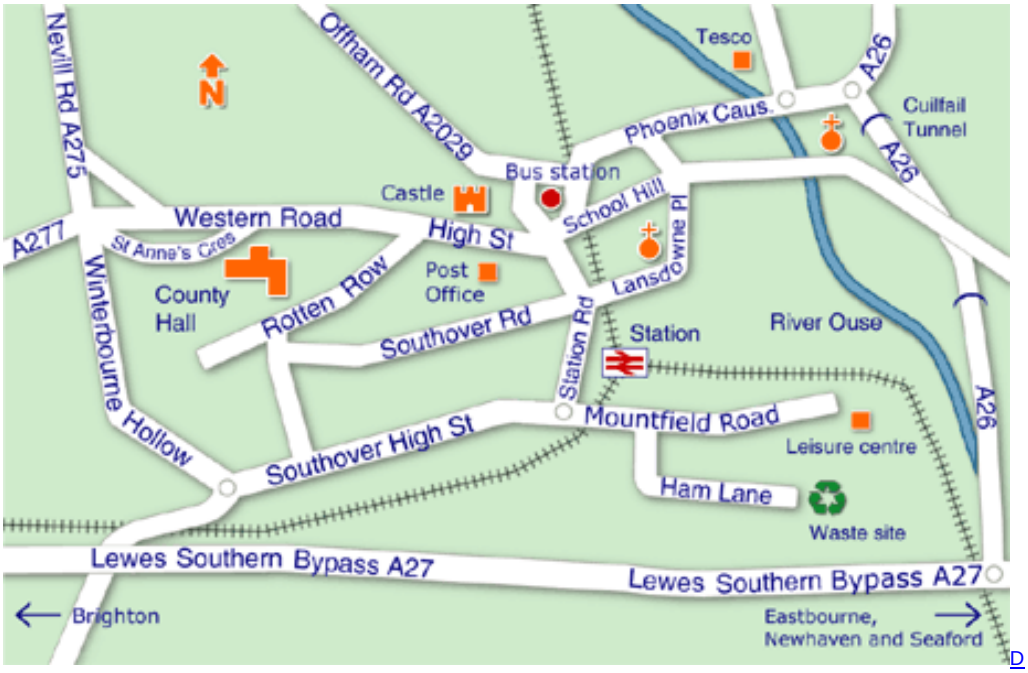

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 14 December 2023

PRESENT:

Councillors Colin Belsey (Chair), Penny di Cara, Philip Lunn (substituting for Cllr Abul Azad), Sorrell Marlow-Eastwood, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Christine Brett (Lewes District Council) and Jennifer Twist (VCSE Alliance)

WITNESSES:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

East Sussex Healthcare NHS Trust

Joe Chadwick-Bell, Chief Executive

Dr Matthew Clark, Consultant Paediatrician, Chief of Women and Children Division

Richard Milner, Chief of Staff

East Sussex County Council

Mark Stainton, Director of Adult Social Care and Health

University Hospitals Sussex NHS Foundation Trust

Peter Lane, Hospital Director Royal Sussex County Hospital

Ali Robinson, General Manager – Acute Floor (RSCH & PRH)

South East Coast Ambulance Trust

Paul Fisher, Brighton Operating Unit Manager

Alex Darling, Operations Manager at Brighton Make Ready Centre

LEAD OFFICER:

Martin Jenks and Patrick Major

20. MINUTES OF THE MEETING HELD ON 21 SEPTEMBER 2023

20.1 The minutes of the meeting held on 21 September 2023 were agreed as a correct record.

21. APOLOGIES FOR ABSENCE

21.1 Apologies for absence were received from Councillors Abul Azad, Sarah Osborne, Mike Turner, Graham Shaw and Simon McGurk.

22. DISCLOSURES OF INTERESTS

22.1 There were no disclosures of interest.

23. URGENT ITEMS

23.1 There were no urgent items.

24. PAEDIATRIC SERVICE MODEL DEVELOPMENT AT EASTBOURNE DISTRICT GENERAL HOSPITAL

24.1 The Committee considered a report on planned changes to the delivery of paediatric services at Eastbourne District General Hospital (EDGH). Joe Chadwick-Bell, East Sussex Healthcare NHS Trust (ESHT) Chief Executive recognised that the planned changes would be a change in working practices for some staff at EDGH, and noted that there had been media coverage and public representations made to the Committee that related to the planned changes. Joe Chadwick-Bell and Dr Matthew Clark, Consultant Paediatrician and ESHT Chief of Women and Children reiterated what was in the report, that there would be no planned activity moves from the EDGH to the Conquest Hospital in Hastings.

24.2 The Committee asked why NHS Sussex did not consider the planned changes to be a substantial variation.

24.3 Jessica Britton, NHS Sussex Executive Managing Director, East Sussex responded that NHS Sussex did not view the planned changes to be a service change as they were related to how services were organised within the hospital. NHS Sussex anticipated that the changes would increase access and hours of access for children and young people, and therefore not a substantial variation.

24.4 Cllr Alan Shuttleworth shared his view that due to a lack of detailed information having been provided, the implementation of planned changes should be paused until there had been a review and a full consultation with all stakeholders. Cllr Shuttleworth also shared his concern that an unintended consequence of the planned changes could be that more children and families have to travel to the Conquest for treatment.

24.5 Joe Chadwick-Bell recognised Cllr Shuttleworth's request, and reiterated that the same activity for planned care or urgent care would still come to Eastbourne, and there were no changes that would lead to children going to the Conquest. She emphasised that it was an internal reorganisation of where children would be seen within the hospital. The first stage of the planned implementation was of urgent care and was due to start on 8th January 2024, and the second stage was of elective care and would begin in February 2024. Dr Matthew Clark noted that there had been a lot of discussions with staff and other stakeholders in the lead up, and no patient safety issues had been raised despite some differences in views over the proposed model of care. Rotas were in place to implement on 8th January and to move away from the planned date would be disruptive and operationally difficult.

24.6 The Committee asked for more detail on how planned care and urgent care pathways would change when the planned changes were implemented.

24.7 Dr Clark explained that under the current model most children who presented at the EDGH Emergency Department (ED) would be triaged and the vast majority directed to the Urgent Treatment Centre (UTC) as they did not require input from a paediatric specialist. Any children who could not be treated at the UTC would be seen in the ED by emergency physicians, and only if they could not solve the issue would a child then be referred to a paediatric consultant at the Short Stay Paediatric Assessment Unit (SSPAU). The changes planned from 8th January would see an Advanced Paediatric Nurse Practitioner (APNP) located in the paediatric department, so that children who could not be cared for in the UTC or ED would immediately see a paediatric specialist. The APNP would make an assessment and either begin treatment or, as was currently the case, transfer the child to the Conquest Hospital if they required in-patient care. The proposed changes were therefore designed to concentrate expertise at the front door of the hospital, allowing for children to be assessed quicker. ESHT were keen to implement the model as they thought it to be more efficient and they viewed it as an improvement in service.

24.8 The Committee asked for clarity if it was only the location of care that was changing as part of the planned changes.

24.9 Dr Clark answered that both the location and the staffing model were changing. The SSPAU was currently staffed by a paediatric consultant, a paediatric SHO and paediatric nurses. Under the new model an APNP would work with paediatric nurses in the ED. Dr Clark noted that the majority of children at EDGH did not need consultant level input for their care. Joe Chadwick-Bell added that hospitals would regularly reconfigure their services to make best use of resources, and in this instance it was a case of the resource moving towards the child with services being provided close to the ED, rather than the child needing to move towards the resource as they currently did. At present 90% of patients are seen either in the Urgent Treatment Centre or the Emergency Department.

24.10 The Committee asked when the new unit would be in place, and how children would be cared for in the interim between the changes being implemented and the facilities set up.

24.11 As context to the changes, Dr Clark outlined that the SSPAU was not currently open for 14 hours of the day on weekdays (i.e. during evenings and the night) and not open at all on weekends at EDGH. Children come to the ED at Eastbourne 24 hours a day 7 days a week. When the SSPAU was closed there was not a pattern of problems, and only occasional patient safety incidents and complaints as would be expected for any healthcare service. Under the current arrangements there was a small paediatric assessment waiting room, one assessment room and a four-bedded room shared between paediatrics and emergency nurse practitioners who dealt with injuries of children. That would not change at the implementation date, but a new modular build would arrive in February as a dedicated paediatric area in ED. This area would have 5 spaces for children in total, including an assessment unit, and would have its own dedicated toilet facilities. Dr Clark explained that the estate at EDGH was not ideal for children and young people, but that as part of the New Hospitals Programme he would expect there to be dedicated paediatrics services at both EDGH and Conquest that met all national standards. This was not currently possible with current resource, but ESHT wanted to have the appropriate models of care in place so that services could then move into the right resources when they were available.

24.12 Joe Chadwick-Bell noted that the purpose of the report had been to reassure the Committee that no cases would be transferred from Eastbourne to Hastings but accepted that the submitted report should have included more detail on the proposed changes.

24.13 The Committee asked if the Elective Care Hub at EDGH would receive some paediatric cases when it opened.

24.14 Joe Chadwick-Bell explained that children who had operations would currently recover in theatres or the day surgery unit and there were no immediate planned changes with this, but activity would move to the day surgery unit when it opened in approximately 18 months.

24.15 The Committee asked how parents and carers who were regular users of the service had been consulted on the proposed changes.

24.16 Dr Clark explained that there had not been a full public consultation as there was no expected change for almost all service users and so it would not have been a good use of people's time to fully consult. There were a small group of children and young people with very complex medical needs who regularly used the service, and plans for continuity of care for each of those families were being made on an individual case-by-case basis.

24.17 The Committee asked whether children's social services, ED, mental health services and GPs had been consulted ahead of the proposed changes.

24.18 Dr Clark explained that main interaction between social care and acute paediatrics was with child protection medical examinations, and the commissioning arrangements for these were currently being reviewed, but the Trust was committed to always having a paediatrician available for those urgent examinations. Children's social services would be engaged as part of those changes, but had not been consulted on the specific proposed changes at EDGH. He added for context, that the Trust is not closing paediatrics at Eastbourne and there will still be paediatricians and clinics on site. There had been close discussion with ED consultants and managers who welcomed the proposals. There was not expected to be a significant impact on GP referrals which would be managed in the same way, and the only change in this area would

be that children who had same-day referrals to EDGH from GPs would be seen first by an APNP in ED, rather than a paediatric consultant. The Child and Adolescent Mental Health Services (CAMHS) liaison nursing at EDGH would remain unchanged, and the current SSPAU was not usually involved with children and young people with mental health issues because those needing a longer course of treatment would be admitted to Conquest.

24.19 The Committee asked what the anticipated impact on Conquest hospital would be as a result of the proposed changes.

24.20 Dr Clark explained that there was not expected to be a change in the number of patients needing to attend Conquest and there would be sufficient capacity if there were any minor changes in patient numbers. It was possible that once a seven-day a week service at EDGH was available that there could be fewer patients needing to go to Conquest.

24.21 The Committee asked why a previous briefing had suggested there would be 1-2 children a day needing to go to Conquest if the Trust was no predicting that no additional children would need to be transferred.

24.22 Dr Clark explained that the Trust had anticipated 1-2 children a day needing to move across to Conquest when the changes were initially proposed, and this was related to a specific elective medical test (Endocrine testing) that had been expected to move to Conquest. Subsequently the Trust learned that there were other hospitals that did that specific treatment in out-patients, so it was now no longer expected that children and families would have to go to Conquest for that specific test. He added that it was incredibly difficult to predict every possible implication, as it was not possible to know whether an APNP or a consultant was more likely to transfer a patient, but in essence there would be more hours of paediatric expertise at EDGH. Joe Chadwick-Bell added that there would be a consultant on-site at Eastbourne working in out-patients, and there would be a consultant available at the same times as present for the first 3 months during the implementation period, and changes could be made during that period if they proved to be necessary.

24.23 The Committee asked the times at which a paediatric consultant was currently on-site at EDGH, and whether a paediatric consultant would be on-site at EDGH at all times under the proposed changes.

24.24 Dr Clark explained that currently a paediatric consultant was on-site when the current SSPAU was open 9am-7pm on weekdays. This would not be the same under the proposed changes, as a paediatric consultant would instead be on-call at EDGH 24 hours a day, 7 days a week, but not necessarily on-site. In emergencies a consultant would be able to attend on-site at Eastbourne. APNPs at Eastbourne would be able to discuss cases with a consultant over a phone prior to having to make a referral. Joe Chadwick-Bell highlighted that for the first three months of the implementation of the proposed changes there would be a paediatric consultant on-site during daylight hours. After that period the urgent care service would be APNP-led and rotas were in place for the first three months.

24.25 Cllr Ballard noted that it could take more than half an hour to travel from the Conquest to EDGH, and explained that she felt the proposed changes provided insufficient cover in an emergency situation if a paediatric consultant was required.

24.26 Dr Clark responded that all APNPs had the same advanced paediatric life support training (EPALS (European Paediatric Advanced Life Support Skills)) as all paediatric consultants. There was an existing policy for supporting critically unwell children that presented to the ED at EDGH, where the emergency department consultant and the anaesthetic

consultant were immediately available, and a paediatrician would be on-site within an hour. This system had been in place for five years with no reported incidents related to that. Under the proposed changes a APNP would also be immediately available to support, and it was the Trust's view that a paediatric consultant was not a critical part of the immediate resuscitation team. Joe Chadwick-Bell added that ambulances would take children to Conquest in almost all cases, so the small number of emergency cases presenting at EDGH tended to be walk-in patients.

24.27 The Committee asked if there would be piped oxygen in the paediatric emergency unit.

24.28 Dr Clark explained that there wasn't piped oxygen in the new assessment unit, but the current SSPUA did not have this either as critically unwell children would always be looked after in the resuscitation department where there was all the necessary equipment to support them.

24.29 The Committee asked whether staff rotas were in place for implementation and whether the whole rota could be covered by APNPs.

24.30 Dr Clark recognised that staffing was tight, noting that the current arrangements at the SSPAU relied at times on almost 20% locum shifts. The Trust felt they had enough staff to provide the service 5 days a week for 12 hours a day, as well as some weekends for the first few months of the new arrangements. There was a recruitment and retention programme to train and keep more APNPs at the Trust. Joe Chadwick-Bell added that the rotas were in place through January into to February, and they were still being worked on beyond that. It would be a combination of APNPs and registrars running the service while recruitment programmes continued to fill APNP vacancies.

24.31 The Committee asked for comments on the perceptions of some that the proposals were being rushed and whether this would reflect negatively on the hospital if the services were not sufficiently child friendly.

24.32 Dr Clark referred to previous comments that the present estate at EDGH was not ideal for caring for children and young people, and in the future that would not be the case.

24.32 The Committee asked whether ESHT had longer-term recruitment plans to address staffing shortages in paediatrics.

24.33 Dr Clark explained that ESHT were keen to train more APNPs from existing staff, which reduced the need for as many middle grade staff and allowed progression for current staff. Five people had already been through training to become APNPs and the Trust saw the future of children's service at Eastbourne as being fronted by more advanced practitioners rather than doctors, and this was in line with the NHS long-term workforce plan. APNP training is provided through a Masters programme at London South Bank University funded by Health Education England and is a similar level to Registrars.

24.34 The Committee asked when ESHT expected they would not be experiencing staff shortages in this area.

24.35 Dr Clark responded that due to the small size of the team it was difficult to know when there would be comfortable staffing numbers, as it would only take one or two members of staff leaving to change this. From January there would be four APNPs, there was another one in training, and the Trust hoped to recruit two more trainees in the next year. The Trust has had APNPs in these roles for around the last 3 years. Training took about two years and staff in

training received appropriate supervision throughout and newly qualified APNPs had a period of work at the Conquest under close supervision from paediatric consultants before they start practicing at EDGH.

24.36 The Committee asked how many paediatric consultants currently worked for the Trust and how many there would be following the implementation of proposed changes.

Dr Clark responded that ESHT had 15 paediatric consultants at present and did not anticipate that changing, although some of them also worked in community services. There would be some changes to consultants' job plans and ways of working, but no expected change in headcount.

24.37 The Committee asked how many paediatric consultants were currently working and available at any given time given they worked across EDGH, Conquest and in the community.

24.38 Dr Clark responded that this varied between winter and summer. In summer there was a consultant on-site at Conquest for nine hours a day during weekdays, and six hours a day at weekends, and another on-call 24/7. Another consultant would be on-call for EDGH, who during the day would support triaging GP referrals, supporting the community nursing team and attending the ED in emergencies. A further consultant would also be on-call 24/7 to attend ED at EDGH in emergencies. During winter, in addition to this another consultant would be working at the SSPAU at Conquest to support the assessment of children during busier times of year.

24.39 The Committee asked why the proposed changes were being implemented in January if the building would not be in place until February and how the Trust would respond if the facilities were not in place when they expected them to be.

24.40 Joe Chadwick-Bell responded that the current service model was subject to short-term closures and that the Trust wanted to implement soon to provide a consistency of service across the busy winter period. The new rotas were already tried and tested as they were already in place at times when the SSPAU was not open. The proposed changes had gone through staff consultation, and there had also been some staff turnover through that consultation period and movement into community roles, so the rationale for the implementation was to have in place a consistent service model that would be easier to staff. The new facilities had been due to be in place in December but there had been access issues with how the new facility would be joined to the main hospital. She accepted that it would have been preferable to have the new unit in place for the beginning of implementation, but that staff rotas had already been agreed and the new unit was expected to be in place by February. In the meantime there were well-established and safe care pathways that were in place at the time when the SSPAU was closed, and if anything unexpected occurred this would be reviewed regularly by the Trust and adjustments could be made in discussion with the team. The Scott Unit remained available if necessary. Some care would also be provided by community teams, which is better for the patients.

24.41 The Committee asked if the main reason for the proposed changes were due to staffing issues.

24.42 Dr Clark responded that the primary reason for changes was to improve urgent care services for children in Eastbourne, and that is why the proposed model of moving services to the 'front door' was being implemented.

24.43 The Committee commented that the report presented to it had not provided sufficient information for it to properly evaluate the proposed changes, and suggested that the Trust provide a more detailed report for the Committee to consider.

24.44 Joe Chadwick-Bell responded that a substantial amount of work to analyse and prepare for the changes, although the purpose of the report provided had been to assure the Committee that the proposed changes would not result in a shift in activity to another site. ESHT viewed the proposed changes as internal ones about where children were seen on the current site, but recognised that there had been other representations raised on the issue. Joe agreed that further detail on the changes could be provided outside of the meeting.

24.45 The Chair commented that his view was that there should be a pause in the proposed changes until the HOSC was able to conduct a review, which would be presented to the March meeting.

24.46 Cllr Alan Shuttleworth commented that he felt there were many questions that remained which needed answering including more information on consultations that had taken place and staffing. He advocated a pause in any proposed changes until the HOSC was able to conduct a review and have a fuller report on the changes.

24.47 Joe Chadwick-Bell emphasised that ESHT was not moving any services from Eastbourne to Hastings. She did not commit that there would be a pause in the implementation of the proposed changes, but recognised that further information should be provided to HOSC.

24.48 Cllr Colin Belsey proposed and Cllr Alan Shuttleworth seconded the following RESOLUTION, which was agreed by the Committee:

1) while accepting that it cannot stop them, HOSC request that ESHT pause the advancement of the proposed changes while HOSC holds a review of them; and
2) a report on the review be presented to the March committee meeting.

25. NHS SUSSEX WINTER PLAN 2023/24

25.1 The Committee considered a report on the NHS Sussex Winter Plan. The Winter Plan sets out how the local health and social care system plans to effectively manage the capacity and demand pressures anticipated during the Winter period. The 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 and runs from November 2023 to April 2024.

25.2 The Committee asked whether admission avoidance work happened all year round.

25.3 Jessica Britton responded that admission avoidance programmes run throughout the year and were a continuation of learning from previous years, but during winter these were expanded to increase the number of people who could benefit from admission avoidance. Two key elements of admission avoidance that had been taken as learning from thew previous Winter Plan was the increase in virtual ward capacity to 86 beds, as well as the single point of access which had been enhanced to provide professionals with advice to prevent patients needing to go to hospital. Urgent and Community response teams had also been improved to provide additional support in the community. Mark Stainton, East Sussex County Council

Director of Adult Social Care & Health added that the capacity of the Joint Community Rehabilitation Service had been increased for winter so that rehab workers were in ED and could work with clinicians to remove patients before they were admitted.

25.4 The Committee asked for more detail on how the Mental Health Crisis Improvement plan would operate to achieve the impacts outlined in the report.

25.5 Jessica Britton responded that the Mental Health Urgent and Emergency Care Improvement plan covered the entirety of the Sussex, that aimed to reduce the number of people needing to go to EDs for mental health challenges. There were a number of long and short term action plans that underpinned this work, and was referenced in the winter plan in recognition of the increasing complexity of people visiting EDs. Jessica offered to provide more detail on the implementation of those plans.

25.6 Cllr Christine Robinson asked whether mental health support for children and young people was included as part of this plan, and if not whether it could be included in a future winter plan. Jessica Britton responded that the Improvement plan did not cover mental health support for children and young people, but a parallel plan was in development for children and young people as well, and consideration could be given to how to present this in future winter plans.

25.7 The Committee asked how vaccination uptake for seasonal flu and COVID-19 was being encouraged.

25.8 Jessica Britton responded that there had been heightened and targeted communications going into winter to encourage vaccine uptake. The number of people who had a flu vaccination in Sussex was at or above the level for the previous year. There had been very targeted work for Covid vaccination for people who were housebound, in care homes or who had respiratory diseases, and increasing uptake remained a continued focus for NHS Sussex. Richard Milner, ESHT Chief of Staff added that hospitals in East Sussex had not seen an increase in flu or COVID-19 patients and this was not presenting any additional concerns, although winter challenges remained.

25.9 The Committee asked about what measures had been put in place to prevent staff burnout and increase recruitment and retention of staff.

25.10 Jessica Britton commented that for NHS Sussex there were a number of programmes to support staff wellbeing and highlight the support that people could access. Different organisations were working collectively to try and promote flexibility in workforce in how they recruited and advertised to posts across East Sussex to increase resilience. Planned industrial action had also prompted work to understand how to best deploy and be flexible with the workforce across East Sussex during periods of strike action.

25.11 Richard Milner added that ESHT rotas had been booked six weeks ahead in order to be best prepared for winter. During the pandemic a lot of psychological and trauma support for staff was put in place to help support staff and reduce burnout, and a lot of that remained in place post-pandemic. ESHT also had a number of Mental Health First Aiders who staff could speak to when they needed support. The prospect of industrial action remained a challenge and ESHT aimed not to cancel any urgent elective care of cancer appointments, and the number one priority was to protect emergency care.

25.12 Mark Stainton added that there had been considerable success in recruiting to the independent care sector from overseas, and there were 200 extra home care staff this year which had had a positive impact on capacity. The challenges for recruitment in bedded care

were slightly less acute, and there was good capacity in both of these areas. ESCC had a full wellbeing offer for staff and ongoing recruitment campaigns for its own workforce, and the Adult Social Care and Health department had half the level of vacancies than six months prior. He noted that demand and the complexity of care was increasing and so ESCC was exploring the use of digital technology as much as possible to streamline administrative tasks and focus practitioner time.

25.13 The Committee asked if the recruitment of home carers had resulted in a higher number of carers or whether new staff were only filling vacancies caused by high turnover.

25.14 Mark Stainton explained that the home care sector had a high number of staff vacancies and therefore could not meet ESCC's requests for new care packages. New staff were mostly filling existing vacancies but there had also been some growth as there was a drive to increase the amount of people being cared for at home rather than in bedded care. Overseas recruits were spread evenly across the county and had started on three-year visas. The announced increase in the National Living Wage would hopefully help in further boosting recruitment although this would present a financial challenge for local authorities.

25.15 The Committee asked for more detail on the High Intensity Users programme and what success this had shown in Brighton & Hove.

25.16 Jessica Britton explained that it was a service that worked with people who regularly attended ED for a number of reasons, often more psychosocial. There were case workers who worked with individuals over an extended period of time of 6-9 months to signpost and support in accessing other services that may be helpful to them and reduce their need to attend ED. There was a case worker in both EDGH and Conquest and had a caseload of around 30 people and the programme was beginning to see some success in reduced attendances and received positive feedback from people using the service.

25.17 The Committee asked whether there was a likelihood of the system declaring a critical incident due to industrial action.

25.18 Richard Milner explained that the system was experienced in handling periods of industrial action and there was ongoing work to minimise the impact of any action and avoid a critical incident. The focus was on cancelling the minimum number of operations and protect resources for urgent and emergency care.

25.19 The Committee asked whether the target of eliminating 72+ hour waits in ED for mental health problems by October had been achieved and what the current average wait time was.

25.20 Jessica Britton answered that the elimination of 72+ hour waits had not yet been achieved and there was a continued focus on improving flow to improve admission time for those requiring in-patient mental health treatment. Over 72 hours was not the average amount of time that most people spent waiting in ED and offered to share that information outside the meeting.

25.21 The Committee RESOLVED to note the report.

26. HOSPITAL HANDOVERS AT THE ROYAL SUSSEX COUNTY HOSPITAL (RSCH)

26.1 The Committee considered a report updating on hospital handover delays at the Royal Sussex County Hospital (RSCH) and ongoing work between University Hospitals Sussex NHS Foundation Trust (UHSx) and South East Coast Ambulance NHS Foundation Trust (SECAmb) to reduce them. Peter Lane, Hospital Director Royal Sussex County Hospital outlined that there are a number of short, medium and long term measures in place to reduce hospital handover times at the RSCH and patients are very rarely held in the back of ambulances. Paul Fisher, SECAmb Brighton Operating Unit Manager added that there was a lot of collaborative work to reduce hand over times and waits over 60 minutes, and it is hoped that benefit of this work will be seen in the next 6-12 months.

26.2 The Committee asked whether RSCH compared its handover times with other tertiary hospitals and if so, how it compared with them.

26.3 Alex Darling, Operations Manager at Brighton Make Ready Centre commented that SECAmb had data from 18 hospitals that it covered in the South East region, which included other trauma centres in the region and accepted a similar number of patients to the RSCH. When comparing data on handover delays the RSCH was almost always the hospital with the highest number of delays. Peter Lane commented that it was recognised that there was still more work to do to reduce handover times. Paul Fisher added that the challenges faced in reducing waiting times were recognised and both organisations work well together to deliver the best service that they can.

26.4 The Chair thanked both SECAmb and UHSx for all their hard work on this issue.

26.5 The Committee RESOLVED to note the report and receive an update report in 6 months time.

27. HOSC FUTURE WORK PROGRAMME

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

27.2 The Committee discussed the problem of missed appointments, and how it related to wider problems such as cost of living pressures, transport links and the postal service, and felt that it would be beneficial for a report on the topic to be brought to a future meeting.

27.3 Cllr Marlow-Eastwood fed back positively the site visit with other HOSC members to the Conquest Hospital to see the investments that were being made in the site.

The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 24.48, 26.5 and 27.2.

28. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

28.1 None.

The meeting ended at 12.14 pm.

Councillor Colin Belsey

Chair

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**7 March 2024**
By:	**Assistant Chief Executive**
Title:	**Future location of Specialised Cancer Services for Children – Public Consultation Update**
Purpose:	**To update the HOSC with the outcomes of the public consultation on proposals for the future location of very specialist cancer treatment services for children**

RECOMMENDATIONS: The Committee is recommended to:

Note the report and agree how it would like to continue to be informed on future developments.

1. Background

1.1 NHS England (NHSE), London and NHSE South East commission specialist children's cancer services that are led and coordinated by Principal Treatment Centres (PTC) which serve South London and much of the South East Region. The service is currently provided in partnership by The Royal Marsden NHS Foundation Trust (Sutton site) and St George's University Hospital NHS Foundation Trust in south west London. While the service they provide is safe and high quality, they are not all on the same site as a children's intensive care unit, and therefore to meet new national requirements the services currently provided at The Royal Marsden site need to relocate.

1.2 In 2019/20, 28 children and young people aged 15 and under from East Sussex accessed inpatient care at the existing PTC out of a total of 411. East Sussex patients visited on a total of 302 occasions for predominately day case activity (284), plus a smaller number of visits for elective (17) and non-elective (1) procedures. Although the number of children, young people, families and carers using these services is small, what is provided is regarded as vital and specialist care. Therefore, the NHSE Programme Board consider that any changes to these services would be significant for service users overall and engaged East Sussex HOSC to gather its views on the proposals.

1.3 At its meeting in March 2023 the HOSC considered whether the proposals constituted a substantial variation to services for East Sussex. In the meeting the Committee raised areas of consideration that would be important for residents of East Sussex who would be affected by the change, in particular around travel and access to the PTC, but agreed that the proposed changes did not constitute a substantial variation in health services for the county. The Committee instead agreed to submit a written response to the public consultation, which was submitted in December 2023, and to continue to be engaged by receiving updates on developments at future meetings.

1.4 The NHSE public consultation ran from September to December 2023, consulting on two options for the future PTC, both of which have a children's intensive care unit and other specialist children's services. The two options consulted on were Evelina London Children's Hospital in Lambeth, south London, run by Guy's and St Thomas' NHS Foundation Trust, and St George's Hospital in Tooting, South London, which currently provides some of the PTC service. In both options children's cancer services would relocate from The Royal Marsden to the chosen site. Under both options conventional radiotherapy services for children currently provided at the Royal Marsden would move to University College Hospital.

2. Supporting information

2.1 The presentation from NHSE which is attached as Appendix 1 sets out the outcomes of the public consultation. The presentation includes:

- An explanation of the background and context to the changes and why they being made.
- A summary of the proposals for the two shortlisted options for the future location of the PTC.
- The public consultation process, including communications and engagement activity and the key stakeholders it sought to reach.
- A summary of the independent consultation report including:
    - the number of responses and reach of the consultation;
    - the demographics of respondents;
    - feedback on on attributes people said they would value in the future PTC;
    - feedback on the two shortlisted options for the new location of the PTC and other ideas put forward;
    - suggestions put forward to minimise any negative effects of service changes; and
    - localised feedback from across Sussex (East & West and Brighton & Hove).
- The decision-making process and next steps.

2.2 Following the end of the public consultation, NHSE will now consider themes from all the feedback it has received, and plans to come to a decision on the future location of the PTC in spring 2024. There will be no sudden changes and services will not move until at least 2026, with all preparations for the future PTC expected to take place within two and a half years.

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to note the report and agree how it would like to continue to be informed on future developments.

PHILIP BAKER
Assistant Chief Executive

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

Proposals for the future location of very specialist cancer treatment services for children in south London and much of south east England

End of Public Consultation Update

East Sussex HOSC

07 March 2024

Presentation

Appendix 1

Introduction

We are here today to share information about the key findings of our public consultation; our priorities for this next phase; to gather your views and answer your questions.

Agenda:

- Recap of the process thus far
- End of public consultation update
- Decision-making process update
- Next steps

We hope that the Committee finds this session helpful - we welcome any questions.

For more information, see our consultation website

Background and context

- Specialist children's cancer services in England are led and coordinated by Principal Treatment Centres.
- The service for children living in Brighton and Hove, East Sussex, Kent, Medway, south London and most of Surrey is provided in partnership between The Royal Marsden NHS Foundation Trust at its site in Sutton, and St George's Hospital in Tooting, south west London.
- The service they provide is safe and high quality - but they are not all on the same site as a children's intensive care unit.
- The current Principal Treatment Centre does not and cannot comply which means very specialist cancer services currently provided on The Royal Marsden site need to move.
- The consultation helped us to understand the impact of implementing either of the two options being considered for the future location of the Principal Treatment Centre as well as the impact of moving conventional radiotherapy from The Royal Marsden to University College Hospital.

Radiotherapy

Both options in our consultation propose that children's conventional radiotherapy moves from The Royal Marsden to University College Hospital in central London.

Why things need to change

1. Hospital transfers of very sick children for intensive care add risks and stress
2. The intensive care team is not currently able to provide face to face advice on the care of children on the cancer ward
3. There is a need to improve children and families' experience when patients require intensive care and other specialist children's services
4. National clinical requirements for Principal Treatment Centres are set by NHS England. They say very specialist cancer treatment services for children – like those at The Royal Marsden – MUST be on the same site as a level 3 children's intensive care unit and other specialist children's services. This is non-negotiable.
5. Although it offers a wide range of innovative treatments, the current Principal Treatment Centre is excluded from giving a specific type of new treatment, and others expected in the future

Shortlisted options

Over the past three years, we have engaged widely with patients, families, staff, cancer charities, patient groups, cancer specialists and health and care partners across the catchment area, to find out what is important to them about these services and to get their input into our process.

We followed a best practice approach to identifying the possible ways the Principal Treatment Centre could be provided in the future. We identified 'fixed points' and 'hurdle criteria' which were applied to a long list of eight possible solutions. This resulted in two potential locations for the future centre:

- **Evelina London Children's Hospital in Lambeth, south east London, run by Guy's and St Thomas' NHS Foundation Trust** with conventional radiotherapy services at University College Hospital

- **St George's Hospital, in Tooting, south west London, run by St George's University Hospitals NHS Foundation Trust** with conventional radiotherapy services at University College Hospital.

Both locations deliver outstanding rated children's services, and both could deliver a future Principal Treatment Centre that meets the service specification.

- Both propose that conventional radiotherapy services for children currently provided at The Royal Marsden move to **University College Hospital,** meaning that all radiotherapy services for children in south London would be provided there in the future, instead of only some, as now.

**Under both options children would continue to travel for some specialist cancer services because of the specific expertise hospitals have in these areas and interdependencies with others services. A range of these services were considered 'fixed-points' and were not part of the public consultation. Further detail available in our consultation document, available on our website here*

Evelina London Proposal

- Purpose-built specialist children's hospital. All staff are experts in children's healthcare
- Is a specialist children's heart and kidney centre
- Runs the retrieval service which transfers seriously ill children, including those with cancer
- A children's intensive care unit with capacity for 30-beds. Two of these beds are expected to be needed for children with cancer
- In 2019/20, treated almost 120,000 young patients living in Kent, Medway, south London, Surrey and Sussex
- Does not currently provide the Principal Treatment Centre or surgery to remove tumors. It has a team of 54 surgeons with wide ranging expertise and would work with them, and others to create a team to undertake this surgery if it became the future centre
- Has more than 70 staff working on more than 180 national or international research projects in child health
- Guy's and St Thomas NHS Foundation Trust, which runs Evelina London, attracted more than £25 million of funding for research staff in 2019/20.

If the future Principal Treatment Centre was at Evelina London, it would have:

- A new children's cancer inpatient ward in Evelina London's main children's hospital building
- A dedicated children's cancer day-case unit and a dedicated outpatient space for children with cancer next to other facilities for children. Diagnostic services in the children's hospital building
- Outdoor spaces on site and at a park directly opposite the hospital
- Intensive care, cancer surgery and all other expert care provided on-site, other than services which are not changing, radiotherapy (proposed to be provided at University College Hospital) and neurosurgery which would continue to be at King's College Hospital and St George's.

- Guy's and St Thomas' would offer parking for children and families accessing children's cancer care. They would be able to reimburse parking, and support parents of children with cancer to access reimbursement for ULEZ and congestion zone charges.
- Guy's and St Thomas' has a dedicated patient transport team.
- Evelina London's volunteers would support families as mobility assistants, especially families with disabilities. There would also be a volunteer driver scheme.

**Further detail available in our consultation document, page 44-45*

St George's Proposal

- A large teaching hospital. Provides specialist services for adults and children
- Provides all the intensive care, most cancer surgery, and other specialist children's services for the current Principal Treatment Centre, which it provides in partnership with The Royal Marsden
- Has a 14-bed children's intensive care unit. Two of these beds, like now, are expected to be needed for children with cancer
- In 2019/20 treated almost 60,000 young patients mainly living in south west London, Surrey and Sussex
- 25 years experience of caring for children with cancer
- All children's service staff are experts in children's healthcare
- Provides neurosurgery alongside King's College Hospital
- Has 25 children's researchers and a good track record in national and international research
- St George's University Hospitals NHS Foundation Trust, which runs St George's Hospital, attracted £8.2 million of funding for research staff in 2019/20.

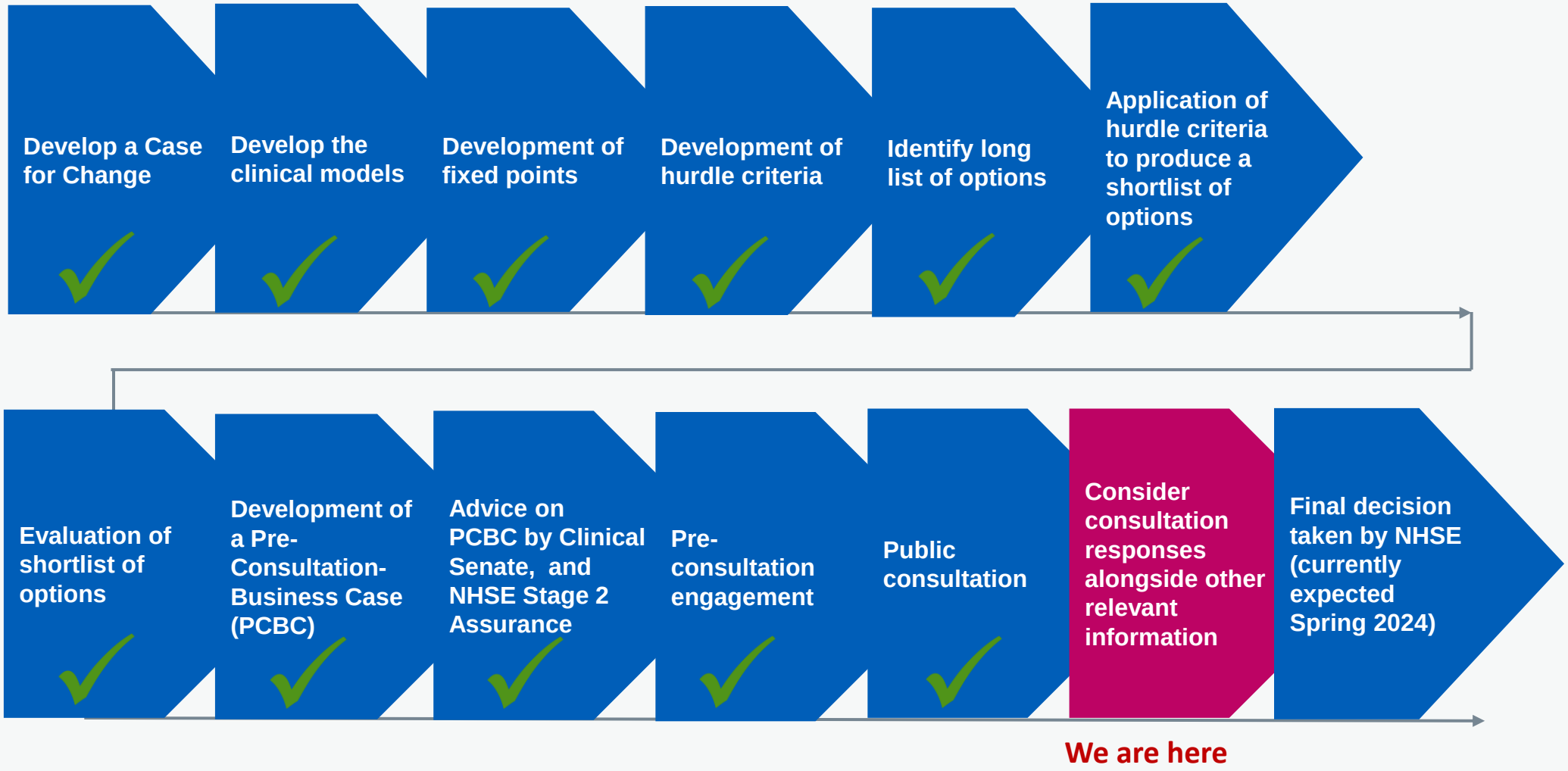
If the future Principal Treatment Centre was at St George's, it would have:

- A new children's cancer centre in a converted wing of the hospital with its own entrance
- Dedicated outpatient clinics and day case treatments including chemotherapy and minor operations in the cancer centre, with diagnostic services close by
- Dedicated garden space which could be closed off to other patients and visitors.
- Intensive care, cancer surgery and all other expert care provided on-site, other than services which are not changing, radiotherapy (proposed to be provided at University College Hospital), and specialist heart and kidney services which would continue to be at Evelina London.

- St George's would offer parking for children and families accessing children's cancer care. They would be able to reimburse parking, and support parents of children with cancer to access reimbursement for ULEZ charges.
- St George's has a dedicated patient transport team.
- St George's helps families with travel arrangements for appointments and to make the journey home by taxi or patient transport after a hospital stay.

**Further detail available in our consultation document, page 46-47*

The formal reconfiguration process



Public Consultation: Tuesday 26th September – midnight Monday 18th December 2023

- A range of documents were made available from the start of consultation to support the public, including staff and patients, to consider the two options. NHS England led communication and engagement activity throughout the consultation period supported by specialists.

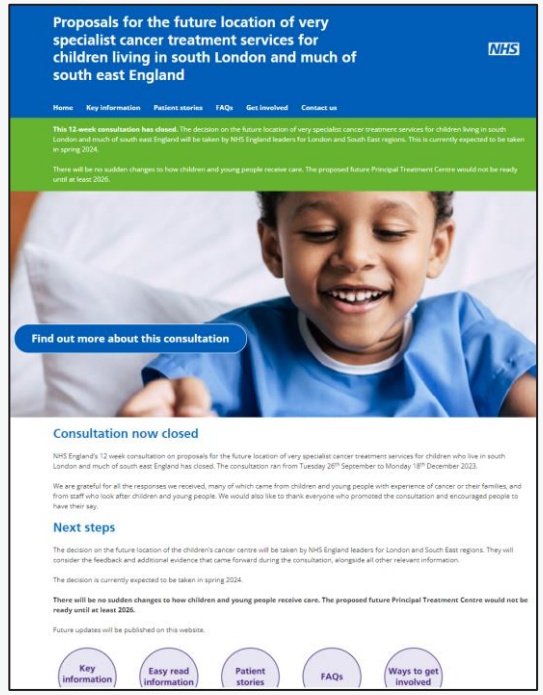
- As we launched the public consultation, we were clear that we wanted to use it as an opportunity to:

  - Listen, acknowledge and understand the feedback to support decision-makers to determine the best decision for the future of this service
  - Ascertain a thorough understanding of what a wide range of people think about the proposals – both strengths and challenges
  - Gather insights to support the design of any mitigating actions to address concerns and issues

- We remain open-minded about both options.

- We believe that the consultation has been fair, robust and comprehensive. We are grateful for all the responses received, many of which came from children and young people with experience of cancer or their families, and from staff who look after children and young people.

- The consultation responses have been analysed by an independent external organisation and written up in a report that has now been published on our website.



Consultation website snapshot

End of Public Consultation Update

Public Consultation activity – a summary

Communications activity included:

These activities were supported by our partners including the Trusts involved and Integrated Care System colleagues.

- Letters directly to patients, distributed by Trusts on our behalf and shared by the Facebook group run by parents
- Animation subtitled in different languages
- Printed posters and documents at hospitals
- Briefing and FAQs for staff to help them answer families' questions
- Toolkits for partners to raise awareness through their networks
- Media release and media interviews
- Content on social media including Facebook campaign
- Meetings to brief stakeholders about the consultation
- Proactive phone calls to organisations

Engagement activity included:

Some of these activities were supported by specialist organisations commissioned by NHS England.

- Community focus groups
- Play specialist sessions on wards
- Public listening events
- Joining community events with people representing equalities groups
- 1:1 interviews
- Site visits to spend time in outpatient areas
- Focus groups with staff and other stakeholders
- Meetings with wider clinical colleagues, MPs, Overview and Scrutiny Committee leads

Key Stakeholders

The consultation was open to all. However, there were a number of specific stakeholder groups that the consultation targeted. It was important that these groups were represented in the consultation feedback. The level of engagement of these groups was tracked and activity modified to maximise opportunity for their engagement. Following the mid-point we took a number of actions to gather feedback from stakeholders who we had heard less from at that point.

Groups directly impacted	Other key stakeholder groups:	Communities with specific protected characteristics*:
• Children and young people with cancer or who have experienced cancer (and their families) • Clinical and non-clinical NHS staff from The Royal Marsden, St George's Hospital, Evelina London Children's Hospital	• Other clinical and non-clinical NHS staff with an interest in the service, including staff of children's cancer shared care units • Professional bodies, specialist children's cancer charities and research organisations • Children, young people, and their families with related experience • Members of the public and public representatives	• People from ethnic minorities • Families with poor literacy skills and/or language barriers • People with autism • People with physical disabilities • People literacy skills and/or language barriers • People with mental health issues • Families with caring responsibilities • Looked after children and young people • Families experiencing financial difficulties or who live in the most deprived areas**

*List does not reflect all protected characteristics rather those identified as likely to be more/most impacted.
**While not a group protected by equality legislation, families experiencing financial difficulties or who live in the most deprived areas were identified by the interim Integrated Impact Assessment as potentially experiencing a greater impact, and so were also included as a priority group.

Explain's Independent Consultation Report – Summary*

** Please note that the content of the following slides is extracted from the independent consultation report produced by Explain Research. These are extracts only and do not reflect all findings from the full report (available on our website).*

Consultation report: responses & reach

The consultation has captured feedback from a diverse range of people across stakeholder types, ages, ethnicities, socio-economic groups, and geographical areas within the catchment area for the future Principal Treatment Centre.

2,669 **Formal responses to consultation ***

604,895 **Prompts to organisations and individuals to share their views****

Consultation survey

- **1,763 survey responses** of which:
  - 319 from affected staff working within the PTC
  - 233 from children, young people (CYP) and their families/carers

Face-to-Face engagement

- **831 people** reached through face-to face activities across **115 engagement sessions**
- **144 people** were children, young people, their families and staff currently experiencing/working in the PTC - engaged over **58 community sessions**
- **309 people were from equalities groups** highlighted in the early equalities impact assessment - engaged over **25 community sessions**

Other feedback

- **45 official organisational responses**
- **30 emails/ telephone calls** from a range of stakeholders (e.g. members of the public, charity and community organisations, research/academic staff, NHS staff, councillors)

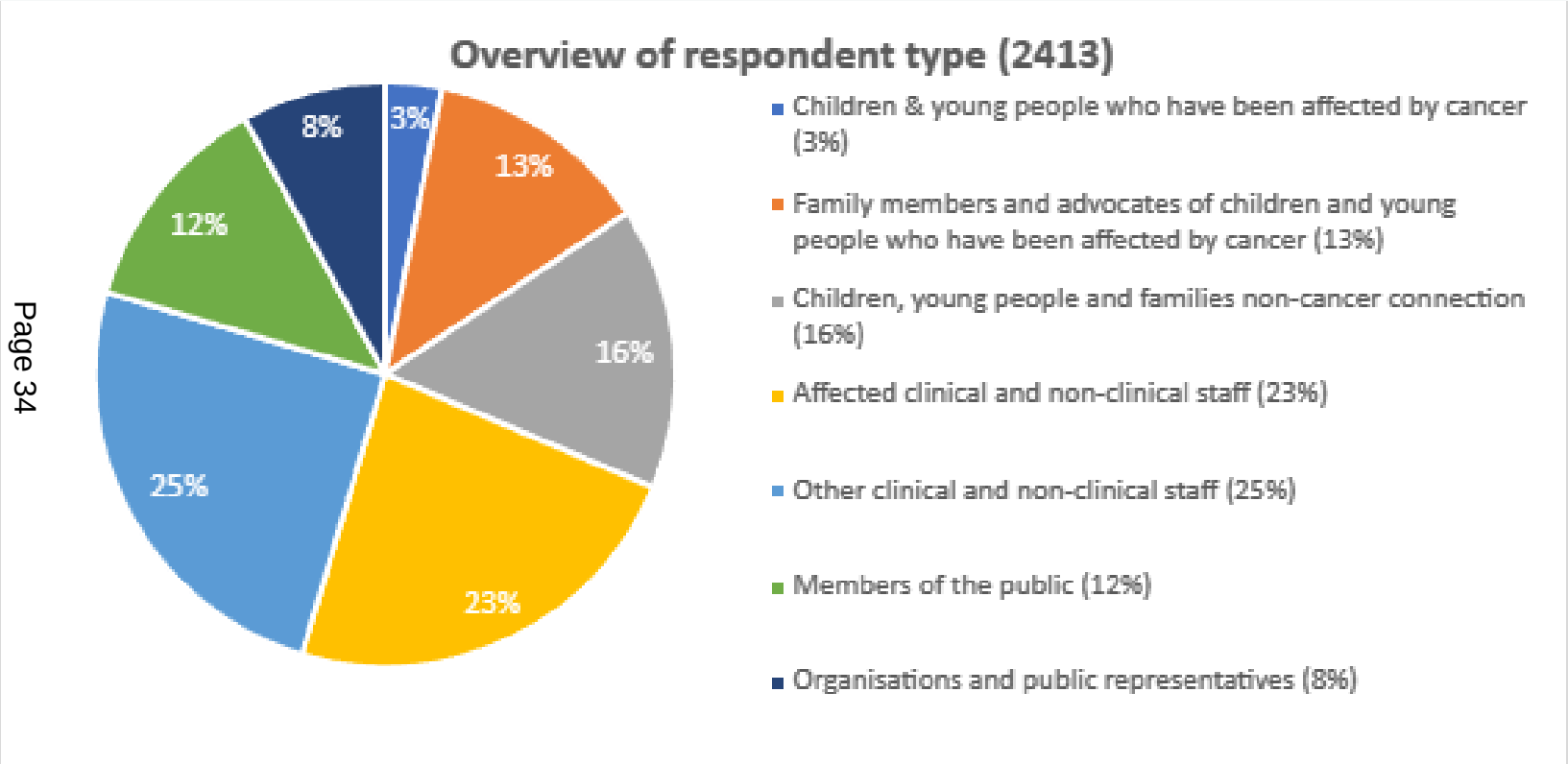
Alongside the consultation a group of parents also launched a petition:

Petition

- #HeartheMarsdenKids campaign: 10,394 signatures / 304 written comments

* Comprised of 1,763 survey responses, 831 individuals through face-to-face work, 45 official organisational responses, 30 emails/telephone calls
** Comprised of social media reach, email distribution, social media campaign views

Overall reach: respondents to the consultation



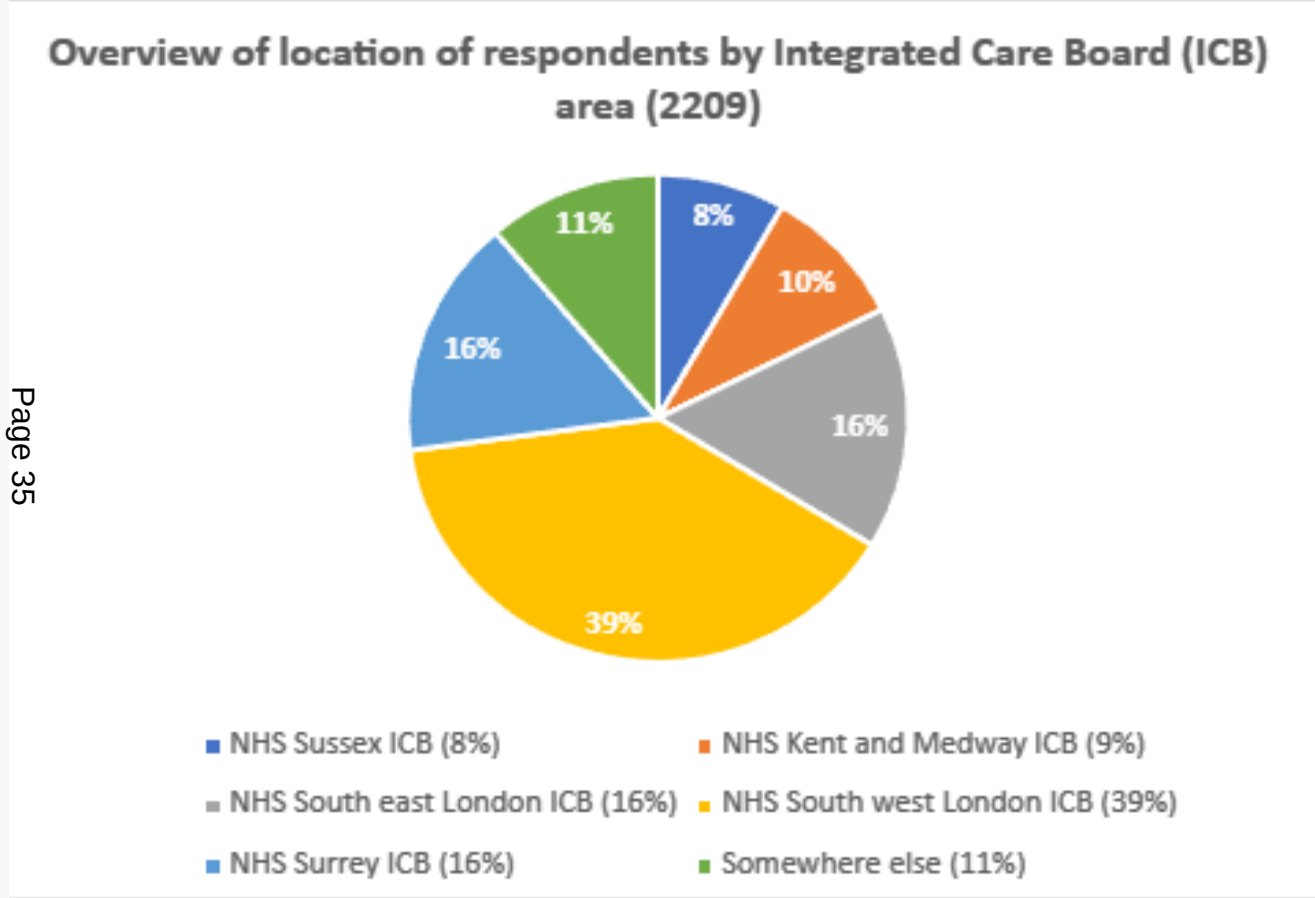
Summary

- **Good reach to affected and other clinical and non-clinical staff** working in children's cancer or wider services (RMH: 155; St George's: 216)
- Although many opportunities were given, response rates from children and young people who have been affected by cancer were lower than hoped. 13% **of responses came from parents and/or advocates for this group.**
- **Significant response from those without direct experience of cancer services**

Overview of respondent type: across all engagement methods. (Base number of 2413 reflects number of respondents that disclosed their stakeholder type.)

Extract: Explain Consultation Report - Executive Summary. Note 'affected staff' defined as staff at the hospitals where the PTC is currently, or could be.

Overall reach: geographical location



Overview of responses across all engagement methods and respondent types. (Base number of 2209 reflects number of respondents who disclosed their location).

Please note, due to rounding, percentages in the chart do not total 100%

Summary

- The **greatest response was from those in the NHS South West London ICB area**, of whom most were staff and members of the public
- **Good reach into NHS Surrey, NHS South East London and NHS Sussex ICB areas** – when comparing this to the proportion of recipients of the current service across those geographies
- **The lowest response rate was from NHS Sussex ICB area**
- When looking at the numbers of children and young people and their families/ advocates with experience of cancer services, **geographical reach is more representative of the patient cohort of the current Principal Treatment Centre**

Extract: Explain Consultation Report - Executive Summary

NHS Sussex ICB: Demographic we heard from

A breakdown of the questionnaire feedback from respondents living in the NHS Sussex ICB area.

- 69 responses to the questionnaire (4% of the total) were from people living in the NHS Sussex ICB area. 31.9% of these responses were from family members of children with cancer.
- Of those Sussex respondents who provided their demographic details:
  - 10.2% were from ethnic groups other than white
  - more than 70% were female (72.5%)
  - more than half (55.1%) were aged 41-65
  - 11.6% were disabled (more than the other areas).
  - 8.6% were receiving additional income support
  - 15.9% were from socio-economic groups C2DE - more than the other ICB areas.

Note: Socio-economic group ABC1 reflects A (higher, managerial, administrative and professional occupations) B (Intermediate managerial, administrative and professional) and C1 (Supervisory, clerical & junior managerial, administrative, professional occupations)

Overall reach: summary of strengths and gaps

Key demographic strengths of the consultation

- **Ethnicity:** broadly reflective of the population across Integrated Care Board regions with 70% being from white ethnicities and 23% from ethnic minority communities (excluding white minorities)
- **Patient cohort:** Children and young people in the consultation are broadly representative of the wider patient cohort in terms of Integrated Care Board region and socio-economic group/deprivation levels.
- **Staff:** The consultation heard from 81% of The Royal Marsden staff and 52% of St George's staff currently working as part of/within the Principal Treatment Centre.

Key demographic gaps of the consultation

- **Age:** most respondents were aged 41-65 (51%), compared to 32% of members of the public across the catchment area. Younger ages were significantly underrepresented with around 10% of consultation responses from young people and children under 18 years of age compared to around 22% of the catchment population.
- **SEG:** around 91% of total respondents were from socio-economic groups ABC1 compared to around 66% from across Integrated Care Board regions. As well as this, only 9% of respondents were from SEG C2DE compared to around 37% of the wider population across the catchment area.
- **Gender:** 67% of overall responses were from females compared to only 52% of the population across Integrated Care Board regions.

Note: Socio-economic group ABC1 reflects A (higher, managerial, administrative and professional occupations) B (Intermediate managerial, administrative and professional) and C1 (Supervisory, clerical & junior managerial, administrative, professional occupations)
Extract: Explain Consultation Report - Executive Summary

Consultation report: Feedback on attributes people said they would value in the future PTC

When thinking about the future Principal Treatment Centre, respondents shared key attributes that they would value:

Survey responses highlighted:

- The provision of all or most specialisms and services needed for children's cancer care on a single site, such as surgery, neurosurgery, radiotherapy, children's intensive care unit, and health and kidney care*
- Specialist knowledge of and experience in children's cancer care
- A convenient location, particularly in terms of access by car
- Strong research facilities and track record

Other suggestions:

- Child-friendly hospital, with bright and colourful spaces and spacious facilities that cater to children's needs (such as age-appropriate play and education spaces, only for children with cancer)
- Preservation of the welcoming, family-friendly and homely environment of The Royal Marsden
- Personalised care for the child
- Ensuite accommodation, with space for at least one parent to stay overnight
- If there are wards, there is no mixing of different ages of children
- Spaces to accept visitors, especially siblings and other family members
- Good hospital food, catering for the child's needs, preferences, and tastes
- Family accommodation nearby
- Private facilities for parents, such as working showers and comfortable beds. Kitchen facilities, including space to store food and cook meals were also important
- Access to outdoor spaces that are dedicated to children with cancer
- Cancer charities have their own spaces and rooms in the ward to provide family support
- Lifts instead of stairs, with priority given to sick children
- Good signage
- Staff to help you to navigate hospital spaces, make introductions, make you feel welcome, explain what is happening and when; staff knowing your name; people who make an effort to listen
- Plenty of free parking spaces close to the hospital
- Good network of communication between Principal Treatment Centre, children's cancer shared care units, community nursing teams, and GPs.
- Good communication of key information when a child first becomes a patient of the Principal Treatment Centre; easily digestible information and guidance
- Good communication with the Principal Treatment Centre; so they answer your call first time you ring.

Consultation report: Feedback for the *Evelina* option

Some feedback on the Evelina London option from the consultation report is summarised below. **More detail is included in the consultation report.**

Strengths raised

- It is a purpose-built children's hospital, which is child-focused, with good facilities
- It provides other important specialisms that children with cancer often need, including heart and kidney care
- It has a large children's intensive care unit with the perception that this would mean that there would be capacity for intensive care for children with cancer, if needed
- The perception it has excellent research infrastructure and expertise, with a strong track record of research. It has a good research proposition, in virtue of its membership of Guy's and St Thomas' NHS Foundation Trust and links to King's College London
- It has good public transport links given its location in central London for both families and staff
- It is well-located for access to local amenities, such as shops and recreational spaces
- It is located close to University College Hospital if a child or young person needed to travel for radiotherapy
- There is family accommodation nearby.

Challenges raised

- It has a lack of experience and expertise in children's cancer care and treating children's cancer
- It does not provide neurosurgery
- Whilst it conducts a wide range of research, it does not conduct research in paediatric cancer, which leads to concerns about the continued provision of children's clinical cancer trials
- It is perceived that it may face significant recruitment issues as it would be heavily reliant on retaining experienced staff from The Royal Marsden
- There is the possibility that staff would not want to work in and travel to central London, given the lack of financial incentive and the potential detrimental impact on family life
- It would be difficult for families to access Evelina London by car, which is a preferred method of transport. It would be costly and time consuming for families to travel to Evelina London, acknowledging schemes to reimburse congestion charges and Ultra Low Emission Zone
- Family accommodation at Evelina London considered not being close to the hospital. Eligibility for and the availability of accommodation may not be guaranteed and has not been confirmed at this stage

Extract: Explain Consultation Report - Executive Summary

Consultation report: Staff feedback for the *Evelina* option

In addition, NHS staff highlighted the additional feedback. More detail is included in the consultation report.

Strengths [also] raised by staff

- Staff at Evelina London already work with some children with cancer and children's cancer services through their existing work
- It has existing links with many different healthcare providers in the catchment area, including King's College Hospital and hospitals which also provide children's cancer shared care units
- It has links to adult cancer services through Guy's and St Thomas' NHS Foundation Trust - Guy's Hospital has an adult cancer centre and Experimental Centre for Cancer Medicine
- It uses the same IT system for patient records as The Royal Marsden, which would help with a smooth transition of the Principal Treatment Centre
- It is considered by some staff to be a good place to work.

Challenges [also] raised by staff

- Recruitment to Evelina London could have a potential negative impact on the recruitment and retention of staff for other nearby NHS services, due to competing demand
- Due to the proposed layout of the service across different buildings, it would operate a distributed workflow, with staff working in different areas across the hospital, which could compromise communication between team members and care for some patients.
- There is a perception that Evelina London lacks space to take on the service.

Extract: Explain Consultation Report - Executive Summary

Consultation report: Feedback for the *St George's* option

Some feedback on the St George's option from the consultation report is summarised below. **More detail is included in the consultation report.**

Strengths raised

- It is part of a well-established Principal Treatment Centre, with services and pathways already in place
- It has existing links with The Royal Marsden, which were viewed as beneficial for transitioning the Principal Treatment Centre
- Some neurosurgery is offered on site and a well-established children's cancer surgery service
- It would offer a separate unit, which was considered important to make it more child friendly and minimise infection risk when mixing with other patients and visitors
- Easy to access by car
- Lots of private rooms with ensuite facilities
- Family accommodation nearby
- It is already known and familiar to some families, meaning the continuity of care would be maintained for those families when the transition happens.

Challenges raised

- Reflections on the current estate, which was described in some feedback as being outdated, with facilities considered to be poor, was a cause for concern when thinking about the ability of St George's to accommodate the future Principal Treatment Centre
- There is perceived to be a lack of privacy on the ward and in other parts of the hospital where adults are also being cared for
- It feels busy and chaotic, particularly given the delivery of adult healthcare services there; and there is a perception that this poses an infection risk
- Some key specialisms are missing, such as specialist heart and kidney care
- There is a perception that children would not be prioritised on surgery lists, because of treatment of trauma patients
- There is a perception that the research proposition is not strong, with lack of experience in running clinical trials for children with cancer
- It would be difficult for families to access, including by car. It would be costly and time consuming for families to travel. There is not enough family accommodation
- There is a perceived lack of recreational facilities and activities, both indoor and outdoor, suitable for children and young people receiving treatment for cancer.

Extract: Explain Consultation Report - Executive Summary

Consultation report: Staff feedback for the *St George's* option

In addition, NHS staff highlighted the additional feedback. More detail is included in the consultation report.

+ Strengths [also] raised by staff

- There were no additional strengths identified by clinical and non-clinical staff; feedback was consistent across all stakeholder groups.

− Challenges [also] raised by staff

- There are perceived financial constraints at St George's Hospital, which could make the transition to the Principal Treatment Centre a risk for its future
- Disentangling existing relationships to set up the new Principal Treatment Centre could be challenging, for example, if key people had different views on what should be done
- It does not use the same IT system for patient records as The Royal Marsden, which could have a negative effect on the transition of the Principal Treatment Centre.

Extract: Explain Consultation Report - Executive Summary

Consultation report: Feedback for Radiotherapy proposal

Outline of feedback on proposals for conventional radiotherapy. **More detail is included in the consultation report.**

Strengths raised

- There are benefits associated with consolidating radiotherapy expertise and services in one location
- Existing knowledge and experience of staff at University College Hospital
- Other treatments available there e.g. proton beam therapy

Challenges raised

- The transport of very sick children, into central London, to receive treatment
- Some families would face longer journey times to University College Hospital to receive radiotherapy treatment, particularly when compared to The Royal Marsden
- The capacity and resourcing of University College Hospital to take on the service on behalf of the Principal Treatment Centre
- The loss of resilience in having a single radiotherapy site across London and much of the south east
- The potential negative experience of disjointed care, with the need to travel to a different hospital to receive radiotherapy treatment.

Extract: Explain Consultation Report - Executive Summary

Consultation report: Challenges affecting both proposals

More detail is included in the consultation report.

— Challenges affecting both proposals

- Neither option could offer a ‘single-site’ solution, including where all neurosurgery, specialist heart and kidney services, and radiotherapy could be co-located at the Principal Treatment Centre
- Concern that the quality of personalised care and specialist skills and services of The Royal Marsden could be lost, including the dedicated spaces of the Oak Centre. This related to both staff expertise and experience and the attributes of the healthcare spaces at The Royal Marsden (Oak Centre, Maggie’s Centre)
- Concern that the excellent research infrastructure and expertise of The Royal Marsden could be lost, including the loss of access to children’s cancer clinical trials (which could be a temporary loss as the move happens, or longer- term loss if the move has a detrimental impact on the ability of the Principal Treatment Centre to secure future research funding)
- Both options could be costly, at a time when financial resource is perceived to be stretched in the NHS
- Both would need more parking spaces and more parent accommodation
- Suggestion that children receiving cancer treatment should use public transport to travel to Evelina London and St George’s was considered at odds with advice that parents and family advocates have received in the past
- Staff recruitment and retention, given the wider issue of staff recruitment in the NHS, as well as the London-based locations of both Evelina London and St George’s Hospital
- Potential detrimental effect on the resilience of the current service at The Royal Marsden due the potential for staffing losses, such as early retirement
- Potential negative impact on The Royal Marsden’s teenage and young adults (TYA) service.

Extract: Explain Consultation Report - Executive Summary

Other ideas put forwards

A range of other ideas were put forward; including some alternative proposals. This included:

- A **risk-adapted model that retains the Principal Treatment Centre at The Royal Marsden and St George's.** This proposes that services continue to be provided at The Royal Marsden with patients who, upon diagnosis are deemed likely to require intensive care receiving their care at St George's.

- A **3-stage solution**, which involves:
  - adoption of the risk-adapted model outlined above, then
  - adopt new technologies to support a hub and spoke model by which intensivists based at a 'hub' can support 'spoke' services; with a trial at The Royal Marsden and
  - the building of a new children's specialised services hospital at a South Thames location.

- **Utilisation of the new hospital to be built in Sutton, next to The Royal Marsden**, by including a level 3 children's intensive care unit

In the questionnaire, there was a final question asking for any other thoughts or ideas. The top three themes were:

- **Selecting St George's as the Principal Treatment Centre** (16% of questionnaire responses to this question).
  - Most respondents who left comments of this nature were affected staff (31%), closely followed by other clinical and non-clinical staff (22%), with these respondents most likely to come from the South West London ICB area (56%)

- **Keeping the Principal Treatment Centre at The Royal Marsden** (15% of questionnaire responses to this question).
  - Most comments making this point were left by affected children or affected family members or advocates for children, with many referencing how children are comfortable or familiar with the current hospital setting, as well as the expertise and high standard of care they have received or are receiving from The Royal Marsden

- **The importance of listening to feedback from staff and patients** (8% of questionnaire responses to this question).
  - The meaning of this varied across comments, with some stating that NHS England (London and South East regions) must choose the proposal which best addresses the needs of those they considered most important, the patients and staff, while others considered that if they focused on the needs of patients and staff, they would not move the services at all.

Extract: Explain Consultation Report - Executive Summary

Case for change

Through the public consultation, many respondents took the opportunity to voice their opinion about the case for change.

Support for the case for change

- This was found in the formal responses submitted by organisations (including Children's Cancer and Leukaemia Group, Children's Hospital Alliance, Great Ormond Street Hospital, Guy's and St Thomas' NHS Foundation Trust, Royal College of Paediatrics and Child Health, and South Thames Paediatric Network,) as well as feedback left by clinicians in the questionnaire, during focus groups, and in emails.
- Some family members and advocates also support the case for change.
- Some of those with lived experiences of children's intensive care unit transfers involving their child or close relative shared details of this, calling for the change to be made to improve patient safety and patient experience, in line with the national service specification.

Challenges raised

- There was feedback from some parents, carers, and advocates who thought that the change should not happen in the first place – with some calling on NHS England to rethink the move (such as keeping the Principal Treatment Centre at The Royal Marsden) and consider alternative proposals (often because the proposals from Evelina London and St George's did not appear, for them, to guarantee the experience, expertise, quality of care, and research capability of The Royal Marsden).
- It is also noted here that the #HeartheMarsdenKidsCampaign, a petition calling on the NHS to reconsider the move, reflects wider opposition to the consultation.

Extract: Explain Consultation Report - Executive Summary

Criticism of consultation

Although not a key theme, some respondents across the stakeholder groups and the catchment area expressed criticism of the consultation. This feedback focused on:	How NHS England will continue to address the concerns raised by respondents
- The perception that the consultation was biased or the result already decided, because Evelina London had been identified as the preferred option	It is established law that it is appropriate for public consultations to put forward a preferred option, along with the evidence to support this in the consultation materials. This does not impact our ability to maintain an open mind as to the right final decision for the benefit of patients. A decision on the future location of services has not been made. It is currently expected that NHS England leaders will take a decision in Spring 2024; in taking a decision they will consider all relevant information including feedback from the public consultation. They will also have regard to their statutory functions and Triple Aim duties.
- A feeling from a few parents, carers, and advocates that their feedback has not been listened to (during pre-consultation) - A feeling of doubt from some parents, carers, and members of staff that their feedback could actually affect the decision-making process	Our pre-consultation engagement ran from April to August 2023 and involved a range of activities. In total, we had 739 responses to this phase of engagement, which included 27 engagement sessions, 313 responses to online surveys and seven ward visits. This feedback has been listened to and helped to shape our approach to consultation. Further detail in our pre-consultation report here. All feedback from the consultation will be considered and will inform the decision-making business case. Much of the feedback will also be valuable to informing the Implementation phase.
- The perception that there was a lack of financial detail, and financial scrutiny, associated with the proposals.	In line with formal NHS processes, it was determined that both proposals were affordable in revenue and capital terms ahead of public consultation. The pre-consultation business case contained appropriate financial information and further financial detail will be included in the decision-making business case.

Extract: Explain Consultation Report - Executive Summary with commentary from NHS England

Suggestions to address challenges

Across engagement activities, people were asked to provide suggestions to minimise or reduce any negative effects of the service change.

Suggestions are really valuable and will be used by NHS England and other stakeholders to support our ongoing work.

Access to healthcare

1. Improvement of children's cancer care closer to home
2. Working together with the team that manages POSCUs

Travel

1. Improvement to the provision of effective and free hospital transport; expending eligibility criteria for this
2. Dedicated parking spaces
3. Reimbursing travel costs/charges for all visitors to child in hospital
4. Supporting families with travel costs in advance of travel
5. Support with flexible appointment times and overnight accommodation

Facilities

1. Outdoor spaces dedicated to children cancer patients
2. Guaranteed parental accommodation on or very close to the Principal Treatment Centre
3. Dedicated, separate entrance to the Principal Treatment Centre

Research

1. Using The Royal Marsden @ model to safeguard continuity of research and funding

Staffing

1. Using The Royal Marsden @ model to support staff retention and recruitment
2. Implementing a staff retention package for staff who move to the new Principal Treatment Centre, specifically relating to costs
3. Flexible working contracts
4. Assurances to staff that their role is safeguarded

Extract: Explain Consultation Report - Executive Summary (summary from)

Sussex (East and West) and Brighton and Hove: consultation feedback

Good points for options

Evelina London: specialist children's hospital, provides a good level of service, public transport to Evelina London is accessible

St George's Hospital: good level of experience, well connected (for example with The Royal Marsden), established service

Radiotherapy: good idea; good to centralise services and expertise.

Potential challenges for options

Evelina London: far to travel to, lack of previous experience/expertise, cost of travel (e.g. congestion, Ultra Low Emission Zone and parking charges)

St George's Hospital: accessibility issues including car/parking issues, public transport issues, travel issues generally

Radiotherapy: too far, importance of good facilities, for example family accommodation.

What is important to people

Travel priorities: family accommodation nearby, parking on site, ability to get help with the costs of parking and travel charges

Support and information priorities: understanding which staff will still be part of ongoing care, reassurances about how and when the move will happen, extra support and information for those who need it

NB. This slide reflects feedback that was most prominent in survey responses from people who identified that they live within this Integrated Care Board (ICB) area (as set out in the relevant chapter of the independent Consultation Report prepared by Explain Research

Decision-making Process

Consideration of themes

Activity is underway within NHS England to consider themes from the consultation feedback, including (but not limited to):

- Consider all feedback received including new information, discuss mitigations and develop recommendations
- Requesting supplementary information from Trusts where applicable
- Continued work on reviewing the risks and mitigations in relation to both options

Decision on the future location of the children's cancer centre

Who

The decision will be taken by NHS England leaders for London and South East regions.

How

NHS England leaders will take a decision on which option will give them the greatest confidence it will deliver the best quality care for children with cancer in the future. They will look at all evidence available to them, i.e. clinical evidence, workforce and estates information, and the integrated impact assessment etc., including feedback from the public consultation. They will also have regard to their statutory functions and Triple Aim duties.

When

The decision on the future location of the Principal Treatment Centre including the proposed location for conventional radiotherapy, is currently expected to be taken in Spring 2024. The decision-making meeting will be held in public. Details of the meeting will be shared in due course.

Our focus after decision-making

- Once the decision is made, we will work closely with staff in the current service, patients and their families, all the Trusts involved, the cancer network, the Institute of Cancer Research, and other partners to ensure that the move to the future site, wherever it is, is as smooth as possible. All staff involved in the service would have the opportunity to be part of this work. Patients and parents will also be able to help design the new service – the team running the future centre would make sure that people from different groups and communities have the chance to get involved.

- There will be no sudden changes. Services would not move until at least 2026. We expect all the preparations for the future Principal Treatment Centre to take place within two and a half years.

During this time, we will focus on ensuring a smooth transition. Areas of focus include:

- planning and undertaking building work to refurbish existing space for the future centre,
- developing and implementing detailed action plans to address concerns around travel and access
- maintaining the current levels of research activity,
- supporting as many staff as possible from the current service to move to the future centre,
- developing clear patient and family information on the new services, how and when to access them as part of the implementation plan
- putting everything in place for a safe, smooth transfer of patient care.

For more information – please visit our website here

We welcome any questions you may have.

Thank you for your time and we look forward to receiving your formal consultation response

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**7 March 2024**
By:	**Assistant Chief Executive**
Title:	**NHS Sussex Non-Emergency Patient Transport Service (NEPTS) update**
Purpose:	**To provide an overview of the procurement of the non-emergency patient transport service.**

RECOMMENDATIONS

The Committee is recommended to:

1) **note the report; and**
2) **consider whether it would like to receive further updates on any elements of the NEPTS.**

1. Background

1.1. Non-emergency patient transport (NEPTS) is defined as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare and/or between providers of NHS-funded healthcare. The overarching principle of patient transport, as defined by NHS England, is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria.

1.2. The non-emergency patient transport service for Sussex contract is currently delivered by South Central Ambulance Service (SCAS) which commenced on 1 April 2017. This original SCAS contract was due to expire on 31 March 2021, however this was extended initially for one year, and then until 31 March 2025. This was as a result of system pressures caused by the COVID-19 pandemic, changes brought about by the national review of NEPTS, and the indicative timescales for a mobilisation period of one year based on market engagement.

1.3. At its meeting in September 2023, the HOSC received an update on the recommissioning of the NEPTS, and heard how the proposed new service model would operate. The NEPTS contract was out for tender at the time of that meeting and the HOSC therefore agreed to receive an update from NHS Sussex at this meeting, which is its first following the award of the contract.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides an update on the procurement and mobilisations of Sussex NEPTS including:

- Background including on the current service, national policy, the NHS Sussex NEPTS pathfinder, known commissioning gaps, engagement including with Healthwatch;
- the new service model;
- the procurement process and outcome; and
- mobilisation of the contract.

2.2 In February 2024, NHS Sussex approved the award of the Sussex NEPTS to the winning bidder for a period of five years beginning 1 April 2025 (with an option to extend a further five years). All bidders were then provided with letters stating the outcome of the procurement exercise

and explaining that, as required under procurement regulations, a 10-calendar day standstill period would be observed before entering any contract. At the time of HOSC agenda publication we are still in the standstill period, meaning that NHS Sussex is not able to provide written confirmation of the winning bidder in the attached report. Subject to the successful completion of the standstill period, an award notice will be published on Find a Tender, at which point the details of the winning bid will be shared.

3. Conclusion and reasons for recommendations

3.1 The HOSC are recommended to note the report and consider whether it would like to receive further updates on any elements of the NEPTS.

PHILIP BAKER
Assistant Chief Executive

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Non-Emergency Patient Transport Service (NEPTS)

Procurement and mobilisation update to East Sussex Health Overview and Scrutiny Committee (HOSC)

7th March 2024

1. Introduction

Non-emergency patient transport (NEPTS) is defined by the Department of Health and Social Care as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare, and/or between providers of NHS-funded healthcare.

The overarching principle of patient transport, as defined by NHS England (NHSE), is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

Eligible patients for patient transport are those referred by a doctor, dentist, or ophthalmic practitioner for non-primary care NHS-funded healthcare services – regardless of the setting – or those who are being discharged from NHS-funded treatment.

2. Background

The NEPTS contract was originally procured in 2015 and awarded to Coperforma (who were the only bidder) and the contract commenced on 1 April 2016.

The contract with Coperforma was terminated in late 2016 and a new contract was negotiated with and awarded to South Central Ambulance Service NHS Foundation Trust (SCAS) and commenced on 1 April 2017.

This original SCAS contract was due to expire on 31 March 2021 and, in anticipation, the procurement process began in January 2020 for a new service. The Sussex CCGs at the time agreed a 1-year direct award extension to 31 March 2022. Further extensions were approved by Sussex CCGs and the ICB until 31 March 2025 to reflect the impact of the Covid-19 Pandemic, the national NEPTS review outputs, and the indicative timescales for a mobilisation period of one year.

During the contract extension period, extensive work was undertaken with NHS England; service users; other ICBs; acute, community and mental health trusts; the

Voluntary and Community Sector Enterprises (VCSE); and the wider market to develop a new service model. The key areas are summarised below.

2.1 National Policy

NHSE started a national review of NEPTS provision in 2021 and has subsequently published a new national framework for NEPTS covering standards on eligibility criteria; mobility categories; dataset reporting requirements; and commissioning and contracting standards; the use of the Healthcare Travel Cost Scheme (HTCS); provision of local information on alternative transport options to those who make enquiries about eligibility for NEPTS; and a roadmap to reach net zero by 2035. These have been reflected in our new service specification.

2.2 NEPTS Pathfinder

As part of the national NEPTS review, NHS Sussex was one of three national pathfinder sites to inform the national review. The pathfinders included testing out a Single Point of Access model for patient transport that referred non-eligible patients to alternative travel options; strengthening the role of the Community & Voluntary Transport (CVT) sector through initiatives to improve the recruitment (and retention) of volunteer car drivers; and improving the discharge of patients from acute hospitals through setting up better co-ordination between acute and patient transport staff. The findings of these pathfinders have informed both the current service and the new service specification.

2.3 Known commissioning gaps.

In addition to the NHS Sussex funded core NEPTS contract, wider system partners have historically been funding a number of other patient transport services. These separate contracts have been built into the newly procured service. Specifically these cover: a) Secondary and Tertiary Mental health coveyances, b) overall additional discharge capacity for our six main hospital sites based on increased modelled demand, c) provision of Inter Facility Transfers (levels 3 & 4) which currently sit outside of the SECAmb contract but are being undertaken by that provider.

2.4 Patient-oriented service

Healthwatch conducted a survey in 2020 of NEPTS patients that showed patients want a service that is better able to keep them informed of the location of their vehicle and its arrival time using modern technology such as smart phone apps or text messages.

2.5 Engagement

NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. The NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement

and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.

NHS Sussex also undertook market engagement in October 2022 where clear feedback was given of the need for a one-year mobilisation timeframe. Further market engagment in May 2023 allowed potential bidders to see the proposed model and schedule one-on-one engagement sessions with NHS commissioners to test their understanding and raise any potential challenges in delivery the suggested new service model.

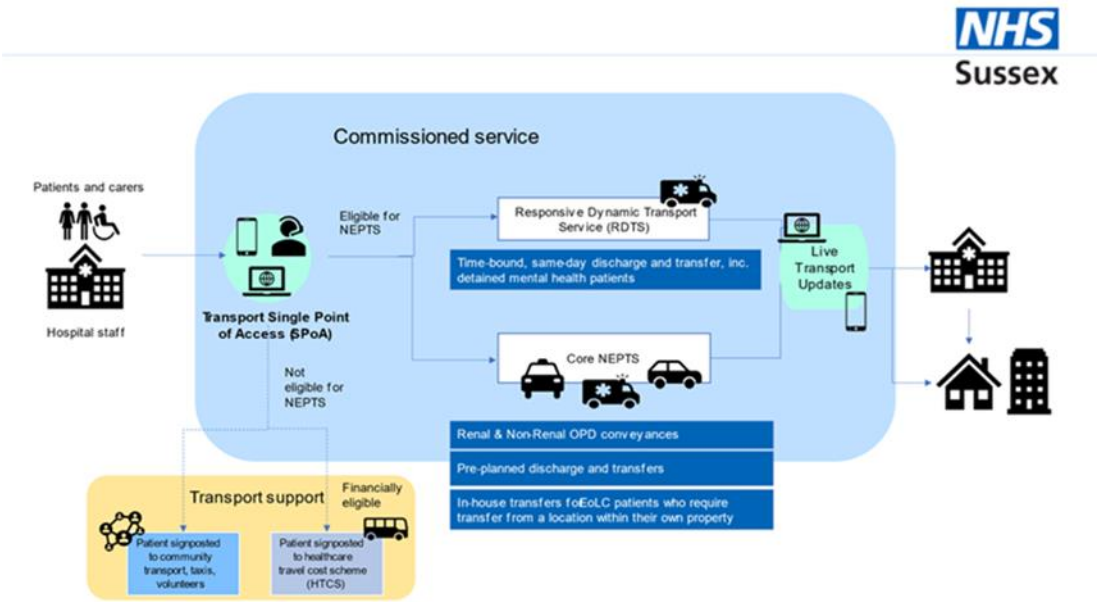
With all this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.

3. New service model

The new service is a step-change in the patient transport service for Sussex patients reflecting latest national guidance and responding to identified commissioning gaps.

The service model expected from the new transport provider is described in the visual below:

Visual 1: New Service Model



The new model includes:

1. The development a single point of co-ordination for all patients seeking transport to secondary care services.

2. Provision of an expanded and more responsive transport service to meet the needs of the healthcare system in Sussex.
3. Use of modern technology to innovate and enhance the patient experience (e.g. use of apps and web-based portals if patients are comfortable to use them)
4. Improving accessibility to the service e.g. translation service or support for those with visual or hearing imparment, same-sex drivers, availability of specialist equipment, accomodation of escorts and flexibility regarding drop-off locations.
5. Specifying the need for battery electric vehicles reaching 100% of the fleet by 2033 with requirements that transport provider will also need to reduce all of its scope 1 and 2 emissions by 80% from a 19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance.
6. Requirement that the provider needs to develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care system.

4. Procurement process

The procurement process commenced on July 3, 2023, with the tender documentation made available online for approximately 60 days. Prospective bidders were required to complete a Selection Questionnaire (SQ) to ensure compliance with legal requirements for an NHS service provider, along with an Invitation to Tender (ITT) questionnaire to enable them to describe their proposed service model.

Several bids were ultimately received for the contract, showcasing substantial interest from the market.

The evaluation process for the SQ and ITT, involved NHS Sussex enlisting a diverse panel of 22 evaluators covering various disciplines, including Commissioners, Patient Voice, HR, Finance, Equalities, Engagement, Quality, Net Zero, Contracts, and Adults' and Children's Safeguarding. Bid evaluators from Healthwatch Brighton & Hove, East Sussex Healthcare Trust (ESHT), University Hospitals Sussex (UHS) East and West, Sussex Community NHS Foundation Trust (SCFT), and Sussex Partnership Foundation Trust (SPFT) were also engaged in the process.

The evaluation was robust and followed closely the process set out in NHS Procurement Regulations. It was designed to identify a provider that could both deliver the comprehensive new service model as well as provide strong assurance to commissioners that they could deliver in areas such as mobilisation, communication, and engagement, digital, workforce, sustainability, and finance.

4.1 Procurement Outcome

In February 2024, NHS Sussex approved the award of the Sussex NEPTS service to the winning bidder for a period of five years beginning 1 April 2025 (with an option to extend for a further five years). All bidders were then provided with letters stating the outcome of the procurement exercise and explaining that, as required under procurement regulations, a 10-calendar day standstill period would be observed before entering any contract. At the time of writing the report, we are in the procurement standstill period, meaning it is not yet possible to confirm the winning bidder. Subject to the successful completion of the standstill period, an award notice will be published on Find a Tender, at which point the details of the winning bid will be shared.

Following the end of the standstill period, NHS Sussex will satisfy any outstanding contractual formalities, such as any conditions precedent, prior to issuing a draft NHS contract to the winning bidder. To ensure the winning bidder has the full year mobilisation available to them from 1st April 2024, contracts are due to be signed on 31st March 2024.

5. Mobilisation

In recognition of the requests of patient transport providers at the October 2022 market engagement, NHS Sussex is planning a full year of mobilisation. This is to allow sufficient time for the winning bidder to order and secure their ambulance fleet in time for go live on 1st April 2025, due to the lengthy supply chain lead-in times for ambulances.

The Mobilisation Plan will be developed by the winning bidder in close collaboration with NHS Sussex, NHS Trusts, and other stakeholders over the coming weeks. It will need to run from the start of the mobilisation period and into a transition period of at least six months after go-live.

The mobilisation plan will involve the transfer of several patient transport elements into a single contract, in particular:

- the existing PTS service run by SCAS.
- the same-day discharge capacity funded by ESHT and UHS.
- the secondary and tertiary patient transfers funded and arranged by SPFT; and
- the interfacility transfers (IFTs) undertaken by Southeast Coast Ambulance Foundation NHS Trust (SECAmb) that they are not currently funded to provide.

It is expected that any mobilisation plan will cover all the project elements, for example, the ambulance fleet, properties for the Single Point of Co-ordination (SPoC) and vehicle bases, data migration, recruitment, subcontractors and volunteer car drivers, training for both PTS staff and healthcare professionals (HCPs), and communications and engagement to HCPs and patients. A detailed risk register will also be developed and regularly updated. We would also expect the winning bidder to apply any lessons learned from previous mobilisation experience.

NHS Sussex expects the mobilisation will have a senior member of staff from the winning bidder as project sponsor to ensure the mobilisation is monitored and prioritised at the highest level within the organisation. It is expected that regular progress meetings will be held with stakeholders, including NHS Sussex, to oversee the project's progress and provide assurance around any identified risks and their mitigations. These meetings are likely to increase in cadence as the go live date approaches.

As the go live period carries increased risk of error and delays, it is expected that particular attention will be paid to this period and, if necessary, additional resources temporarily deployed to ensure it runs smoothly and seamlessly for patients and the wider healthcare system. Any temporary additional resources would then be tapered off during the transition period.

A key element of the new service is integration and partnership working with the wider Integrated Care System (ICS). To facilitate this closer working relationship, the service specification requires the winning bidder to develop, in partnership with NHS Sussex and the relevant NHS trusts, several standard operating procedures (SOP) during the mobilisation period.

The SOPs will set out how the patient transport service operates, for example, the process for discharging patients from hospital back to their usual place of residence. This will also be an opportunity to ensure that NHS trusts are following an agreed process for patient discharge and not placing undue pressure on the NEPTS provider, for example, aiming to pre-plan an agreed percentage of their journeys, and ensuring that most patients are first asked to make their way home either on their own, or with a friend, carer or relative rather than offering patient transport as a first option.

Communication and engagement are also key to the new service. The winning bidder will develop a communications and engagement plan in consultation with NHS Sussex during the mobilisation period. This will ensure that HCPs and patients, including those with protected characteristics or from disadvantaged groups, are fully aware of the change in provider and the benefits of the new service. It will also enable the refining of the service model based on this intensive collaboration, ensuring that the eventual service aligns closely with the needs and preferences of the communities it serves, as it progresses towards the go-live milestone.

Engagement is expected to be carried out with Healthwatch and other VCSE, as well as patient representative groups and the HOSCs/HASC.

6. Conclusion

The transformational nature of the service; strong system wide buy-in and co-design from NHS providers; support, and involvement of Healthwatch; the commitment to Net Zero transition; and robust procurement process should help provide significant assurance that the new patient transport service is the right approach for Sussex.

NHS Sussex welcomes further input from the East Sussex HOSC during the mobilisation phase. Once the stand still has concluded, we will organise further

sessions to allow the opportunity for committee members to meet with the successful bidder.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**7 March 2024**
By:	**Assistant Chief Executive**
Title:	**University Hospitals Sussex NHS Foundation Trust (UHSx) Care Quality Commission (CQC) Report**
Purpose:	**To provide the Committee with an overview of UHSx hospitals CQC report findings.**

RECOMMENDATIONS

The Committee is recommended to:

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

1. Background

1.1. University Hospitals Sussex NHS Foundation Trust (UHSx) provides acute care service to people in Brighton & Hove, parts of East Sussex and West Sussex. The Trust operates seven hospitals across Brighton & Hove and West Sussex, and the Royal Sussex County Hospital (RSCH) in Brighton is the regional major trauma centre, where a number of the most critically ill and injured residents of East Sussex are likely to be treated.

1.2. The Care Quality Commission (CQC) inspected UHSx in October 2022, where the Trust was given an overall rating of 'Requires Improvement', with an 'Inadequate' rating in the 'Well-Led' domain. Additionally, the RSCH was given an overall rating of 'Inadequate', including specific 'Inadequate' ratings in the safe and well-led domains.

1.3. The CQC reinspected four of UHSx's hospitals (including RSCH) in August 2023 looking at Surgery and Medicine and published the reports in February 2024. The RSCH report showed an improvement, with the overall rating upgraded to 'Requires Improvement'. The safe and well-led domains were also rated as 'Requires Improvement'. UHSx are currently preparing a formal response to present to the CQC on 4 April 2024.

1.4. Separate to the findings and reports of the CQC, Sussex Police are looking into possible cases of medical negligence – primarily connected to general surgery and neurosurgery at RSCH – between 2015 and 2021. UHSx are supportive of this action and are helping officers in their investigation, but the Trust is not directly involved in their work and is unable to directly discuss their inquiry.

2. Supporting information

2.1. UHSx has produced a presentation for HOSC attached as **Appendix 1**. The presentation covers:

- Hospital pressures and progress being against these
- RSCH performance
- Overview of CQC reports, actions taken since the May 2023 report and the Trust's Quality and Safety Improvement Programme (QSIP)
- Challenges for the Trust
- Capital investments

2.2 The full report for RSCH is on the available on the CQC's website at: https://www.cqc.org.uk/location/E0A3H/reports

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

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University Hospitals Sussex
NHS Foundation Trust

East Sussex HOSC

Professor Katie Urch | Chief Medical Officer

March 2024

Contents

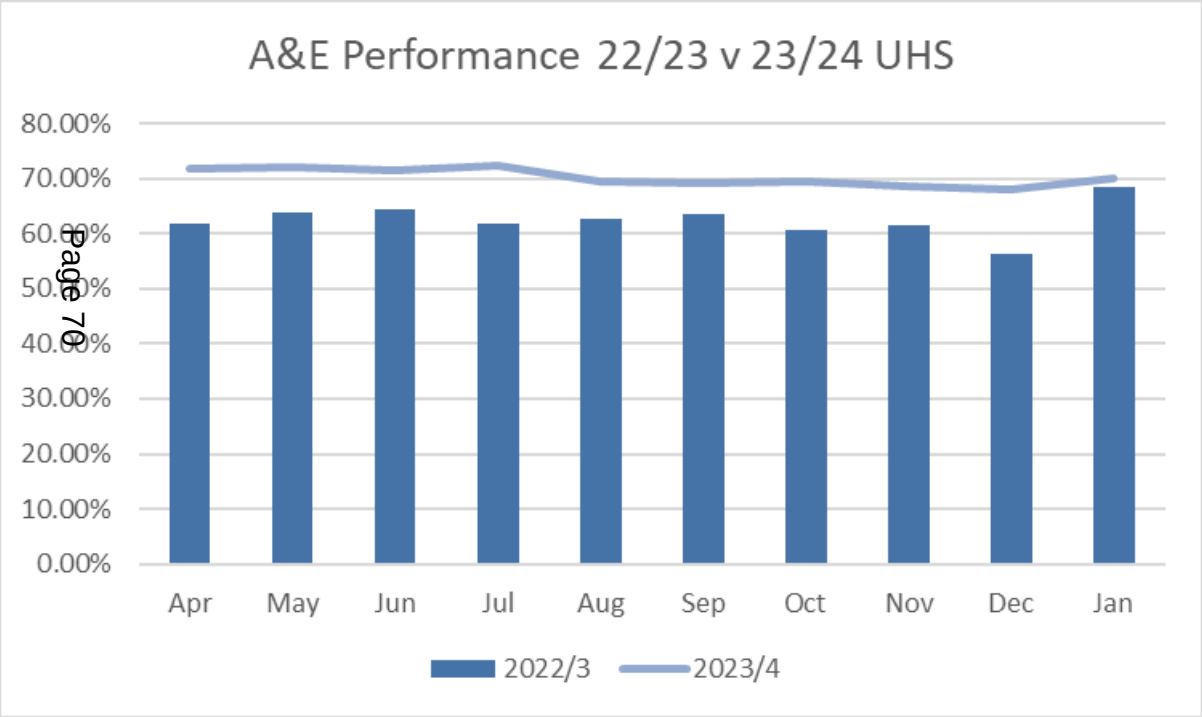
Pressures

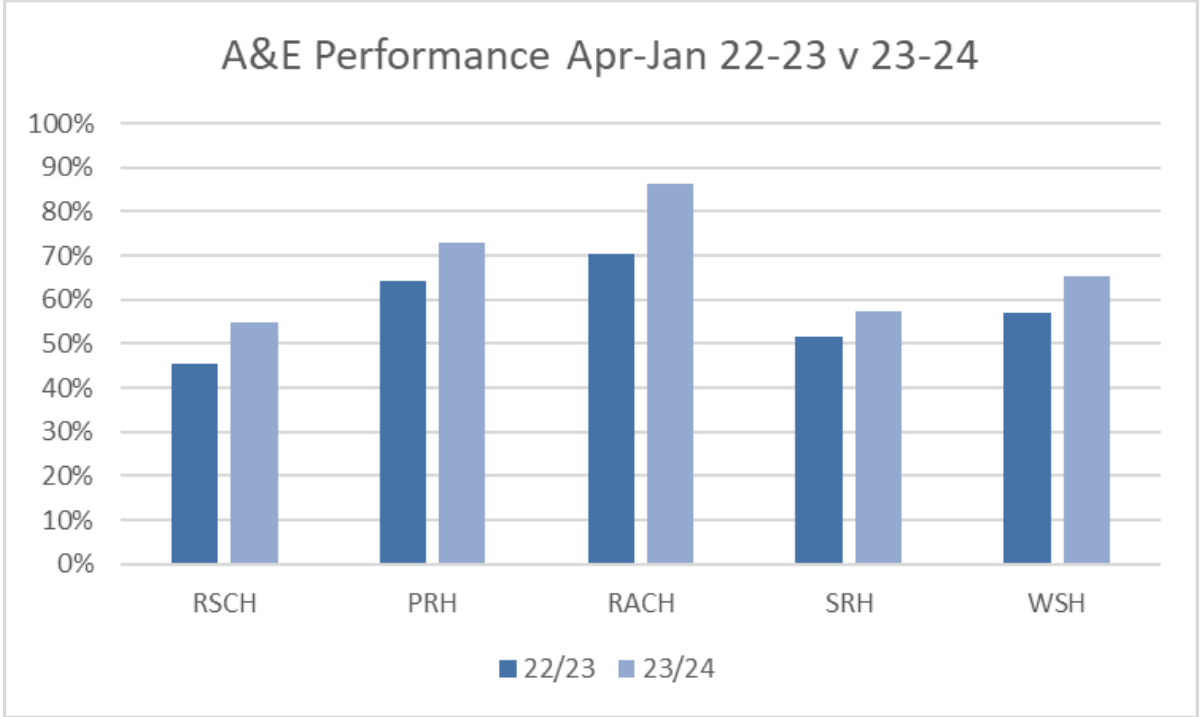
- Too many patients continue to wait too long for both elective and emergency care
- This is both a national issue and a leading priority for University Hospitals Sussex
- We are now beginning to make sustained progress in reducing waiting times
- Exceptional hard work of colleagues – new ways of working and longer hours
- The last two months have been incredibly challenging – toughest of the winter so far
- Multitude of issues – high demand for services, high acuity, and difficulties discharging patients

Progress: emergency care

University Hospitals Sussex NHS Foundation Trust

Improvements in our four-hour performance



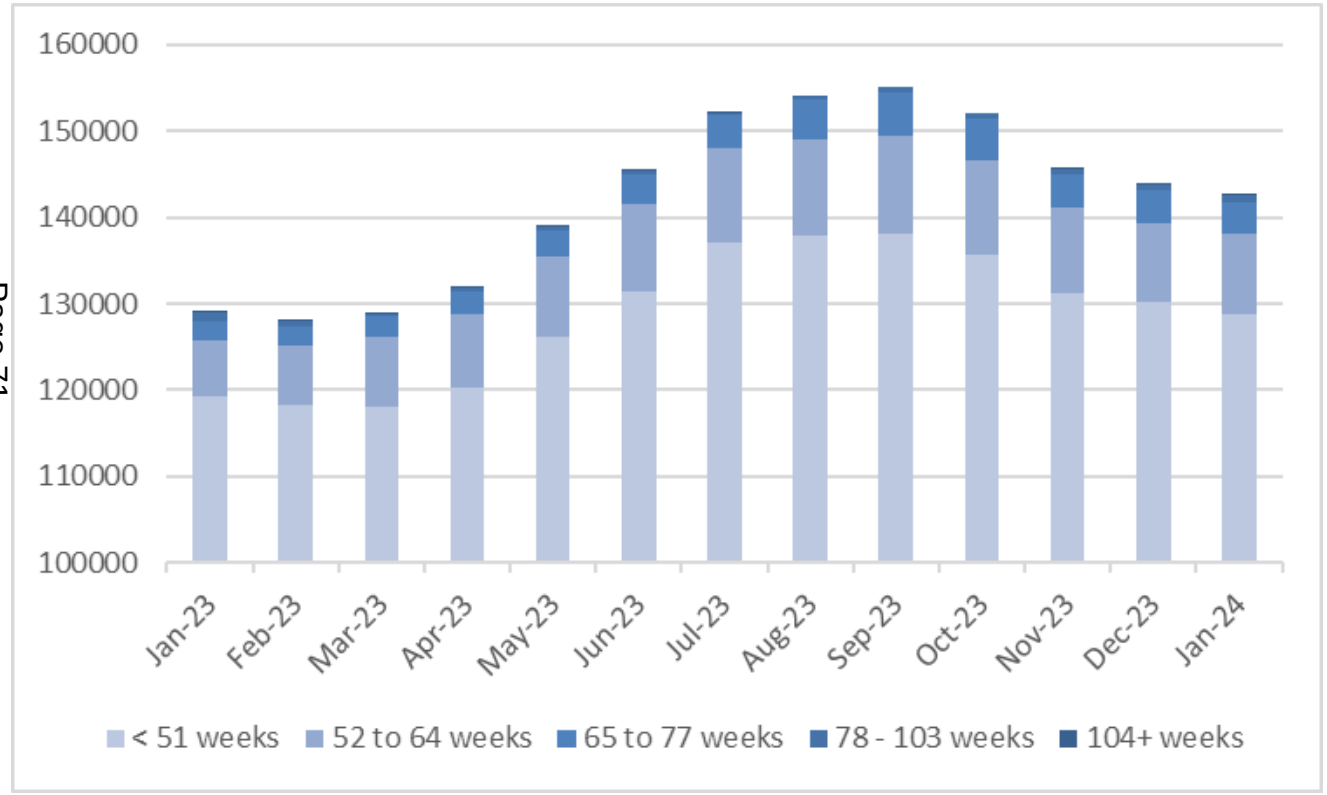


70% of patients treated, admitted or discharged within four hours in January.

Progress: elective care

University Hospitals Sussex NHS Foundation Trust

Improvements in our waiting list

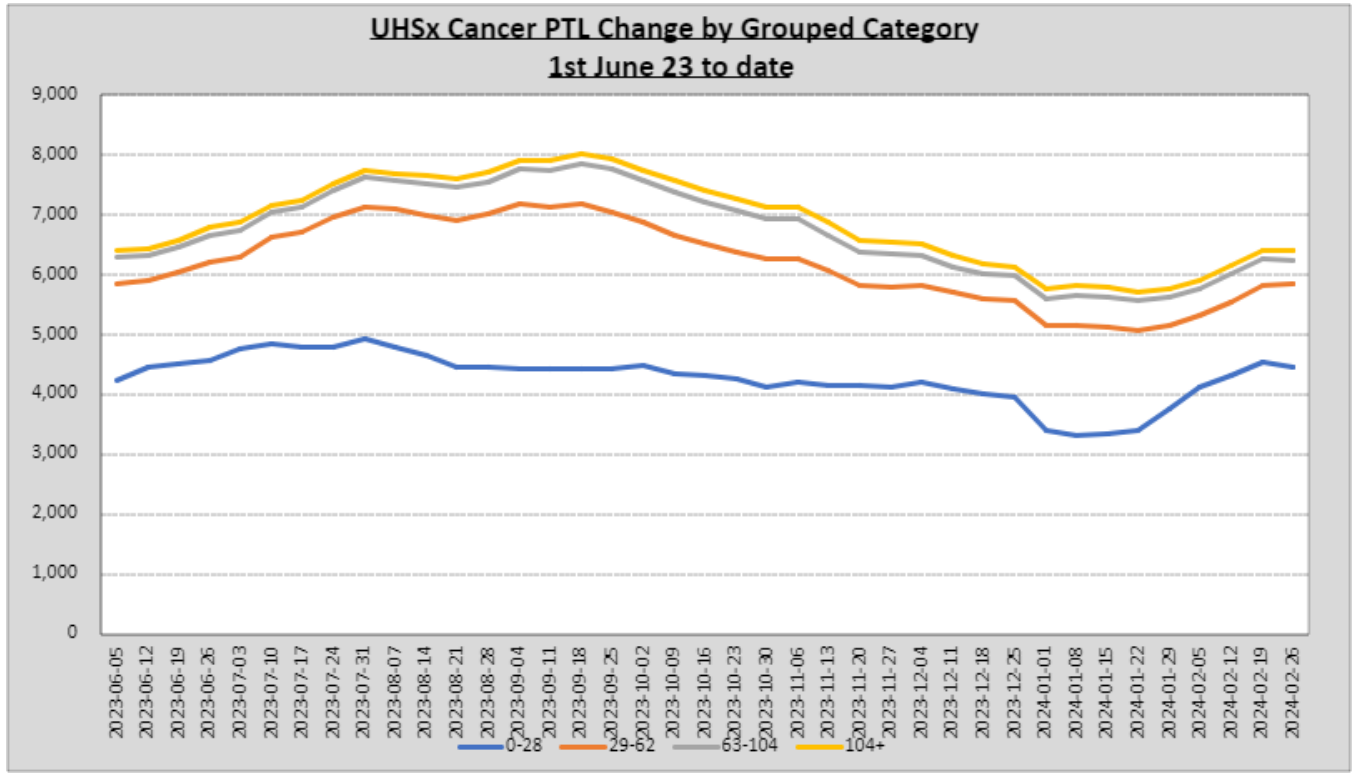


Total waiting list reduced by 11,000 patients in 11 weeks leading up to Christmas – reduction sustained into 2024, despite two long periods of industrial action and significant winter pressures

Progress: cancer care

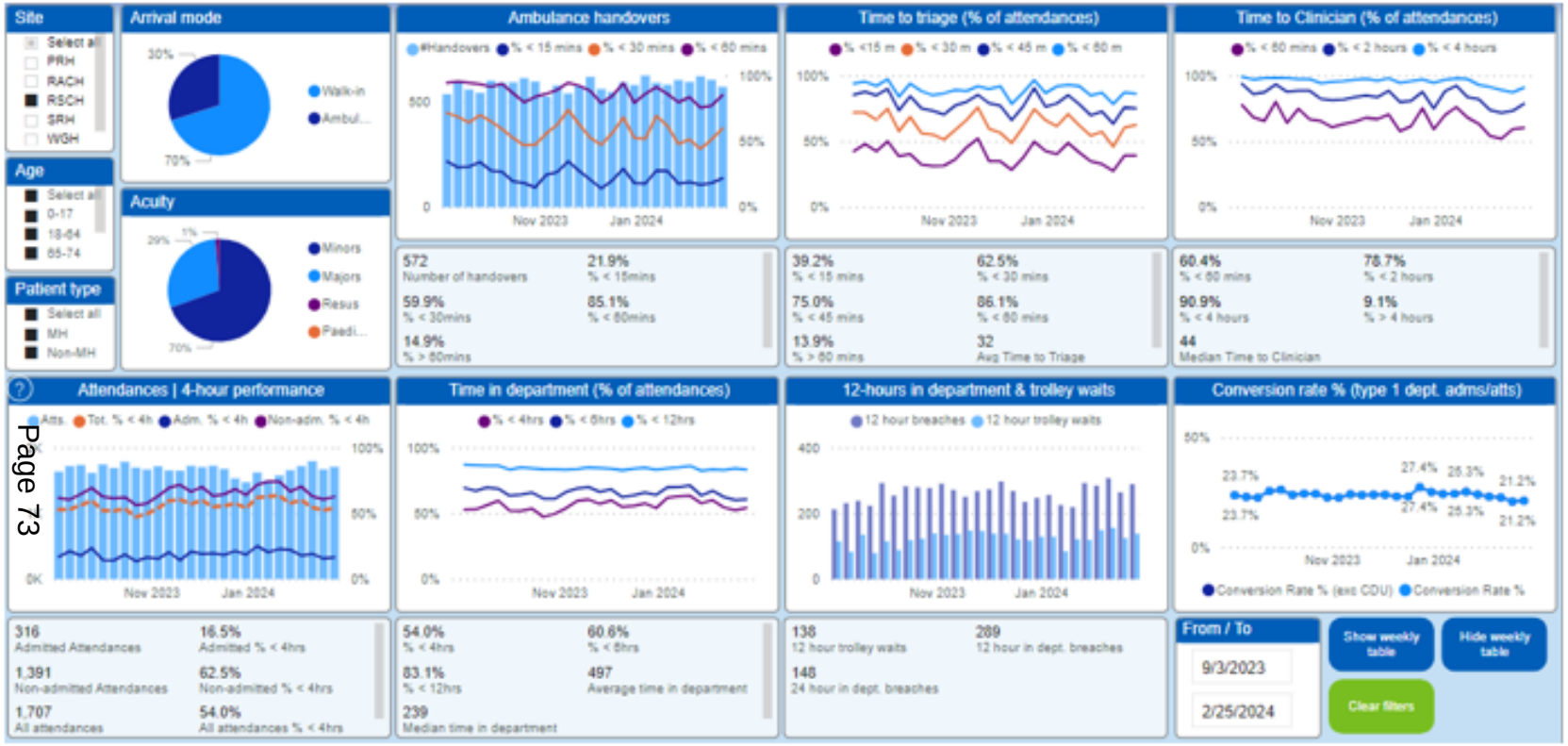
University Hospitals Sussex NHS Foundation Trust

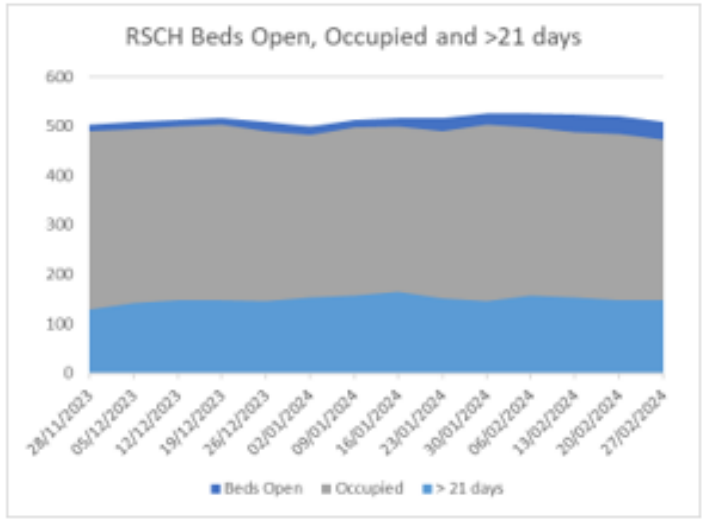
Improvements in our waiting lists



Total waiting list has reduced materially since September.

RSCH performance





RSCH	28/11/2023	05/12/2023	12/12/2023	19/12/2023	26/12/2023	02/01/2024	09/01/2024	16/01/2024	23/01/2024	30/01/2024	06/02/2024	13/02/2024	20/02/2024	27/02/2024
Beds Open	503	508	513	516	508	499	513	516	516	525	527	524	520	508
Occupancy	97.2%	97.3%	97.6%	97.5%	96.6%	96.7%	96.9%	96.9%	95.0%	95.9%	94.5%	93.2%	93.0%	92.9%
Occupied	489	494	500	503	491	483	497	500	490	503	498	488	483	472
> 21 days	129	143	147	148	145	154	157	165	152	146	157	153	148	148
MRD	78	77	70	66	58	59	72	88	85	84	85	92	79	78

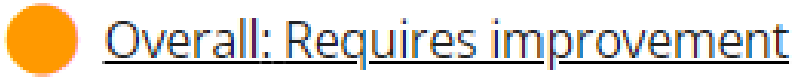
Regulatory compliance and assurance

Since UHSussex was created in April 2021, we have had numerous inspections from the CQC. RSCH has received eight inspections.

The most recent inspection of our hospitals was in August 2023, looking at Surgery and Medicine at our main hospital sites.

The CQC published four new hospital reports last month, with each hospital now rated as “Requires Improvement” overall.

In May 2023, the Trust’s Well-Led domain was rated “Inadequate”, following a Trust-wide inspection in October 2022.

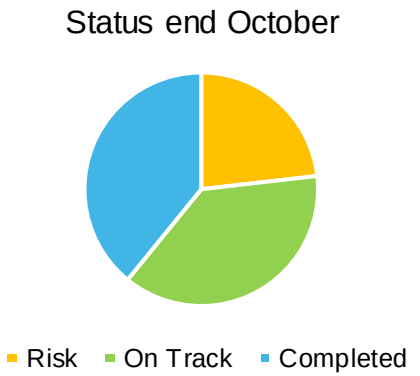


Well-Led action plans following May 2023 report

University Hospitals Sussex NHS Foundation Trust

Action plans related to our previous Well-Led inspection continue to be progressed, with the current status shown below of the 8 Must Do and 5 Should Do recommendations:

	RED	AMBER	GREEN	BLUE
	Significant Risk	Progressing with risk	In Progress / On Track	Completed
Must Do	-	3	4	1
Should Do	-	1	1	3



Of the four items showing at amber risk:

Recommendation	Status	Next steps
Reporting via Trust systems	Behind schedule due to delays with launch of Datix IQ Incident module launch.	System anomalies currently being addressed with Provider. Oversight of incidents currently remains through Quality Governance Steering Group
Ensure staff of black and minority ethnic backgrounds are not disproportionately disadvantaged	Work is scheduled to take place throughout the year	Work is underway to cascade the delivery of the EDI plan into the clinical and corporate operating divisions
Review medical staffing in RSCH Surgery to ensure service can deliver safe and responsive care	Business case prepared	Presented to Business Case Scrutiny Panel
Ensure staff with long-term health conditions are protected in line with Equality Act 2010 *(should do)*	Work in progress, including 'Lived experience' videos and workshops launched to help raise awareness.	Need to conclude on central budget to fund support with reasonable adjustments; cascade EDI plan into clinical and corporate divisions

New reports published February 2023 - themes

University Hospitals Sussex NHS Foundation Trust

- While each report is distinct and relates to an individual hospital, there are some common themes. For example:

Working well	Requires improvement
Compassion and kindness, privacy and dignity	Pressures on access and responsiveness, especially regarding cancer care
Teams work well together	
Staff involved people and met their needs	Not always getting the basics right, from consistency of reporting to secure storage of notes etc.
Staff supported people to live healthier lives	
Local leaders were visible, skilled and effective	Visibility of senior leadership

- We are currently preparing our formal response to present to the CQC on 4 April 2024.

University Hospitals Sussex NHS Foundation Trust

Princess Royal Hospital

Inspection report

Lewes Road
Haywards Heath
RH16 4EX
Tel: 01444441881

Date of inspection visit: 1 to 3 August 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

University Hospitals Sussex NHS Foundation Trust

St Richard's Hospital

Inspection report

St Richards Hospital
Spitalfield Lane
Chichester
PO19 6SE
Tel: 01243788122
www.westernsussexhospitals.nhs.uk

Date of inspection visit: 1 to 3 August 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

University Hospitals Sussex NHS Foundation Trust

Worthing Hospital

Inspection report

Lyndhurst Road
Worthing
BN11 2DH
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Date of inspection visit: 1 to 3 August 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Outstanding**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

University Hospitals Sussex NHS Foundation Trust

Royal Sussex County Hospital

Inspection report

Eastern Road
Brighton
BN2 5BE
Tel: 01273696955
www.bsuh.nhs.uk

Date of inspection visit: 1 to 3 August 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Outstanding** ☆
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

New Surgery ratings

	Overall	Safe	Effective	Caring	Responsive	Well-led
Princess Royal	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
St Richard's	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Royal Sussex County	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Worthing	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement

New Medicine ratings

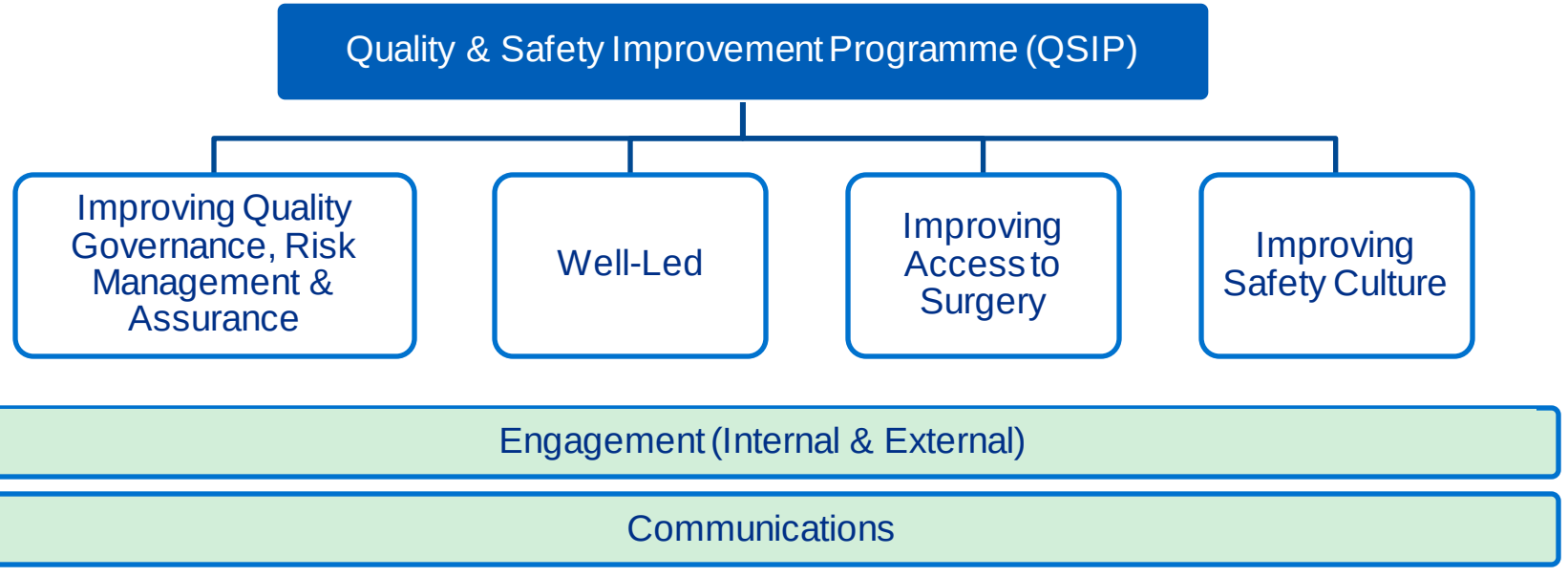
	Overall	Safe	Effective	Caring	Responsive	Well-led
Royal Sussex County	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Worthing	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

Must Do actions required

- Overall, the reports include 72 required actions related to our four main hospitals, plus 13 ‘should do’ actions.
- All hospital specific improvement actions will be implemented Trust-wide.
- Taken as a whole, there are around 29 broad themes to be addressed.
- We are currently preparing our formal response to present to the CQC on 4 April 2024.
- All actions will be incorporated into our comprehensive and executive led Quality and Safety Improvement Programme (QSIP).

Making improvements through QSIP

University Hospitals Sussex NHS Foundation Trust

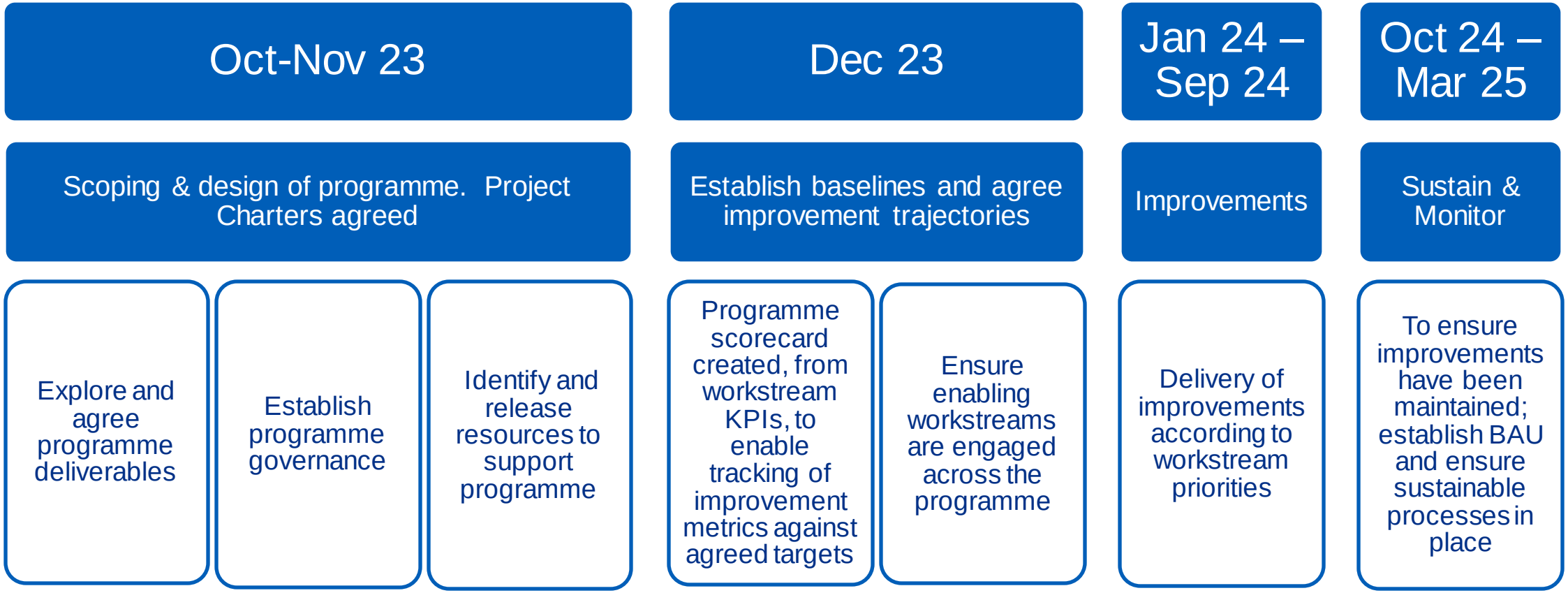


Key deliverables in each workstream:-

Improving Quality Governance, Risk Management & Assurance	Well-Led	Improving Access to Surgery	Improving Safety Culture
• The standards that need to be delivered • The policies that support this • The measurement of how well we are doing • How we need to improve our gaps • The provision of assurance • CQC must and should dos	• Overseeing the delivery of well-led improvements, based on CQC requirements and best-practice	• Focus supporting divisions with onward improvements, many initiated through the Improving General Surgery corporate project • Right-sizing theatre capacity across the Trust • Ensure the provision of surgery is maximised across the Trust	• Improve safety culture in the Trust, ensuring that relevant training is embedded • Delivery of a framework tool to help effectively measure safety culture • Enhance the effectiveness of reporting and feedback, and embed an open, learning culture

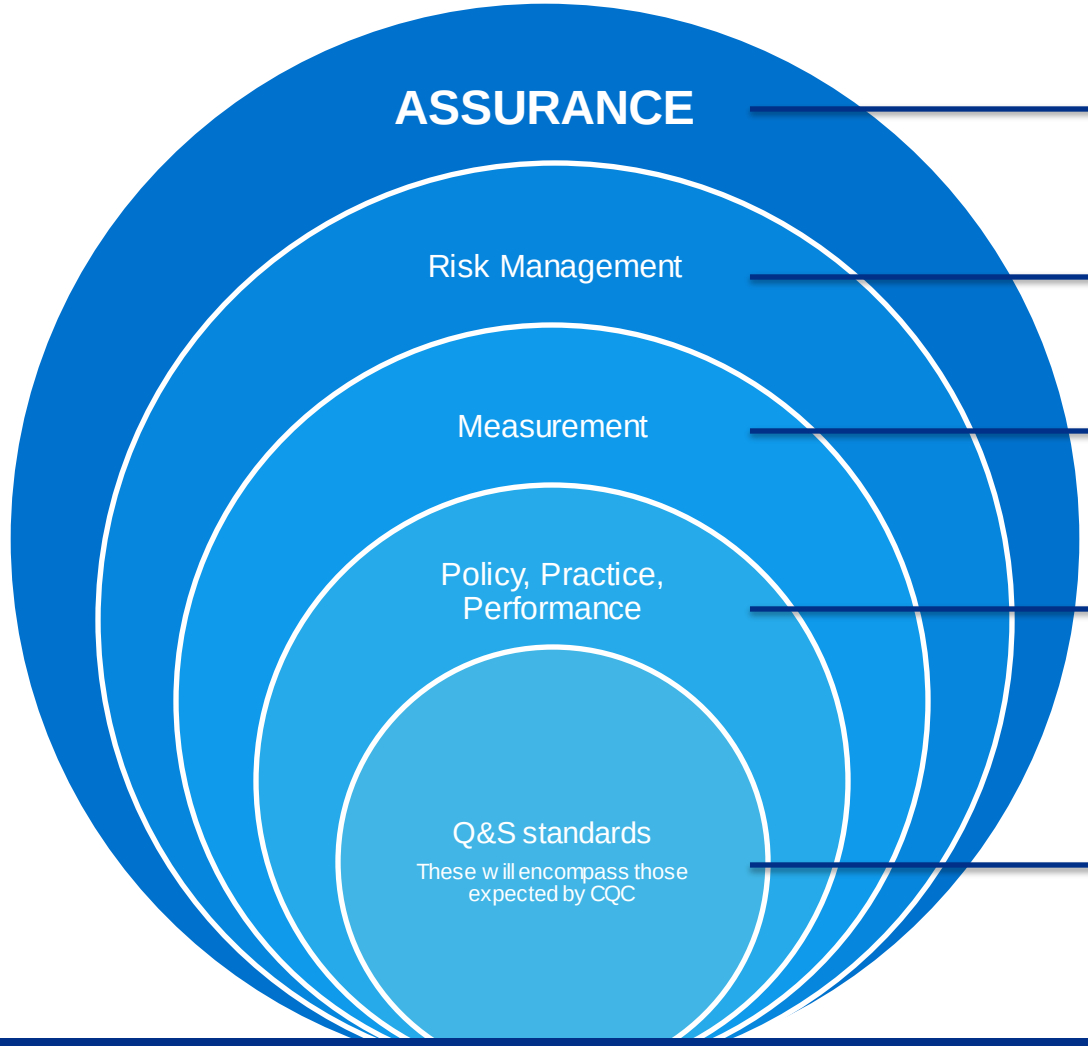
QSIP – Top-Level Programme Plan

University Hospitals Sussex NHS Foundation Trust



QSIP – how we ensure this becomes our BAU

University Hospitals Sussex NHS Foundation Trust



Reporting - Division to Quality and Governance Steering Group to Quality Committee, to Quality Review Meeting to Regulators

Gaps in standards, culture or climate known with plans for quality improvement / mitigate

How well we are doing

The culture and climate to deliver Quality & Safety standards

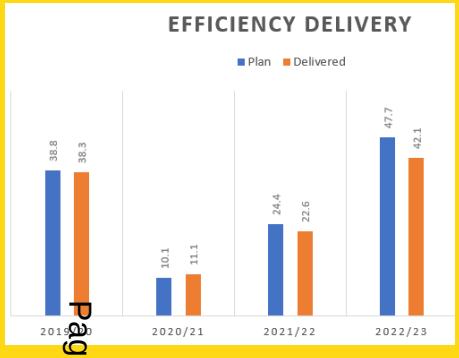
The 'what' we should be doing – the minimum standards we and others expect of ourselves

OUTCOME: the creation of ward-to-board evidence bank that provides necessary assurance to all parties at the touch of a button

QSIP supports broader Patient First strategy

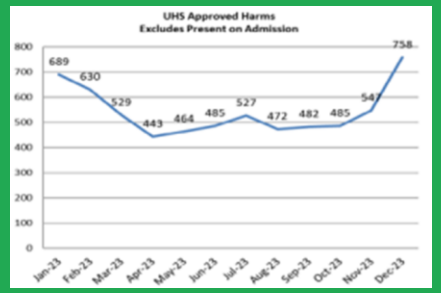
Patient First objectives

University Hospitals Sussex
NHS Foundation Trust



Strong track record of efficiency delivery

Changing our culture for the better



Improving incident reporting

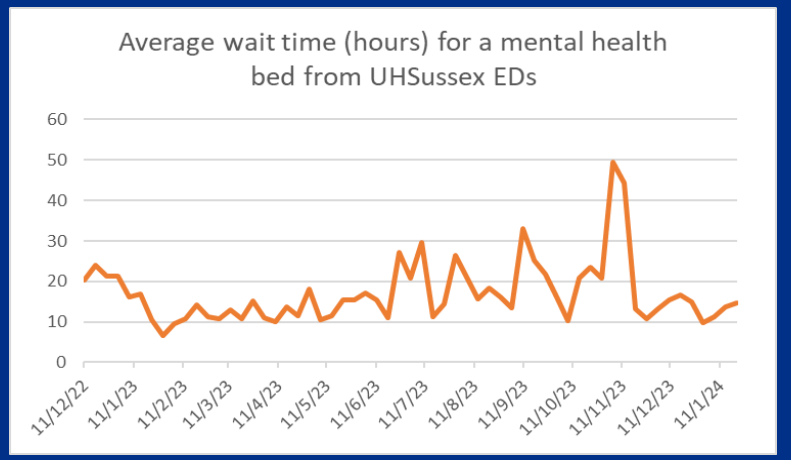
Bringing forward median hour of discharge

Big ambitions for healthcare research and innovation

Support

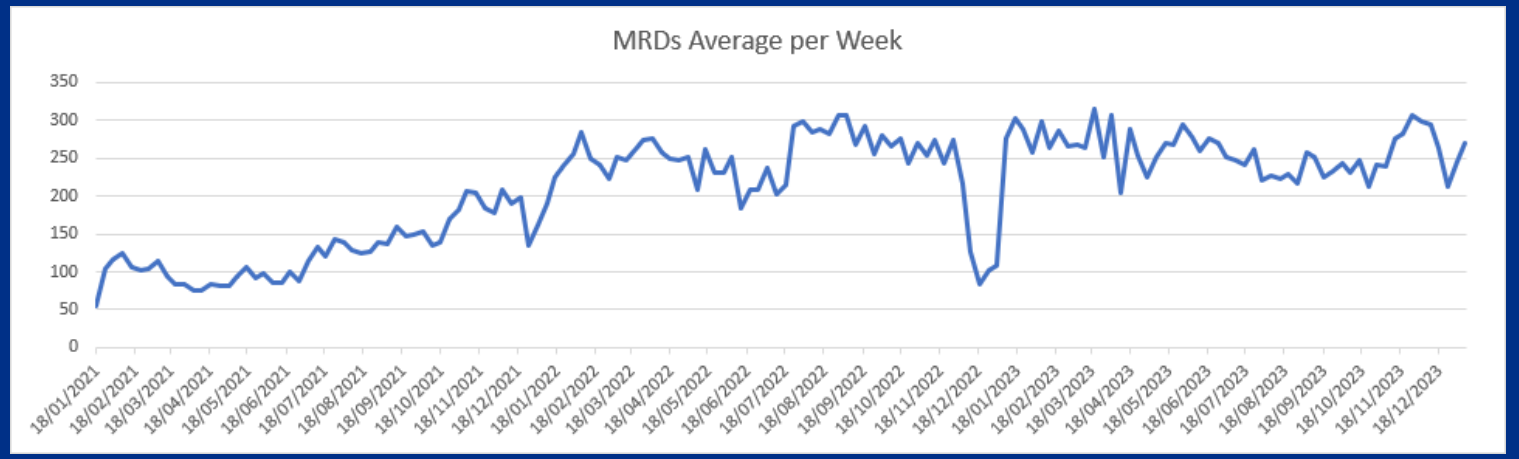
Ongoing support

- Remaining in Oversight level 3
- Developing emergency improvement plans
- Investing in developing Acute Floor at RSCH
- Chief Culture and Organisational Development Officer



Further support

- MFD patients
- Apr 21: 100/day
- Dec 23: 300/day
- Biggest rise in pathway 2



Operation Bramber update

Sussex Police are looking into possible cases of medical negligence – primarily connected to general surgery and neurosurgery at RSCH – between 2015 and 2021.

We are fully supportive of this action and are helping officers in any way we can, but we are not directly involved in their work and cannot directly discuss their inquiry.

We know how difficult this is for patients and their families and doing what we can to support them within the restrictions imposed upon us.

Intense and sometimes misleading media coverage is adding further complexity to a difficult situation and undermining confidence in the safety of our services.

Our data and due diligence, national benchmarking and external reviews show services are safe.

Investing in our hospitals

Louisa Martindale Building fully operational and home to more than 30 wards and departments.

New Southlands Community Diagnostic Centre open – treated 14,000 patients in first three months.

£50m Acute Floor Reconfiguration programme underway to improve A&E at RSCH.

Surgical Pre-Assessment Unit and Same Day Emergency Care Unit opening soon at RSCH A&E.

Revised planning application for new £150m Sussex Cancer Centre being submitted soon.

Summary

- Performance beginning to improve
- But multiple challenges persist
- Staff working exceptionally hard
- We must support them and recognise their achievements

Thank you

Thank you for your support

Any questions?

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Report to:	**Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**7 March 2024**
By:	**Assistant Chief Executive**
Title:	**HOSC Terms of Reference**
Purpose:	**To consider proposed amendments to the HOSC Terms of Reference to reflect changes brought about by updated national regulations and statutory guidance.**

RECOMMENDATION*:*

The Committee is recommended to consider and comment on the proposed revised HOSC Terms of Reference.

1 Background Information

1.1 The powers of health scrutiny were established in the Health and Social Care Act 2001 and came into effect in 2003. East Sussex HOSC was established under this legislation in 2003.

1.2 Between 2003 and 2022 there were several updates to health scrutiny regulations and guidance, particularly to reflect changes in NHS structures and processes during this time. However, the statutory health scrutiny role and powers have remained largely unchanged. These included a specific role and powers for HOSCs in relation to any proposals for 'a substantial development or variation' to NHS services affecting the residents of the HOSC's area, specifically:

- the requirement for local NHS organisations to formally consult with the relevant HOSC(s) on such proposals, and for the HOSC to respond in its role as the statutory consultee; and
- the power for the HOSC to refer such proposals to the Secretary of State for Health for review on the grounds of either inadequate consultation with the HOSC, or because the HOSC considered the proposals were not in the best interests of health services for the area.

1.3 The Health and Social Care Act 2022 included provision for the Secretary of State to intervene directly in local NHS service changes, without requiring a referral from a HOSC. This has implications for the health scrutiny role and powers, specifically HOSCs' role in response to 'substantial' NHS service changes as set out above. On 9 January 2024 the Department for Health and Social Care (DHSC) issued a suite of new regulations and guidance setting out how the new service reconfiguration process will operate. The new process came into effect on 31 January 2024.

1.4 The majority of health scrutiny powers remain unchanged. This report therefore focuses on the impact of the new service reconfiguration process on HOSC's role and the consequential amendments proposed to HOSC's Terms of Reference.

2 Supporting information

2.1 The arrangements for the new service reconfiguration process are set out through a set of linked regulations and guidance issued by DHSC in January:

- The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024: https://www.legislation.gov.uk/uksi/2024/15/contents/made
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024: https://www.legislation.gov.uk/uksi/2024/16/note/made
- "Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny" (DHSC, 2024). This replaces/supersedes guidance of the same name published in June 2014: https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny
- New statutory guidance: "Reconfiguring NHS services – ministerial intervention powers" (DHSC, 2024). https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers/reconfiguring-nhs-services-ministerial-intervention

2.2 Key implications for HOSC are as follows:

- HOSCs' status as statutory consultees on substantial service reconfigurations remains in place, with NHS organisations required to engage as they do currently;
- HOSCs will no longer be able to formally refer matters to the Secretary of State where they relate to these reconfigurations;
- Instead, the Secretary of State will have a broad power in intervene in local services – HOSCs will have the right to be formally consulted on how the Secretary of State uses their powers to 'call in' proposals to make reconfigurations to local health services.
- Other aspects of health scrutiny remain unchanged – the power to require representatives of NHS bodies to attend formal meetings, the power to get information from NHS bodies and the power to require NHS bodies to have regard to scrutiny's recommendations;

2.3 The practical elements of the new service reconfiguration process are set out below:

- NHS commissioners will have a statutory obligation to notify the Secretary of State of planned reconfigurations that are substantial (also referred to as 'notifiable' changes in the regulations). The notification given to DHSC should consider the relevant HOSC's views on a proposal when deciding when to notify and should make clear to the Secretary of State the HOSC's view on whether this reconfiguration is 'notifiable'.
- Consultation on a 'notifiable'/substantial change will take place locally as it does now, including HOSC's ongoing role as statutory consultee.
- 'Notifiable' reconfigurations are not the only proposals that may be 'called in' by the Secretary of State;

- Anyone locally (including a HOSC) may make a request to the Secretary of State that a proposal be 'called in' – whether that proposal is substantial or not. However, the guidance envisages that a proposal will be 'called in' only under exceptional circumstances. There will be certain criteria used to determine this, which include whether the HOSC has been engaged in trying to resolve concerns locally;

- The Secretary of State's decision to 'call in' a service change is discretionary, and they can decide whether or not to call in a service change proposal. When a call in request is received, a process of evidence gathering to support the Secretary of State's decision-making will be co-ordinated between DHSC and the Independent Reconfiguration Panel (IRP). A range of people may be contacted to provide further information as part of this (which is likely to include the relevant HOSC).

- Should the Secretary of State decide to 'call in' a proposal he or she will issue a Direction Letter to the NHS commissioning body, at which point the call-in becomes 'live'. The Direction Letter will set out the steps that the NHS commissioner is permitted to take next (which may or may not include continuing with a consultation). The requester will also be informed and the NHS commissioner and/or DHSC will inform the HOSC;

- A 'live call-in' will involve a review of the proposals which is likely to entail the Secretary of State seeking advice from the IRP. Interested parties will be given the opportunity to make formal representations at this stage – this is likely to include the HOSC;

- The Secretary of State will make a decision within six months. An NHS commissioning body must give effect to any decision made by the Secretary of State on a 'call-in'.

2.4 As set out above, the new process involves a number of roles/potential roles for HOSC at various stages. These roles will involve liaison with NHS organisations, other HOSCs (on proposals covering a wider area than East Sussex), Healthwatch and local people (or their representatives) with an interest in service change proposals. There are many similarities to the existing service change process, but also new elements to consider. It is proposed that a one-off informal session be arranged for HOSC Members, potentially with the involvement of other Sussex HOSCs and NHS commissioners, to explore in more detail how the new arrangements can operate most effectively locally.

2.5 The updated national legislation means that amendments need to be made to HOSC's Terms of Reference to reflect the changes to HOSC's role and powers in relation to substantial service change. The proposed changes are set out at appendix 1 for consideration. In summary these are:

- Replacing references to outdated legislation and referring more generally to relevant health scrutiny legislation and guidance, to more easily accommodate any future updates and the broader range of national guidance which now refers to health scrutiny;

- Removing references to the previous arrangements in relation to referring matters to the Secretary of State;

- Adding references to the new 'call-in' process and HOSC's roles within this;

- Adding specific reference to working with local Healthwatch, as well as with local people more generally, to recognise that the relationship between HOSCs and

Healthwatch has been made more explicit in recent DHSC guidance and regulations; and

- Updates to the element relating to joint health scrutiny arrangements with other authorities to fully clarify HOSC's role in establishing joint committees;

2.6 As HOSC is a committee of the County Council, changes to the Terms of Reference must be agreed by the full Council at its next meeting in May, following consideration by the Governance Committee in April.

3. Conclusion and reasons for recommendations

3.1 Updated national regulations and guidance have resulted in some changes to HOSC's role and powers, specifically in relation to substantial NHS service reconfigurations. These changes have been reflected in proposed updated Terms of Reference. The committee is invited to consider and comment on the proposed amendments prior to agreement by the County Council.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Martin Jenks Tel: 01273 481327
martin.jenks@eastsussex.gov.uk

Local Member: All

Background Documents: None

Health Overview and Scrutiny Committee – Terms of Reference

[Proposed deletions are struck through and proposed additions are shown in bold red text]

To exercise the specific functions given to local authorities to scrutinise the health services within their locality as follows:

1) To scrutinise matters relating to the provision of health care and to promote the equality of opportunities in health care for the inhabitants of East Sussex.

2) To make reports and recommendations to local NHS bodies, as defined, patients' representatives, the County Council and to other relevant bodies on matters affecting the provision of health care for the inhabitants of East Sussex.

3) To respond to consultation by any local NHS body or Foundation Trust with reference to any proposal for substantial development of the health service in the county, and/or affecting the inhabitants of East Sussex or for a substantial variation in the provision of such service **excluding those exempt from consultation as specified in regulations.** ~~pilot schemes (within the meaning of Section 4 of the National Health Service (Primary Care) Act 1997 and urgent proposals as defined in Regulation 4(3) of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002)~~ and to make comments by the due date specified by the local NHS body referring the matter.

~~4) To report to the local NHS body or to the Secretary of State in writing in any case where the Committee is not satisfied that:~~

~~a) consultation on any proposal has been adequate in relation to content or time allowed or;~~

~~b) that the reasons given by the local NHS body for failing to consult because of urgency are not adequate.~~

~~5) To make representations to the Secretary of State in writing on any such proposals as are referred to above whether in support or against such proposals having considered whether or not such proposals would be in the interests of the provision of health care for the inhabitants of East Sussex.~~

4) To consider and respond to consultations or requests for information by the Secretary of State (or on their behalf) in relation to NHS proposals for service change affecting the inhabitants of East Sussex which have been called in by the Secretary of State, or where a request has been made to call in such a proposal.

5) To make a request to the Secretary of State that a proposal for service change affecting the inhabitants of East Sussex be called in where the committee is satisfied that the criteria for requesting a call-in (as set out in statutory guidance) are met.

6) To evaluate and review the effectiveness of the implementation or other outcome of its recommendations in improving the health services for the inhabitants of East Sussex.

7) To undertake all the statutory functions of the scrutiny committee in accordance with **relevant current legislation and national guidance** ~~Section 7 and regulations under that section, of the Health and Social Care Act 2001~~, relating to reviewing and scrutinising health service matters.

8) To encourage the County Council, District and Borough Councils to take into account the implications of their policies and activities on health and the promotion of equality in the provision of health care.

9) To contribute to the development of policy to improve the provision of health care for the inhabitants of East Sussex.

10) To respond to or make proposals for joint scrutiny of health provision in adjoining areas which may impact on the provision of health care for the inhabitants of East Sussex, **including appointing members of the committee to relevant Joint Health Overview and Scrutiny Committees and agreeing the Terms of Reference for such committees**.

11) In all of the above, to seek, and take account of, views of the inhabitants of East Sussex **and to liaise with local Healthwatch in this respect**.

Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	**Detail**	**Proposed Completion Date**
Paediatric Service Model Development – Eastbourne District General Hospital (EDGH)	To carry out a review of the proposed changes to the Paediatric Service Model at EDGH, including changes to the Short Stay Paediatric Assessment Unit (SSPAU) and patient pathways for planned, and unplanned (urgent and emergency) care.	March 2024

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. Membership: Cllrs Belsey, Robinson, and Osborne	Last meeting: 31 October 2022 Next meeting: TBC in 6 and 12 months time
Reports for Information		
Subject Area	**Detail**	**Proposed Date**
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.	Early 2024
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 2024
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 2025

Future Committee Agenda Items		Witnesses
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
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
Hospital Handovers at Royal Sussex County Hospital	To receive a further update report on the improvements being made to hospital handovers at the Royal Sussex County Hospital (RSCH), Brighton.	Representatives from UHSx and 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
3 October 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		
NHS Sussex Winter Plan	A report on the NHS Sussex Winter Plan 2024/25 and associated risks covering the preparations that are being made for the coming peak demand winter season.	Representatives from NHS Sussex, ESHT and other Trusts
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 March 2025		

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. *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. *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. *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 *Note: provisional dependent on NHS England's plans*	NHS England

Missed NHS appointments	A report on missed NHS appointments across East Sussex, the causes of these, and work being done to mitigate them.	NHS Sussex

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